



# **MAT Toolkit for Justice System Professionals**



This resource was created by Harbage Consulting  
with support from the Department of Health Care Services.  
Last updated December 2019.

# MAT TOOLKIT FOR JUSTICE SYSTEM PROFESSIONALS

## What is a substance use disorder?

Substance use disorder (SUD) is the formal term for an addiction to drugs and/or alcohol. An individual has an SUD when their drug and/or alcohol use causes

health problems, disability, and/or failure to meet responsibilities at work, school, or home.<sup>1</sup> Two of the most common SUDs are opioid use disorder (OUD) and alco-

hol use disorder (AUD). Opioids include drugs such as heroin, fentanyl, and some prescription pain medications.

### DID YOU KNOW?<sup>2</sup>



About **two-thirds** of people sentenced to jail meet the criteria for drug abuse or dependence.<sup>3</sup>



**1 in 4 women** in jail reported regular use of opioids including heroin.



**1 in 6 men** in jail reported regular use of opioids including heroin.

## What is Medication Assisted Treatment (MAT)?

**Addiction is a disease.  
Treatment works.  
Recovery is possible.**

MAT uses medications with counseling to treat the whole person. Addiction is a chronic disease, meaning that it does not have a cure and individuals will have to manage their symptoms.

In this way, it is similar to diabetes or heart disease.

Long-term opioid or alcohol use damages the part of the brain responsible for motivation, organization, human bonding, and rewards. MAT stabilizes the brain, controlling cravings and enabling individuals to do the hard work of recovery.

### DID YOU KNOW?

Former inmates are **40x** more likely to die of an opioid overdose in the two weeks following release from prison.<sup>4</sup>

<sup>1</sup> SAMHSA. "Mental Health and Substance Use Disorders," April 13, 2010. Available at: [bit.ly/2WiVmJA](http://bit.ly/2WiVmJA).

<sup>2</sup> U.S. Department of Justice Bureau for Justice Statistics. "Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009," June 2017. Available at: [bit.ly/31LykD4](http://bit.ly/31LykD4).

<sup>3</sup> This study was conducted before the opioid epidemic

had fully developed, and as a result today's percentage may be higher.

<sup>4</sup> Ranapurwala, S. I. et al. "Opioid Overdose Mortality Among Former North Carolina Inmates: 2000-2015," American Journal of Public Health (2018): 108, 1207-1213. doi: 10.2105/AJPH.2018.304514

## Why should individuals take medications for addiction?

Without MAT, people with opioid use disorder (OUD) are at high risk of using opioids again and possibly overdosing. People with alcohol use disorder (AUD) who do not receive MAT are less likely to stay sober. MAT reduces the chances of relapse. It also reduces many other risks. For example, methadone and buprenorphine (two medications commonly prescribed for opioid use disorders) help people stop using illicit opioids. As a result, they are less likely to be arrested in the future, or contract HIV and hepatitis C by sharing or using dirty needles.<sup>5</sup> More criminal justice settings are beginning to embrace MAT as a best practice for OUD and AUD because of the strong evidence behind it. Recent court cases and legislation have also reinforced the obligation to provide access to MAT for individuals while they are in custody.<sup>6</sup>

While MAT is a best practice for people with AUD or OUD, there are currently no FDA-approved medications for methamphetamine (meth) or other substances. Individuals who are interested in MAT should talk to their medical provider about any other substances that they may be using. For example, if they also use meth or benzodiazepines like Xanax or Valium, this is important for the provider to know. Having more information will help the provider determine the right course of treatment for the individual.

People on MAT can be considered abstinent or “clean and sober” if they are taking medications to treat their addiction. This is no different than someone taking medications to manage their diabetes and working with their doctor to make lifestyle changes. Telling people they are “not really clean or sober” if they use MAT prevents people from seeking and staying in treatment. This can severely compromise recovery and put someone at high risk for relapse and overdose.

**People on MAT can be considered abstinent or “clean and sober” if they are taking medications to treat their addiction.**



### **MAINE COURT RULES ACCESS TO MAT MUST BE PROVIDED IN JAIL<sup>6</sup>**

A woman in Maine was going to be denied access to buprenorphine during her 40-day sentence in county jail despite her five years in recovery on the medication. However, the woman challenged this in court stating that it was a violation of the Americans with Disabilities Act, which states that it is illegal to discriminate on the basis of a disability, which includes people that have completed or are currently receiving drug rehabilitation. The court ruled in her favor, requiring the jail to provide her medication.

