

Medication-Assisted Treatment

Medication-Assisted Treatment uses medications combined with counseling to treat the whole patient. Addiction is a chronic disease. It does not have a cure and patients will need to manage their symptoms. Medication-Assisted Treatment provides patients with a path to recovery.

Throughout the rest of this document, we will focus on guiding a conversation about establishing a Medication-Assisted Treatment program within a clinic.



Medication + Counseling

Medication-Assisted Treatment

How do I broach the subject of establishing a Medication-Assisted Treatment program with a clinic?

RESEARCH. Identify key stakeholders and decision makers.

ASK. Ask the stakeholders if they have ever considered putting a Medication-Assisted Treatment program in place to assist patients with opioid use disorder or alcohol use disorder. Ask about their feelings regarding Medication-Assisted Treatment programs.

INFORM. Using the remainder of this guide, educate key stakeholder and decision makers about the benefits of Medication-Assisted Treatment and the need for these programs. Use the tools in the *Establishing a Medication-Assisted Treatment program toolkit*, such as the FAQs, PowerPoint[©], testimonials, etc.

ENCOURAGE. Provide referrals and access to additional information to encourage the stakeholders and key decision makers.



Medication-Assisted Treatment

80% of people with opioid use disorder who receive treatment without Medication-Assisted Treatment relapse within two years.



Pescor MJ. Follow-up study of treated narcotics addicts. *Publ Health Rep.* 1943;(Suppl 170):1-18.

Is there a need for Medication-Assisted Treatment?

Yes! The United States has seen a significant increase in the illicit use of prescription opiates, despite stable levels in heroin use. Opiates are second only to alcohol as the primary reason for treatment admissions. In fact, 15 million people in the United States suffer from alcohol use disorder, and 3 million people in the United States suffer from opioid use disorder.

What medications are used to treat opioid use disorder?

- Buprenorphine
- Methadone
- Suboxone
- Naltrexone

What medications are used to treat alcohol use disorder?

- Naltrexone
- Acamprosate calcium
- Disulfiram

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How can medications help?

Many people with opioid use disorder or alcohol use disorder continue to use those substances to avoid symptoms of withdrawal. Medications can alleviate some of those symptoms.

Cravings and withdrawal can last for years. By using Medication-Assisted Treatment, patients can focus on counseling and behavioral changes.

What are the benefits?

- Reduction or elimination of withdrawal symptoms.
- Reduction or elimination of cravings.
- Blocks the euphoric effects of opioids and alcohol.
- Stabilizes brain chemistry that drives motivation and bonding with others.
- It is more effective than behavioral therapy alone.

Withdrawal is a medical condition and should be treated seriously.



Medication-Assisted Treatment



What is the length of treatment?

Well, the answer to that question is “It depends.” Each patient is different. Some may even be on Medication-Assisted Treatment for the rest of their lives.

Research has shown that patients should receive Medication-Assisted Treatment for as long as it continues to provide a benefit. It allows the patient to focus on putting their life back together by repairing relationships, building new social networks, finding gainful employment and learning skills to resist the urge to use opioids or alcohol.

Remember, addiction is a chronic disease!

Medication-Assisted Treatment

Where is Medication-Assisted Treatment offered?

Medication-Assisted Treatment can be provided in many locations, such as narcotic treatment programs, outpatient treatment programs or residential treatment facilities.

It can also be provided in primary care settings, such as doctor's offices, community clinics and other primary care settings.

Unfortunately, less than one-half of privately-funded substance use disorder treatment programs offer Medication-Assisted Treatment.

Primary care settings

Buprenorphine can only be prescribed in a physician's office or clinic by providers who have special training.

Naltrexone, acamprosate and disulfiram can be prescribed by any provider.

Who pays for Medication-Assisted Treatment?

Medication-Assisted Treatment is covered by public and private forms of insurance. Patients can also pay out-of-pocket.



Medication-Assisted Treatment

What about the stigma associated with these patients?

Even though research has shown that Medication-Assisted Treatment can help patients with opioid use disorder or alcohol use disorder, many people still have a stigma against Medication-Assisted Treatment. Not allowing patients to use Medication-Assisted Treatment makes an overdose death more likely. Remember, 80% of patients with opioid use disorder relapse within two years if they are not using medications. Increased access to Medication-Assisted Treatment can also reduce a patient's risk of getting HIV, hepatitis C and being arrested.



Medication-Assisted Treatment

Why does reducing stigma help?

The importance of the person can become lost behind negative and harmful words. Stigmatization can leave someone feeling unvalued and worthless. Those feelings then create barriers that prevent the person from seeking help.



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Changing stigmatizing language



Abuser or addict	Person with a substance use disorder
Addicted to _____	_____ use disorder
Clean	Substance free
Dirty	Actively using substances
Clean test result	Positive result for substance use
Dirty test result	Negative result for substance use
Reformed addict	Person in recovery
Opioid replacement	Medication-Assisted Treatment

Medication-Assisted Treatment

Once you have broken the ice regarding Medication-Assisted Treatment, let's focus on the next steps.

- 1 Speak with leadership. Discuss how Medication-Assisted Treatment can help many of the patients at their facility. It can help patients achieve recovery and can prevent relapse and overdose. Offering Medication-Assisted Treatment can help your clinic stand out as evidence-based and effective.
- 2 Identify prescribing clinicians. Clinicians can include physicians, nurse practitioners, physician assistants, clinical nurse specialists, certified registered nurse anesthetists and certified nurse midwives. If you want to provide buprenorphine, a special waiver will be necessary.
- 3 Check the requirements in your state. Some states might have special licensing and regulation requirements.