



# Medication Assisted Treatment Toolkit for Counselors



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

# Medication Assisted Treatment Toolkit for Counselors

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## GLOSSARY OF TERMS

**Acamprosate:** Medication that reduces the craving to drink alcohol.

**Alcohol Use Disorder (AUD):** Drinking that is problematic and becomes severe is given the medical diagnosis of AUD. AUD is characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not drinking.

**Benzodiazepine:** A class of drugs used to relax the central nervous system, commonly used to treat anxiety, seizures, and trouble sleeping.

**Buprenorphine:** Medication that makes the brain think it is still receiving the problem opioid. It stops cravings and withdrawal symptoms and blocks the effect of other opioids. It can be given in a doctor's office, clinic, or narcotic treatment program (NTP).

**Chronic Disease:** Long-lasting conditions that usually can be controlled but not cured. People living with chronic illnesses often must manage daily symptoms.

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**DATA 2000 Waiver:** A special training available to physicians, nurse practitioners, and physician assistants that allows them to prescribe buprenorphine.

**Disulfiram:** Medication used to treat AUD. Causes severe vomiting if someone drinks alcohol after taking it.

**Hepatitis C:** Hepatitis C is a virus that causes inflammation of the liver. Hepatitis C often does not have symptoms early on. Without treatment, hepatitis C may lead to cirrhosis (scarring and damage in the liver), liver failure, and liver cancer. It is spread through contact with infected blood, most commonly by sharing needles and unprotected sex.

**HIV:** HIV stands for human immunodeficiency virus. It is a condition that harms the immune system by destroying the white blood cells that fight infection. People with HIV are at risk for serious infections and certain cancers. It is spread through contact with infected blood, most commonly by sharing needles and unprotected sex.

**Medication Assisted Treatment (MAT):** MAT uses medications with counseling to treat the whole patient. MAT stabilizes the brain, controlling cravings and helping patients do the hard work of recovery.

**Methadone:** Medication that makes the brain think it is still receiving the problem opioid. It stops cravings and withdrawal symptoms but does not block the effect of other opioids. It can only be given in a highly regulated NTP setting.

**Naloxone:** Medication that reverses an opioid overdose. Naloxone works by temporarily blocking the opioid receptors in the brain.

**Naltrexone:** Medication that blocks the opioid receptors in the brain. Can be taken as a daily pill or an injection that is effective for one month.

**Narcotic Treatment Program (NTP):** NTPs are the only settings allowed to offer methadone. In addition to methadone, they offer other medications, counseling, and recovery services.

**Obstetrician:** Doctor who specializes in pregnancy and childbirth.

**Opioid Use Disorder (OUD):** A pattern of behavior characterized by craving, increased tolerance, withdrawal when use stops, and persistent use of opioids despite adverse consequences. This includes the misuse of prescription opioids and the use of heroin or fentanyl.

**Outpatient Substance Use Disorder (SUD) Provider:** Outpatient treatment programs are programs where patients come for services during the day rather than staying at the facility. They typically offer counseling, case management services, and recovery services, and may offer MAT.

**Relapse:** Return to use after a period of abstinence from using an addictive substance.

**Residential Treatment Facilities:** Residential treatment facilities offer 24-hour care for individuals seeking treatment for SUD. They typically offer counseling and group therapy, and may offer other forms of therapy and enrichment activities.

**Substance Use Disorder (SUD):** Problematic use of alcohol and/or other substances causing significant problems, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

**Withdrawal:** The feeling of sickness that happens when someone stops using an addictive substance.

**PART ONE:****Basic Overview of Medication Assisted Treatment****What is Medication Assisted Treatment (MAT)?**

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

MAT uses medications with counseling to treat the whole patient. Addiction is a chronic disease, meaning that it does not have a cure and patients 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 helping patients do the hard work of recovery.

**WHAT IS MAT?**

FDA-  
approved  
medication



Counseling  
and behavioral  
therapies



Whole patient  
approach  
to treatment

**Why should patients take medications?**

Without MAT, patients with opioid use disorder (OUD) are at high risk of using again and possibly overdosing. Patients 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 help people stop using illicit opioids. As a result, they are less likely to be arrested,

or contract HIV and hepatitis C by sharing or using dirty needles.<sup>1</sup> More treatment 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 treatment providers' obligation to provide access to MAT for the patients they serve.<sup>2</sup>

While MAT is a best practice

for patients with AUD or OUD, there are currently no medications approved for methamphetamine (meth) or other substance use disorders (SUDs). Patients 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,

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<sup>1</sup> National Institute on Drug Abuse. "Effective Treatments for Opioid Addiction." Available at [bit.ly/2ZMYNQG](https://bit.ly/2ZMYNQG)

