What is Medication Assisted Treatment (MAT)?

Evidence-based treatment for patients in need

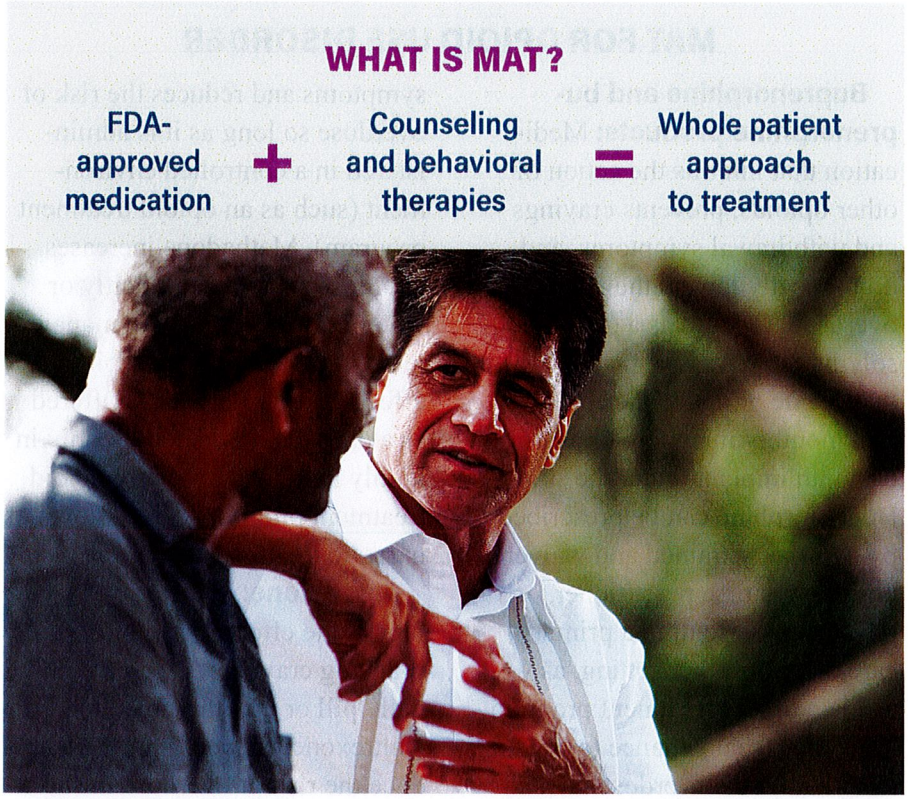
MAT is the use of United States Food and Drug Administration (FDA)-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. MAT is an evidence-based treatment for clients with opioid use disorders (i.e. addiction to heroin, illicit fentanyl, or prescription pain medications) and clients with alcohol use disorders.

The addition of MAT has been shown to significantly reduce the rate of relapse, compared to abstinence-based treatment. For opioid use disorders (OUD), use of methadone or buprenorphine cuts overdose rates by half or more, and reduces rates of HIV and hepatitis C transmission.[1] While MAT is considered standard of care for clients with opioid use disorders and alcohol use disorders, there is no FDA-approved MAT for other substance use disorders available currently.

Clients should have access to MAT while living in a residential treatment facility. Residential treatment facilities are not allowed to deny admission to potential clients because they have a valid prescription from a licensed health care professional for an FDA-approved medication for MAT.[2]

In addition, residential treatment without medication for clients with OUD puts them at high risk of overdose after departure.

Residential treatment facilities can provide access to MAT for their clients in treatment, either within the facility (through incidental medical services) or in the community, through relationships with opioid treatment programs, community health centers, or other MAT access points.



REDUCED RATE OF RELAPSE

MAT has been shown to reduce the rate of relapse, compared to abstinence-based treatment.

DHCS

This resource was created by Harbage Consulting with support from the California Health Care Foundation.

[1] National Institute on Drug Abuse, "Effective Treatments for Opioid Addiction," available at bit.ly/2o7VWxE.

[2] SB 992, 2018. Available at bit.ly/2pXyq9K.

What FDA-approved medications are commonly used in MAT?

MAT FOR OPIOID USE DISORDER

Buprenorphine and buprenorphine products: Medication that inhibits the action of other opioids, prevents cravings and withdrawal symptoms, and dramatically lowers the risk of overdose. Offered as a daily dissolving tablet or film placed under the tongue or inside the cheek, as a monthly injection, or as a 6-month implant under the skin. Buprenorphine can be prescribed by a properly trained and waivered physician, nurse practitioner, or physician assistant in a primary care office or other setting, as well as in an opioid treatment program. Long-term maintenance (at least two years) cuts overdose rates in half; short-term treatment without continued MAT increases overdose rates and is not considered standard of care.

