

**Tribal Law and Policy Institute Presents
(TLPI)
Pharmacology and Medically Assisted
Treatment**

Medically Assisted Treatment

Vivitrol



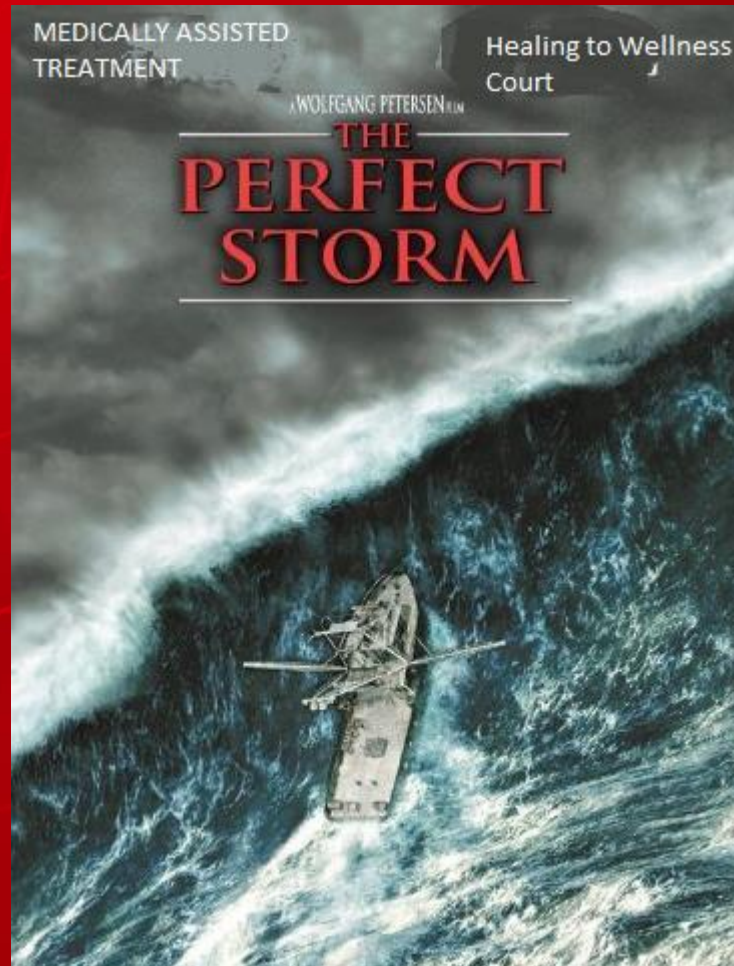
Methadone



Suboxone and Subutex



Why use MAT

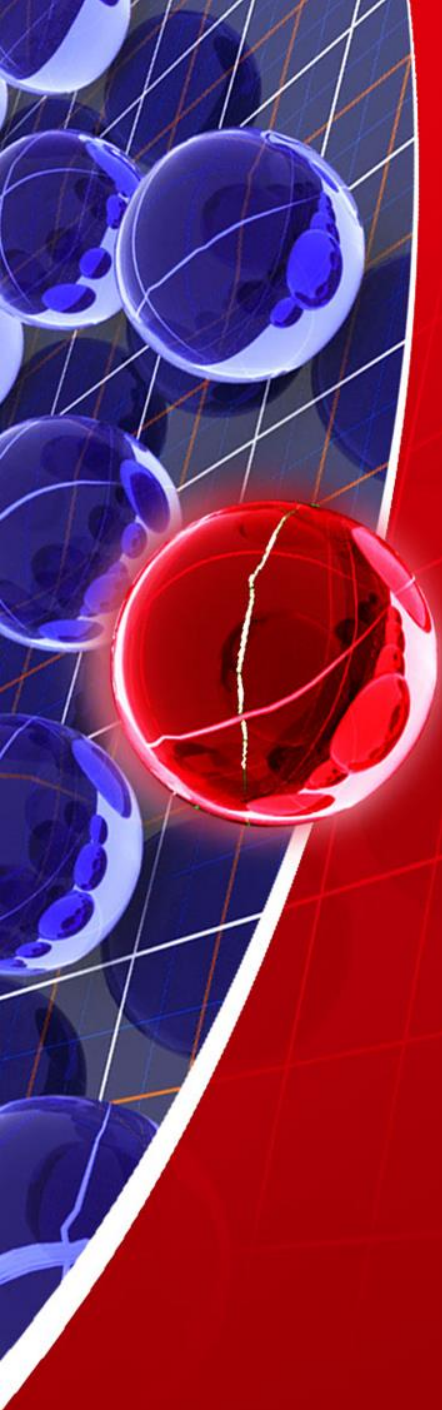


When a high functioning M.A.T. program is paired with a high functioning Healing to Wellness Court