<sup>5</sup> National Institute on Drug Abuse. “Effective Treatments for Opioid Addiction.” Available at: [bit.ly/2ohXF9N](https://bit.ly/2ohXF9N).

<sup>6</sup> NPR. “Setting Precedent, A Federal Court Rules Jail Must Give Inmate Addiction Treatment,” May 4, 2019. Available at [n.pr/2PmFuuD](https://n.pr/2PmFuuD); SB 992, 2018. Available at: [bit.ly/2pXyq9K](https://bit.ly/2pXyq9K).

# MAT TOOLKIT FOR JUSTICE SYSTEM PROFESSIONALS

## THE NATIONAL SHERIFFS ASSOCIATION SUPPORTS THE USE OF MAT IN JAILS<sup>7</sup>



The National Sheriffs Association, which represents sheriffs, deputies, and other law enforcement across the nation, recently published a guide to implementing MAT in jails. The guide states that:

- 1. FDA-approved forms of MAT are the standard of care for OUD.**
- 2. Use of MAT is determined by the physician and the patient – all forms should be available, and treatment should be customized to the unique patient's needs.**

The American Correctional Association and American Society of Addiction Medicine (ASAM) released a joint policy statement **supporting access to all evidence-based treatment options for opioid use disorder in the justice system.**<sup>8</sup>

<sup>7</sup> National Sheriffs Association. "Jail Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field," October 2018. Available at: [bit.ly/2MO6cuP](https://bit.ly/2MO6cuP).

<sup>8</sup> American Correctional Association and American Society of Addiction Medicine. "Joint Public Correctional Policy on the Treatment of Opioid Use Disorders for Justice Involved Individuals," 2018. Available at [bit.ly/2PRYPnY](https://bit.ly/2PRYPnY).

<sup>9</sup> Laroche, Marc et al. "Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study," *Annals of Internal Medicine* (2018) 169:137-145.

<sup>10</sup> Moore, KE et al. "Feasibility and Effectiveness of Continuing Methadone Maintenance Treatment During Incarceration Compared with Forced Withdrawal," *Addiction Medicine* (2018) 12(2):156-162.

<sup>11</sup> SAMHSA. "Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings," 2019. Available at: [bit.ly/2NwOH1f](https://bit.ly/2NwOH1f).

<sup>12</sup> Green, Traci C. et al. "Post-Incarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System," *JAMA Psychiatry*; April 2018.

## How does MAT help the person?

MAT stabilizes the brain — it helps break the cycle of cravings and withdrawal, which can last for years after the last drug use. This allows people to fully benefit from counseling and peer support.

Addiction is a chronic disease, and many people will relapse before they are ready to be sober for good. Medications help support people during the recovery process. They decrease the risk of relapse and help prevent relapse from resulting in overdose death.<sup>9</sup>

For people taking methadone or buprenorphine, the provider may need to adjust the dose in the early stages to control cravings. Peo-

### MAT CAN HELP WITH:

- Reducing or stopping withdrawal symptoms.
- Reducing or stopping cravings after withdrawal.
- Blocking the feel-good effects of opioids and alcohol.
- Stabilizing the brain chemistry that drives motivation and bonding with others.

ple should stay on the dose that works for as long as they need before trying to slowly decrease the dose (known as “tapering”).

### VIDEO

See this video to understand how MAT works on the brain, and why OUD treatment works better with medications.

[bit.ly/31OuCbM](https://bit.ly/31OuCbM) 

People should never be forced to taper off. The length of treatment depends on the individual needs of each person and how severe and long-lasting the addiction has been.

## Why provide MAT to the justice-involved population?

There are many benefits to providing MAT to the justice-involved population, both for the individual and for staff. People that continue to receive methadone while they are incarcerated are three times less likely to receive disciplinary action than those that must withdraw from methadone when they are incarcerated.<sup>10</sup> Multiple studies have also found that for every \$1.00 invested in providing MAT in criminal justice settings,

### THE CASE FOR PROVIDING MAT:

- High return on investment.
- Reduces rules violations and disciplinary action.
- Reduces overdose deaths.

states have experienced a \$4.52 to \$6.29 return on their investment.<sup>11</sup> Most importantly, access to MAT

reduces the risk of overdose death significantly. In 2016, Rhode Island Department of Corrections started a new screening and treatment protocol for MAT in an effort to increase access to MAT in prison/jail. Within one year, the program participants had a 61% drop in opioid overdose deaths after release. This large reduction in opioid overdose deaths contributed to a 12% overall drop in overdose deaths across the state.<sup>12</sup>

