

Medication (MAT) and Counseling Treatment

<https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat>

Medication-assisted treatment (MAT) is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose.

Medication-Assisted Treatment (MAT) is the use of medications, in combination with [counseling and behavioral therapies](#), to provide a “whole-patient” approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. Learn about many of the [substance use disorders](#) that MAT is designed to address.

MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative effects of the abused drug. [Medications used in MAT](#) are approved by the Food and Drug Administration (FDA), and MAT programs are clinically driven and tailored to meet each patient’s needs. Combining medications used in MAT with anxiety treatment medications can be fatal. Types of anxiety treatment medications include derivatives of Benzodiazepine, such as Xanax or valium.

Opioid Treatment Programs (OTPs)

Opioid treatment programs (OTPs) provide MAT for individuals diagnosed with an [opioid use disorder](#). OTPs also provide a range of services to reduce, eliminate, or prevent the use of illicit drugs, potential criminal activity, and/or the spread of infectious disease. OTPs focus on improving the quality of life of those receiving treatment.

OTPs must be accredited by a [SAMHSA-approved accrediting body](#) and certified by SAMHSA. The [Division of Pharmacologic Therapies \(DPT\)](#), part of the [SAMHSA Center for Substance Abuse Treatment \(CSAT\)](#), oversees accreditation standards and certification processes for OTPs. Learn more about the [certification of OTPs](#) and SAMHSA’s [oversight of OTP Accreditation Bodies](#).

Federal law requires patients who receive treatment in an OTP to receive medical, counseling, vocational, educational, and other assessment and treatment services, in addition to prescribed medication. The law allows MAT professionals to provide treatment and services in a range of settings, including hospitals, correctional facilities, offices, and remote clinics. Learn more about the [legislation, regulations, and guidelines](#) that govern OTPs.

As of 2015, OTPs were located in every U.S. state except North Dakota and Wyoming. The District of Columbia and the territories of Puerto Rico and the Virgin Islands also had OTPs in operation.

Counseling and Behavioral Therapies

Under federal law, MAT patients must receive counseling, which could include different forms of behavioral therapy. These services are required along with medical, vocational, educational, and other assessment and treatment services. Learn more about these [treatments for substance use disorders](#).

MAT Effectiveness

In 2013, an estimated 1.8 million people had an [opioid use disorder](#) related to prescription pain relievers, and about 517,000 had an opioid use disorder related to heroin use. MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification services for these individuals. MAT provides a more comprehensive, individually tailored program of medication and behavioral therapy. MAT also includes support services that address the needs of most patients.

The ultimate goal of MAT is full [recovery](#), including the ability to live a self-directed life. This treatment approach has been shown to:

- Improve patient survival
- Increase retention in treatment

- Decrease illicit opiate use and other criminal activity among people with substance use disorders
- Increase patients' ability to gain and maintain employment
- Improve birth outcomes among women who have substance use disorders and are pregnant

Research also shows that these medications and therapies can contribute to lowering a person's risk of contracting HIV or hepatitis C by reducing the potential for relapse. Learn more about substance misuse and how it relates to [HIV, AIDS, and Viral Hepatitis](#). Learn more about [common comorbidities](#) that occur with substance use disorders.

Unfortunately, MAT is greatly underused. For instance, according to [SAMHSA's Treatment Episode Data Set \(TEDS\) 2002-2010](#), the proportion of heroin admissions with treatment plans that included receiving medication-assisted opioid therapy fell from 35% in 2002 to 28% in 2010. The slow adoption of these evidence-based treatment options for alcohol and opioid dependence is partly due to misconceptions about substituting one drug for another. Discrimination against MAT patients is also a factor, despite state and federal laws clearly prohibiting it. Other factors include lack of training for physicians and negative opinions toward MAT in communities and among health care professionals.

MAT and Patient Rights

SAMHSA's [Partners for Recovery Initiative](#) produced a brochure designed to assist MAT patients and to educate and inform others. This [Medication-Assisted Treatment Know Your Rights Brochure – 2009](#) presents and explains the federal laws that prohibit discrimination against individuals with disabilities and how they protect people receiving MAT for opioid addiction.