<sup>2</sup> NPR, "Setting Precedent, A Federal Court Rules Jail Must

Give Inmate Addiction Treatment." May 4, 2019. Available at <https://n.pr/2Vc9eK5>;

SB 992, 2018. Available at [bit.ly/2pXyq9K](https://bit.ly/2pXyq9K)

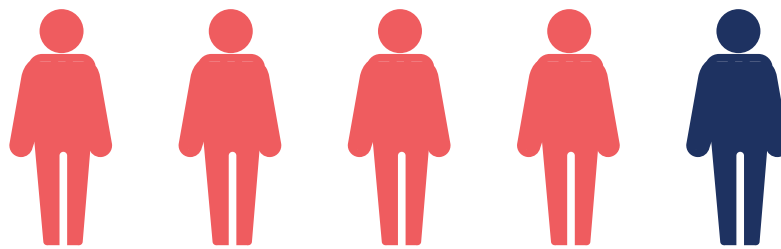
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this is important for the provider to know. Having more information will help the provider determine the right course of treatment for

the patient. Patients on MAT can be considered abstinent or “clean and sober” if they are taking medications to treat their addiction. This is no different than a patient taking medications to manage

their diabetes and working with their doctor to make lifestyle changes. Telling patients they are “not really clean or sober” if they use MAT prevents patients from seeking and staying in treatment.

**80% of people with OUD who receive treatment without MAT relapse within 2 years.**



## What medications are commonly used in MAT?

### MAT FOR OPIOID USE DISORDER

**Buprenorphine and buprenorphine products:** Medication that stops cravings and withdrawal. Buprenorphine blocks other opioids, making it harder to feel “high” when on the medication. Offered as a daily dissolving tablet or film that is placed under the tongue or inside the cheek, a monthly injection, or as a 6-month implant under the skin. Buprenorphine can be given in a doctor’s

office or clinic, as well as in a narcotic treatment program (NTP). Many buprenorphine products contain naloxone to prevent the medication from being injected. If injected, the naloxone causes severe withdrawal symptoms. If taken as prescribed, the naloxone has no effect.

**Methadone:** Medication that stops cravings and withdrawal symptoms. It also reduces the risk

of overdose if given in a controlled setting. Methadone does not block the effect of other opioids. Methadone is given as a daily liquid dispensed only in highly regulated programs known as NTPs.

**Naltrexone:** Medication that blocks the effects of opioids and reduces cravings. Offered as a monthly injection. Naltrexone can be prescribed or administered in any health care setting.

### MAT FOR ALCOHOL USE DISORDER

**Naltrexone:** Medication that blocks the intoxication and “feel-good” effect of alcohol and reduces cravings. Naltrexone is proven to help people with AUD drink less or stop drinking. Offered as a daily pill or monthly injection.

**Acamprosate:** Medication to reduce cravings for patients who have already stopped drinking. It does not help with withdrawal but does reduce cravings. Patients can continue taking this medication in the event of a relapse. Offered as a

tablet taken three times a day.

**Disulfiram:** Medication that causes severe vomiting if someone drinks alcohol. Offered as daily pill.

For more information about MAT and considerations for patients, see the “MAT Quick Guide” in this toolkit.

NOTE: Not all medications used in MAT are listed here.



### WITHDRAWAL

Many people with OUD or AUD continue to use opioids or alcohol simply to avoid withdrawal. Withdrawal is an extremely painful process. Many compare opioid withdrawal to the worst flu of your life. Symptoms include fever, nausea, vomiting and diarrhea. People also experience drug cravings, anxiety and/or depression.

Withdrawal from alcohol can cause anxiety, shaking, headache, nausea, and vomiting. In some cases, it can cause hallucinations or seizures.

Withdrawal is a medical condition and should be treated seriously. Talk to patients about medications that can help them avoid withdrawal, such as methadone or buprenorphine. You can also discuss ways to manage their withdrawal safely. For example, some patients may want to check into a facility that can monitor them during the process.

### NALOXONE FOR OPIOID OVERDOSE

Naloxone is a life-saving medication that reverses an opioid overdose. Naloxone is safe for people without medical training to use. There is no risk of misuse. If you give it to someone who is not experiencing an overdose, it will do no harm.

Naloxone blocks opioids, wakes people up if unconscious, and re-starts breathing. Naloxone can be given by nasal spray or injection (in the muscle, under the skin, or in a vein).

Naloxone should be given when someone appears to have overdosed (unconscious, with slowed breathing, or if breathing has stopped).

Programs that treat people with SUDs should keep naloxone onsite in the case of emergencies.<sup>3</sup> For more information on naloxone, including videos and patient education, see Prescribe to Prevent at [bit.ly/2HLO9UL](https://bit.ly/2HLO9UL).

