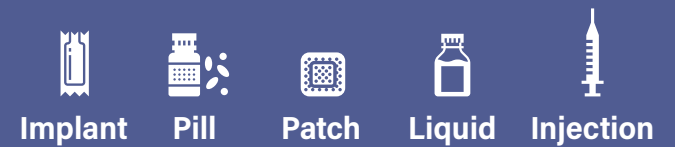


QUICK GUIDE: MAT Use for Opioid Use Disorder



	BUPRENORPHINE	METHADONE	NALTREXONE
COMMON BRANDS	Suboxone, Zubsolv, Bunavail, Subutex, Probuphine, Sublocade	Methadose, Diskets, Dolophine	Vivitrol
TYPE			
HOW IT WORKS	<ul style="list-style-type: none"> • Makes the brain think it is still getting the problem opioid. Prevents cravings and withdrawal symptoms and reduces the risk of overdose. • Buprenorphine can be prescribed by a trained provider in a doctor's office or other health care setting, as well as in a narcotic treatment program (NTP). 	<ul style="list-style-type: none"> • Makes the brain think it is still getting the problem opioid. Prevents cravings and withdrawal symptoms and reduces the risk of overdose. • Methadone is dispensed only in highly regulated NTPs. 	<ul style="list-style-type: none"> • Blocks the effects of opioids. • Naltrexone is not a controlled substance and can be prescribed or administered in any health care or substance use disorder (SUD) setting, such as a doctor's office or clinic.
THINGS TO CONSIDER	<ul style="list-style-type: none"> • Treatment can start quickly, as soon as someone enters withdrawal. • Flexible dosing schedule. • Relapse risk increases if you forget or choose not to take medication. • Common side effects are headache, nausea, and constipation. 	<ul style="list-style-type: none"> • Treatment can start right away, no need for detoxification. • Less flexible schedule. Dosing occurs in the early morning. • Side effects include constipation, sexual problems, swelling, and sweating and potential heart problems. 	<ul style="list-style-type: none"> • Not recommended for pregnant women as detox can harm the baby. Methadone or buprenorphine are recommended for pregnant women with OUD. • Does not cause physical dependence. • Less evidence for effectiveness in OUD treatment than buprenorphine or methadone.

CONTINUED ON BACK

QUICK GUIDE: MAT Use for Opioid Use Disorder

CONTINUED FROM FRONT	BUPRENORPHINE	METHADONE	NALTREXONE
THINGS TO CONSIDER	<ul style="list-style-type: none"> • Causes physical dependence. If or when you want to come off the drug, you will need to do so slowly to minimize the discomfort of detox symptoms. • Buprenorphine is sometimes used short term to relieve pain associated with detox, but more often used long term, known as maintenance treatment. 	<ul style="list-style-type: none"> • Causes physical dependence. If you want to come off the drug, you will need to do so slowly to minimize the discomfort of detox symptoms. • May cause drowsiness at first before maintenance dose is determined. • Methadone is often a good option for people who have used opioids for a long time or have been unsuccessful with other treatments. 	<ul style="list-style-type: none"> • Detox from opioids is required before taking naltrexone. Side effects may include stomach pain, nausea, vomiting, headache, joint pain, trouble sleeping and anxiety. Some people also report soreness in the area of the injection. • Injection form of the medication lasts for about 30 days before it wears off. Overdose risk can be higher after naltrexone wears off due to decrease in tolerance.
QUESTIONS FOR CLIENTS	<ul style="list-style-type: none"> • Can you commit to taking this medication daily? • Are you comfortable with taking a medication that requires time to taper off to minimize the discomfort of detox? 	<ul style="list-style-type: none"> • Have you used opioids for a long time, or have you found other treatments have not worked well for you? • Can you come to the clinic in the early morning for dosing? Will you need to make arrangements for work or transportation? • Do you work in an industry with heavy machinery? Could your work be affected by possible drowsiness during your initial dosing period? • Are you comfortable with taking a medication that requires time to taper off to minimize the discomfort of detox? 	<ul style="list-style-type: none"> • Have you detoxed from opioids, or would you be willing to detox to take this medication? • Can you commit to making an appointment once every month to continue receiving the injection? • Do you have any medical needs that would be affected by blocking the opioid receptors? For example, do you use opioids to reduce chronic pain?

OPIOID TREATMENT

Which medicines treat opioid use disorder and addiction?

The medicines used to treat opioid use disorder and addiction are methadone, buprenorphine, and naltrexone.

