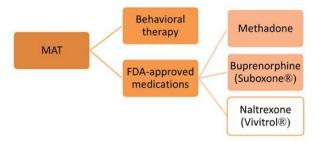


MEDICATION-ASSISTED TREATMENT FAQ

I. What Is Medication-Assisted Treatment?

• Medication-Assisted Treatment (MAT) is the use of medications, alongside counseling and behavioral therapies, to treat substance use disorders. MAT provides a "whole-patient" approach to treat addiction to opioids such as heroin or prescription pain relievers. MAT is not a standalone treatment. It combines medications with behavioral therapy, psychosocial supports, and other wraparound services, leading to the best outcomes. MAT helps treat opioid use disorder (OUD) by helping normalize brain chemistry, blocking the euphoric effects of opioids, and relieving physical cravings, without the negative effects of heroin.

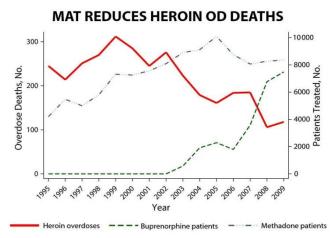


II. What Are The Medications Used In MAT?

• There are three FDA-approved medications used in the treatment of OUD: methadone, buprenorphine (*i.e.*, Suboxone), and extended-release naltrexone (*i.e.*, Vivitrol). According to the World Health Organization, buprenorphine and methadone are "essential medicines." For people struggling with addiction, the use of these assistive medications in combination with behavioral services can help sustain recovery better than just medication or psychosocial treatment on their own.³

III. What Are The Benefits Of MAT?

- Decreases opioid-related overdose deaths 4,5,6
- Decreases illicit opioid use ^{7,8}
- Increases social functioning and retention in treatment ^{7,8}
- Decreases criminal activity ⁹
- \bullet Decreases transmission of infectious diseases such as HIV and Hepatitis C 10
- Improves maternal and fetal outcomes for pregnant or breastfeeding women ¹¹



After buprenorphine became available in Baltimore, heroin overdose deaths decreased by 37 percent. ⁷

IV. Doesn't Using These Medications Just Substitute One Addiction For Another?

• MAT is <u>not</u> the same as substituting one addictive drug for another. When someone receives MAT for OUD, the dosage of medication used does not produce the "high" associated with opioid misuse. These medications restore balance to the brain circuits affected by addiction, allowing the brain to heal while working toward recovery. MAT is analogous to taking medication for diabetes—in conjunction with behavioral and lifestyle changes, they help people manage the physical aspects of their disorder so they can maintain their recovery.

V. Why Are Efforts To Increase Access To MAT Important?

- Despite decades of clinical research showing the efficacy of MAT in treatment OUD, MAT is still not widely used. Fewer than half of privately-funded substance use disorder treatment programs offer MAT and only one-third of patients with opioid dependence at these programs actually receive it.¹² Nearly all U.S. states do not have sufficient treatment capacity to provide MAT to every patient with OUD who needs treatment.¹⁴
- Stigma and misconceptions contribute to resistance amongst policymakers, treatment providers, and communities to support the use of MAT. While every patient has a unique path to recovery, the scientific evidence shows that MAT is a highly effective tool in the treatment of OUD that works very well for many patients. Each patient who suffers from OUD should have the choice of receiving treatment that is individualized to their circumstances and needs whether medication-assisted or not. Increasing access to MAT for patients with OUD will increase patients' ability to make that choice, and will be a critical part of addressing the current opioid epidemic.

References

- 1. Fullerton, C. A., Kim, M., Thomas, C. P., Lyman, D. R., Montejano, L. B., Dougherty, R. H., ... Delphin-Rittmon, M. E. (2014). Medication-Assisted Treatment With Methadone: Assessing the Evidence. *Psychiatric Services*, 65(2), 146-157. doi:10.1176/appi.ps.201300235
- 2. WHO Model Lists of Essential Medicines. (n.d.). Retrieved from http://www.who.int/medicines/publications/essentialmedicines/en/
- 3. American Society of Addiction Medicine, The ASAM National Practice Guideline
- 4. Gibson, A., Degenhardt, L., Mattick, R. P., Ali, R., White, J., & O'Brien, S. (2008). Exposure to opioid maintenance treatment reduces long-term mortality. *Addiction*, 103(3), 462-468. doi:10.1111/j.1360-0443.2007.02090.; Clausen T, Anchersen K, Waal H. Mortality prior to, during and after opioid maintenance treatment (OMT): A national prospective cross-registry study. Drug and Alcohol Dependence 2008;94:151-7.
- 5. Schwartz, R. P., Gryczynski, J., O'Grady, K. E., Sharfstein, J. M., Warren, G., Olsen, Y., ... Jaffe, J. H. (2013). Opioid Agonist Treatments and Heroin Overdose Deaths in Baltimore, Maryland, 1995–2009. *American Journal of Public Health*, 103(5), 917-922. doi:10.2105/ajph.2012.301049
- 6. Sordo Luis, Barrio Gregorio, Bravo Maria J, Indave B Iciar, Degenhardt Louisa, Wiessing Lucas et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies *BMJ* 2017; 357:j1550
- 7. Mattick, R. P., Breen, C., Kimber, J., & Davoli, M. (2009). Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. *Cochrane Database of Systematic Reviews*. doi:10.1002/14651858.cd002209.pub2
- 8. Mattick, R., Kimber, J., Breen, C., & Davoli, M. (2003). Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database of Systematic Reviews*. doi:10.1002/14651858.cd002207.pub2
- 9. Lind B, Chen S, Weatherburn D, Mattick R. The effectiveness of methadone maintenance treatment in controlling crime. An Australian aggregate-level analysis. Journal of Criminology 2005;45:201-11.
- 10. Connery, H. S. (2015). Medication-Assisted Treatment of Opioid Use Disorder. Harvard Review of Psychiatry, 23(2), 63-75. doi:10.1097/hrp.0000000000000005
- 11. Fullerton, C. A., Kim, M., Thomas, C. P., Lyman, D. R., Montejano, L. B., Dougherty, R. H., ... Delphin-Rittmon, M. E. (2014). Medication-Assisted Treatment With Methadone: Assessing the Evidence. *Psychiatric Services*, 65(2), 146-157. doi:10.1176/appi.ps.201300235
- 12. Knudsen, H. K., Abraham, A. J., & Roman, P. M. (2011). Adoption and Implementation of Medications in Addiction Treatment Programs. *Journal of Addiction Medicine*, 5(1), 21-27. doi:10.1097/adm.0b013e3181d41ddb
- 13. 2012 TEDS National Report Tables. (n.d.). Retrieved from https://www.samhsa.gov/data/sites/default/files/2002 2012 TEDS National/2002 2012 Treatment Episode Data Set National Tables.htm
- 14. Jones, C. M., Campopiano, M., Baldwin, G., & McCance-Katz, E. (2015). National and State Treatment Need and Capacity for Opioid Agonist Medication-Assisted Treatment. *American Journal of Public Health*, 105(8), e55-e63. doi:10.2105/ajph.2015.302664