# MAT TOOLKIT FOR JUSTICE SYSTEM PROFESSIONALS

## How do jails provide MAT to people in their custody?

### WHEN THE INDIVIDUAL HAS A PRESCRIPTION FOR MAT

For people with a prescription for MAT, jails should continue the individual's treatment with their prescribed medication during their stay. For individuals with a prescription for methadone or buprenorphine, the "three-day rule" allows a practitioner who is not separately registered as a narcotic treatment program (NTP) or certified as a "waivered DATA 2000 physician," to administer (but not prescribe) methadone or buprenorphine to a patient for the purpose

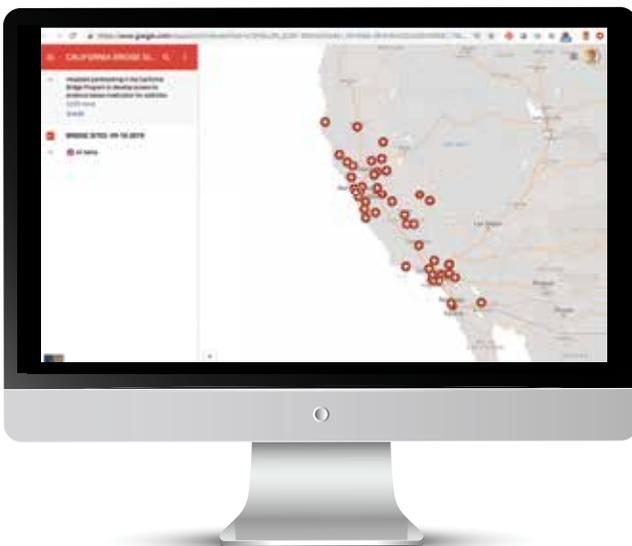
of relieving acute withdrawal symptoms while arranging for the patient's referral for treatment.<sup>13</sup>

For buprenorphine, patients can access a short term dose of the medication at many emergency departments throughout California (see the ED Bridge website for information on locations [bit.ly/2WqodCx](http://bit.ly/2WqodCx)).

For methadone, the jail can connect with the nearest NTP for short term dosing (a directory of NTPs is available at

[bit.ly/32YanJV](http://bit.ly/32YanJV)). In California, certain NTPs are designated as "hubs" and have greater flexibility to assist with providing methadone or buprenorphine to jails — see a map of hubs at [bit.ly/2MYtka3](http://bit.ly/2MYtka3).

During the three-day period, the jail should connect with the individual's treatment provider to make arrangements for continuing the medication during their stay.



**ED BRIDGE**

[bit.ly/2WqodCx](http://bit.ly/2WqodCx)



**HUBS**

[bit.ly/2MYtka3](http://bit.ly/2MYtka3)

<sup>13</sup> Title 21, Code of Federal Regulations, Part 1306.07(b). This rule applies with the following conditions: 1) not more than one day's medication may be administered or given to a patient at one time; 2) this treatment may not be carried out for more than 72 hours; and 3) this 72-hour period cannot be renewed or extended.



## How can probation and drug courts support individuals who may be receiving MAT?

Collaborative courts, jails, and probation must work together as separate but interconnected parts of the criminal justice system. If one part of the system does not allow individuals to access MAT as part of their treatment, it can put individuals in jeopardy of possible relapse and overdose. Probation and collaborative courts must be in sync with the jail's treatment approach and be prepared to fully support the use of MAT during drug court treatment options

and throughout probation. Drug courts should refer individuals to evaluation for treatment and allow the use of MAT. Probation departments should ensure that individuals are continuing to receive treatment for their addiction, including the use of medications. Telling someone that they are not "clean" if they are using MAT can seriously jeopardize their chances of recovery and put them at heightened risk for overdose.

### VIDEO

Watch this video to learn about how California county justice systems are increasing access to treatment in jails and in the community.