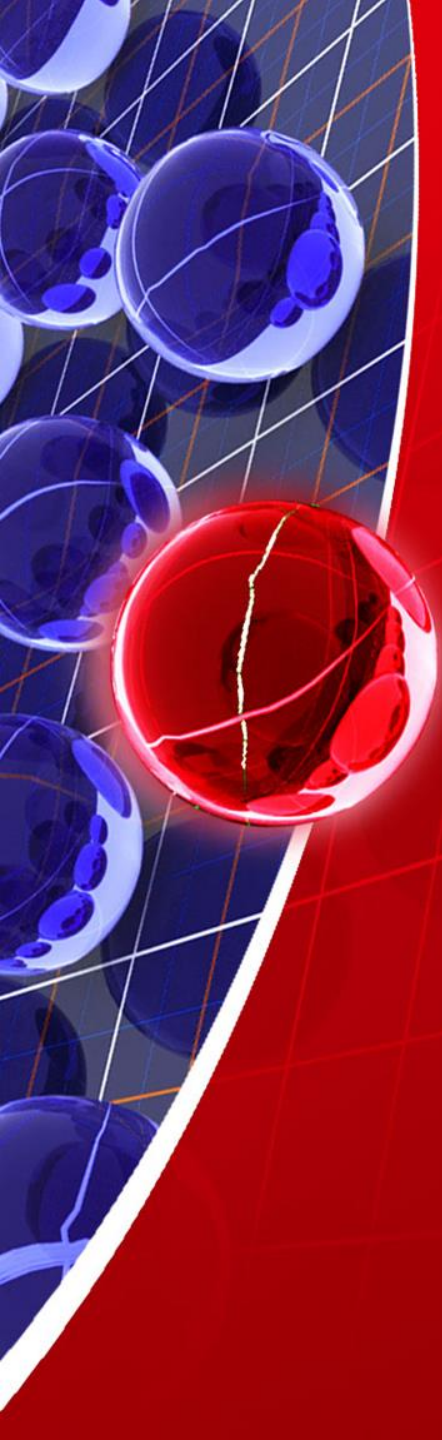


Criteria for Federally Recognized MAT PROGRAM for take home use

- 1.) Absence of recent abuse of drugs (opioid or nonnarcotic), including alcohol
- 2.) Regular clinic attendance
- 3.) Absence of serious behavioral problems at the clinic
- 4.) Absence of known recent criminal activity, e.g., drug dealing
- 5.) Stable home environment and social relationships
- 6.) Sufficient time in comprehensive maintenance treatment
- 7.) Assurance that take-home medication can be safely stored within the patient's home
- 8.) Rehabilitative benefits the patient derives from decreasing the frequency of clinic attendance outweighs the potential risks of diversion



- 1.) During the first 90 days of treatment, the take-home supply beyond that of paragraph is limited to a single dose each week, and the patient shall ingest all other doses under appropriate supervision
- 2.) In the second 90 days of treatment, the take-home supply is two doses per week.
- 3.) In the third 90 days of treatment, the take-home supply is three doses per week.
- 4.) In the remaining months of the first year, a patient may be given a maximum 6-day supply of take-home medication.



5.) After 1 year of continuous treatment, a patient may be given a maximum 2-week supply of take-home medication.

6.) After 2 years of continuous treatment, a patient may be given a maximum one-month supply of take-home medication, but must make monthly visits.

Upon examining these criteria, we see that in the first 180 days the patient should only have a take-home maximum of three doses a week.

Alcohol



If you test for the metabolite *Ethyl Glucuronide* 3 to 4 days or approximately 80 hours via urine

Twice the legal limit for drunk driving It would take 13 hours for it not to show up on a PBT.

Gabapentin (Neurotin, Lyrica)



3-4 days to get
out of system

Bath Salts

Mephedrone

Does not show up well in swab test.



Light use can be out of the system in 1 -2 days. Moderate use 3-4 days. Heavy use 4+ days

They do not know the permanent effects of bath salt use.

