
MEDICATION ASSISTED TREATMENT

What is MAT?

Medication-assisted treatment (MAT) is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose. MAT combines medications such as Buprenorphine (Suboxone or Subutex), Vivatrol, Methadone, Naltrexone, or Naloxone with counseling or behavioral therapies. Research indicates that the combinations of medication and therapy can successfully treat addiction or sustain recovery.

MAT is currently focused on opioid addiction such as prescription pain relievers or heroin. Prescription medication seeks to block the euphoric effects of alcohol and opioids, relieve cravings, and stabilize the brain chemistry and body functions without drug use. Under federal law, MAT patients must receive counseling, which could include different forms of behavioral therapy. These services are required along with medical, vocational, educational, and other assessment and treatment services.

Effectiveness

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In 2013, an estimated 1.8 million people had an [opioid use disorder](#) related to prescription pain relievers, and about 517,000 had an opioid use disorder related to heroin use; these numbers continue to rise. MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification services for these individuals. MAT provides a more comprehensive, individually tailored program of medication and behavioral therapy. MAT also includes support services that address the needs of most patients. This treatment approach has been shown to:

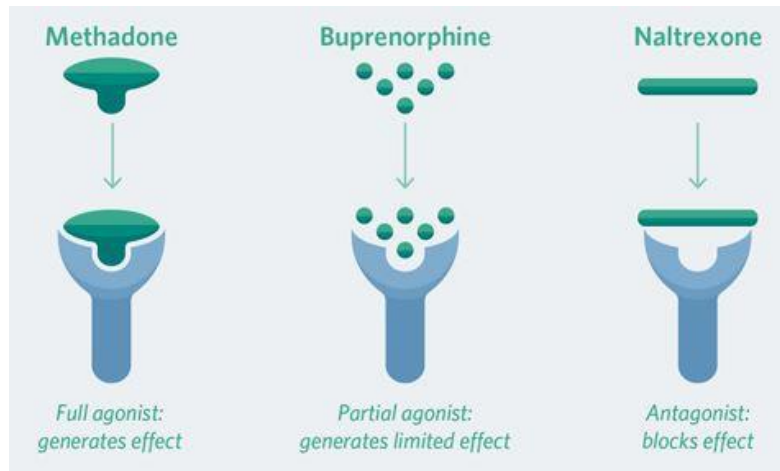
- Improve patient survival
- Increase retention in treatment
- Decrease illicit opiate use and other criminal activity among people with substance use disorders
- Increase patients' ability to gain and maintain employment
- Improve birth outcomes among women who have substance use disorders and are pregnant
- Contribute to lowering a person's risk of contracting HIV or Hepatitis C by reducing risk of relapse

Barriers

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The slow adoption of these evidence-based treatment options for alcohol and opioid dependence is partly due to misconceptions about substituting one drug for another. Discrimination against MAT patients is also a factor, despite state and federal laws clearly prohibiting it. Other factors include lack of training for physicians and negative opinions toward MAT in communities and among health care professionals.

MAT Medications



Note: These medications can be deadly when combined with benzodiazepines (anti-anxiety medications).

Methadone

Methadone tricks the brain into thinking it's still getting the abused drug. In fact, the person is not getting high from it and feels normal, so withdrawal doesn't occur.

Buprenorphine

Like methadone, buprenorphine suppresses and reduces cravings for the abused drug. It can come in a pill form or sublingual tablet that is placed under the tongue.

Naltrexone (Vivitrol injection)

Naltrexone works differently than methadone and buprenorphine in the treatment of opioid dependency. If a person using naltrexone relapses and uses the abused drug, naltrexone blocks the euphoric and sedative effects of the abused drug and prevents feelings of euphoria.

When used as a treatment for alcohol dependency, naltrexone blocks the euphoric effects and feelings of intoxication. This allows people with alcohol addiction to reduce their drinking behaviors enough to remain motivated to stay in treatment, avoid relapses, and take medications.

Naloxone

An injectable drug used to prevent or stop an opioid overdose. According to the World Health Organization, naloxone is one of a number of medications considered essential to a functioning health care system.

Treatment

Depending on the medication, MAT treatment may include daily dosing at a clinic (methadone), weekly prescriptions to be taken by the consumer individually (Buprenorphine), monthly injections (Vivitrol), intense individual and/or group therapy, 12-step meetings, and regular urine drug screens (UDS).