Methadone: Medication that prevents cravings and withdrawal symptoms and reduces the risk of overdose so long as it is administered in a controlled environment (such as an opioid treatment program). Methadone increases overdose risk if used illicitly or when prescribed for pain management, and it does not inhibit the effect of other narcotics. Offered as a daily liquid dispensed only in highly regulated specialty opioid treatment programs, also known as narcotic treatment programs.

Naltrexone: Medication that blocks the effects of opioids while reducing cravings. Offered as a daily pill or monthly injection. Naltrexone has been shown to reduce the risk of overdose in short-term trials; longer term trials do not yet show an impact on mortality. Naltrexone is not a controlled substance and can be prescribed or administered in any health care or SUD setting.

MAT FOR ALCOHOL USE DISORDER

Naltrexone: Medication that blocks the euphoric effects and feelings of intoxication and reduces cravings. Naltrexone is proven to reduce drinking days and amount of drinking per episode. Offered as a daily pill or monthly injection.

Acamprosate: Medication to reduce cravings for clients who have already stopped drinking. It does not help with withdrawal symptoms but does reduce cravings. Clients can continue taking this medication during relapse. Offered as a tablet taken three times a day.

Disulfiram: Medication that acts as a deterrent to drinking since combining it with alcohol causes physical illness. Clients can't drink while taking this medication, but it can be combined with other forms of treatment. Offered as daily pill.

NOTE: The medications listed here are not inclusive of all the FDA-approved medications used in MAT.

NALOXONE FOR OPIOID OVERDOSE

Naloxone is a life-saving medication that reverses an opioid overdose. Naloxone is safe for lay people to use, as it is harmless if misused, and has no effect on an individual if opioids are not present in their system. Naloxone blocks opioid receptor sites, reversing the toxic effects of the overdose, restarting breathing and waking people up from unconsciousness.

Naloxone can be given by intranasal spray or injection (in the muscle, under the skin, or in a vein) and should be given when someone appears to have overdosed (unconscious, with slowed breathing, or if breathing has stopped). Residential treatment facilities should keep naloxone onsite in the case of emergencies.

For more information on naloxone, see Mental Health and Substance Use Disorders Services Information Notice 17-048, bit.ly/2AAQcoD.

80% of people with OUD who receive treatment in a residential facility without MAT relapse within 2 years.

How does MAT help the client?

MAT stabilizes brain chemistry — taking clients out of the cycle of cravings and withdrawal, which can last for years after the last drug use. This allows clients to engage in treatment and benefit from behavioral health interventions, like counseling.

Along with helping to stabilize clients in their recovery process, long-term medication maintenance is important to prevent relapse. Some clients may continue with MAT for the rest of their lives. Others can be tapered off MAT under the supervision of a medical professional after 1-2 years. It all depends on the individual needs of each client and how severe and long-lasting the addiction has been.

The rate of relapse for a client with OUD who receives treatment in a residential treatment facility without MAT is 80% within two years – this means only 1 out of 5 patients can transition to recovery without using medications (and they are at high risk of death from overdose if they relapse).[3] Buprenorphine and methadone cut overdose death rates in half or more, lowering opioid use, decreasing HIV and hepatitis C risk, and reducing arrest and incarceration.[4] Detox alone usually does not work for OUD: the longer clients stay in treatment, the greater their chance of long-term survival.[5]

BENEFITS of MAT

- Reduce or eliminate withdrawal symptoms
- Reduce or eliminate cravings
- Block the euphoric effects of opioids & alcohol
- Normalize brain chemistry that drives motivation & bonding with others

VIDEO

See this video to understand how MAT works on the brain, and why OUD treatment works better with medications.

YouTube

bit.ly/2zL87s0

[3] Bart, Gavin. "Maintenance Medication for Opiate Addiction: The Foundation of Recovery," Journal of Addictive Diseases 31.3 (2012): 207–225. Available at bit.ly/2LFUFLK.

[4] American Society of Addiction Medicine, "Medication-Assisted Treatment with Buprenorphine: Assessing the Evidence." Available at bit.ly/2Vp5eaH.

