



MEDICATION-ASSISTED TREATMENT: WHAT YOU SHOULD KNOW



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INTRODUCTION

Addiction is a complex and progressive disease; just as there are many routes to full-blown addiction, there are also multiple pathways to recovery.¹ One of these pathways is medication-assisted treatment, which utilizes a combination of medication and counseling to help individuals successfully recover from an addiction for the long-term.

As research continues to find MAT effective for treating substance use disorders, an increasing number of people are opting for it, and more rehab programs are including it in their roster of treatment options.

Addiction is a disease of the brain. Its combination of underlying causes and contributing genetic and environmental factors is different for every individual. Likewise, its effects on a person's life are unique. The success of any addiction treatment program, including medication-assisted treatment, hinges on a holistic, individualized recovery plan that addresses a person's specific physical, mental and spiritual needs and issues.

By taking a closer look at medication-assisted treatment, you can understand how and why it works so that you can decide if MAT might be right for you or a loved one.



MEDICATION-ASSISTED TREATMENT:

BENEFITS AND MYTHS

*MEDICATION-ASSISTED TREATMENT IS MOST
COMMONLY USED TO TREAT ALCOHOL
AND OPIOID USE DISORDERS.*



Medication-assisted treatment is most commonly used to treat alcohol and opioid use disorders. According to the Substance Abuse and Mental Health Services Administration, MAT has been shown through a large—and growing—body of research to:²

- Improve the chance of survival
- Reduce the risk of relapse
- Improve retention in treatment for an adequate period of time
- Reduce criminal activities associated with substance use disorders
- Reduce negative health outcomes, including HIV and hepatitis infection
- Improve the ability of people in recovery to find and maintain employment
- Improve birth outcomes among addicted pregnant women

The end goal of MAT is full recovery, which includes abstaining from substance abuse, living a self-directed life, finding purpose and meaning in life and enjoying healthy relationships. It's important to keep in mind that medication alone won't help you accomplish this, and that MAT is treatment assisted by medication.



Myths about Medication-Assisted Treatment

Medication-assisted treatment isn't well understood by many, including some in the medical profession. A few myths about MAT persist, and getting to the truth is essential for making the right treatment choice for you or a loved one.

MYTH: MEDICATION-ASSISTED TREATMENT IS TRADING ONE ADDICTION FOR ANOTHER.

Truth: The medications used in MAT reduce cravings, prevent withdrawal and help normalize brain function so that you can focus on developing the healthy thought and behavior patterns that will sustain recovery. Just as medications are used to control symptoms and prevent relapse of other chronic diseases like diabetes and heart disease, medication can be used to help control symptoms and prevent relapse of addiction.

MYTH: MEDICATION-ASSISTED TREATMENT IS ONLY FOR SHORT-TERM USE.

Truth: Some people may only need to be on medication for a few months, while others may benefit from it for years. As long as the medication is taken as directed under the supervision of a medical professional, it's safe and effective for both short-term and long-term use.

MYTH: AN ADDICTION HAS TO BE PRETTY SEVERE FOR MEDICATION-ASSISTED TREATMENT TO BE AN OPTION.

Truth: Whether you've been addicted for just a few months or for decades, MAT can effectively help end an addiction to opioids or alcohol. There are no addiction severity requirements for MAT.

MYTH: MEDICATION-ASSISTED TREATMENT DISRUPTS AND HINDERS THE RECOVERY PROCESS.

Truth: The medication administered during MAT reduces cravings, blocks the effects of opioids or alcohol and helps brain function normalize so that individuals can focus on recovery. MAT has been shown through numerous studies to promote and foster successful long-term recovery.