<sup>3</sup> For more information on naloxone regulations for treatment programs, see Mental Health and Substance Use Disorders Services (MHSUDS) Information Notice 17-048 available at [bit.ly/2Yk7Dvc](https://bit.ly/2Yk7Dvc).

## How does MAT help the patient?

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 patients to fully benefit from counseling and peer support.

Addiction is a chronic disease, and many patients will relapse before they are ready to be sober for good. Medications help support patients during the recovery process. They decrease the risk of relapse and help prevent relapse from resulting in overdose death.<sup>4</sup>

For patients taking methadone or buprenorphine, the provider may need to adjust the dose in the early stages to control cravings. Patients should stay on the dose that works for as long as they need before trying to slowly decrease the dose (known as “tapering”). Patients should never be forced to taper off. If



### BENEFITS of MAT

- Reduce or eliminate withdrawal symptoms
- Reduce or eliminate cravings
- Block the feel-good effects of opioids & alcohol
- Stabilize brain chemistry that drives motivation and bonding with others

cravings come back when someone tapers, it means they need to stay on treatment longer. It all depends on the individual needs of each patient and how severe and long-lasting the addiction has been.

The relapse rate for a patient with OUD who receives treatment without MAT is 80% within two years. This means only one out of

### VIDEO

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



[youtu.be/bwZcPwIRRcc](https://youtu.be/bwZcPwIRRcc)

five patients can recover without using medication.<sup>5</sup> Buprenorphine and methadone cut the risk of overdose in half. Buprenorphine and methadone also stop patients from returning to illicit drug use. This means there is less chance of them of getting HIV or hepatitis C, or getting arrested.<sup>6</sup> Detox alone usually does not work for OUD. The longer patients stay in treatment, the greater their chance of long-term survival.<sup>7</sup>

<sup>4</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. Available at [bit.ly/2Blzy4](https://bit.ly/2Blzy4)

<sup>5</sup> Bart, Gavin. “Maintenance Medication for Opiate Addiction: The Foundation of Recovery,” *Journal of Addictive Diseases* 31.3 (2012): 207–225. Available at [bit.ly/8z3bTk0](https://bit.ly/8z3bTk0).

<sup>6</sup> American Society of Addiction Medicine. “Medication-Assisted Treatment with Buprenorphine: Assessing the Evidence.” Available at [bit.ly/Z6fg0n1](https://bit.ly/Z6fg0n1).

<sup>7</sup> Mathers, Bradley M et al. “Mortality among People Who Inject Drugs: A Systematic Review and Meta-Analysis.” *Bulletin of the World Health Organization* 91.2 (2013): 102–123. Available at [bit.ly/r5bx8j](https://bit.ly/r5bx8j);

Cursi, Karen et al. “Opiate substitute treatment is associated with increased overall survival among injecting drug users.” *Evidence-Based Mental Health* 13 (2010): 111. Available at [bit.ly/2V0mpxF](https://bit.ly/2V0mpxF);

Cornish, Rosie et al. “Risk of death during and after opiate substitution treatment in primary care: prospective observational study in UK General Practice Research Database.” *British Medical Journal* 341 (2010): 5475. Available at [bit.ly/2vDqFZW](https://bit.ly/2vDqFZW);

Kimber, Jo et al. “Survival and cessation in injecting drug users: prospective observational study of outcomes and effect of opiate substitution treatment.” *British Medical Journal* 341 (2010): 3172. Available at [bit.ly/2Vlazwt](https://bit.ly/2Vlazwt).

## MAT FOR PREGNANT WOMEN WITH OUD<sup>8</sup>

Current medical advice for treating pregnant women with OUD says that<sup>9</sup>:

- The woman's obstetrician and addiction treatment provider should work together. She should also receive counseling and services to help her achieve a stable life.
- Treatment with methadone or buprenorphine during pregnancy is recommended. Treatment with naltrexone is not recommended during pregnancy, because detox



- could harm the baby.
- Newborns of women who take OUD medication often show symptoms of Neonatal Abstinence Syndrome (NAS). NAS is treatable. NAS from MAT is

- not as harmful to the fetus as continued use of illicit opioids during pregnancy.
- Mothers taking medication for OUD are encouraged to breast-feed.

## What is the length of treatment?

Every patient is different, but research shows that the longer patients are on MAT, the better their rates of long-term success. Some patients may be on MAT for the rest of their lives. There is no right or wrong length of time – it all depends on the patient's needs. Research shows that patients should receive medication for as long as it provides a benefit. This is known as “maintenance treatment.” Maintenance treatment reduces cravings and lowers the

### LONG-TERM SUCCESS

The longer patients are on MAT, the better their long-term rates of success.

risk of relapse. It allows patients to focus on other parts of their life, like finding a job or taking care of family. Ongoing maintenance treatment for OUD or AUD is no different than taking medicine to control high blood pressure, high cholesterol, or diabetes.

