



Using Medication-Assisted Treatment (MAT) to Treat Opiate Use Disorders

What is IROC? Idaho's Response to the Opioid Crisis (IROC) is funded by a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This grant is used for prevention, treatment, and recovery support services for Idahoans with an Opiate Use Disorder (OUD). As part of the treatment services offered, IROC will offer medication-assisted treatment (MAT).

What is MAT? MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery.

Isn't abstinence more effective? MAT is evidence-based and is the recommended course of treatment for opioid addiction. The American Academy of Addiction Psychiatry, American Medical Association, National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, National Institute on Alcohol Abuse and Alcoholism, Centers for Disease Control and Prevention, and other agencies promote MAT as first line treatment for Opioid Use Disorder.

MAT has proven to be clinically effective to significantly reduce the need for inpatient detoxification services for suffering from an OUD. MAT provides a more comprehensive, individually tailored program of medication and behavioral therapy. When participants receive MAT services through IROC funding, they will also have access to treatment and supportive services that address the needs of most people with an OUD.

Is MAT a crutch that prevents people from truly being in recovery? People receiving MAT can and do achieve recovery. Science shows that people whose addictions are treated with MAT:

- are less likely to relapse on illicit drugs and far more likely to find a life of recovery,
- do not experience euphoria, sedation, or other functional impairments, and
- do not meet diagnostic criteria for addiction, such as loss of volitional control over drug use.

As the name medication assisted treatment implies, medications are only one part of MAT. The medication normalizes brain chemistry so people have more success participating in counseling and behavioral interventions that support their recovery.

So you just give people one drug to substitute another? This is a common misconception associated with MAT. Instead, these medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. MAT programs provide a safe and controlled level of medication to overcome the use of an abused opioid. And research has shown that when provided at the proper dose, medications used in MAT have no adverse effects on a person's intelligence, mental capability, physical functioning, or employability.



Does MAT actually work? MAT is regularly used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. The prescribed medication operates to normalize brain chemistry, block or reduce the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative effects of the abused drug. Medications used in MAT are approved by the Food and Drug Administration (FDA), and MAT programs are clinically driven and tailored to meet each patient's needs.

What prescriptions are available using the IROC grant? Methadone, buprenorphine, and Suboxone are all available under IROC. They are each used to treat opioid dependence and addiction to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. People may safely take medications used in MAT for months, years, several years, or even a lifetime. *Note: Pregnant or breastfeeding women must inform their treatment provider before taking these prescriptions.*

- **Methadone** is a slow-acting opioid agonist that acts as an opioid replacement for individuals in treatment for opioid use disorder. The drug prevents opioid withdrawal symptoms and blocks the effects of heroin and other opioids if given at higher doses
- **Buprenorphine**, like methadone, suppresses and reduces cravings for the abused drug. It can come in a pill form or sublingual tablet that is placed under the tongue. Although buprenorphine can produce opioid agonist effects, such as euphoria and respiratory depression, its effects are milder than full agonists like methadone.
- **Suboxone** Buprenorphine is combined with naloxone to create Suboxone and its generic formulations, which make the drug more difficult to misuse. If injected or otherwise misused, the naloxone in Suboxone will cause the patient to enter opioid withdrawal.

Don't people overdose from methadone? Methadone used in MAT is highly regulated and results in little diversion and few deaths. Methadone prescribed for pain, rather than for MAT, has been shown to be the cause of the increase in overdoses from methadone. According to the CDC,

"Methadone has been used safely and effectively for decades to treat drug addiction, but in recent years it has been used increasingly as a pain reliever. As methadone prescriptions for pain have increased, so have non-medical use and associated fatal overdoses."

Isn't methadone just a legal way for addicts to get high? Stabilized methadone patients who are on an adequate dose of methadone (not too high and not too low, and taken every day as prescribed) are indistinguishable from the rest of society. They hold down jobs, own homes and raise families. Many people consider methadone to be a life saver, and as long as the dose is not too high and causing the patient to feel drowsy, taking it causes clients to feel normal rather than euphoric, messed up, tranquilized or high.

Methadone is just as bad as heroin/is synthetic heroin. Heroin is an illegal narcotic sold on the street. It may be cut with any number of additives, so that when ingested the user has no idea what he is putting into his body. Addiction at its worst may cause the user to commit crimes in order to acquire the large amount of money needed to fund a heroin addiction. IV drug users often develop dangerous abscesses and infections on their arms and legs. Life as a heroin addict is chaotic and clandestine, and the user quickly finds himself in a downward spiral. People are more likely to have





infectious diseases associated with intravenous drug use, such as hepatitis, HIV, and AIDS. Methadone, on the other hand, is prescribed by a doctor and dispensed by nurses in a medical facility. Methadone, by eliminating withdrawal symptoms, stabilizes the client, thus allowing him to get his life back on track, secure a job, go back to school, properly care for his children, etc.

Methadone is just trading one addiction for another. Methadone patients are dependent on their medication the same way a diabetic is dependent on his insulin; it is not an addiction. When either patient does not take their medication on time as prescribed, they become sick.

According to the DSM-IV, methadone does not meet the requirements for an addictive drug. An addictive drug leads to significant impairment in functioning, causes the addict to continue to use despite related problems, and results in an increase in tolerance, meaning that over time more and more of the drug is needed to achieve the same effect. Opiate addiction is a brain disorder that causes permanent brain damage when used long-term. Methadone stabilizes the brain chemistry that heroin first deranged.

I've known a few people who could stop using opioids without help from any kind of medication. MAT is only for the weak. Though opioid abuse may begin with a series of poor judgments, addiction involves real, physical changes in the brain. While some people are eventually able to quit using opioids on their own, the majority of patients go through many dangerous cycles of relapse and recovery. Many don't survive the cycle, as evidenced by the sharp increase of deaths related to opiates. MAT can make the recovery process much safer, and has saved many lives by preventing death from overdose or dangerous behaviors associated with illegal drug use.

Ok, so MAT works, but people shouldn't use this as a long-term solution. There is no one-size-fits-all duration for medication assisted treatment. For some people, MAT could be indefinite. The National Institute on Drug Abuse describes addiction medications as an "essential component of an ongoing treatment plan" for people to "take control of their health and their lives." Further, SAMHSA recommends three phases:

- PHASE 1: A beginning stabilization phase (withdrawal management, assessment, medication induction, and psychosocial counseling)
- PHASE 2: A middle phase emphasizing medication maintenance and counseling
- PHASE 3: A third phase of "ongoing rehabilitation," during which the patient and provider can taper off medication or pursue longer term maintenance based on the patient's needs

What about people who sell their prescriptions for money to buy heroin? Unfortunately, this may happen. To minimize the risks participants must be actively engaged with a treatment provider to receive MAT, who will be able to use IROC funds for drug testing.

How do I access IROC? Contact BPA Health at (800) 922-3406 to be screened for eligibility in IROC. If you qualify and choose a participating treatment provider, you will have access to services such as individual and group therapy, case management, recovery coaching, transportation related to treatment, and MAT.