Under the [Confidentiality Regulation, 42 Code of Federal Regulations \(CFR\) 2](#), personally identifiable health information relating to substance use and alcohol treatment must be handled with a higher degree of confidentiality than other medical information.

Medications Used in MAT

FDA has approved several different medications to treat opioid addiction and alcohol dependence.

A common misconception associated with MAT is that it substitutes one drug for another. Instead, these medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. MAT programs provide a safe and controlled level of medication to overcome the use of an abused opioid. And research has shown that when provided at the proper dose, medications used in MAT have no adverse effects on a person's intelligence, mental capability, physical functioning, or employability. Medications used in MAT for opioid treatment can only be dispensed through a SAMHSA-certified OTP. Some of the medications used in MAT are controlled substances due to their potential for misuse. Drugs, substances, and certain chemicals used to make drugs are classified by the [Drug Enforcement Administration \(DEA\)](#) into five distinct categories, or schedules, depending upon a drug's acceptable medical use and potential for misuse. Learn more about DEA [drug schedules](#).

Opioid Dependency Medications

Methadone, buprenorphine, and naltrexone are used to treat opioid dependence and addiction to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. People may safely take medications used in MAT for months, years, several years, or even a lifetime. Plans to stop a medication must always be discussed with a doctor.

Methadone

Methadone tricks the brain into thinking it's still getting the abused drug. In fact, the person is not getting high from it and feels normal, so withdrawal doesn't occur. Learn more about [methadone](#).

Pregnant or breastfeeding women must inform their treatment provider before taking methadone. It is the only drug used in MAT approved for women who are pregnant or breastfeeding. Learn more about [pregnant or breastfeeding women and methadone](#).

Buprenorphine

Like methadone, buprenorphine suppresses and reduces cravings for the abused drug. It can come in a pill form or sublingual tablet that is placed under the tongue. Learn more about [buprenorphine](#).

Naltrexone

Naltrexone works differently than methadone and buprenorphine in the treatment of opioid dependency. If a person using naltrexone relapses and uses the abused drug, naltrexone blocks the euphoric and sedative effects of the abused drug and prevents feelings of euphoria. Learn more about [naltrexone](#).

Opioid Overdose Prevention Medication

FDA approved [naloxone](#), an injectable drug used to prevent an [opioid overdose](#). According to the World Health Organization (WHO), naloxone is one of a number of [medications considered essential to a functioning health care system](#)(link is external).

Insurance and Payments for MAT

<https://www.samhsa.gov/medication-assisted-treatment/treatment/insurance-payments>

Learn how buprenorphine and other medications used in medication-assisted treatment (MAT) are covered under Medicare, Medicaid, and other forms of health insurance.

The cost of different [medications used in medication-assisted treatment \(MAT\)](#) varies, and this may need to be taken into account when considering treatment options. The Affordable Care Act now requires most insurers to cover addiction treatment benefits. In addition, The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 requires health insurers and group health plans to provide the same level of benefits for behavioral health services that they do for primary care. However, not all insurance plans cover every available addiction treatment medication. And some plans cap the number of dosages and prescription refills a MAT patient receives. These limitations also factor into how people pay for MAT.

Learn more about [health financing](#) and how SAMHSA helps MAT professionals adapt to the new health care environment.

MAT Medications and Medicaid Coverage

A review of Medicaid policies in 2013 revealed that all 51 Medicaid programs include disulfiram and oral naltrexone and 31 programs include methadone on their Preferred Drug Lists (PDLs). If a medication is not included on the PDL, the prescriber must obtain permission from the member's pharmacy benefit plan before the product can be prescribed, or the medication will not be covered. In 2013, only 13 state Medicaid programs included all available medications for treating alcohol and opioid use disorders in their Medicaid PDLs. The SAMHSA publication [Medicaid Coverage and Financing of Medications to Treat Alcohol and Opioid Use Disorders – 2014](#) explains Medicaid coverage of medications for substance use disorders.

