

# What Is Medication-assisted Treatment (MAT)?

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For a long time, people thought the best way to stop misusing opioids was to quit “cold turkey,” or all at once. This forced people’s bodies to get very sick, or go through withdrawal. After the opioids left their system, they could start behavioral therapies, like counseling, training, or 12-step programs. This is also called “abstinence-only” treatment.

But withdrawal is a traumatic experience. It leaves people feeling physically and emotionally wiped out. What’s worse, studies show that quitting cold turkey does not help people stop using opioids. Abstinence-only approaches do not work for everyone. After withdrawal, people’s bodies still crave opioids. This craving is very strong. Many people use again. This is called a relapse. When people relapse, some overdose and die.

Luckily, studies show that a combination of medicines, counseling, and services does help people stop misusing opioids for good. This is called *medication-assisted treatment (MAT)*.

Since the 1950s, people have used medicine to help people get off opioids. *Methadone* (Methadose®, Dolophine®) is a type of opioid. Doctors found that a daily dose gets rid of withdrawal symptoms. It also cuts down on strong cravings. These things are useful but limited. Some people think this trades one drug for another, so that the person is still “using.” However, experts believe that MAT is not the same as “using drugs.” It’s more like how someone with diabetes might need a medication called insulin. People who are on MAT are in recovery. They are not “still using.”

Opioid misuse is a chronic illness. Chronic illnesses need different kinds of treatments. One example is someone with diabetes. The person sees a doctor for this illness. She also works with diet and exercise. She sees doctors for pain or other illnesses. She talks to a counselor about the challenges of her life. Opioid use disorder is similar. Treatment must work on symptoms, habits, and how people see the world. That is where MAT can help.

## Medicines

Methadone is one medicine used to treat opioid misuse. People can take it while there are still opioids in their system. It can stop or reduce withdrawal symptoms and cravings. Doctors give a daily dose just right for each person. It comes in pill, liquid, or wafer form. People often go to a doctor’s office or clinic every day to get their dose. Sometimes, doctors give people pills to take at home.

*Buprenorphine* (Butrans®, Subutex®, Belbuca®) is another medicine used in MAT. It is long-lasting and reduces cravings. It comes in a thin film, a tablet for under the tongue, or a skin patch.

Buprenorphine is a daily medicine. It is often used with other medicines or therapies.

*Naltrexone* (Vivitrol®, Revia®, Depade®) is often used in MAT. It blocks the effects of opioids. Naltrexone attaches to opioid receptors. People do not get the high they are looking for. Naltrexone makes people not want to use opioids. Naltrexone comes as a pill or a long-lasting injection.

## **Counseling and services**

People need to understand their feelings, thoughts, and actions for treatment to work. Counseling and other services help people with this.

There are many types of counseling. People can get counseling in hospitals or rehabs. But counseling is mostly done outside of hospitals or rehabs in an outpatient setting. A person can work with a counselor alone or with a group. *Cognitive-behavioral therapy* is often a part of MAT. It helps people notice their feelings, thoughts, and actions. This helps people learn why they feel and act certain ways. That knowledge gives people tools to change their habits.

Other important support includes:

- Peer support groups
- Twelve-step programs
- Faith-based fellowship recovery groups

Regular parts of life do not stop during opioid misuse treatment. People still need to have a home, pay bills, and get to appointments. However, opioid misuse creates problems in people's lives. So, people may need help in other areas of their life too. Here are examples of other helpful services:

- Case managers
- Patient advocates
- Transportation services
- Job skills training or job placement
- Educational programs
- Food support programs
- Housing programs
- Parenting classes
- Legal services

## **Resources**

U.S. Department of Health and Human Services

[www.hhs.gov](http://www.hhs.gov)

(877) 696-6775

Narconon

[www.narconon.org](http://www.narconon.org)

(800) 775-8750

National Institute on Drug Abuse

[www.drugabuse.gov](http://www.drugabuse.gov)

(301) 443-1124

Substance Abuse and Mental Health Services Administration

[www.samhsa.gov](http://www.samhsa.gov)

(877) 726-4727

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