## Who pays for MAT?

MAT is covered by public (Medi-Cal/Medicare) and private forms of insurance. It can also be paid for out-of-pocket. It is always important to have a conversation with the patient to help them explore treatment options that are sustainable and affordable.

For more information on how patients can get coverage for MAT, see the insert “Helping Patients Access MAT” in this toolkit.

<sup>8</sup> While evidence suggests that methadone and buprenorphine are preferred options for women with OUD, there is currently less evidence for the safety of MAT options for AUD in pregnant women. Pregnant women with AUD should speak with their medical professionals about options for treatment during pregnancy. For more information, see Heberlein, Annemarie et al. “The treatment of alcohol and opioid dependence in pregnant women.” Current Opinion in

Psychiatry 25 (2012): 559-64. Available at [bit.ly/3vb8pk1](http://bit.ly/3vb8pk1)

<sup>9</sup> This guidance summary comes from SAMHSA Tip 63 Part 4, “Partnering Addiction Counselors With Clients and Healthcare Professionals” available at [bit.ly/2HgVHgX](http://bit.ly/2HgVHgX) and “A Collaborative Approach to the Treatment of Pregnant Women With Opioid Use Disorders” available at [bit.ly/2FEb4yR](http://bit.ly/2FEb4yR).





## Where is MAT offered?

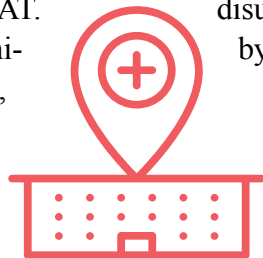
MAT may be offered in many different places, including:

### 1 Narcotic Treatment Programs (NTPs):

- Only settings where methadone is offered.
- May also offer other MAT medications, as well as counseling and recovery services.<sup>10</sup>

### 2 Outpatient SUD Treatment Programs:

- Offer counseling and recovery services and may offer MAT.
- May be found in community clinics, doctors' offices, and addiction treatment clinics.



### 3 Primary Care Settings:

- MAT can be provided in doctor's offices, community clinics, and other primary care settings.
- Buprenorphine can only be prescribed in a doctor's office or clinic by providers who have special training (called a DATA 2000 waiver).<sup>11</sup>
- Naltrexone, acamprosate and disulfiram can be prescribed by any provider.

### 4 Emergency Departments (EDs) and Hospitals:

- Any provider in a hospital or ED may give patients a three day supply of buprenorphine to reduce withdrawal symptoms and help patients get into treatment.

### 5 Residential Treatment Facilities:

- MAT may be offered within residential treatment facilities. Facilities can allow patients to bring their medications and store them onsite. Or, the facility can prescribe and administer medication onsite if they have a trained prescriber.<sup>12</sup>

<sup>10</sup> Recovery services are for people who have already been through treatment and need help maintaining their sobriety.

<sup>11</sup> For more information about the DATA 2000 waiver process for physicians, see the Prescriber Toolkit available at [bit.ly/2GFgw5f](http://bit.ly/2GFgw5f).

<sup>12</sup> The process for receiving DHCS approval to provide IMS is discussed in Information Notice 18-031 available at [bit.ly/2PuHan8](http://bit.ly/2PuHan8) and in this toolkit for residential treatment facilities available at [bit.ly/2Os2RR2](http://bit.ly/2Os2RR2).

## What steps should I take if my workplace wants to provide MAT?

**1 Speak with leadership:** Discuss how MAT can help many of the patients seeking help at your facility. Not only can it help patients achieve recovery, it can prevent relapse and overdose. Many patients are looking for programs that offer medications to support their recovery. Offering MAT can help your program stand out as evidence-based and effective.

**2 Find a prescribing medical professional:** In order to provide MAT at your facility, you will need a medical professional who can prescribe and administer the medication. This will likely be a physician, a nurse practitioner, or physician assistant. If you want to provide buprenorphine, the provider will need to have a DATA 2000 waiver.

**3 Check the requirements:** DHCS is the agency charged with licensing and regulation of SUD services in California. Check the DHCS website to find information about licensing requirements for different types of facilities: [bit.ly/2MNgny8](http://bit.ly/2MNgny8).



## What are common myths about MAT?

Research has shown that MAT can help patients with OUD or AUD, but many people still have a stigma against MAT. Some of the common myths include:

- The belief that MAT is just trading one drug for another.
- That patients using MAT are “under the influence.”
- That people are not really “clean and sober” if they take medications.

See “Challenging the Myths about MAT” from National Coun-

cil for Behavioral Health for responses to common misunderstandings at [bit.ly/2ppAaen](http://bit.ly/2ppAaen).