Spice

HU-210 has been found to be between 100 to 800 times more potent than THC, the main active chemical in marijuana.”



Out of system in three days

Kratom

The drug may be bought in leaf form but in this country, it is more likely to be purchased as a capsule filled with powdered leaf material or a chopped up form of the leaf that can be used for tea or smoking. Most people ingest the drug.



Kratom

A person using this drug may not expect or want the following undesirable effects of kratom:

Edginess, nervousness
Vomiting (can be severe and prolonged)
Nausea (can be severe and prolonged)
Sweating
Itching
Constipation
Delusions
Lethargy
Respiratory depression
Tremors
Aggressive or combative behavior
Psychotic episodes
Hallucinations
Paranoia

Marijuana

Single use -3 days

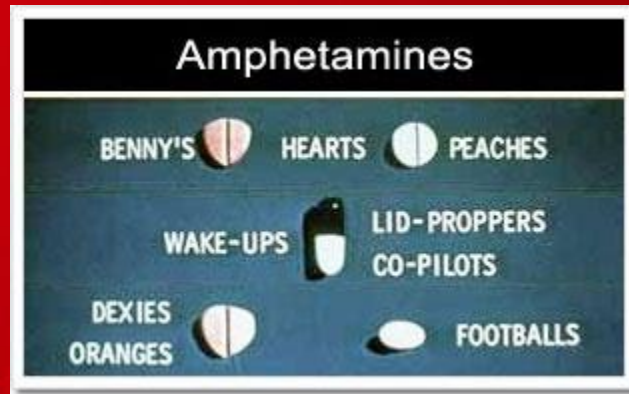
Moderate Use (4 times per week) – 5 Days

Heavy Use (every day) -10 Days

Chronic Heavy Use -30 Days



Amphetamines



(Biphphetamine, Black Beauties, Crosses,
Dexedrine, Hearts)

1-2 Days

Benzodiazepines



(Librium, Rohypnol, Valium, Roofies,
Tranks, Xanax)
Most 2-3 Days, Some 4-8 Days

Opiates



3 days to get out of system

Cocaine



Less than one day

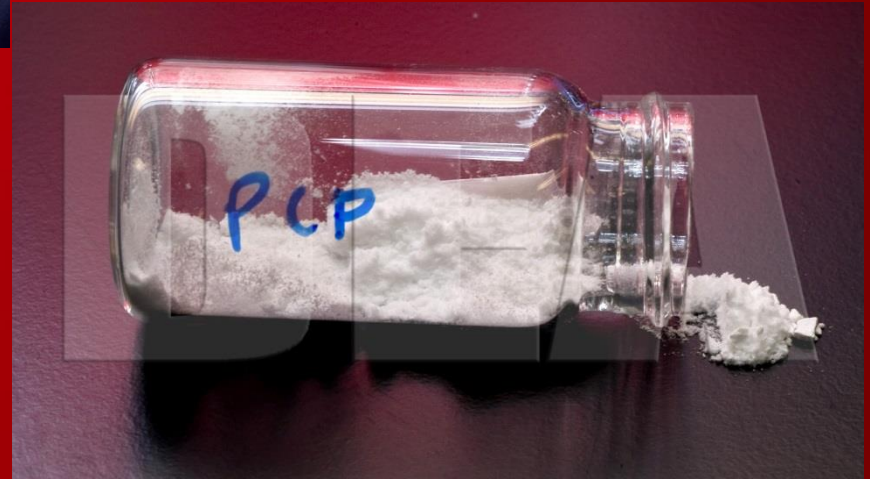
Ritalin



LSD/PCP



Hours up to 5 days



1-8 days

MDMA (Ecstasy)