Paying for Buprenorphine

Several factors determine how much a prescribed medication such as [buprenorphine](#) will cost patients. These include the pharmaceutical manufacturer, the insurer, the health plan (if any) or prescribing clinic, and the retail pharmacies that typically dispense the medication.

It is important to understand that the cost of the buprenorphine medication is only one part of the cost of outpatient opioid treatment. Other costs are incurred through physician visits and counseling services. These can include charges for laboratory analyses or emergency detoxification or stabilization, and any necessary ongoing service referrals and visits determined by the prescribing physician.

Medicare and Medicaid Coverage

Substance use treatment may be covered under Medicare (1) if it is medically necessary; and (2) if it is provided in an inpatient or outpatient treatment center that is Medicare-certified as determined by the Department of Health and Human Services (HHS).

Medicare does not generally cover prescription medications that are prescribed or dispensed to patients on an outpatient basis. However, if buprenorphine is administered by a Medicare-certified program or facility as a

component of inpatient or emergency treatment such as detoxification or early stabilization treatment, the cost could be covered, as with any other medication used in the treatment process. The reimbursement would only occur if the Medicare-certified facility had buprenorphine on its list of eligible medications and if the patient received the treatment at the facility.

Medicaid coverage of substance use treatment and medications such as buprenorphine varies considerably by state and whether or not a state's Medicaid plan is offered under managed care or HMO arrangements.

Coverage in many states is also subject to rules about prior authorization and medical necessity. For buprenorphine-naloxone, a review of Medicaid policies in 2013 revealed that 50 Medicaid programs include the treatment medication on their PDLs.

Commercial Health Care Coverage

Health insurance through a commercial insurance plan may or may not cover all parts of buprenorphine medication. Several factors determine coverage, including:

- Medical necessity
- Whether medications are covered
- If there is a required co-payment
- If buprenorphine is on the plan's approved medication list

Free Health Coverage at Community Health Centers, Clinics, and Hospitals

Free care for low-income patients offered at community health centers, clinics, and hospitals may or may not have buprenorphine available. The availability of the medication in these facilities depends on:

- Whether they offer substance use treatment or emergency care of chemical dependency
- If buprenorphine is on the list of eligible medications
- If a qualified staff or an attending physician associated with the hospital is available to administer the medication
- If the medication is medically necessary

People Who Are Uninsured

People without insurance coverage who are neither eligible for Medicare or Medicaid nor impoverished must pay for buprenorphine and any associated treatment themselves.

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Behavioral & Counseling Treatments for Substance Use Disorders

<https://www.samhsa.gov/treatment/substance-use-disorders>

Learn about the different kinds of treatments and services that are effective in helping people with substance use disorders.

The treatment system for substance use disorders is comprised of multiple service components, including the following:

- Individual and group counseling
- Inpatient and residential treatment
- Intensive outpatient treatment
- Partial hospital programs
- Case or care management
- Medication
- Recovery support services
- 12-Step fellowship
- Peer supports

A person accessing treatment may not need to access every one of these components, but each plays an important role. These systems are embedded in a broader community and the support provided by various parts of that community also play an important role in supporting the recovery of people with substance use disorders.

Individual and Group Counseling

Counseling can be provided at the individual or group level. Individual counseling often focuses on reducing or stopping substance use, skill building, adherence to a recovery plan, and social, family, and professional/educational outcomes. Group counseling is often used in addition to individual counseling to provide social reinforcement for pursuit of recovery.

Counselors provide a variety of services to people in treatment for substance use disorders including assessment, treatment planning, and counseling. These professionals provide a variety of therapies. Some common therapies include:

- Cognitive-behavioral therapy teaches individuals in treatment to recognize and stop negative patterns of thinking and behavior. For instance, cognitive-behavioral therapy might help a person be aware of the stressors, situations, and feelings that lead to substance use so that the person can avoid them or act differently when they occur.
- Contingency management is designed to provide incentives to reinforce positive behaviors, such as remaining abstinent from substance use.
- Motivational enhancement therapy helps people with substance use disorders to build motivation and commit to specific plans to engage in treatment and seek recovery. It is often used early in the process to engage people in treatment.
- 12-step facilitation therapy seeks to guide and support engagement in 12-step programs such as Alcoholics Anonymous or Narcotics Anonymous.

