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## Medication Assisted Treatment: A Standard of Care

An interview with [Elinore McCance-Katz, MD, PhD, Chief Medical Officer, SAMHSA](#)

Untreated substance use disorders are deadly. This should give us all pause.

We have a huge need in our country to treat mental health and substance use concerns, and we have a chronic shortage of specialty care programs with enough capacity to treat everyone with a substance use concern. It is our responsibility to expand access to this care in a way that allows greater choice of where individuals can receive treatment.

With the Affordable Care Act, the treatment of substance use disorders is now an essential benefit. Individuals with multiple complex healthcare needs, including mental health and substance use concerns, can be seen in integrated care settings and [health homes](#).

We are going to see more and more integrated care. All healthcare providers, whether in primary care, mental health, or substance use treatment, will need to learn how to provide treatment for disorders they may not have historically treated. Providers who are not used to treating patients with certain types of problems may not feel confident about providing care. When that happens, the individual is less likely to get the care they need. Primary care providers especially will need to be ready to assess and provide treatment for clients who present with mental health and substance use concerns.

### *The Need for Medication Assisted Treatment*

Medication assisted treatment (MAT) is a standard of care. There are a variety of medications that have been shown to be effective in treating substance use disorders and that can be used safely. Specifically, there are a number of [FDA-approved medications](#) for tobacco, alcohol and opioid abuse treatments.

MAT is an effective form of care, when medication is taken as prescribed, used properly, and the individual is engaged with other supports and services. With opioid use disorders, studies show that clients who get medical detoxification only have a greater than 90% relapse rate. On the other side, literature on [methadone maintenance](#) shows that these medications are quite effective. Methadone has been researched for many years, and there is no evidence that there are long-term serious health effects. Certainly there are side effects and some potential health concerns, but overall, people have tolerated it very well without serious health problems as a result.

We have to think about how effective the treatment is, what the alternative is if not treated, and where an individual is in their recovery. Individuals with chronic relapsing diseases should have access to MAT. It's just the standard of care. We cannot diminish the importance of that.

For someone with a severe alcohol use disorder, withdrawal can be life-threatening. They are physically dependent on alcohol. Each time they relapse, they are at greater risk of life-threatening diseases. These are very serious considerations and concerns.

Substance use disorders are not simply treated by taking a medication. In fact, taking medications can be part of the problem. Just giving someone medication is not enough. Psychosocial interventions, counseling, and other services are absolutely necessary and will always be very important.

Integrated care providers are going to have to learn about how to use these medications. Many medications can be used within primary care. We're going to see a spectrum of severity with clients in primary care. Some may need referral to specialty care and others can be treated at the primary care organization.

### ***Challenges to Adoption***

One challenge is simply encouraging providers to adopt the change. Many of these medications are fairly new. Some, such as methadone, have only been used in very specialized treatment settings. Integrated care settings have relatively low barriers to adoption of MAT. They have providers trained to address substance use and professionals on hand who can prescribe the medications.

In the substance use treatment field, there has been a focus on psychosocial treatments for many years. Every individual is different and has different needs. We have to confront the idea that abstinence-based treatment can be successful for everyone. Individuals with substance use disorders deserve care that involves an individualized treatment plan, and the support of their healthcare provider such that they receive all of the care needed to support them in recovery.

A big concern is always how providers are going to get paid. With time, we will see more ability for providers to get reimbursed for services that will include MAT. These issues will probably be addressed within states, and the Centers for Medicare and Medicaid Services (CMS) will provide ongoing guidance.

### ***Learn more about MAT***

If providers are unsure of how to provide MAT, they need to educate themselves. Primary care and behavioral healthcare providers alike should be trained on the recognition and treatment of substance use disorders. There are numerous trainings related to MAT available – for free – to providers. SAMHSA has two programs focused on creating a clinical support system for how to assess, how to make appropriate decisions on the use of the medications, and how to recognize problems with misuse, if they occur. Counselors, social workers, and other allied providers can all benefit from these trainings. (See the [Quick Tips](#) for more).

At this point, the use of MAT for individuals who have a history with a severe substance use disorder or have a chronic relapsing disease is really an ethical issue. Individuals who need access to the treatments to help them recover. It is the right and ethical thing to do.

*Medication assisted treatment (MAT) is the use of pharmacological medications, in combination with counseling and behavioral therapies, to provide a 'whole patient' approach to the treatment of substance use disorders.*