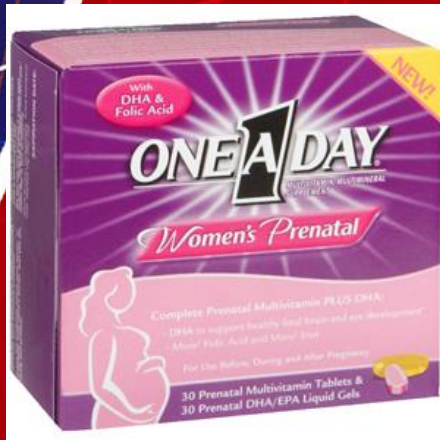
1-5 Days

Methamphetamines



(Crank, Crystal, Desoxyn, Glass, Ice,
Speed)
2-4 Days

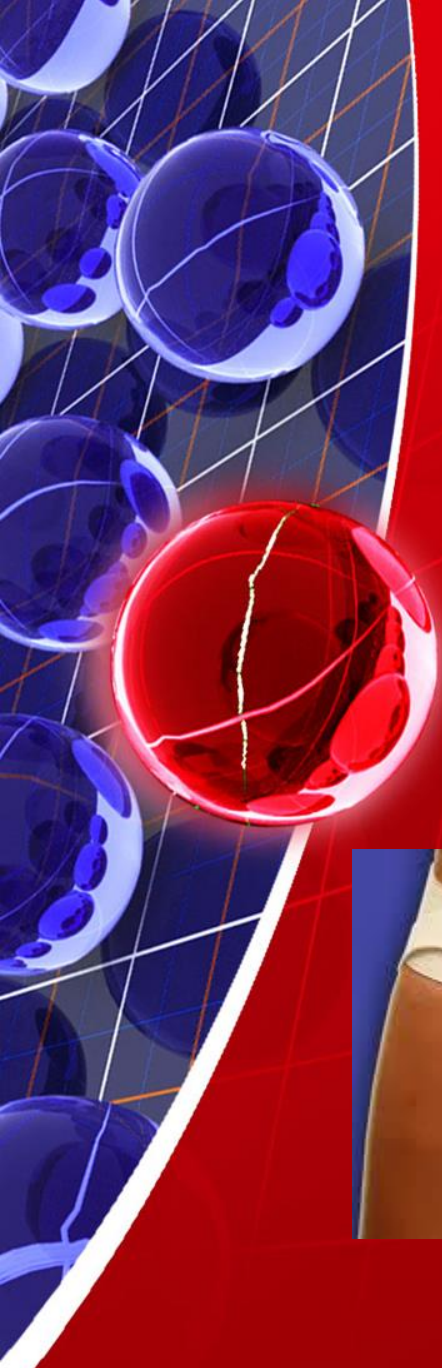
Ways to fool drug test

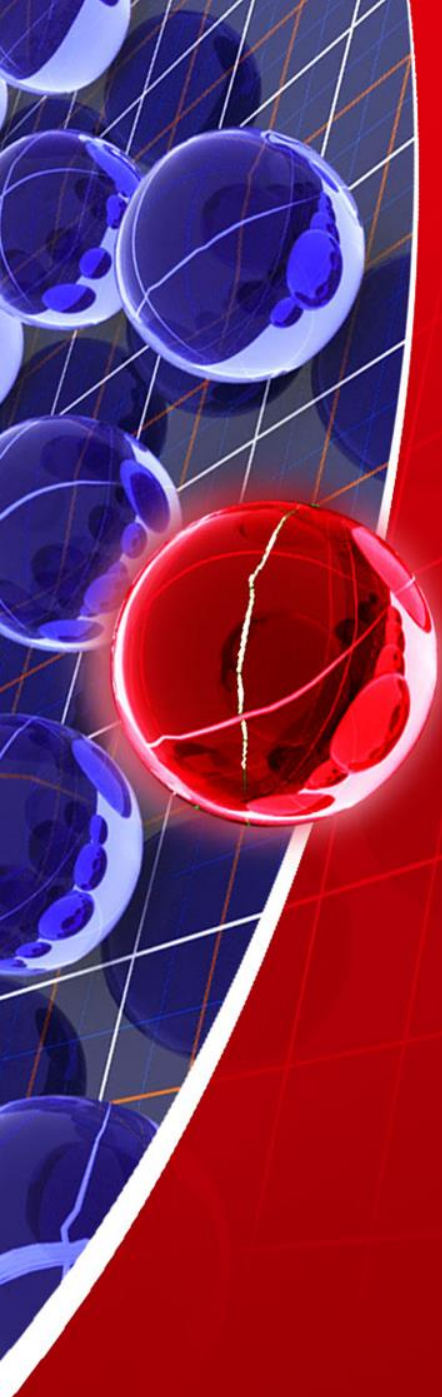


Top Abused Drugs in the USA



PBT's





wiseGEEK



For More Information . . .

TLPI believes in providing resources free of charge, or at minimal cost, whenever possible.

Visit www.tlpi.org

or

contact:

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