Methadone and buprenorphine can decrease withdrawal symptoms and cravings. They work by acting on the same targets in the brain as other opioids, but they do not make you feel high. Some people worry that if they take methadone or buprenorphine, it means that they are substituting one addiction for another. But it is not; these medicines are a treatment. They restore balance to the parts of the brain affected by addiction. This allows your brain to heal while you work toward recovery.

There is also a combination drug that includes buprenorphine and naloxone. Naloxone is a drug to treat an opioid overdose. If you take it along with buprenorphine, you will be less likely to misuse the buprenorphine.

You may safely take these medicines for months, years, or even a lifetime. If you want to stop taking them, do not do it on your own. You should contact your health care provider first, and work out a plan for stopping.

Naltrexone works differently than methadone and buprenorphine. It does not help you with withdrawal symptoms or cravings. Instead, it takes away the high that you would normally get when you take opioids. Because of this, you would take naltrexone to prevent a relapse, not to try to get off opioids. You have to be off opioids for at least 7-10 days before you can take naltrexone. Otherwise you could have bad withdrawal symptoms.



NORTH INLAND REGION

Mission Treatment Services, Inc.
161 N. Date Street
Escondido, CA 92025
(760)745-7786

Acadia [San Diego Health Alliance, Inc.]
1560 Capalina Road
San Marcos, CA 92069
(760) 744-2104

NORTH COASTAL REGION

Mission Treatment Services, Inc.
1906 Apple Street, Suite 3
Oceanside, CA 92054
(760) 547-1280

SOAP MAT, LLC
3230 Waring Court, Suite A
Oceanside, CA 92056
(760) 305-7528

SOUTH REGION

Acadia [San Diego Treatment Services]
1155 Third Avenue
Chula Vista, CA 91911
(619)498-8260

CENTRAL REGION

Eldorado Community Service Center
1733 Euclid Avenue
San Diego, CA 92105
(619) 263-0433

Progressive Medical Specialists, Inc.
4974 El Cajon Boulevard, Suite A & H
San Diego, CA 92115
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NORTH CENTRAL REGION

Mission Treatment Services, Inc.
8898 Clairemont Mesa Blvd., Suite H
San Diego, CA 92123
(858) 715-1211

Acadia [San Diego Health Alliance, Inc.]
7545 Metropolitan Drive
San Diego, CA 92108
(619) 718-9890

EAST REGION

Acadia [San Diego Health Alliance, Inc.]
234 North Magnolia Avenue
El Cajon, CA 92020
(619) 579-8373

WHAT ARE OPIOIDS?

What are opioids?

Opioids, sometimes called narcotics, are a type of drug. They include strong prescription pain relievers, such as oxycodone, hydrocodone, fentanyl, and tramadol. The illegal drug heroin is also an opioid.

A health care provider may give you a prescription opioid to reduce pain after you have had a major injury or surgery. You may get them if you have severe pain from health conditions like cancer. Some health care providers prescribe them for chronic pain.

Prescription opioids used for pain relief are generally safe when taken for a short time and as prescribed by your health care provider. However, opioid abuse and addiction are still potential risks.

What are opioid use disorder and addiction?

Opioid abuse disorder means you are not taking the medicines according to your provider's instructions, you are using them to get high, or you are taking someone else's opioids. Addiction is a chronic brain disease. It causes you to compulsively seek out drugs even though they cause you harm.

What are the treatments for opioid use disorder and addiction?

Treatments for opioid abuse disorder and addiction include:

- Medicines
- Counseling and behavioral therapies
- Medication-assisted therapy (MAT), which includes medicines, counseling, and behavioral therapies. This offers a "whole patient" approach to treatment, which can increase your chance of a successful recovery.
- Residential and hospital-based treatment.

Clients receiving services through County of San Diego contracted SUD programs are treated with equality, in a welcoming, nondiscriminatory manner, consistent with applicable state and federal law. Client fees are waived for Medi-Cal eligible persons participating in Medi-Cal certified services (except for required share of cost). No services will be refused due to a client's inability to pay.

Programs are organized by region but services may be sought at any location.

Pregnant women and intravenous drug users have priority admission to recovery and treatment programs

www.sandiegocounty.gov/hhsa/programs/bhs

www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/dmc_ods.html

**SAN DIEGO
ACCESS & CRISIS LINE**

1-888-724-7240

TDD/TTY Dial 711

Free assistance 7 days / 24 hours

www.livewellsd.org

Behavioral Health Services

3255 Camino Del Rio South

San Diego, CA 92108

(No services provided at this location)



DIRECTORY OF OPIOID TREATMENT PROGRAMS