Not allowing patients to have MAT is much more likely to result in an overdose death. This is why it is so important for all drug treatment providers to embrace MAT for OUD. Only one out of five of people with OUD can achieve two years of sobriety without medications, and those who relapse are at high risk of death.<sup>13</sup> Once someone has overdosed once, the

chance of dying in the next year is one in ten.<sup>14</sup> And, increased access to MAT can reduce a patient’s risk of getting HIV and hepatitis C or being arrested.<sup>15</sup>

MAT for those with OUD or AUD is no different than medication for other chronic conditions like diabetes or heart disease. Patients may rely on their medications either short term or throughout their lifetime to help them lead healthy, productive lives.

<sup>13</sup> Bart, Gavin. “Maintenance Medication for Opiate Addiction: The Foundation of Recovery,” *Journal of Addictive Diseases* 31.3 (2012): 207–225. Available at [bit.ly/8z3bTk0](http://bit.ly/8z3bTk0).

<sup>14</sup> Mattick, Richard P. et al. “Methadone Maintenance Therapy Versus No Opioid Replacement Therapy for Opioid Dependence,” *Cochrane Database of Systematic Reviews* 3 (2009). Available at [bit.ly/2ZWbHvV](http://bit.ly/2ZWbHvV);

Comer, Sandra D. et al. “Injectable, Sustained-Release Naltrexone for the Treatment of Opioid Dependence: A Randomized, Placebo-Controlled Trial,” *Archives of General*

*Psychiatry* 63, no. 2 (2006): 210–218. Available at [bit.ly/2JgyGvy](http://bit.ly/2JgyGvy);

Fudala, Paul J. et al. “Office-Based Treatment of Opiate Addiction With a Sublingual-Tablet Formulation of Buprenorphine and Naloxone,” *New England Journal of Medicine* 349, no. 10 (2003): 949–58. Available at [bit.ly/2Ha2V51](http://bit.ly/2Ha2V51).

<sup>15</sup> Schwartz, Robert P. et al. “Opioid Agonist Treatments and Heroin Overdose Deaths in Baltimore, Maryland, 1995–2009,” *American Journal of Public Health* 103, no. 5 (2013): 917–22. Available at [bit.ly/2UXIDk0](http://bit.ly/2UXIDk0).

# What do Counselors Need to Know to Help Patients with MAT?

## How can counselors help patients who are receiving MAT?

Counselors can help patients who are receiving MAT the same way that they help any other patient with an SUD. Counseling and case management services are very important to patients that are on the path to recovery. Counseling helps patients:

- Learn skills to resist returning to drug use
- Build new social networks
- Repair family relationships
- Find assistance for health care needs, legal issues, housing and employment

Many of the techniques that counselors use are helpful for treating people with OUD and AUD. Counselors can motivate individuals to seek treatment. They can also help patients learn to manage the urge to use drugs.<sup>16</sup> Counselors are also good at identifying gaps and barriers in a person's life that can prevent them from achieving their goals. Because of this, they can help individuals find the resources they need to move forward in recovery.<sup>17</sup>

### COUNSELORS HELP PATIENTS

- Learn skills to resist drug use
- Build social networks
- Repair family relationships
- Find assistance for health care, legal issues, housing and employment



Counselors can also help family members understand the patient's path to recovery. They can share resources with family members and encourage family involvement in the process. SAMHSA's<sup>18</sup> "Medication-Assisted Treatment for Opioid Addiction: Facts for Families and Friends" Handbook provides a helpful starting point for working with families and is

available at [bit.ly/2VM4xYa](https://bit.ly/2VM4xYa).

Counselors should let patients know that there are many paths to recovery, and medication may play a role at any time in that journey. They should support patients in making informed decisions about their treatment. This includes helping them to understand their options and what might work best for them.<sup>19</sup>

<sup>16</sup> McHugh, R Kathryn et al. "Cognitive behavioral therapy for substance use disorders." *The Psychiatric Clinics of North America* vol. 33,3 (2010): 511-25. Available at [bit.ly/2Y5ZB1s](https://bit.ly/2Y5ZB1s).

<sup>17</sup> Center for Substance Abuse Treatment. *Comprehensive Case Management for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, No. 27.* HHS Publication No. (SMA) 15-4215. Rockville, MD: Center for

Substance Abuse Treatment, 2000 available at [bit.ly/2H3xRF1](https://bit.ly/2H3xRF1).

<sup>18</sup> The Substance Abuse and Mental Health Services Administration is the agency within the U.S. Department of Health and Human Services that oversees behavioral health services.

<sup>19</sup> See "Decisions in Recovery" Handbook available at [bit.ly/2EMNFuA](https://bit.ly/2EMNFuA).

## THERE ARE MANY PATHS TO RECOVERY



## How do I know if MAT is appropriate for my patient?

Decisions about MAT must always be made between the patient and their health care provider.