[bit.ly/2XCZRpu](https://bit.ly/2XCZRpu) 

**Telling someone that they are not "clean" if they are using MAT can seriously jeopardize their chances of recovery.**

## Where can I find more information?

**1 SAMHSA** — Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings: [bit.ly/2JntWDA](https://bit.ly/2JntWDA)

**2 National Sheriffs Association** — Jail Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field: [bit.ly/32Oe1Gk](https://bit.ly/32Oe1Gk)

**3 Addiction Free CA** – Expanding Access to MAT in County Criminal Justice Settings: Resource Library: [bit.ly/340yEzc](https://bit.ly/340yEzc)

**4 National Judicial Opioid Task Force** – Recommendations for Addressing the Opioid Crisis in the Justice System: [bit.ly/2p0Zf0g](https://bit.ly/2p0Zf0g)



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# Connecting Individuals to Treatment in the Community

## CONTINUING TREATMENT IN THE COMMUNITY = BETTER OUTCOMES

Research shows that individuals who receive substance use disorder treatment while in jail have better outcomes when treatment is continued in the community post-release. Connecting individuals to treatment immediately after they are released from jail is extremely important. Individuals who leave custody are at high risk for negative outcomes and overdose death. Former inmates are up to 40 times more likely to die of an overdose in the first two weeks after their release from prison. Programs that provide MAT to individuals in the correctional setting and post-release have resulted in fewer overdose deaths post-release.

### DID YOU KNOW?

According to a study of people leaving prison in North Carolina:

Former inmates are **40x** more likely to die of an opioid overdose in the two weeks following release from prison.

And **10x** more likely to die from an overdose in the first year following release compared to the general public.



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# Connecting Individuals to Treatment in the Community

## BUILDING RELATIONSHIPS WITH COUNTY BEHAVIORAL HEALTH

For Medi-Cal, substance use disorder (SUD) services are managed by each county's behavioral health department. It is important for county criminal justice settings to develop strong working relationships with county behavioral health departments, so that people in custody can make a smooth transition back into the community and be successful in their treatment. County criminal justice settings should connect with their behavioral health counterparts and encourage continued communication on shared priorities.

**Telling someone that they are not "clean" if they are using MAT can seriously jeopardize their chances of recovery.**

## HOW CAN I HELP INDIVIDUALS FIND A MAT PROVIDER IN THE COMMUNITY?

- 1 Check the MAT locator at ChooseMat.org.**
- 2 Help the individual call providers in their community to see if they take their insurance and have availability for an appointment.**
- 3 Try to talk to the provider to support a smooth transition.**

Look for providers that offer a variety of treatment approaches, including MAT and other evidence-based treatments. That way, each individual can work with their provider to find the best treatment approach for their unique needs. Programs that only offer abstinence-based treatment don't work for most people with an opioid use disorder. Four out of five people with an opioid use disorder who receive treatment without MAT relapse within two years.

If possible, involve a case manager that can help create a plan

based on the individual's specific needs. Case managers can also help the individual access a variety of community services and supports that can help them get back on track. Case management has been shown to improve treatment outcomes for substance use disorders.

The development of a Collaborative Comprehensive Case Plan (CC Case Plan) provides a tailored plan that addresses each client's individual needs. A CC Case Plan is one that includes information from behavioral health, psychosocial and criminogenic risk assessments to establish a comprehensive re-entry plan.

In Sacramento County Jail, Reentry Specialists serve as case managers for up to one year after an individual is released from custody. The Reentry Specialist coordinates with community service providers and schedules appointments for community MAT administration before the individual is released from custody.

<sup>1</sup> National Institute on Drug Abuse. "Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide," April 2014. Available at: [bit.ly/2NsoQrc](http://bit.ly/2NsoQrc).

<sup>2</sup> Ranapurwala, S. I. et al. "Opioid Overdose Mortality Among Former North Carolina Inmates: 2000-2015," *American Journal of Public Health* (2018), 108, 1207-1213. doi: 10.2105/AJPH.2018.304514.

<sup>3</sup> Green, Traci C. et al. "Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System," *JAMA Psychiatry* 75, no. 4 (2018): 405-407.

<sup>4</sup> Bart, Gavin. "Maintenance Medication for Opiate Addiction: The Foundation of Recovery," *Journal of Addictive Diseases* 31.3 (2012): 207-225. doi: 10.1080/10550887.2012.694598.

<sup>5</sup> Shwartz, M. et al. "Improving Publicly Funded Substance Abuse Treatment: the Value of Case Management," *American Journal of Public Health* (1997), 87:10, 1659-1664. doi:10.2105/ajph.87.10.1659.

<sup>6</sup> CSG Justice Center. "Best Practices for Successful Re-entry for People who have Opioid Addictions," November 2018. Available at: [bit.ly/2BI8TaH](http://bit.ly/2BI8TaH).

