



Why OASIS?

The illicit use and abuse of heroin and other opioids, particularly prescription pain medications, has been on the rise in Connecticut and nationally. Overdose on prescription medications has become a major cause of accidental injury and death and availability of higher potency heroin is accelerating the time from first use to full blown addiction. Addiction to opioids contributes to human pain and suffering, loss of employment, crime, violence and other social problems. In addition, the use of needles to administer heroin is a significant factor in the spread of infectious diseases, most notably HIV and Hepatitis C.

In the midst of this growing problem, a newer treatment option has emerged: *Buprenorphine Medication Assisted Treatment*. When combined with other psychosocial treatments, Buprenorphine has been shown to be a safe and effective intervention for individuals with an opioid addiction. StayWell Health Center, in partnership with Wellmore Behavioral Health, has developed the *Opioid Addiction Suboxone Intervention Service (OASIS)*, which is a Buprenorphine Medication Assisted Treatment Program, utilizing Suboxone, described below. **The goals of this initiative are to expand treatment options for opioid-addicted adults in the Waterbury area and improve their health and wellbeing.**

What is Buprenorphine? Buprenorphine is a medication approved by the Food and Drug Administration for use in opioid addiction treatment. Opioids are a class of substances that are often used to reduce pain (analgesics) and when abused, can induce states of euphoria. Opioids include heroin, fentanyl, morphine, methadone, oxycontin, oxycodone, Buprenorphine and others. Buprenorphine is an opioid partial agonist. This means although Buprenorphine is an opioid, and thus can produce typical opioid agonist effects and side effects such as euphoria and respiratory depression, its maximal effects are less than those of full agonists like heroin and methadone. At low doses, Buprenorphine produces sufficient agonist effect to enable opioid-addicted individuals to discontinue the misuse of opioids without experiencing withdrawal symptoms. The agonist effects of Buprenorphine increase linearly with increasing doses of the drug until at moderate doses they reach a plateau and no longer continue to increase with further increases in dose, the “ceiling effect.” Thus, Buprenorphine carries a lower risk of abuse, addiction, and side effects compared to full opioid agonists. In fact, in higher doses when combined with Naloxone, and under certain circumstances, Buprenorphine can actually block the effects of full opioid agonists and can precipitate withdrawal symptoms if administered to an opioid-addicted individual while a full agonist is in the bloodstream. Within the OASIS Program, a combination form of Buprenorphine and Naloxone (**Suboxone**) will be utilized as a sublingual dissolving film.

Program Overview The OASIS program consists of several treatment components and processes. First, clients are screened and evaluated to determine their treatment needs and the best match to a treatment program, either at Wellmore or other treatment providers or settings. In many cases, clients will be referred to Wellmore IOP, which the client is expected to begin immediately and complete as recommended by Wellmore clinical providers. Once a client is evaluated and determined to be eligible and appropriate for OASIS, an individualized treatment plan is developed.

Treatment components are matched to client need and preference and may include **medication management, intensive outpatient therapy, group therapy, and case management**. Induction begins when the client is in the early stages of withdrawal from opioids and lasts for roughly a week. During this time, participation in Wellmore programs may be temporarily suspended. Any absences from Wellmore treatment would be excused if the client is unable to attend due to OASIS Clinic scheduling.

The **Stabilization** phase typically lasts 3 weeks and is the period where the prescribing physician adjusts the dosage and the client works with the clinical team and others to attain abstinence from the use of opioids other than Suboxone. During the **Maintenance** phase, the client has typically attained abstinence from the use of other opioids and is working to maintain abstinence from other substances and on building the protective factors necessary to sustain long-term recovery.