[5] Mathers, Bradley M et al. "Mortality among People Who Inject Drugs: A Systematic Review and Meta-Analysis." Bulletin of the World Health Organization 91.2 (2013): 102–123. Available at bit.ly/2s0NQLG;

Corsi, Karen et al., "Opiate substitute treatment is associated with increased overall survival among injecting drug users." Evidence-Based Mental Health 13 (2010): 111. Available at bit.ly/2Qft5Wa;

Cornish, Rosie et al. "Risk of death during and after opiate substitution treatment in primary care: prospective observational study in UK General Practice Research Database." British Medical Journal 341 (2010): 5475. Available at bit.ly/2BSb7Eg;

Kimber, Jo et al. "Survival and cessation in injecting drug users: prospective observational study of outcomes and effect of opiate substitution treatment." British Medical Journal 341 (2010): 3172. Available at bit.ly/2Ar8tFt.

What is the length of treatment?

While every client is different, research shows that clients on MAT for more than 1-2 years have the best rates of long-term success. However, length of treatment can vary depending on the client, and some clients may be on MAT for the rest of their lives. There is no right or wrong length of time – it all depends on the needs and preferences of the client.

Research shows that the best results occur when a client receives medication for as long as it provides a benefit, known as "maintenance treatment." Ongoing maintenance treatment minimizes cravings and reduces the risk of relapse, allowing clients to focus on other aspects of their life, like finding a job or taking care of family. Ongoing maintenance treatment for opioid or alcohol use disorders is no different than taking medicine to control high blood pressure, high cholesterol, or diabetes.

Who pays for MAT?

MAT is covered by public (Medi-Cal/Medicare) and private insurance. It can also be paid for out-of-pocket.

For Medi-Cal clients, MAT can be covered in two ways: through an SUD treatment provider in the Drug Medi-Cal program or through the Medi-Cal managed care plan (for the prescriber) and the Medi-Cal Fee for Service Program (for the prescription obtained at a pharmacy).

It is always important to have a conversation with the client to help them explore treatment options that are sustainable and affordable.

What are the rights of clients in a residential treatment facility related to MAT access?

Clients should have access to MAT while living in a licensed residential treatment facility.

Residential treatment facilities are not allowed to deny admission to potential clients simply because they have a valid prescription from a licensed health care professional for an FDA-approved medication for MAT and are not allowed to discharge someone from treatment for seeking or obtaining FDA-approved medications from a medical provider.[6]

Additionally, there are federal laws that prohibit discrimination against clients receiving MAT. Clients in recovery from addiction, including those in MAT, are protected from discrimination in employment, housing, public accommodations, and access to government services by the following laws:

- Americans with Disabilities Act (ADA)
- Fair Housing Act (FHA)
- Workforce Investment Act (WIA)

[6] SB 992, 2018. Available at bit.ly/2pXyq9K.

Where can clients be referred to for MAT if it is not offered in my facility?

Clients must be allowed access to medications prescribed for MAT, even if the facility is not directly providing MAT onsite.

Clients may be referred to practitioners authorized to provide MAT. For a list of practitioners authorized to treat opioid dependency with buprenorphine by zip code, see bit.ly/2BfWXPR. For a list of methadone clinics, see bit.ly/2DcFpU6.

MAT may be offered in a variety of settings, including:

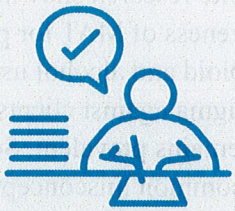
1 Licensed Narcotic Treatment Programs (NTPs): NTPs provide MAT, as well as medication management, counseling and recovery services. NTPs are the only settings licensed to offer methadone to treat OUD. Many also offer other medications.

2 Outpatient SUD Treatment Programs: Outpatient treatment programs operated by the county or private organizations offer counseling and recovery services and may offer MAT.

3 Primary Care Settings: MAT can be provided in doctor's offices, community clinics, federally qualified health centers, and other primary care settings. Buprenorphine can be prescribed or administered by a qualified practitioner who completes additional training and receives a DATA 2000 waiver. Naltrexone can be prescribed without a waiver.

4 Emergency Departments and Hospitals: Any provider in a hospital or emergency department may administer buprenorphine (give to the patient to take under observation) for up to three days in order to relieve acute withdrawal symptoms and facilitate patient referral to treatment. Providers with the DATA 2000 waiver can prescribe buprenorphine to patients in the hospital or emergency department by phone or through a prescription to be filled at a pharmacy.[7]

5 Licensed Residential Treatment Facilities: Licensed residential treatment facilities may offer MAT using incidental medical services (IMS). For more information, see Part 2.