WHY MEDICATION-ASSISTED TREATMENT
IS THE NEW GOLD STANDARD FOR ADDICTION TREATMENT



Addiction and dependence typically occur together, officially diagnosed as a "substance use disorder." Addiction is characterized by compulsive drug or alcohol abuse despite the negative consequences it causes. Dependence is characterized by withdrawal symptoms that occur when you stop using drugs or alcohol. Medication-assisted treatment addresses addiction and dependence, which both result from changes in the chemical functions and physical structures of the brain. These largely occur in the memory, reward and learning centers.

Opioids, for example, hijack the dopamine system, which is the neurotransmitter responsible for feelings of pleasure. Dopamine plays a role in learning and motivation and is designed to keep us doing things that make us feel good, like eat food, exercise and procreate.

Opioids cause a large dopamine rush that produces a sensation of pleasure that's far more intense than what can be found in nature. As the brain makes ironclad associations between using and the pleasure it produces, it is ultimately re-wired. Drug-seeking and drug-using behaviors become compulsive, driven by intense cravings triggered by environmental and mood cues learned by the brain.



The brain changes associated with dependence lead to tolerance as the brain alters its chemical function in an attempt to compensate for the presence of the substance. As a result, you need increasingly larger doses to get the desired effects. At some point, brain function may shift and settle so that the brain now operates more comfortably when drugs or alcohol are present. When you quit using, normal neurotransmitter function rebounds, and this produces physical symptoms—including cravings, which can be effectively controlled through medication-assisted treatment.

Just as it takes time to develop an addiction and the self-destructive thought and behavior patterns that come with it, it takes time to re-learn healthy ways of thinking and behaving, develop coping skills and make essential lifestyle changes that support recovery. Medication offers relief from cravings and, in some cases, withdrawal symptoms, and it promotes the normalization of neurotransmitter function so that people in recovery can better focus on restoring their lives.

Where Can You Get Medication-Assisted Treatment?

Despite the proven effectiveness of medication-assisted treatment, there are far more people needing MAT than there are programs that offer it. According to The Pew Charitable Trusts, only 23 percent of publicly funded treatment programs offer medication-assisted treatment, and less than half of all private programs offer it.³

It may be necessary to travel across county or state lines to find a treatment program that offers medication-assisted treatment. However, according to the U.S. president's 2017 opioid commission and a growing number of addiction experts, expanding access to MAT should be a major priority for successfully curbing the worsening opioid epidemic.



MEDICATION-ASSISTED TREATMENT FOR OPIOID ADDICTION

RESEARCH SHOWS THAT MEDICATION-
ASSISTED TREATMENT SIGNIFICANTLY
IMPROVES THE CHANCES OF SUCCESSFUL
LONG-TERM RECOVERY.



More than 115 Americans die every single day from a heroin or prescription painkiller overdose. In 2015, around two million people in the U.S. were addicted to opioid pain relievers like OxyContin and fentanyl, and another half-million were addicted to heroin.⁴ Overcoming an opioid addiction is hard work, but research shows that medication-assisted treatment significantly improves the chances of successful long-term recovery.

There are three medications used in MAT for opioid addiction: methadone, buprenorphine and naltrexone.

METHADONE

Methadone is a synthetic opioid medication that's been used for medication-assisted treatment since 1971. An opioid agonist, methadone activates the opioid receptors in the brain, although it does so more gradually than other opioids. The psychoactive effects of methadone are weaker than those of other opioids as well, and methadone blocks the euphoric effects of opioid painkillers and heroin.

Taking methadone prevents the onset of withdrawal symptoms, which can quickly send someone back to using heroin or painkillers to find relief. Because methadone has a high potential for abuse, it's only available in daily doses through specialized clinics. Methadone is safe and effective for pregnant women to use.



BUPRENORPHINE

Buprenorphine was approved for medication-assisted treatment in 2002. Buprenorphine is a partial opioid agonist, which means that while it activates the opioid receptors, it does so to a much lesser degree than other opioids, including methadone. Like methadone, buprenorphine blocks cravings and prevents withdrawal.