# Connecting Individuals to Treatment in the Community

## INDIVIDUALS WITH MEDI-CAL COVERAGE

Medi-Cal covers all types of MAT for opioid use disorder (methadone, buprenorphine, naltrexone), but may not cover all forms of the drug. Individuals with Medi-Cal do not have a co-pay (a portion of the cost that they must pay themselves) for MAT medications.

For Medi-Cal, substance use disorder (SUD) services are managed by each county's behavioral health department. In most counties, the county behavioral health department must have a provider directory (or provider list) posted on their website. You may also be able to call an access line for help. Access lines and websites for each county are listed at

[bit.ly/2V4lfGs](http://bit.ly/2V4lfGs).

Some counties are participating in a pilot program called the Drug Medi-Cal Organized Delivery System (DMC-ODS). Counties participating in DMC-ODS offer a full range of SUD services, from outpatient treatment to withdrawal management. Individuals who live in counties participating in DMC-ODS will have different, expanded treatment options available, including an access line available around the clock to access SUD services. Access lines and websites for each county are listed at [bit.ly/2V4lfGs](http://bit.ly/2V4lfGs).

## HELPING INDIVIDUALS OBTAIN MEDI-CAL COVERAGE

Counties are required to suspend, rather than terminate, Medi-Cal coverage when an individual with Medi-Cal coverage is incarcerated for up to one year. This allows the individual to resume Medi-Cal coverage immediately upon release, within one year of entry.

If the individual was not already enrolled in Medi-Cal, jail staff can work directly with counties to help the individual complete a pre-release Medi-Cal application.

Making sure the individual has coverage when they are released is important. Individuals released from custody with health coverage are more likely to use community services and supports that can help them get their life back on track. If the individual must wait for coverage to take effect after their release, they may miss important appointments or MAT doses, which will lower an individual's chances of recovery.

## INDIVIDUALS WITH OTHER SOURCES OF COVERAGE, OR NO COVERAGE

Most insurance plans post provider directories online. These can be accessed using an online patient portal.

If the individual does not have insurance and is not eligible to enroll in Medi-Cal, there may still be treatment options available in the community. Many substance use providers have grants that can cover uninsured individuals. Check with your local narcotic treatment program (NTP) about whether they may be able to help. A directory of NTPs is available at [bit.ly/32YanJV](http://bit.ly/32YanJV).

The California Hub and Spoke System is expanding access to MAT providers throughout the state. Providers participating in the Hub and Spoke System provide MAT services to individuals who are uninsured or underinsured. For a list of Hub and Spoke System providers, visit [bit.ly/2MYtka3](http://bit.ly/2MYtka3).

**A directory of NTPs is available online at [bit.ly/32YanJV](http://bit.ly/32YanJV).**

<sup>7</sup> Jones, Scott R. "Strategies for Success: a Proactive Response to Public Safety Realignment," November 2018. Available at: [bit.ly/2ohVt23](http://bit.ly/2ohVt23).

<sup>8</sup> National Commission on Correctional Health Care. "Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field," November

2018. Available at: [www.ncchc.org/jail-based-mat](http://www.ncchc.org/jail-based-mat).

<sup>9</sup> California Department of Health Care Services. "All County Welfare Directors' Letter 14-26: Implementation of Assembly Bill (AB) 720 - Suspension of Medi-Cal Benefits for All Inmates and Other Requirements," May 6, 2014. Available at [bit.ly/2NoTEcg](http://bit.ly/2NoTEcg).

# Connecting Individuals to Treatment in the Community

## WHERE CAN INDIVIDUALS ACCESS MAT IN THE COMMUNITY?

MAT may be offered in a variety of community settings, including:

- 1 Licensed Narcotic Treatment Programs (NTPs):** NTPs provide all forms of MAT, as well as medication management, counseling, and recovery services. NTPs are the only settings licensed to offer methadone to treat OUD. Many also offer other medications.
- 2 Outpatient SUD Treatment Programs:** Outpatient treatment programs operated by the county or private organizations offer counseling and recovery services and may offer MAT.
- 3 Primary Care Settings:** MAT can be provided in doctor's offices, community clinics, federally qualified health centers, and other primary care settings. Buprenorphine can be prescribed or administered by a qualified practitioner who completes additional training and receives a DATA 2000 waiver. Naltrexone can be prescribed without a waiver.
- 4 Emergency Departments and Hospitals:** Any provider in a hospital or emergency department may administer buprenorphine (give to the patient to take under observation) for up to three days in order to relieve acute withdrawal symptoms and facilitate patient referral to treatment. Providers with the DATA 2000 waiver can prescribe buprenorphine to patients in the hospital or emergency department by phone or through a prescription to be filled at a pharmacy.

