

## What is MAT (Medication Assisted Treatment)?

\* Also referred to as OTS (Opioid Treatment Services)

**Addiction** is a primary, chronic, relapsing, neurobiological disease; there are genetic, psychosocial, and environmental factors which influence its development and manifestations. It is characterized by one or more of the following behaviors:

- Impaired control over drug/alcohol use
- Compulsive use
- Craving
- Continued use despite harm

By contrast, **Physical Dependence** is a *physiologic state of adaptation* which occurs with repeated exposure to a specific class of drug. The main hallmark of physical dependence is the presence of withdrawal symptoms, which are produced by:

- Decreasing blood level of the drug (abrupt cessation of intake or rapid dose reduction).
- Administration of an antagonist, which blocks the effect of the drug even when present.

Physical dependence is often seen in addiction.

However, an individual can be physically dependent *without* the disease of addiction. Once detoxified of the drug they are physically dependent on, these individuals will not experience a compulsion to continue using; in addition, they may recognize harmful consequences of using and never wish to engage in that behavior again-- and they successfully avoid doing so.

Recovery from *active addiction* means learning how to cope with life in a way previously unknown to the patient; this includes strategies such as impulse control, stress reduction, craving management, and avoidance of triggers. These practices essentially keep the chronic, relapsing disease of addiction in remission. This may all seem very simple and straightforward, but really is not; learning these new and healthy coping mechanisms takes a lot of time and effort. The patient on **MAT** is maintained on a safe, effective dose to reduce cravings and obsessions to use, while engaging in effective treatment for his/her substance use disorder (addiction). Buprenorphine significantly reduces the risk of relapse in opioid-addicted patients; those maintained on an appropriate dose of Buprenorphine are 3 to 10 times more likely to remain opioid-free during the course of treatment. Once a recovery is established, the home environment is stable, and stressors are appropriately managed-- then it becomes appropriate to begin weaning the patient's Buprenorphine, with the ultimate goal of discontinuation.

**Essentially, MAT serves as a bridge to a firm foundation in recovery.** This foundation is often difficult to achieve for the patient addicted to opioids who is experiencing cravings and compulsions to use. The timeline for achieving this base of recovery varies by patient, but can reasonably be expected to last between 6-12 months at a minimum. At this point, our patients will be carefully monitored while the dose of their Buprenorphine is gradually decreased over many weeks; ultimately, the medication is discontinued, and these patients are advised to continue their ongoing recovery efforts. The most crucial thing to remember is that addiction is a chronic/relapsing disease; it never goes away, and patients are never "healed"; but with a firm foundation of recovery, and ongoing daily recovery inside and outside of treatment, long-term medication-free remission is a reality for most. This is why counseling, peer support, and daily involvement in recovery are the keys to long-term success.