

7 myths about Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)

- **MAT just trades one addiction for another:** MAT bridges the biological and behavioral components of addiction. Research indicates that a combination of medication and behavioral therapies can successfully treat SUDs and help sustain recovery. (6)
- **MAT is only for the short term:** Research shows that patients on MAT for at least 1-2 years have the greatest rates of long-term success. There is currently no evidence to support benefits from cessation. (7) Patients with long-term abstinence can follow a slow taper schedule under a physician's direction, when free of stressors, to attempt dose reduction or total cessation. (1)
- **My patient's condition is not severe enough to require MAT:** MAT utilizes a multitude of different medication options (agonists, partial agonists and antagonists) that can be tailored to fit the unique needs of the patient (2).
- **MAT increases the risk for overdose in patients:** MAT helps to prevent overdoses from occurring. Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose. Following detoxification, tolerance to the euphoria brought on by opioid use remains higher than tolerance to respiratory depression. (8)
- **Providing MAT will only disrupt and hinder a patient's recovery process:** MAT has been shown to assist patients in recovery by improving quality of life, level of functioning and the ability to handle stress. Above all, MAT helps reduce mortality while patients begin recovery.
- **There isn't any proof that MAT is better than abstinence:** MAT is evidence-based and is the recommended course of treatment for opioid addiction. The National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, National Institute on Alcohol Abuse and Alcoholism, Centers for Disease Control and Prevention, and other agencies emphasize MAT as first line treatment. (5)
- **Most insurance plans don't cover MAT:** As of May 2013, 31 state Medicaid FFS programs covered methadone maintenance treatment provided in outpatient programs (3). State Medicaid agencies vary as to whether buprenorphine is listed on the Preferred Drug List (PDL), and whether prior authorization is required (a distinction often made based on the specific buprenorphine medication type). Extended-release naltrexone is listed on the Medicaid PDL in over 60 percent of states. (4)

For more information, please contact Nick Szubiak, Director, Clinical Excellence in Addictions, at NickS@thenationalcouncil.org

- 1) <http://www.shatterproof.org/blog/entry/medication-assisted-treatment-for-addiction>
- 2) [https://www.whitehouse.gov/sites/default/files/ondcp/recovery/medication assisted treatment_9-21-20121.pdf](https://www.whitehouse.gov/sites/default/files/ondcp/recovery/medication_assisted_treatment_9-21-20121.pdf)
- 3) [http://www.asam.org/docs/default-source/advocacy/aaam_implications-for-opioid-addiction-treatment final](http://www.asam.org/docs/default-source/advocacy/aaam_implications-for-opioid-addiction-treatment_final)
- 4) <http://store.samhsa.gov/shin/content/SMA14-4854/SMA14-4854.pdf>
- 5) <http://www.samhsa.gov/medication-assisted-treatment/training-resources/support-organizations>
- 6) <http://www.integration.samhsa.gov/clinical-practice/mat/mat-overview>
- 7) “
- 8) “MAT Maintenance Treatment and Superior Outcomes” PowerPoint, Dr. Arthur Williams