Counselors can have an important role in talking to patients about their options for MAT and talking about patients' concerns. Many factors determine what medications may work best, including:

- History of drug and alcohol use
- Treatment history
- Mental and physical health factors
- Family and community support
- Employment responsibilities

Counselors should work with patients on making a treatment plan with the patient's goals in mind. Focusing on the patient's goals can improve engagement in treatment and lead to better long-term recovery outcomes.<sup>20</sup>

### HOW TO TALK TO PATIENTS ABOUT MAT

**ASK.** Ask patients if they have ever considered using medication to stop their cravings for opioids or alcohol. Ask about their feelings toward using medications to help with recovery. Use facts to combat stigma and disprove myths about MAT. See the "Challenging the Myths about MAT for Opioid Use Disorder" handout in this toolkit and available online at [bit.ly/2ppAaen](http://bit.ly/2ppAaen).

**INFORM.** Describe MAT options that may be available to the patient. Inform them about the benefits of MAT. Discuss their recovery goals to help them make informed decisions about treatment. See "MAT Quick Guide" in this toolkit for quick facts on the different OUD and AUD medication options. For information about how to talk to a patient about MAT see the "Decisions in Recovery" Handbook available at [bit.ly/2EMNFuA](http://bit.ly/2EMNFuA).

**ENCOURAGE.** Recommend that they talk with a medical provider to learn more. Provide referrals and connect patients to external providers if MAT is not available at your location.

<sup>20</sup> White, William and Mojer-Torres, Lisa, 2010. "Recovery-Oriented Methadone Maintenance." Available at [bit.ly/2WnBefp](http://bit.ly/2WnBefp).

## How should I communicate with a patient's MAT prescriber?

Counselors can provide valuable support to a patient's MAT prescriber. They see patients more often than prescribers and have more information about the patient's life. Counselors can also help make sure that patients are sticking to their treatment plan.

The patient must agree to let their counselor and medical provider share information. If



your organization does not have a consent form, examples can be found on the Legal Action Center website at [bit.ly/2wqLTJE](http://bit.ly/2wqLTJE). When speaking with the patient's provider, you should protect personal information by using only secure forms of communication, such as encrypted emails or phone calls.

When speaking with a patient's prescriber, remember to:

- **Identify the patient.** Use the patient's name, birthday, and medical record number if available.
- **Share the purpose of the call upfront,** even if it is just to get in contact about a shared patient.
- **Share relevant information about the patient.** Let them know about any side effects or concerns about the patient's behavior.
- **Discuss next steps and plan for continued communication.**

## How can I help my patient find an MAT provider?

Counselors can play an important role in helping patients find an MAT provider. For more information on steps you can take, see the insert "Helping Patients Access MAT" in this toolkit.



### SB 1228 AND PATIENT BROKERING

Patient brokering is the practice of giving or getting anything of value (for example, money or promotions) in exchange for patient referrals. Patient brokering can include:

- Giving or getting anything of value in exchange for a patient referral.
- Giving anything of value to a patient in exchange for going to a facility or provider.
- Giving anything of value to any call center or company in exchange for a patient referral.
- Selling potential patient information to other providers in order for them to enroll patients.

In 2018, California passed SB 1228, which created penalties for any licensed facilities or individuals engaged in patient brokering. Penalties can include a \$2,000 fine, suspending a facility's license, or denying future license applications. Counselors could have their registration or certification suspended or removed. It is important to know the rules around patient brokering when referring or receiving referrals for patients. Ensure that other staff are aware of the rules and avoid any situations that may present a conflict.

## How does a patient's MAT status affect counseling?

If a patient is taking their medication properly, there should be no difference between patients taking MAT medications and patients who are not taking medications. MAT should be treated like any other factor in the journey toward the patient's recovery.

Medication status should not impact group sessions. Counselors should make sure that group members are respectful of each other's decisions. For group sessions that include patients taking MAT and those not taking MAT, counsel-



ors should encourage accepting attitudes about different paths to recovery. Set ground rules about

being respectful, avoiding negative comments, and keeping group conversations private.

## Can patients on MAT attend mutual-help programs like A.A. or N.A.?

Mutual help groups like Alcoholics Anonymous (A.A.) or Narcotics Anonymous (N.A.) can

be helpful for many individuals in treatment and recovery. However, patients on MAT have sometimes

found challenges in attending mutual help groups. This is partly because each A.A. and N.A. group makes its own rules, and beliefs about medications can differ from group to group.

If patients are interested in participating in A.A. or N.A., counselors can encourage them to sit in on different groups and explore which groups in their community may be the best fit for them.

Other mutual-help groups focus on different parts of personal identity, whether it be a medication-assisted approach, religious or non-religious.<sup>21</sup>



<sup>21</sup> For more information on mutual help groups, see [bit.ly/2DN7lrS](https://bit.ly/2DN7lrS).