Unlike methadone, buprenorphine has a ceiling effect, which means that taking more of it won't produce stronger effects. This reduces the risk of abuse, so buprenorphine can be prescribed by a doctor and used at home.

NALTREXONE

Naltrexone was approved by the FDA in 2010 to treat opioid addiction. It blocks the effects of opioids if they're taken while on the medication, and it reduces cravings. Naltrexone is available as a daily pill or as a monthly injection.

While methadone and buprenorphine can be taken without going through detox, naltrexone medication-assisted treatment can only be administered once all traces of opioids are gone from the body.

The National Institutes of Health stresses the importance of medication-assisted treatment and treating opioid addiction as a medical issue that, like many other medical diseases, can be successfully kept in remission through a combination of medication, therapy and lifestyle changes.⁵



MEDICATION-ASSISTED TREATMENT FOR ALCOHOL ADDICTION



More than 15 million Americans ages 18 and older—over six percent of this age group—have an alcohol use disorder, according to the National Institute on Alcohol Abuse and Alcoholism. The FDA-approved medications for use in medication-assisted treatment for alcohol use disorders are disulfiram, acamprosate and naltrexone.

DISULFIRAM

Disulfiram is administered after detox is complete or at least 12 hours after the last drink, when the blood alcohol level is zero. Disulfiram was approved in 1951 for medication-assisted treatment. Alcohol in the body is first converted to acetaldehyde and then to acetic acid. Disulfiram prevents the conversion of acetaldehyde to acetic acid, resulting in a buildup of acetaldehyde, which is toxic. The result is that drinking even a small amount of alcohol quickly leads to symptoms like nausea and vomiting, headache, tachycardia and weakness.

Disulfiram doesn't reduce cravings but rather is used as a deterrent to drinking. According to the Substance Abuse and Mental Health Services Administration, disulfiram is most effective for those who are motivated to stop drinking.⁶ It can also be an effective short-term solution for someone in recovery who expects to be in a high-risk situation, such as a family wedding, and wishes to have an additional incentive to abstain.

ACAMPROSATE

When you drink alcohol, it suppresses the excitability neurotransmitter glutamate and increases the activity of GABA, a neurotransmitter that produces calm and relaxation. Acamprosate, in use for medication-assisted treatment since 2004, is believed to promote a balance between glutamate and GABA, which helps to reduce cravings for alcohol. Acamprosate therapy is typically started around five days after quitting alcohol and reaches its full effectiveness in five to eight days. It's taken three times a day, and it should be taken even if a slip-up occurs and you drink alcohol.

NALTREXONE

Also used to treat opioid use disorders, naltrexone was approved in 1994 for use with medication-assisted treatment for alcohol addiction. Research shows it's effective for treating alcohol use disorders and does so by reducing cravings for alcohol. If you consume alcohol while you're taking naltrexone, you'll still experience impairment, but the feeling of intoxication will be reduced and you'll may have less of an urge to drink more, which can effectively reduce your overall alcohol intake. However, naltrexone has been shown to be ineffective in people who are still drinking when treatment starts.



Since drinking alcohol is legal and socially acceptable, recovering from an alcohol addiction has its own unique challenges that can be mitigated with medication-assisted treatment.



THE COUNSELING COMPONENT OF MEDICATION-ASSISTED TREATMENT



Research shows that medication alone is ineffective for treating substance use disorders. That's why medication-assisted treatment is, by law, required to include a counseling component.

Addiction is highly complex, and treating it requires a multi-pronged approach. The medication-assisted treatment plan will include a variety of treatment therapies that are chosen based on an individual's needs and issues.

A holistic treatment program offers the best outcomes and involves both traditional and complementary therapies. Traditional therapies help individuals change their thought and behavior patterns and include cognitive-behavioral therapy and family therapy. Complementary therapies help people reduce stress, build self-confidence, increase self-esteem and develop mindfulness. Examples of complementary therapies include art therapy, nature therapy and restorative yoga.



