

Medication-assisted treatment (MAT) for opioid use disorder

What is Medication-assisted Treatment (MAT)?

MAT is a treatment that uses medication, behavioral therapy, and counseling to help people recover from addiction to opioids and other substances. Currently, there are 3 commonly-used medications for opioid use disorder: buprenorphine [byoo-pren-OR-fin], methadone [METH-eh-done], and naltrexone [nal-TREX-own].

Buprenorphine

Buprenorphine is an opioid medication that helps to reduce withdrawal symptoms and cravings by acting on the same areas of the brain as the opioids you were taking before. It can be prescribed by a doctor in a medical office and is safer than many other opioids, but can still be dangerous if it's not taken exactly as ordered by your doctor. .

Some medications that contain buprenorphine include **Suboxone**, **Subutex**, and **Sublocade**.

- **Suboxone** contains buprenorphine and a medication called naloxone. Naloxone helps to prevent buprenorphine abuse by causing withdrawal symptoms if a patient injects their buprenorphine.
- **Subutex** contains only buprenorphine. It is prescribed for people who cannot take naloxone (for example, because of allergy or pregnancy).
- **Sublocade** contains only buprenorphine. It is injected and delivers medication at a controlled rate over a 1-month period.



While you're participating in Medication Assisted Treatment:

- **Never use alcohol or street drugs.** Taking them together can kill you.
- Don't take any other pills or vitamins unless your doctor says it's okay.
- Don't drive or use machinery when impaired by opioid medication.
- Unless your doctor specifically says it's okay, **don't take any of these medicines:**
 - Benzodiazepines (such as Xanax or Valium)
 - Muscle relaxants (such as Soma or Flexeril)
 - Sleeping pills (such as Ambien or Lunesta)
 - Other prescription opioids

Methadone

Methadone is the oldest and most well-known medication used to treat opioid use disorder. It also helps to reduce withdrawal symptoms and cravings. It can only be prescribed by a doctor in an opioid treatment center or "methadone clinic." Like other opioid medications, it can be dangerous if it's not taken exactly as ordered by your doctor.

Naltrexone

Naltrexone is not an opioid medication, but helps prevent cravings and relapse in patients with opioid use disorder. It can also prevent death from an opioid overdose. Naltrexone can be prescribed by any healthcare provider. It is taken as a daily pill, or a monthly shot. Your doctor cannot prescribe this medication unless you've been off of all prescribed or illegal opioid medication for a minimum of 7 days.

What should I tell my provider?

- **Talk with your doctor about your treatment goals.** Your doctor will ask about your opioid use and your health, perform a physical exam, and order tests to help determine the best treatment plan. Your treatment plan may also include counseling, other services, and rules you must follow.
- **Give your doctor a list of all the medications you take.** This includes prescriptions, over-the-counter medications (like Tylenol, allergy pills or cough syrup), inhalers, injections, patches, vitamins, and herbal remedies you take. Some medications may cause life-threatening medical problems if mixed with your MAT prescription.
- **Ask your doctor and pharmacist questions about your prescription.** Make sure you understand what you're taking, and why, and how to take it.
- **Ask your doctor to prescribe a rescue kit** with naloxone, which could save your life if you accidentally take too much buprenorphine or methadone.
- **Go to all your follow-up appointments.** Your doctor may need to adjust your medication or help you find other ways to reduce cravings. There are other treatments for opioid use disorder that might be just as effective.

Common MYTHS of MAT

MAT trades one addiction for another.

MAT can successfully treat opioid use disorder and help patients stay clean by reducing or eliminating cravings and risk for withdrawal. MAT uses longer-acting, safer medications to help patients avoid using illicit (street) drugs.

MAT should only be used for a short time.

Research shows that patients who are on MAT for at least 1 to 2 years have the greatest rates of long-term success. There is no evidence to support stopping MAT. MAT can work for months, years, or a lifetime.

MAT increases the risk for overdose in patients.

MAT helps to prevent overdose by eliminating the cycles of relapse that lead to overdose.

Most insurance plans do not cover MAT.

Some form of MAT is covered by most insurance programs, with some insurance companies covering all 3 medications. Utah Medicaid covers methadone, buprenorphine, and naltrexone for opioid use disorder.

MAT is inferior to unassisted abstinence.

MAT is an evidence-based treatment and is recommended as the first line in treatment for opioid use disorders by major medical organizations including the American Medical Association and the Centers for Disease Control and Prevention.

MAT will hinder a patient's recovery process.

MAT has been shown to assist patients in recovery by increasing their ability to function. It also reduces risks that come with using illegal opioids by lowering in criminal activity and the spread of communicable disease including HIV (the virus that causes AIDS) and hepatitis C.

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