## Personal story: David's journey with MAT

David credits his counseling & medication with helping him get back on track

David grew up in a family of 15 children, and often did agricultural work to help support the family. After years of working in the fields led to back and neck problems, he had a series of surgeries. After surgery, David was prescribed pain medication to cope with the pain. Eventually, David was taking pain medication around the clock, just to feel normal and avoid the pain of withdrawal. One day, while under the influence of pain medication, David ran a stop sign. He

was arrested for driving under the influence and the court ordered him to enter treatment.

When David began treatment, his counselor talked to him about buprenorphine. At first, David was worried about going through withdrawal and continued pain from his back problems. After starting buprenorphine, David found that his withdrawal symptoms went away, and his pain was under control. David now felt freed from thinking about his next pill and

worrying about withdrawal. Starting buprenorphine allowed him to focus on group therapy sessions and getting the help he needed. David is now able to do the things that bring him happiness, like going fishing and walking his dog. He credits his counseling and medication with helping him get back on track. He keeps his program graduation certificate on his wall as a reminder of his success.



## Where Can I Find More Information?

# Additional resources for counseling patients who are receiving MAT

**1 SAMHSA Tip 63, Part 4: Partnering Addiction Treatment Counselors with Clients and Healthcare Professionals.** This resource from the Substance Abuse and Mental Health Services Administration (SAMHSA) provides information for counselors about how to work with patients receiving MAT for OUD. Available at [bit.ly/2HgVHgX](http://bit.ly/2HgVHgX)

**2 NIDA, Principles of Effective Treatment.** This short guide from the National Institute on Drug Abuse (NIDA) provides 13 guiding principles to treating patients with substance use disorder. Available at [bit.ly/2ehRqro](http://bit.ly/2ehRqro)

**3 Supporting Recovery from Opioid Addiction: Community Care Best Practice Guidelines for Buprenorphine and Suboxone.** This resource provides specific tasks and strategies for programs that provide services to patients who take buprenorphine or suboxone. Available at: [bit.ly/2NLXuAH](http://bit.ly/2NLXuAH)

**4 Supporting Recovery from Opioid Addiction: Community Care Best Practice Guidelines for Recovery-Oriented Methadone Maintenance.** This

resource provides specific tasks and strategies for programs that provide services to patients who take methadone. Available at: [bit.ly/2VG0rAD](http://bit.ly/2VG0rAD)

**5 Decisions in Recovery: Medications for Opioid Use Disorder.** This handbook is geared toward patients with OUD, to help them make decisions about treatment and recovery. Available at: [bit.ly/2EMNFuA](http://bit.ly/2EMNFuA)

**6 Are You in Recovery from Alcohol or Drug Problems? Know Your Rights: Rights for Individuals on Medication-Assisted Treatment.** This brochure provides information on the legal rights of individuals with alcohol and drug problems in housing, employment, and other settings. Available at: [bit.ly/2HgebhK](http://bit.ly/2HgebhK)

**7 Medication-Assisted Treatment for Opioid Addiction: Facts for Families and Friends.** This booklet provides information about MAT for OUD and is geared toward friends and family. Available at [bit.ly/2VM4xYa](http://bit.ly/2VM4xYa)

**8 A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disor-**

**ders.** This guide was created to help health care professionals and service providers in addressing the needs of women with OUD and their infants and families. Available at [bit.ly/2FEb4yR](http://bit.ly/2FEb4yR)

**9 Legal Action Center: Sample Forms for Substance Use Confidentiality.** The Legal Action Center provides template forms for patient information sharing that comply with federal confidentiality laws. Available at [bit.ly/2wqLTJE](http://bit.ly/2wqLTJE)

**10 SAMHSA Opioid Overdose Prevention Toolkit.** This toolkit provides resources and strategies for preventing and responding to opioid overdose. Available at: [bit.ly/2AqVDXH](http://bit.ly/2AqVDXH)

**11 Prescribe to Prevent.** This website contains videos and resources to help family, friends, patients and providers recognize an overdose and administer naloxone. Available at: [bit.ly/2HL09UL](http://bit.ly/2HL09UL)

**12 Addiction Neuroscience 101.** This video provides an overview of how MAT works on the brain, and why treatment works better with medications. Available at [bit.ly/2zL87s0](http://bit.ly/2zL87s0)





## QUICK GUIDE:

# Helping Patients Access Medication Assisted Treatment

## HOW DO I KNOW IF A PATIENT CAN BENEFIT FROM MAT?

MAT may be a good choice for a patient if:

**1** They are seeking treatment for an alcohol or opioid use disorder, or alcohol or opioids are among the substances for which they are seeking treatment; and/or

**2** They have tried stopping or reducing use of alcohol or opioids in the past but have been unsuccessful.

## HOW CAN I HELP MY PATIENT FIND AN MAT PROVIDER?

Ask your patient where they get their insurance, as this will determine what provider they can see. For information about different insurance sources and what they cover, see the table on the back of this document. Regardless of insurance source, counselors and their patients can take the following steps to find a provider:

**1 Check the MAT locator.** Help the patient call providers to see if they take their insurance and have availability for an appointment.

