



MEDICATION ASSISTED TREATMENT FREQUENTLY ASKED QUESTIONS

Should you start buprenorphine inductions if a person is using benzodiazepines?



This is a complex question and **recommendation should be tailored to the individual patient**. However, we would recommend assessing based on if benzo use is taken as prescribed or not, if the patient also has alcohol use disorder, and if use of either drug is intermittent or daily.

What do you do when your patient has a UDS positive for other illicit substances?



Talk to your patient! It is important to keep working with these patients rather than discharging them from care. Most people with addiction have many relapses before sustained abstinence and relapse is a hallmark of the disease.

How long do you prescribe buprenorphine maintenance therapy?



Evidence supports keeping patients on buprenorphine for long term maintenance treatment; this could be 1 year to lifelong treatment. **It is important to work with the patient and follow their lead.**

Are buprenorphine and methadone just trading one addiction for another?



No. Addiction is a disease of maladaptive behavior. These medications do not produce a euphoric high but instead **minimize withdrawal symptoms and cravings and allow patients to have a functional life.**

Doesn't buprenorphine have diversion potential?



Research has repeatedly demonstrated that **making buprenorphine more readily available to those who need it will help minimize the presence of the illicit market.**

Among all opioid agonist medications, methadone and buprenorphine together make up 15% of diversion reports, while oxycodone and hydrocodone are responsible for 67%