# You can recover with Medication Assisted Treatment

**TREATMENT FOR ADDICTION STARTS HERE**

## YOU ARE NOT ALONE.

Many people struggle with addiction to opioids.

## THE GOOD NEWS:

There's a treatment that works for opioid addiction.



## WHAT IS AN OPIOID?

Opioids are drugs such as:

- Heroin
- Fentanyl
- Prescription pain medications



## WHAT IS MEDICATION ASSISTED TREATMENT?

Medication + Counseling = Whole person approach to treatment

Medication Assisted Treatment, or MAT, uses medication and counseling to treat opioid addiction. Using medication and counseling treats the whole person, and reduces the rate of relapse (relapse means returning to use after being sober).

## HOW LONG DO MOST PEOPLE STAY ON MAT?

Every person is different. Some people use MAT for a short time. Some people may be on MAT for years. There is no right or wrong length of time. It all depends on what's right for you. Medication to treat addiction can be used safely for a long time.

## AM I ADDICTED TO OPIOIDS?

- Are you using more opioids than you want to?
- Is it hard to cut down or stop using opioids?
- Do you crave opioids?
- Has using opioids caused problems in your life?
- Are you developing a tolerance (feeling less effect from the drug)?
- Do you feel sick when you stop using opioids?
- Have you tried to stop using opioids but haven't been able?

If the answer to any of these questions is yes, Medication Assisted Treatment can help. There's no shame in getting the help you need.

This resource was created by Harbage Consulting with support from the Department of Health Care Services. Available online at [CaliforniaMAT.org](http://CaliforniaMAT.org). Last updated December 2019.

## CONTINUED: You can recover with Medication Assisted Treatment

### WHY MAT?

There are good reasons to treat opioid addiction with MAT:

- Prevents opioid-related overdoses
- Reduced or no withdrawal (the feeling of sickness that comes with stopping use of opioids)
- Reduced or no cravings after withdrawal
- Using MAT will make you less likely to relapse

People leaving prisons or jails, or who have been off opioids for a while, are at much greater risk of relapse when they return to the community. This is because their tolerance is low, and they may go back to using the same amount of opioids as before. MAT can help you resist cravings, and avoid returning to drug use.

A study of people leaving prison showed that **former inmates were 40x more likely to die of an overdose** in the two weeks after release compared to the general public.<sup>1</sup>

When you don't have to worry about cravings or withdrawal, you are able to focus on the important things in life, like going to work or school, taking care of children, and strengthening relationships with family and friends.

### AM I TRADING ONE ADDICTION FOR ANOTHER?

If you struggle with an opioid addiction, taking medications to help your recovery is no different than taking medications for other medical problems like diabetes or heart disease. In both cases, people take medications to help them lead healthy lives. Taking medication to treat addiction does not create a new addiction — it helps you manage your addiction and recover.

<sup>1</sup>Ranapurwala, S. I. et al. "Opioid Overdose Mortality Among Former North Carolina Inmates: 2000-2015," American Journal of Public Health (2018), 108, 1207-1213. doi: 10.2105/AJPH.2018.304514.

**MAT will not hurt your chances of probation or parole, or hurt your sentencing.**

People with addiction have special protection under the law that prevents discrimination.

### WHAT IF I STRUGGLE WITH OTHER DRUGS?

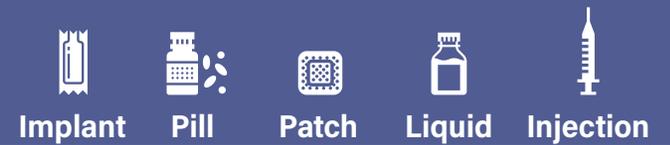
While only alcohol and opioids use have FDA-approved medications to help with recovery, there are services and treatments available for people who struggle with other substances.

### WHERE CAN I FIND MAT?

In the community, MAT is available in doctors' offices, community clinics, the emergency department, and drug and alcohol treatment programs. Prisons throughout California are beginning to offer MAT. Many jails in California are also beginning to offer MAT.

