What is medication-assisted treatment (“MAT”) for opioid use disorder?

The Food and Drug Administration (FDA) has approved three medications that safely and effectively treat opioid use disorder (OUD) to improve the health and wellbeing of people living with OUD. MAT is defined by on-going, long-term treatment with one of these three medications.

How does MAT with medications for opioid use disorder (MOUD) work?

OUD is characterized by continued opioid use—or feeling incapable of controlling one’s opioid use—despite negative consequences such as injury, illness, fractured relationships, arrest or incarceration.

Opioid cravings can pose challenges to people who want to stop or reduce their opioid use. When they do stop, people with OUD may experience withdrawal symptoms, including vomiting, diarrhea, fever, muscle aches, tremors, insomnia, anxiety or depression. Fear and avoidance are normal responses to withdrawal experiences and can be an obstacle for people who want to use less or stop using entirely. The FDA has approved three medications for treating OUD: methadone, buprenorphine and naltrexone. Methadone and buprenorphine work by reducing cravings and preventing withdrawal. Naltrexone works by blocking the effects of opioids in the body.

MOUD can help people living with OUD prevent overdose, achieve abstinence and “feel normal” again. Scan the QR code to hear Chase’s story.
Qualified clinicians (like physicians and Nurse Practitioners, among others) can prescribe buprenorphine to as many as 30 patients by filing a Notice of Intent with the U.S. Drug Enforcement Administration; clinicians may prescribe to more than 30 patients with additional training.

All three medications can be used alone or in conjunction with cognitive or behavioral therapy, intensive outpatient treatment, inpatient (residential) treatment, psychiatric care or other social and healthcare services—as appropriate for each individual person according their needs and circumstances.

### METHADONE
*(Brand names: DISKETS®, Dolophine®, Methadose®)*

Methadone reduces cravings and controls withdrawal symptoms because it is an opioid.

- ✓ Must be taken daily, though some people need to take methadone twice daily
- ✓ When used to treat OUD, methadone can only be dispensed by federally registered Opioid Treatment Programs (OTPs)

### BUPRENORPHINE
*(Brand names: Buprenex®, Butrans®, Sublocade®, Suboxone®, Subutex®, and others)*

Buprenorphine, sometimes referred to as “bupe,” reduces cravings and controls withdrawal symptoms because it is a partial opioid.

- ✓ Can be taken at home daily OR administered by a clinician as a long-acting injection
- ✓ Can be prescribed by any qualified* clinician

### NALTREXONE
*(Brand names: Depade®, Revia®, Vivitrol®)*

Naltrexone is an opioid blocker. It prevents opioids from affecting the body.

- ✓ Can be taken at home daily OR administered by a clinician as a long-acting injection
- ✓ Can be prescribed by any clinician licensed to prescribe medication

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* Qualified clinicians (like physicians and Nurse Practitioners, among others) can prescribe buprenorphine to as many as 30 patients by filing a Notice of Intent with the U.S. Drug Enforcement Administration; clinicians may prescribe to more than 30 patients with additional training.\(^2\)\(^3\)

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How does an opioid treat opioid use disorder?

Methadone and buprenorphine are opioid medications that reduce cravings and withdrawal. Unlike many illicit opioids, these medications have a stabilizing effect which helps to end the constant cycle of craving and withdrawal.

All three medications can be used alone or in conjunction with cognitive or behavioral therapy, intensive outpatient treatment, inpatient (residential) treatment, psychiatric care or other social and healthcare services—as appropriate for each individual person according their needs and circumstances.

Treating OUD with opioid medications (methadone and buprenorphine, specifically) has long been considered the gold-standard of care.\(^5\)\(^6\) However, no single medication works well for all. Equal access to all three supports finding the treatment that works best and patient preference remains one of the most important factors. All things being equal, the best medication choice may be the one a person is interested in trying or the one they will continue to take.
What evidence supports MAT as a public health strategy?

While all three manage OUD symptoms, only methadone and buprenorphine have been proven to prevent opioid overdose; in contrast, evidence is growing that naltrexone increases the risk of overdose among those who take it to treat OUD.

Are there risks to my community or institution if we don’t support access to MAT?

Yes. First, treatment with MOUD—especially methadone and buprenorphine—is in high demand across the United States, yet demand far exceeds availability. People seeking treatment with MOUD often experience long travel-times, insurance barriers, prohibitive out-of-pocket expenses, provider stigma and long waitlists, some of these problems worsened during COVID-19. Many people die waiting to receive treatment. Second, failed attempts to access buprenorphine through a healthcare provider is strongly associated with illegally obtained prescription medications to self-treat OUD. Insufficient access to MOUD can lead to diversion and misuse of prescription drugs.

Third, the Americans with Disabilities Act (ADA) offers protections to people who are receiving treatment for a substance use disorder. Discrimination against persons receiving treatment for OUD is considered a violation of the ADA and could be grounds for legal action. Numerous lawsuits have been successfully brought against criminal justice institutions, drug courts, employers, residential programs and healthcare providers for refusal to accommodate persons receiving MOUD, sometimes resulting in settlements in the hundreds of thousands.
Are there best practices for supporting or implementing MAT?

- **Support equal access to all three** FDA-approved medications (“We need all 3!”) so healthcare providers can reliably access the right tools for the right patients.
- **Support access to all three** FDA-approved MOUD for people who are incarcerated or under community supervision.²⁶
- **Get creative.** **Support access in rural and underserved areas** via telehealth and mobile clinics.²⁷⁸²⁹ Scan the QR code to see how Project ECHO improves access to MOUD.
- **Remove cost barriers.** Leverage resources to fund MOUD, cover the out-of-pocket/retail cost for people with limited insurance,¹⁷²⁴ support continuing MOUD for parenting patients who may lose Medicaid or other coverage after giving birth.²⁵
- **Encourage “medication first” policies** that provide MOUD as soon as possible and without conditions (e.g., tapering schedules, mandatory acceptance of other services).³⁰³³
- **Fight stigma.** **Voice strong support for MOUD** as effective treatment for OUD. Stigma and misinformation pose significant barriers to residents getting the care they need.¹⁶

Where can I find support or technical assistance for scaling up MAT?

**Opioid Response Network (ORN)**
The ORN is a technical assistance collaboration between the American Academy of Addiction Psychiatry and Columbia University. Funded by SAMHSA, the ORN has local consultants in all 50 states and 9 U.S. territories to provide communities with **free technical assistance and education** on the prevention and treatment of OUD.

**Opioid and Stimulant Implementation Support Training and Technical Assistance (OASIS-TTA)**
OASIS-TTA, hosted by the University of California, Los Angeles, is an online repository of resources and toolkits for establishing MOUD services in a variety of health and social service settings. **OASIS-TTA accepts direct requests for technical assistance.**

**Rural Communities Opioid Response Program – Technical Assistance (RCORP-TA)**
RCORP-TA is a multi-year initiative by the Health Resources and Services Administration (HRSA) that offers **online technical assistance resources.**

**Rural Health Information Hub (RHIhub)**
RHIhub hosts a comprehensive series of **online training modules** to support community leaders and healthcare practitioners in better understanding proven and available strategies for improving MOUD access.

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Use the QR code to access additional resources and references cited: