
Tennessee Harm Reduction

TENNESSEE HARM REDUCTION

MAT Basics

In Tennessee, MAT is available at little to no cost through two grant programs:

1. **SABG Block Grant.** Substance Abuse Prevention and Treatment (SAPT) Block Grant
2. **SOR Grant.** State Opioid Response (SOR) Grant/Hub-and-Spoke System

Note: [All provider directories are available here](#)

Buprenorphine (Pronounced bew-prin-or-FEEN, "-FEEN" as in "morphine")

Also known as: Subs, Bupe

Formulations available: Suboxone®, Subutex®, Belbuca®, Sublocade® (extended-release injection)

Available in: Sublingual films ("strips"), Tablets, Buccal films, Injection — you name it, they got it

Overview

Less restrictive than methadone.

What to expect - Prescribing

Typical dose

Daily Total: 16 mg buprenorphine/day

Most Common Formulation RX'd: #2 8/2 mg (buprenorphine/naloxone) films/tablets per day

Effective dose = as little as 2 mg/day, if not less

Since SAMHSA's guideline revision in March/April 2020 (in response to COVID), prescribers now able to give up to two weeks' worth at once

Of Tennessee's 41 SABG-funded MAT providers, **35** offer buprenorphine

Pros:

- ✓ Far less restrictive prescribing
- ✓ Big prescriptions
- ✓ Unsupervised dosing
- ✓ Allows for telehealth

Cons:

- ✗ Doesn't jive with fentanyl
 - ✗ In fentanyl-dependent persons, requires micro-induction or ~7 days' sobriety
 - ✗ Prescribers expect (-) drug screens soon after initial RX
 - ✗ Must pick up at pharmacy
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Methadone (Pronounced meth-uh-DONE, "-DONE" as in "dome")

Also known as: (just methadone)

Formulations available: "coffins" (RX'd for pain), "wafers", liquid ("wafers" & liquid RX'd for MAT)

Available in: tablet ("wafers"), liquid

Overview

Much more restrictive than buprenorphine

Pharmacologically, methadone is superior for two reasons:

- Meshes well with fentanyl

- Higher success rates in general

What to expect - Prescribing

Dosing with methadone is different than bupe. With bupe, almost all patients receive 16 mg/day.

With methadone, every patient is different.

- Dosing begins at 30 mg

- Prescribers titrate doses upward in 10-mg denominations (30 mg > 40 mg; 40 mg > 50 mg; etc.)

- Patients are bumped up to higher doses every 3-7+ days

- Daily Total: No ceiling

- Most Common Formulation RX'd: liquid or tablet-in-liquid (**dosing is always supervised**)

Of Tennessee's 41 SABG-funded MAT providers, **10** offer methadone

Pros:

- ✓ Lives with fentanyl
- ✓ No special induction or sobriety period required
- ✓ Prescribers don't expect (-) screens until stable dose is reached

Cons:

- ✗ Daily or near-daily dosing
- ✗ Fewer methadone RX'ers than bupe