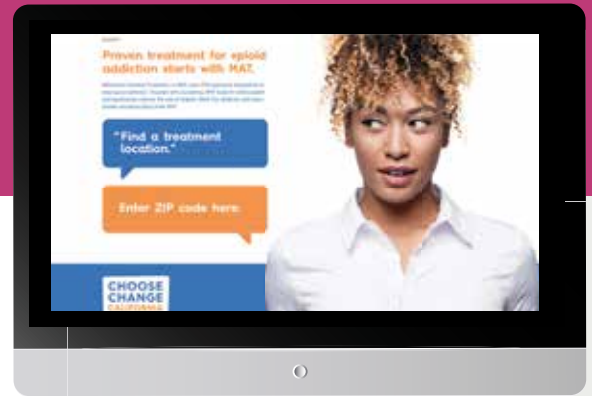
**2 Check the provider directory for your patient's insurance plan.**

- 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).

- Other insurance plans also post provider directories online. These can be accessed using an online patient portal. Information about the online patient portal should be listed on your patient's insurance card.

**3 Check with the patient's doctor.** Your patient's doctor may be able to prescribe MAT medications or may know of other providers who are able to help.



## MAT LOCATOR

- For a list of providers and facilities offering MAT in your area, visit: <http://choosemat.org/>.
- Type in zip code and filter for providers that offer "Outpatient methadone/buprenorphine or naltrexone treatment"

## WHAT ARE NEXT STEPS?

**Check in:** Once you have found a provider who takes your patient's insurance and can provide treatment, help your patient make their appointment. Regularly check in with your patient to be sure they are showing up for each appointment. Be sure to schedule a follow-up with your patient to discuss next steps and treatment planning.

**Make connections:** Once you have helped your patients find a provider, begin making a list of providers in your area that offer MAT and accept your patients' insurance. This will make it easier to make referrals in the future.

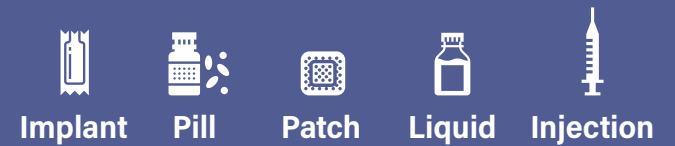
CONTINUED ON THE BACK

**QUICK GUIDE:**

# Helping Patients Access Medication Assisted Treatment

<b>FORM OF INSURANCE</b>	<b>WHAT IS IT?</b>	<b>WHAT IS COVERED?</b>
<b>MEDI-CAL</b>	Medi-Cal is a health insurance program for low income individuals.	Medi-Cal covers all types of MAT for OUD (methadone, buprenorphine, naltrexone) and AUD (naltrexone, acamprosate, and disulfiram), but may not cover all forms of the drug. Patients with Medi-Cal do not have a co-pay (a portion of the cost that they must pay themselves) for MAT medications.
<b>COVERED CALIFORNIA</b>	Covered California is a website that allows people to purchase insurance coverage.	Whether or not MAT is covered depends on the plan. Plans may require prior authorization (the need for the plan to review the medication before approving coverage). Patients may have a co-pay for medications or services.
<b>EMPLOYER-SPONSORED</b>	Many people receive health insurance through their employer.	Whether MAT is covered depends on the plan. Plans may require prior authorization. Patients may have a co-pay for medications or services.
<b>MEDICARE</b>	Medicare is a health insurance plan for people over the age of 65, or for people under the age of 65 with a disability.	Medicare covers some forms of buprenorphine and naltrexone but does not cover methadone. Patients may have a co-pay for medications or services.
<b>MEDI-CAL/MEDICARE</b>	Some people are eligible for both Medi-Cal and Medicare.	Medicare and Medi-Cal both cover certain MAT medications. Medi-Cal can cover extra services that Medicare will not.
<b>NO INSURANCE</b>	Some patients may not have access to insurance.	Many substance use providers have grants that can cover uninsured patients. If your patient does not have insurance, check with your local narcotic treatment program (NTP) about whether they may be able to help. A directory of NTPs is available at <a href="https://bit.ly/2OR411Y">bit.ly/2OR411Y</a> .

# 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>• Less evidence for effectiveness in OUD treatment than buprenorphine or methadone.</li> <li>• Does not cause physical dependence.</li> <li>• Not recommended for pregnant women as detox can harm the baby. Methadone or buprenorphine are recommended for pregnant women with OUD.</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>