

Medication Assisted Treatment

DID YOU KNOW?

Methadone and **Suboxone (buprenorphine)** are Medication Assisted Treatments (MAT) for opioid addiction. MAT is an important part of the treatment **and** rehabilitation for people who have opioid addiction! **Persons maintained on methadone show:**

- A 50% reduction in illicit drug use,
- Reduction in criminal behavior , and
- Improved mood and increased rate of employment.

The goal of Medication Assisted Treatment (MAT) is to recover from addiction. It does NOT replace one addictive drug with another. It provides a safe, controlled level of medication to overcome the use of a problem opioid. It helps people manage their addiction and maintain the benefits of recovery.¹

All of the following are true of MAT:

- Medication-Assisted Treatment (MAT) is treatment for addiction that includes the use of medication **along with counseling and other supports**. Treatment that includes medication is often the best choice for opioid addiction.
- MAT programs are very tightly monitored with regular drug screens and require engagement in many behavioral health and other support services.
- Used properly, the medication does NOT create a new addiction. It helps people manage their addiction so that the benefits of recovery can be maintained.
- All of these medications have the same positive effect: they reduce problem addiction behavior. Use of MAT is not a contraindication to parenting, driving or other routine activities.
- The right medication has been found when the person feels normal, has minor or no side effects, does not feel withdrawal, and has cravings under control.
- People can safely take treatment medication as long as needed—for months, a year, several years, even for life. MAT keeps individuals in recovery, helps prevent relapse and keeps them engaged in rehabilitation. Tapering can only be done in conjunction with the addiction specialist in order to achieve the best outcome for the person.

PRACTICE TIP: Each case is unique and all routine safety factors must be assessed.

BREASTFEEDING:

The healthcare providers for the **mother** (OB-GYN or Addiction Specialist) **and infant** (pediatrician or neonatologist) will guide the care and determine if breast-feeding is safe and/or appropriate.

Hazards of Tapering or Stopping Methadone

- Preterm labor, miscarriage or pregnancy loss.²
- Increased risk of relapse of addiction to former use.

¹ Medication-Assisted Treatment for Opioid Addiction – SAMHSA. <http://store.samhsa.gov/shin/content/SMA09-4443/SMA09-4443.pdf>

² Opioid Abuse, Dependence, and Addiction in Pregnancy - American College of Obstetricians and Gynecologists <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Opioid-Abuse-Dependence-and-Addiction-in-Pregnancy>