

Medication-Assisted Treatment: A Bright Spot in a Dark Opioid Crisis

By COLETTA DORADO

The phrases “opioid epidemic” and “opioid crisis” are rarely missing from today’s news. Over the last two decades, addiction to opioids—prescription drugs, heroin, and the powerful synthetic opioid fentanyl—has steadily increased in the U.S. In 2017, 72,000 people died in the U.S. to overdoses, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Of those 72,000, more than 47,000 were opioid related, according to a 2018 Centers for Disease Control and Prevention (CDC) study. There are over 23,000 treatment centers in the U.S. treating substance use and co-occurring illnesses. With the death toll rapidly rising, and the economic cost, estimated at over \$600 billion dollars a year, spiraling up yearly, the Centers for Medicare and Medicaid Services are supporting new treatment methods to improve staggeringly low clinical outcomes. One of the most promising such treatment methods has been *medication-assisted treatment*.

What is MAT?

Medication-assisted treatment, or MAT, involves treating those who have addictions by administering a drug that resembles the addictive substance in some way, but is safer and easier to control. MAT aims to treat addiction by addressing the following issues:

- **Cravings.** Those who are addicted to opioids experience intense cravings when they do not use them regularly. This makes it difficult for them to quit, even if they “taper off” by gradually using less of the drugs.
- **Withdrawal Symptoms.** When those who are addicted to opioids stop using them, they can often feel seriously ill. These symptoms occur because their body adjusted to the drug, and now cannot cope with not having it.
- **Dangerous Health Effects.** In some cases, withdrawal symptoms can be deadly. Even when they’re not, they have a severe negative effect on the

patient’s health.

Medication-assisted treatment curtails both cravings and withdrawal symptoms, so patients won’t be in danger when they stop using opioids and will have a time to stabilize while in recovery. When combined with scheduled therapy, such treatment significantly increases the odds that a patient will successfully overcome their opioid addiction for the long haul. Medication-assisted treatment for opioids comes in many different forms. The most common medications are: buprenorphine (Suboxone®, Subutex®), which has a “ceiling effect” and is thus considered one of the safest treatment options; naltrexone (Vivitrol®), which is taken by pill or injection and is also effective for treating alcohol dependence; and methadone, which is intended for patients who are addicted to opioids in high doses.

Benefits and Concerns

Some seasoned addiction treatment professionals understandably have qualms about medication-assisted treatment. Some common concerns include:

- Isn’t this just replacing one addiction with another?
- What about abstinence-based care?
- If a person is regularly using another opioid substance, like buprenorphine or methadone, to reduce withdrawal symptoms, have they really been cured of the addiction?

There are elements of truth in all of these. The argument of “replacing one addiction with another” has been levied against maintenance treatment for opioids predating the invention of buprenorphine, when methadone was the only option on the market. There is no simple fix to addiction. Induction, stabilization and maintenance are key. A physician can’t treat a dead person.

Ultimately the benefits of MAT must be weighed against the supposed cost. By using safer and easier-to-control withdrawal management drugs, rather than illicit substances like heroin, the risk of dying due to overdose drops dramatically.



Additionally, these substances do not get those with opioid use disorders high. Rather they simply alleviate the symptoms of withdrawal, assisting Opioid Use Disorder (OUD) sufferers in their path to recovery.

Studies have shown that treatment programs using MAT report fewer relapses than programs that do not. Additionally, it’s cheaper: the U.S. Surgeon General reported in 2018 that SUD sufferers receiving buprenorphine in conjunction with counseling accumulated healthcare costs of \$13,578, compared to \$31,055 for SUD sufferers receiving little or no treatment.

MAT’s Destigmatization at the National Level

Despite detractors, medication-assisted treatment has become increasingly destigmatized in recent years. In November 2017, sixteen major healthcare payers released a statement in support of MAT, including the line: “Just like with any other chronic disease, medication is appropriate for treating some addictions. It should be destigmatized and easily accessible.”

In October 2018, the federal government followed suit. The landmark Opioid Crisis Response Act, comprising 70 bills aimed at addressing the opioid epidemic, included several provisions related to MAT. The act loosened restrictions on

MAT and also created grant programs to go toward Medicare and Medicaid coverage of MAT.

Addiction treatment continues to shift to further accommodate medication-based addiction treatment methods. At the time of this article, SAMHSA reports 1,688 Opioid Treatment Programs (OTP)—MAT programs accredited as OTPs by the Joint Commission. SAMHSA also reports 3,786 Office-Based Opioid Treatment programs, where buprenorphine is administered in an outpatient setting. These numbers increase every month. Physicians are recognizing the opportunity in MAT, an opportunity to increase the patient population that they serve, create a complementary business model and deliver a much-needed service in any community. Stay tuned next month for another editorial covering rules and regulations, and the logistics of opening a MAT program.



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