

MEDICATION-ASSISTED TREATMENT

With Medication-Assisted Treatment (or MAT), patients are administered medicines approved by the FDA, in combination with counseling and other care, to assist in substance withdrawal. MAT can be used to treat both opioid and alcohol dependence by significantly alleviating the risk of relapse, preventing overdoses, and easing the withdrawal process.

For narcotic addictions, opioid treatments can be effective because of the way opiates, like heroin, work on the brain. Heroin quickly crosses the blood-brain barrier—a semipermeable membrane that keeps circulating blood separate from the brain—and binds to the user’s opioid receptors. This triggers brain activity that causes euphoria—a high—which, in turn, can lead to physiological dependence and addiction.

Normally, symptoms of opioid withdrawal include abdominal pain, nausea, vomiting, sweating, and severe anxiety. When used as prescribed, Medication-Assisted Treatments can lessen these withdrawal symptoms safely, in a controlled environment and under doctors’ supervision.

A [report](#) from the American Society of Addiction Medicine recommends that medication be used to manage opioid withdrawal rather than “abrupt cessation of opioids”—that is, quitting cold turkey. Suddenly breaking off opioid use can lead to extremely powerful cravings and increase the likelihood of a relapse.

Unlike some other forms of drug rehabilitation, with Medication-Assisted Treatment, patients are more likely to be able to continue their day-to-day lives and go to work during the recovery process. For some patients, this can be highly effective. A recent [report](#) from the U.S. Surgeon General states, “Widening access to highly effective medications for treating opioid addiction...has been identified by United States public health authorities as an essential part of tackling America’s current prescription opioid and heroin crisis.”

Depending on a patient’s needs, treatment can last anywhere from several months to several years.

When a patient is undergoing drug rehab, three opioid medications are generally prescribed to assist with treatment: methadone, naltrexone, and buprenorphine. These three drugs aid rehabilitation in similar ways, but have some differences.

Methadone is a opioid medication that prevents withdrawal while blocking the euphoria of other opiates like heroin, codeine, morphine, or oxycodone. Methadone can be administered as a liquid, wafer, or pill. The effects last about six hours, but do not provide the immediate high of heroin. Patients can, however, become dependent on methadone, which is why it should only be used safely and under clinical supervision.

Buprenorphine also reduces the risks of withdrawal while blocking other narcotics. Buprenorphine can be administered as a six-month subdermal implant, a cheek film, or a tablet. Unlike methadone, buprenorphine does not require patients to go into a clinic; doctors can prescribe the drug from an office, hospital, correctional facility, or other locations.

Naltrexone is a non-addictive medication that also blocks the euphoric effects of other narcotics. However, unlike methadone or buprenorphine, naltrexone does not suppress cravings by activating opioid receptors. Instead, it reduces cravings by binding and blocking those receptors. Naltrexone can be administered by injection or pill.

Alcohol withdrawal can also be aided by different Medication-Assisted Treatments. Symptoms of alcohol withdrawal can include severe anxiety, nausea, headaches, seizures, hallucinations, and in some cases can be life-threatening. Common medications used to treat alcohol withdrawal are disulfiram, acamprosate, and naltrexone. Disulfiram and acamprosate are used once a person has detoxified and achieved sobriety. Disulfiram causes headaches, nausea, and other unpleasant side effects when a user ingests even a relatively small amount of alcohol. Acamprosate stabilizes chemical signals that would normally be affected by alcohol withdrawal. As with its use to aid in opioid addiction, naltrexone blocks alcohol’s euphoric effects.

Of course, different treatments work for different patients depending on their needs, and should be discussed with a physician. MAT patients are required by federal law to receive counseling along with medication. As one aspect of a broader treatment plan, Medication-Assisted Treatments can be highly effective, reducing the risks of withdrawal and relapse, ultimately leading towards full recovery, healing, and independence. Various treatment plans are available through Soul Surgery in Scottsdale, Arizona.