Through a variety of therapies during medication-assisted treatment, people in recovery:

- Identify harmful thought and behavior patterns and learn to think and behave in healthier ways
- Develop a toolkit of skills and strategies for coping with cravings, stress and other relapse triggers
- Address a variety of underlying issues behind the addiction, which may include things like chronic stress, a history of trauma or a co-occurring mental illness
- Learn how to prevent relapse and recognize its early signs
- Work to implement healthy lifestyle changes that promote sobriety, well-being and authentic happiness
- Repair damaged relationships and learn healthy interpersonal skills
- Restore function to the household and the family system
- Learn to have fun and relax without needing drugs or alcohol to do it
- Find purpose and meaning in a life of abstinence

The combination of medication and therapy in medication-assisted treatment packs a powerful one-two punch against addiction, enabling individuals to live drug- and alcohol-free more easily and comfortably while they address the various complicated aspects of the addiction.

The National Institute on Drug Abuse stresses that any treatment program lasting less than 90 days is of limited effectiveness.⁷ Staying in treatment and continuing with the medication until you're ready to fly solo is essential for successful recovery for the long-term.

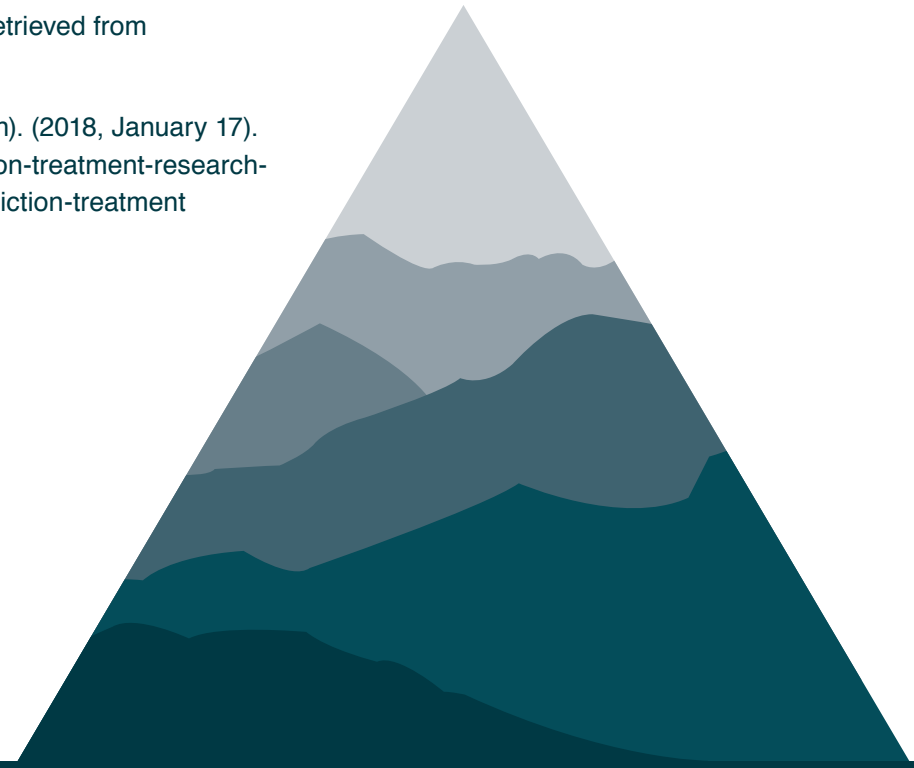
Medication-Assisted Treatment Can Help You End an Addiction for Good

The Substance Abuse and Mental Health Services Administration defines recovery as a process of change that leads individuals to improve their health and happiness, live a self-directed life and strive to reach their full potential. How that process of change is facilitated for you depends on your needs, preferences and access. While medication-assisted treatment is just one of many pathways to recovery, it's one of the most effective, and it can help you reclaim your life from addiction once and for all.



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