Medi-Cal, Medicare, and many other insurance plans cover MAT. Many providers also have grants that cover treatment for people who do not have insurance. If you are interested in treatment, visit [ChooseMAT.org](https://www.choosemat.org) to find a provider near you.

# QUICK GUIDE: MAT Use for Opioid Use Disorder



	<b>BUPRENORPHINE</b>	<b>METHADONE</b>	<b>NALTREXONE</b>
<b>COMMON BRANDS</b>	Suboxone, Zubsolv, Bunavail, Subutex, Probuphine, Sublocade	Methadose, Diskets, Dolophine	Vivitrol
<b>TYPE</b>			
<b>HOW IT WORKS</b>	<ul style="list-style-type: none"> <li>• Makes the brain think it is still getting the problem opioid. Prevents cravings and withdrawal symptoms and reduces the risk of overdose.</li> <li>• Buprenorphine can be prescribed by a trained provider in a doctor's office or other health care setting, as well as in a narcotic treatment program (NTP).</li> </ul>	<ul style="list-style-type: none"> <li>• Makes the brain think it is still getting the problem opioid. Prevents cravings and withdrawal symptoms and reduces the risk of overdose.</li> <li>• Methadone is dispensed only in highly regulated NTPs.</li> </ul>	<ul style="list-style-type: none"> <li>• Blocks the effects of opioids.</li> <li>• Naltrexone is not a controlled substance and can be prescribed or administered in any health care or substance use disorder (SUD) setting, such as a doctor's office or clinic.</li> </ul>
<b>THINGS TO CONSIDER</b>	<ul style="list-style-type: none"> <li>• Treatment can start quickly, as soon as someone enters withdrawal.</li> <li>• Flexible dosing schedule.</li> <li>• Relapse risk increases if you forget or choose not to take medication.</li> <li>• Common side effects are headache, nausea, and constipation.</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment can start right away, no need for detoxification.</li> <li>• Less flexible schedule. Dosing occurs in the early morning.</li> <li>• Side effects include constipation, sexual problems, swelling, and sweating and potential heart problems.</li> </ul>	<ul style="list-style-type: none"> <li>• Not recommended for pregnant women as detox can harm the baby. Methadone or buprenorphine are recommended for pregnant women with OUD.</li> <li>• Does not cause physical dependence.</li> <li>• Less evidence for effectiveness in OUD treatment than buprenorphine or methadone.</li> </ul>

**CONTINUED ON BACK**

## QUICK GUIDE: MAT Use for Opioid Use Disorder

CONTINUED FROM FRONT	<b>BUPRENORPHINE</b>	<b>METHADONE</b>	<b>NALTREXONE</b>
<b>THINGS TO CONSIDER</b>	<ul style="list-style-type: none"><li>• Causes physical dependence. If or when you want to come off the drug, you will need to do so slowly to minimize the discomfort of detox symptoms.</li><li>• Buprenorphine is sometimes used short term to relieve pain associated with detox, but more often used long term, known as maintenance treatment.</li></ul>	<ul style="list-style-type: none"><li>• Causes physical dependence. If you want to come off the drug, you will need to do so slowly to minimize the discomfort of detox symptoms.</li><li>• May cause drowsiness at first before maintenance dose is determined.</li><li>• Methadone is often a good option for people who have used opioids for a long time or have been unsuccessful with other treatments.</li></ul>	<ul style="list-style-type: none"><li>• Detox from opioids is required before taking naltrexone. Side effects may include stomach pain, nausea, vomiting, headache, joint pain, trouble sleeping and anxiety. Some people also report soreness in the area of the injection.</li><li>• Injection form of the medication lasts for about 30 days before it wears off. Overdose risk can be higher after naltrexone wears off due to decrease in tolerance.</li></ul>
<b>QUESTIONS FOR CLIENTS</b>	<ul style="list-style-type: none"><li>• Can you commit to taking this medication daily?</li><li>• Are you comfortable with taking a medication that requires time to taper off to minimize the discomfort of detox?</li></ul>	<ul style="list-style-type: none"><li>• Have you used opioids for a long time, or have you found other treatments have not worked well for you?</li><li>• Can you come to the clinic in the early morning for dosing? Will you need to make arrangements for work or transportation?</li><li>• Do you work in an industry with heavy machinery? Could your work be affected by possible drowsiness during your initial dosing period?</li><li>• Are you comfortable with taking a medication that requires time to taper off to minimize the discomfort of detox?</li></ul>	<ul style="list-style-type: none"><li>• Have you detoxed from opioids, or would you be willing to detox to take this medication?</li><li>• Can you commit to making an appointment once every month to continue receiving the injection?</li><li>• Do you have any medical needs that would be affected by blocking the opioid receptors? For example, do you use opioids to reduce chronic pain?</li></ul>

