Workers' Comp

# Ask The Pharmacist: Medication-Assisted Treatment (MAT) for Opioid Use

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**Why would someone be prescribed an opioid to treat opioid addiction?**

Medication-assisted treatment (MAT) is a safe and cost-effective option for managing opioid addiction. This method is typically applied along with counseling and other support and involves the use of methadone or buprenorphine and sometimes naltrexone.

Addiction can be thought of as a chronic disease, and the use of methadone or buprenorphine has been likened to the use of maintenance medications to manage other disease states such as diabetes or heart disease. Methadone and buprenorphine are both opioids, therefore, they do carry the risk of addiction themselves. However, when used properly as part of an overall treatment program, the risk is minimized. Additionally, people with opioid use disorder (OUD) treated with MAT show a reduced the risk of mortality compared to untreated people with OUD. Methadone and buprenorphine allow the body to still feel that it is receiving the drug of abuse (a.k.a., the opioid that was previously being misused by the addicted person) but without the "high." This allows the person to avoid withdrawal symptoms and cravings while focusing more fully on recovery and healthy living. The idea is that the person will be more empowered to begin making lifestyle changes that lead to an addiction-free future. Naltrexone is an opioid antagonist and is used differently to treat addiction. This drug binds to opioid receptors and can help to deter relapse by preventing the person from feeling high if they were to take the previously abused opioid again.

Methadone has been found to be useful for managing addiction as it is a very long-acting opioid that can help the person avoid drug-induced highs and lows. When used for addiction, this drug is only dispensed from specially licensed treatment centers. Methadone is available as an oral tablet, liquid, or wafer. Buprenorphine is a long-acting partial agonist that also exhibits a "ceiling effect" (meaning that at a certain point, taking higher doses of the drug does not create any additional analgesia or euphoria). This characteristic makes the drug more difficult

to abuse. Buprenorphine is available orally as a sublingual ("under the tongue") tablet or film either on its own (e.g., Subutex®, Belbuca™) or in combination with naloxone (an opioid antagonist that is only active and will block and reverse the effects of the opioid if the oral formulation is tampered with for administration through a different route such as injection, for example). Brand names for the combination product include Suboxone®, Bunavail™, and Zubsolv®. Buprenorphine may be dispensed from an opioid-dependence treatment facility or prescribed for at-home use by doctors who have obtained a special waiver under the Drug Addiction Treatment Act of 2000 (DATA 2000).

Regardless of the method chosen, close follow-up, careful monitoring, and support are key to the success of medication-assisted treatment. Several helpful resources and additional information related to medication-assisted opioid dependence treatment, including listings of available treatment centers and a "Buprenorphine Practitioner Locator," can be found online at www.samhsa.gov.

This information is meant to serve as a general overview, and any specific questions or concerns should be more fully reviewed with your health care professional such as the prescribing doctor or dispensing pharmacist.

Do you have a workers' compensation or auto related pharmacy question? Send us an email at AskThePharmacist@enlyte.com.

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