

# MEDICATION-ASSISTED TREATMENT

addressing the biological, psychological, and social aspects of opioid use disorder

**MAT** = medication + behavioral therapies

## stabilization

enabling people to function without physiological symptoms of opioid use disorder - cravings and withdrawal

**MAT** » engagement

helping stabilized people focus on psychosocial aspects of their recovery

## behavioral change

stabilizing and engaging people in psychosocial treatment long enough for behavioral changes to occur

Currently, there are three medications approved by the FDA for the treatment of opioid use disorders.

How do they work?

### Methadone

Methadone is a synthetic opioid agonist that eliminates withdrawal symptoms and relieves drug cravings by acting on opioid receptors in the brain - the same receptors that other opioids such as heroin, morphine, and opioid pain medications activate. Although it occupies and activates these opioid receptors, it does so more slowly than other opioids and, in an opioid-dependent person, treatment doses do not produce euphoria.\*

### Buprenorphine

Buprenorphine is a partial opioid agonist, meaning that it binds to those same opioid receptors but activates them less strongly than full agonists do. Like methadone, it can reduce cravings and withdrawal symptoms in a person with an opioid use disorder without producing euphoria.\*

### Naltrexone

Naltrexone is an opioid antagonist, which means that it works by blocking the activation of opioid receptors. Instead of controlling withdrawal and cravings, it treats opioid use disorder by preventing any opioid drug from producing rewarding effects such as euphoria.\*

Common Brands: Subutex and Suboxone

Common Brand: Vivitrol

How dispensed?

Dispensed by a certified Opioid Treatment Program.

Administered daily, usually by a liquid dose.

Prescribed by a physician, nurse practitioner, or physician assistant who has received a special waiver and training, and by certified Opioid Treatment Programs.

Taken as a sublingual pill or strip (daily), implant (every six months), or a monthly injection.

Injected monthly in a physician's office, certified Opioid Treatment Program, or licensed treatment program.

Must be off all opioids for 7-14 days prior to use.

Are they effective?

Based on a review of the scientific literature conducted by the National Academies of Sciences, Engineering, and Medicine, its 2019 consensus study concluded that the FDA-approved medications "are effective and save lives." Further, the report concludes that "long-term retention on medications is associated with improved outcomes."

\* Quoted from the National Institute on Drug Abuse Website