Some forms of counseling are tailored to specific populations. For instance, young people need a different set of treatment services to guide them towards recovery. Treatments for youth often involve a family component. Two models for youth that are often used in combination and have been supported by SAMHSA grants are the Adolescent Community Reinforcement Approach (ACRA) and Assertive Continuing Care (ACC). ACRA uses

defined procedures to build skills and support engagement in positive activities. ACC provides intensive follow up and home based services to prevent relapse and is delivered by a team of professionals.

Inpatient and Residential Settings

Treatment can be provided in inpatient or residential sessions. This happens within specialty substance use disorder treatment facilities, facilities with a broader behavioral health focus, or by specialized units within hospitals. Longer-term residential treatment has lengths of stay that can be as long as six to twelve months and is relatively uncommon. These programs focus on helping individuals change their behaviors in a highly structured setting. Shorter term residential treatment is much more common, and typically has a focus on detoxification (also known as medically managed withdrawal) as well as providing initial intensive treatment, and preparation for a return to community-based settings.

An alternative to inpatient or residential treatment is partial hospitalization or intensive outpatient treatment. These programs have people attend very intensive and regular treatment sessions multiple times a week early in their treatment for an initial period. After completing partial hospitalization or intensive outpatient treatment, individuals often step down into regular outpatient treatment which meets less frequently and for fewer hours per week to help sustain their recovery.

Medication

Using medication to treat substance use disorders is often referred to as [Medication-Assisted Treatment \(MAT\)](#). In this model, medication is used in combination with counseling and behavioral therapies.

Medications can reduce the cravings and other symptoms associated with withdrawal from a substance by occupying receptors in the brain associated with using that drug (agonists or partial agonists), block the rewarding sensation that comes with using a substance (antagonists), or induce negative feelings when a substance is taken. MAT has been primarily used for the treatment of opioid use disorder but is also used for alcohol use disorder and the treatment of some other substance use disorders. For more information, see the [joint bulletin on Medication-Assisted Treatment – 2014 \(PDF | 155 KB\)](#).

Medications for Alcohol Use Disorders

Medications also exist that can assist in the treatment of alcohol use disorder. Acamprosate is a medication that reduces symptoms of protracted withdrawal and has been shown to help individuals with alcohol use disorders who have achieved abstinence go on to maintain abstinence for several weeks to months. Naltrexone, a medication used to block the effects of opioids, has also been used to reduce craving in those with alcohol use disorders. Disulfiram is another medication which changes the way the body metabolizes alcohol, resulting in an unpleasant reaction that includes flushing, nausea, and other unpleasant symptoms if a person takes the medication and then consumes alcohol.

Medications for Tobacco Use Disorders

There are three medications approved by the Food and Drug Administration (FDA) to treat tobacco use disorders (cigarette smoking). Nicotine replacement medications assist with reducing nicotine withdrawal symptoms including anger and irritability, depression, anxiety, and decreased concentration. Because nicotine delivered through chewing of gum containing nicotine, via transdermal patch, or in lozenges has a slower onset of action than does the systemic delivery of nicotine through smoked tobacco; these medications have little effect on craving for cigarettes. These medications are available over-the-counter. However, the nicotine inhaler and nasal spray deliver nicotine more rapidly to the brain and so are available only by prescription. Bupropion is a medication originally developed and approved as an antidepressant that was also found to help people to quit smoking. This medication can be used at the same dose for either cigarette smoking or depression treatment (or both). Varenicline is a nicotine partial agonist that reduces craving for cigarettes and has been helpful in smoking cessation for many. Bupropion and varenicline are prescription medications.

Medication for Opioid Use Disorders

Medication-assisted treatment with methadone, [buprenorphine](#), or extended-release injectable naltrexone plays a critical role in the treatment of opioid use disorders. According to the latest survey of opioid treatment providers more than 300,000 people received some form of medication-assisted treatment for an opioid use disorder in 2011.