	<b>NALTREXONE</b>	<b>ACAMPROSATE</b>	<b>DISULFIRAM</b>
<b>COMMON BRANDS</b>	Revia, Vivitrol	Campral	Antabuse
<b>TYPE</b>			
<b>HOW IT WORKS</b>	<ul style="list-style-type: none"> <li>• Medication that blocks the effects of alcohol and reduces cravings.</li> <li>• Offered as a daily pill or monthly injection.</li> <li>• Naltrexone is not a controlled substance and can be prescribed or administered in any health care or SUD setting, such as a doctor's office or clinic.</li> </ul>	<ul style="list-style-type: none"> <li>• Medication to reduce cravings for patients who have already stopped drinking. It does not help with withdrawal symptoms but does reduce cravings. If relapse occurs, patients can continue taking the medication without needing to detox first.</li> <li>• Offered as a tablet taken three times a day.</li> <li>• Acamprosate is not a controlled substance and can be prescribed or administered in any health care or SUD setting, such as a doctor's office or clinic.</li> </ul>	<ul style="list-style-type: none"> <li>• Medication that causes severe vomiting if someone drinks alcohol.</li> <li>• Offered as daily pill.</li> <li>• Disulfiram is not a controlled substance and can be prescribed or administered in any health care or SUD setting such as a doctor's office or clinic.</li> </ul>
<b>THINGS TO CONSIDER</b>	<ul style="list-style-type: none"> <li>• Detoxification from alcohol is required before taking naltrexone.</li> <li>• Relapse risk increases if you forget or choose not to take pill form of the medication.</li> </ul>	<ul style="list-style-type: none"> <li>• Detoxification from alcohol is not required but is highly recommended before starting on acamprosate.</li> <li>• Relapse risk increases if patients forget or choose not to take medication.</li> </ul>	<ul style="list-style-type: none"> <li>• Detoxification from alcohol is required.</li> <li>• Relapse risk increases if you forget or choose not to take medication.</li> </ul>

## QUICK GUIDE: MAT Use for Alcohol Use Disorder

CONTINUED FROM FRONT	<b>NALTREXONE</b>	<b>ACAMPROSATE</b>	<b>DISULFIRAM</b>
<b>THINGS TO CONSIDER</b>	<ul style="list-style-type: none"> <li>• Injection form of the medication lasts for about 30 days before it wears off.</li> </ul>	<ul style="list-style-type: none"> <li>• Common side effects include stomach pain, dizziness or dry mouth; more rarely patients may experience anxiety or depression.</li> </ul>	<ul style="list-style-type: none"> <li>• Side effects are not common but may include headache, drowsiness or rash.</li> <li>• Disulfiram can be a good option for compulsive drinking (everything is fine and then you have a strong urge to drink).</li> </ul>
<b>QUESTIONS FOR CLIENTS</b>	<ul style="list-style-type: none"> <li>• Have you detoxed from alcohol, or would you be willing to detox to take this medication?</li> <li>• Can you commit to taking this medication daily, or would a month-long injection be a better option?</li> <li>• Do you have any medical needs that would be affected by blocking the opioid receptors? For example, do you use opioids to reduce chronic pain?</li> </ul>	<ul style="list-style-type: none"> <li>• Can you commit to taking this medication three times a day?</li> <li>• Do you feel that craving reduction alone is enough to help you stop drinking, or do you need something more? For example, disulfiram makes you vomit if you drink, and naltrexone takes away the pleasurable feeling of drinking.</li> </ul>	<ul style="list-style-type: none"> <li>• Have you detoxed from alcohol, or would you be willing to detox to take this medication?</li> <li>• Can you commit to taking this pill daily?</li> <li>• Do you work in an industry with exposure to alcohol-based products (i.e., paint thinner, varnish, etc.) which could react with the medication?</li> <li>• Are you willing to run the risk of severe vomiting should you relapse?</li> </ul>

*This resource was created by Harbage Consulting with support from the Department of Health Care Services.*

*Available online at [CaliforniaMAT.org](http://CaliforniaMAT.org). Last updated December 2019.*