



Medication Assisted Treatment (MAT) Common Questions

1. Can MAT help me?

Several medications are approved for the treatment of Alcoholism and Opioid use disorder. There is some indication that some medications may be helpful for Methamphetamine, Marijuana, and even Cocaine.

2. What are the most common medications prescribed at Primary Health Care for MAT?

Naltrexone (alcohol use, opiate use, methamphetamine use), Bupropion (Wellbutrin) Methamphetamine Use, Suboxone (opiate use), n-acetylcysteine (cannabis use, available without prescription, we recommend you discuss this with your provider before starting any supplements), and Antabuse and Campral (alcohol use)

***This is a general list/guideline, your provider will consider your situation carefully before prescription of any medication

3. How often will I need to be seen?

Follow up appointments depend on your diagnosis, risk, medication prescribed, and provider preference. For Suboxone programming you are required to attend visits at least weekly x 4 weeks, once every 2 weeks x 1 month, and then monthly. For management with non-narcotic medications follow up is generally less often. Again, this is based on each individual, diagnosis, medication, and provider preference.

4. Do I need to participate in counseling?

Counseling is the most important part of your recovery, the purpose of medication is to reduce cravings. Primary Health Care does request that you participate in mental health or substance abuse counseling. Your treatment center will determine your treatment plan. Substance abuse counseling is REQUIRED for participation in the Suboxone program.

5. Will I need to transfer my primary care/doctor?

No. You can continue to see your doctor for healthcare needs. Primary Health Care may need to request a signature for release of information to prevent duplication of services ie: lab work, urine screenings, ect...

6. Can I receive MAT from my Doctor?

Yes. Your primary care physician may be willing to prescribe you one of the medications on the list. We suggest you speak with your primary doctor about what services are available to you. Suboxone can only be prescribed by a "waivered" provider, this means, only providers with special training are able to prescribe this medication.

7. How long will the appointment take?

Suboxone consultations take up to 90 minutes. Plan to answer a lot of questions and sign paperwork. Be prepared to submit to urine drug screening and/or lab work.

Non-narcotic (Antabuse, Campral, Naltrexone, Wellbutrin) consultations generally take 40-60 minutes. Plan to answer questions and sign paperwork, generally no urine drug screen (UDS) is obtained, however, you should always be prepared for a urine drug screen.

8. What if I use when I'm on it?

Speak to your prescriber about the impacts of "using" while taking your prescribed medication.

9. How much does it cost?

Cost of your medication and office visits depends on your insurance coverage. If you do not have insurance, Primary Health may be able to help you cover the cost of your medication and office visits. Please do not let a lack of insurance or fear of cost prevent you from speaking to us about MAT. Primary Health has Health Benefit Specialists (HBS) that are prepared to assist you to find the best coverage for your treatment.



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Naltrexone: (routine labs will be drawn to monitor for liver and kidney function, check with your prescriber before you take if you are pregnant)

For Opiate Use Disorder: Naltrexone is an antagonist. It works in the brain to prevent the effects of opiates ie: well- being, euphoria, and decreases the desire to take the opiates. Naltrexone can also reverse the effects of opiates. Naltrexone is given after someone has gone through several days of withdrawal. If given too soon a person may experience what is known as “precipitated withdrawal”. To prevent this, your provider/nurse will ask you a series of detailed questions; and, you may be required to submit to a urine drug screen. This is NOT meant to be punitive, this is to prevent you from becoming ill.

For Alcohol Use Disorder: Naltrexone is an antagonist that works on the mu receptor in the brain. Naltrexone works by reducing the reward or pleasure of drinking and can also help decrease the craving for alcohol. Naltrexone has been shown to assist with decreasing “binge drinking” and increasing days of abstinence.

For Methamphetamine Use Disorder: Naltrexone is an antagonist that works on the mu receptor in the brain. There is some evidence that Naltrexone may be effective at reducing the reward or pleasure of using methamphetamine and may help decrease the craving for methamphetamine.

***Side effects: Include but are not limited to: Loss of Appetite, Nausea, Vomiting, Diarrhea, Headache, Dizziness

Wellbutrin/Bupropion:

For Methamphetamine: Bupropion is a Norepinephrine Dopamine reuptake inhibitor. It works in the brain by allowing more Norepinephrine, Serotonin, and Dopamine to be available. Bupropion is different than other antidepressants in that it’s major effect is on the Dopamine receptor. Bupropion has many FDA approved uses like for the treatment of depression and smoking cessation. It is also part of a combination drug used in weight loss. There has been some success with “off label” utilization Bupropion for treatment of Methamphetamine Use Disorder.

For smoking cessation: Bupropion is a Norepinephrine Dopamine reuptake inhibitor. It works in the brain by allowing more Norepinephrine, Serotonin, and Dopamine to be available. Bupropion is different than other antidepressants in that it’s major effect is on the Dopamine receptor. Bupropion has many FDA approved uses like for the treatment of depression and smoking cessation. Studies have shown that Bupropion in addition to behavioral health counseling can be effective.

***Side effects: Dry mouth, seizure, skin rash, insomnia, weight loss



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Antabuse/disulfiram:

For Alcohol: Disulfiram is an alcohol-aversive or alcohol-sensitizing agent. It will make you sick if you drink after you have taken the medication. You need to take this medication daily. You should avoid any foods or cough/cold preparations containing alcohol while taking this medication. Certain mouthwashes should also be avoided when using this medication. Studies have shown that for some individuals taking an alcohol aversive medication (one that makes them ill when they drink, can aid in a decrease in alcohol consumption. Some research shows that Antabuse can decrease cravings and reduce the risk of relapse. Discuss whether Antabuse/disulfiram is a good choice for you with your provider and/or counselor.

***SE: Blurred vision, confusion, dizziness, flushing, sweating, nausea/vomiting

Campral/acamprostate:

For Alcohol: Research shows that Campral works in the brain by normalizing the neurotransmitters in your brain affected by chronic alcohol abuse and withdrawal. It can take up to a week to reach the needed levels required to reach maximum benefit so we suggest you give it time. This medication will NOT make you sick and may even work to help prevent relapse. This medication is generally well tolerated with few side effects.

*** SE: diarrhea, nausea, vomiting, gas, fatigue, dry mouth

Suboxone/Buprenorphine:

For Opiate Use Disorder: Buprenorphine/Naloxone is a partial agonist used in conjunction with counseling to treat individuals suffering with dependence on opiates. Primary Health and federal regulation requires you to participate in substance abuse counseling or mental health counseling in order to receive this medication. Primary Health will work closely with you and your counselor to make sure you are comfortable until stabilized on your medication. While this medication does offer some pain relief, Suboxone cannot be prescribed for pain management. Buprenorphine can help prevent craving and decrease your risk for relapse. Studies show that treatment with Buprenorphine/Naloxone helps retain people in treatment. Not every doctor or health care provider can prescribe this medication. Please talk to your counselor or primary care provider about treatment with Buprenorphine.