Opioid agonist therapies with methadone or buprenorphine reduce the effects of opioid withdrawal and reduce cravings. They have been shown to increase retention in treatment and reduce risk behaviors that lead to transmission of HIV and viral hepatitis such as using opioids by injection.

Medication-assisted treatment with extended-release injectable naltrexone reduces the risk of relapse to opioid use and helps control cravings. Extended-release injectable naltrexone is particularly useful for people exiting a controlled setting where abstinence has been enforced such as jail or residential rehabilitation or in situations where maintenance with an opioid agonist is not available or appropriate. People who misuse prescription opioids benefit from medication assisted treatment as much as people abusing heroin.

There are no other FDA-approved medications for the treatment of other substance use disorders.

More information about medication-assisted treatment is available through SAMHSA's [Addiction Technology Transfer Center Network](#)(link is external).

Recovery Support Services

Recovery support services are non-clinical services that are used with treatment to support individuals in their recovery goals. These services are often provided by peers, or others who are already in recovery. Recovery support can include:

- Transportation to and from treatment and recovery-oriented activities
- Employment or educational supports
- Specialized living situations
- Peer-to-peer services, mentoring, coaching
- Spiritual and faith-based support
- Parenting education
- Self-help and support groups
- Outreach and engagement
- Staffing drop in centers, clubhouses, respite/crisis services, or warmlines (peer-run listening lines staffed by people in recovery themselves)
- Education about strategies to promote wellness and recovery

Peer Supports

Peers are individuals in recovery who can use their own experiences to help others working towards recovery. Peer supports are a critical component of the substance use disorder treatment system. Many people who work in the treatment system as counselors or case managers are in recovery, and peers are central to many recovery support efforts.

Peers also play a powerful role as a part of mutual-support groups. These groups, including Alcoholics Anonymous or Narcotics Anonymous and other 12-step programs, provide peer support for ending or reducing substance use. They provide an international support network which is relied upon by many people in recovery from substance use disorders. Mutual-support groups are often intentionally incorporated into treatment plans and can provide a ready community for individuals who are trying to change their lifestyles to get away from alcohol and other drugs. While mutual-support groups do not work for everyone and are not a necessary part of recovery, they are a fundamental component of the substance use disorder treatment system, even if they are not considered formal treatment.

Resources for Specific Substance Use Disorders

Alcohol Use Disorder

Learn more about medications that can be used to treat alcoholism from the SAMHSA publication [Incorporating Alcohol Pharmacotherapies into Medical Practice – 2009](#).

Cannabis Use Disorder

The [Cannabis Youth Treatment Series](#) is a five-volume resource for substance abuse treatment professionals that provides a unique perspective on treating adolescents for marijuana use.

SAMHSA also developed the [Brief Counseling for Marijuana Dependence: A Manual for Treating Adults – 2005](#), which guides practitioners on how to help adult patients reduce or stop marijuana use through skill building.

Stimulant Use Disorder

One of the best-known treatment interventions is the Matrix Model, an outpatient treatment approach that was developed during the mid-1980s. SAMHSA has developed a set of materials about the [Matrix Model](#). SAMHSA's [Treatment Improvement Protocol \(TIP\) #33: Treatment for Stimulant Use Disorders – 2009](#) contains comprehensive information on all aspects of stimulant abuse, including treatment.

Opioid Use Disorder

Two volumes in the SAMHSA Treatment Improvement Protocol (TIP) series focus on opioid treatment:

- [TIP 40: Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction – 2004](#)
- [TIP 43: Medication Assisted Treatment for Opioid Addiction in Opioid Treatment Programs – 2008](#)

Other SAMHSA materials also provide information about treatment for opioid use disorder:

- [Methadone Treatment for Pregnant Women – 2009](#)
- [Advisory: An Introduction to Extended-Release Injectable Naltrexone for the Treatment of People with Opioid Dependence – 2012](#)
- [SAMHSA Opioid Overdose Prevention Toolkit – 2014](#)

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