

“The opposite of addiction is human connection, not sobriety.”

MAT Q&A

Q: Is addiction, like opioid use disorder, something that I can treat?

A: Yes, addiction is a chronic disease of the brain that requires chronic, long-term treatment, similar to other chronic diseases. And there are very effective treatments available, especially for opioid use disorder, which can be offered in many clinical settings, including primary care.

Q: What is MAT?

A: Medications for Addiction Treatment (MAT) or Medication Assisted Treatment uses medication, often in conjunction with mental health services (such as cognitive-behavioral therapy) and recovery support, to treat opioid use disorder (OUD). MAT is a whole-person approach and requires patient readiness. Treatment helps patients normalize body and social function.

MAT medications include methadone, buprenorphine, and naltrexone. Buprenorphine can be prescribed by a licensed provider in many clinical settings, including primary care, and is very effective at treating OUD.

Q: How does MAT work?

A: The prescribed medication operates to normalize brain chemistry, block the euphoric effects of opioids and relieve physiological cravings and distress without the negative effects of misused opioids. More specifically, buprenorphine's unique pharmacology as a partial opioid agonist makes it effective at reducing cravings, withdrawals, and the risk of opioid overdose. MAT is long-term, chronic, longitudinal treatment that is prescribed by a licensed clinician (see X-Waiver licensing information below).

Q: What are the benefits of MAT? (OSU, 2020)

A: There are many benefits of MAT, including:

- **MAT saves lives:** increasing the availability of MAT has led to reductions in fatal overdoses (Volkow, 2014)
- **MAT helps support long term recovery:** patients are more likely to stay in addiction treatment and sustain recovery from drug use (Ling, 2012)
- **MAT keeps patients out of the criminal justice system:** MAT and addiction treatment reduces illegal opioid use and criminal activity (Hubbard, 2003)
- **MAT improves the quality of life for patients and their social networks:** MAT and addiction treatment is associated with more stable employment and a returning to normalized daily activities (Hubbard, 2003)
- **MAT is harm reduction:** MAT reduces a person's risk of contracting HIV, hepatitis C, and other serious blood borne infections by reducing the potential for return to drug use and minimizing harm from intravenous drug use practices (Woody, 2014)
- **MAT is cost-effective:** numerous studies have shown lower total medical costs, lower ED usage, and shorter hospitalization lengths of stay for MAT patients (Mohlman, 2016)
- **MAT can improve birth outcomes:** MAT use during pregnancy has been shown to reduce risks to babies with neonatal abstinence syndrome (NAS) and improve birth outcomes among pregnant women who have a substance use disorder (Klaman, 2017)

Q: How do I start to prescribe MAT?

A: Clinicians, both physicians and advanced practice providers, can be licensed to prescribe buprenorphine for OUD. This requires a DEA x-waiver license that clinicians can receive after completing a brief set of special trainings (8 hours for physicians and 24 hours for advanced practice providers). This training can happen in person or online. More information can be found online through the Substance Abuse and Mental Health Services Administration ([SAMHSA](#)) or Providers Clinical Support System ([PCSS](#)) websites. Receiving your x-waiver license is simple and worthwhile. And starting to prescribe buprenorphine will help you transform the lives of your patients struggling with addiction.

Sources

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