DATA 2000 WAIVERS

Clinicians must take a standardized course (8 hours for physicians, 24 hours for nurse practitioners and physician assistants) and apply for a federal "waiver" to prescribe buprenorphine for addiction. For more information about DATA 2000 waivers, see Part 3.

How does MAT relate to the client's overall care?

If a client in your facility is on MAT, it is critical that his or her medical provider monitors other medications that the client is taking. For example, certain medications used in MAT can be risky when combined with anxiety medications, including benzodiazepines (e.g., Xanax, Valium).

Care coordination with outside providers that may be prescribing additional medications is therefore crucial to ensuring client safety. For residential facilities that choose not to prescribe and administer MAT onsite, a referral network to appropriate health care providers should be established to ensure that clients have access to all forms of FDA-approved treatments.

[7] Herring, Andrew A. "Emergency Department Medication-Assisted Treatment of Opioid Addiction," California Health Care Foundation, August 2016, bit.ly/2VkBsDL.

What are some of the common misconceptions about MAT?

Despite research showing the effectiveness of MAT for patients with opioid and alcohol use disorders, stigma against clients using MAT remains prevalent. Some of the common misconceptions include the belief that MAT merely substitutes one drug for another, and that abstinence is a "better" approach (see "Challenging the Myths about MAT" from National Council for Behavioral Health for research refuting common misconceptions).[8]

Abstinence approaches are two to three times as likely to result in an overdose death, and this is why it is so important for all drug treatment providers to embrace MAT as standard of care for people with opioid use disorder.

Only 1 out of 5 of people with OUD can achieve two years of abstinence without medications, and those who relapse are at high risk of death.[9] Once someone has overdosed once, the chance of dying in the next year is one in ten.[10]

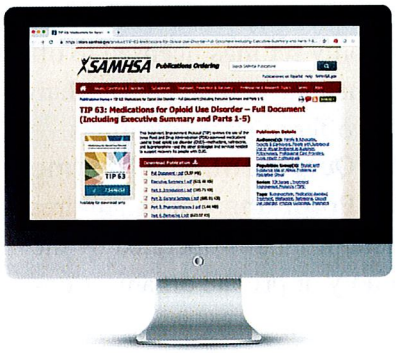
Furthermore, increased access to MAT can reduce a client's risk of contracting HIV and hepatitis C.[11]

MAT for those addicted to opioids and alcohol is no different than medication for other chronic conditions like diabetes or heart disease, where patients may rely on their medications either short term or throughout the course of their lifetime to help them lead healthy, productive lives.

Where can I find more information?

For more information, please reference the following resources:

- Part 2: MAT in Residential Facilities – To learn more about how MAT can be offered in a residential treatment facility setting.
- Part 3: Obtaining a DATA 2000 Waiver – If you are interested in obtaining a DATA 2000 waiver to prescribe buprenorphine.
- Treatment Improvement Protocol 63: Medications for Opioid Use Disorder: bit.ly/2s4Wys0.
- Treatment Improvement Protocol 49: Incorporating Alcohol Pharmacotherapies into Medical Practice: bit.ly/2EYtURi.



[8] National Council for Behavioral Health, "Challenging the Myths about MAT for Opioid Use Disorder," available at bit.ly/2O3ECIy.

[9] Bart, Gavin. "Maintenance Medication for Opiate Addiction: The Foundation of Recovery," Journal of Addictive Diseases 31.3 (2012): 207–225. Available at bit.ly/2LFUFLK.

[10] Mattick, Richard P. et al., "Methadone Maintenance Therapy Versus No Opioid Replacement Therapy for Opioid Dependence," Cochrane Database of Systematic Reviews 3 (2009). Available at bit.ly/2AnBT7B;

Comer, Sandra D. et al., "Injectable, Sustained-Release Naltrexone for the Treatment of Opioid Dependence: A Randomized, Placebo-Controlled Trial," Archives of General Psychiatry 63, no. 2 (2006): 210–218. Available at bit.ly/2AoSuaV;

Fudala, Paul J. et al., "Office-Based Treatment of Opiate Addiction With a Sublingual-Tablet Formulation of Buprenorphine and Naloxone," New England Journal of Medicine 349, no. 10 (2003): 949–58, available at bit.ly/2s0ORU0.

[11] Schwartz, Robert P. et al., "Opioid Agonist Treatments and Heroin Overdose Deaths in Baltimore, Maryland, 1995-2009," American Journal of Public Health 103, no. 5 (2013): 917-22, available at bit.ly/2sZ4yyo.