
Joint Position Statement on Medication-Assisted Treatment for Opioid Use Disorders in Allegheny County

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Allegheny County Department of Human Services
Allegheny County Health Department
Community Care Behavioral Health Organization
Allegheny HealthChoices, Inc.

Medication-assisted treatment (also called MAT) is defined by the Substance Abuse and Mental Health Administration (SAMHSA) of the U.S. Department of Health and Human Services as the use of pharmacological medications, in combination with counseling and behavioral therapies, to provide a “whole patient” approach to the treatment of substance use disorders.¹ It is a standard of care for opioid use disorders. The amount of scientific evidence about the effectiveness of MAT is sufficient for SAMHSA to state that it reduces drug use and overdose rates and helps retain people in treatment longer, factors that are associated with better recovery outcomes. MAT also reduces criminal behaviors and infectious disease risks.

¹ Medication-assisted Treatment: A Standard of Care. <http://pcssmat.org/wp-content/uploads/2014/03/SAMHSA-MAT-A-Standard-of-Care-Feb-2014.pdf>

This position statement is designed to clearly communicate the position of the Allegheny County Department of Human Services (DHS), the Allegheny County Health Department (ACHD), Community Care Behavioral Health Organization (Community Care) and Allegheny HealthChoices, Inc. (AHCI) with regard to the use of medications to treat opioid use disorders. Currently, FDA-approved medications to treat opioid use disorders include methadone, buprenorphine (commonly combined with naloxone and known by its brand name, Suboxone[®]) and naltrexone (commonly known in its extended-release injectable brand-name form, Vivitrol[®]). Methadone and buprenorphine reduce cravings and withdrawal symptoms; naltrexone blocks the effects of opioids so that people will not get intoxicated/high or overdose if they use heroin or prescription opioids. When taken as prescribed, these medications do not cause the intoxication associated with opioid misuse and can help individuals improve their functioning in everyday life.

In keeping with our organizational missions and in the best interest of those seeking treatment and/or recovery, the following represents our key positions on Medication-Assisted Treatment for opioid use disorders.



A person can initiate and sustain recovery using MAT.

² SAMHSA's Working Definition of Recovery. <http://store.samhsa.gov/shin/content//PEP12-RECDEF/PEP12-RECDEF.pdf>

The SAMHSA Principles of Recovery quite clearly state that there are many different pathways to recovery and that each individual has the right to determine his or her own way.² We honor and adhere to these principles.

Treatments for opioid use disorder that do not include medication have worked for many, but not all, individuals over the years. Because of the growing body of science in recent years, there are more options available to individuals seeking treatment than ever before. There is a misconception among some providers, policy-makers and members of the public, including people in recovery, that only treatments that avoid the use of medications, or “drug-free” treatments, are best. This belief is not supported by research and what is known to be effective. We do not believe that one must be free of all medications in order to initiate and sustain recovery.



Everyone who enters behavioral health treatment for an opioid use disorder should be informed of all available treatment approaches in a factual, objective manner.

Our goal is to have a network of mental health and substance use disorder treatment providers with shared values, including the belief that educating clients about MAT and actively assisting them to utilize MAT (when clinically appropriate) affords the best opportunity for sustained recovery. Providers may directly provide MAT or coordinate with those that do; either way, the ultimate goal is to assist the individual to choose the approach that offers the best path to recovery.

“At this point, the use of MAT for individuals who have a history with a severe substance use disorder or have a chronic relapsing disease is really an ethical issue. Individuals need access to the treatments to help them recover. It is the right and ethical thing to do.”

— Elinore McCance-Katz, MD, PhD
Former Chief Medical Officer, SAMHSA

We recognize that there are valid reasons why people with an opioid use disorder may not choose a MAT approach. Not everyone may benefit from MAT, and even those who might benefit may choose not to pursue that option. But the decision to initiate MAT, the particular medication selected and the length of treatment are decisions most appropriately reached by individuals in consultation with their doctor and treatment team, based upon clinical and medical history, needs and circumstances, and response to treatment.

The appropriate MAT approach and type of medication used will vary by individual, depending upon the individual's clinical picture, life situation, and treatment and recovery goals. Each medication works differently, has different side effects and risks, and is delivered in different health service locations (e.g., daily clinic visits, weekly visit to a counseling center, routine medical appointments with a physician). Similarly, length of MAT treatment is dependent upon a number of factors (e.g., individual's choice to continue or terminate treatment, severity of symptoms, complexity and comorbidity of physical and mental health conditions). Those with a less severe opioid use disorder may benefit from a shorter course of medication, while those whose opioid use disorder has progressed to a chronic condition may need to continue using medication for many years or even, as do those with other chronic diseases, for the rest of their lives.



Use of medication alone is not the same as use of medication in conjunction with counseling treatment.

There are significant differences between using these medications on one's own, as prescribed under the care of a doctor who is concerned about an individual's well-being and recovery, and as prescribed by a physician as part of a comprehensive treatment plan combined with counseling. While there are some who may benefit from the use of medication only, prescribed by a physician, we take the position that there is sufficient evidence to suggest that combining medications with counseling is the best initial approach to treating opioid use disorders.

Whereas it has become increasingly common for people to secure non-prescribed medications from a peer or on the street, this is illegal (even if intended to be used to treat the symptoms of withdrawal) and contraindicated by treatment standards and recovery approaches, and may contribute to the risk of a future overdose.



Treatment providers that do not offer MAT as an option cannot be considered evidence-based providers.

“We have highly effective medications that, when combined with other behavioral supports, are the standard of care for the treatment of opioid use disorders.”

— Michael Botticelli, Director of the Office of National Drug Control Policy

Every individual has the right to choose whether or not to use MAT, given full understanding of its potential risks and benefits. A provider that does not offer this treatment option, including a discussion of its potential benefits, is not offering quality, evidence-based treatment.



No limitations should be placed on the provision of medical care or human services because an individual is receiving MAT.

As recognition of opiate addiction has grown, so has the need to recognize opiate addiction as a disease, requiring specialized treatment and intervention. A continuum of clinical and non-clinical supports and services is available to individuals who are working to achieve recovery, including peer-based recovery support services. Unfortunately, a negative bias toward individuals receiving MAT may exist when it comes to provision of services such as housing, residential services, and/or certain outpatient mental health treatment or support services. We maintain that an individual's choice to use MAT should not limit his or her access to other services.



Nobody should be penalized or taken off MAT because of involvement with the criminal justice system.

The decision to initiate and sustain recovery using MAT, as well as the decision to discontinue using MAT, is a medical decision made by an individual, a clinical team and a doctor. Discontinuation requires careful planning to ensure adequate treatment and ensure adequate treatment with a focus on recovery, overdose prevention and risk reduction. Criminal justice professionals are entitled to information about the individual's progress; however, it is never acceptable to order discontinuation of MAT as a condition of court supervision. Furthermore, federal funding for drug courts should be contingent upon the drug court utilizing MAT when clinically appropriate.

ORGANIZATIONS WITH POSITION STATEMENTS IN FAVOR OF THE USE OF MAT TO TREAT OPIOID USE DISORDER INCLUDE:**SAMHSA (Substance Abuse and Mental Health Service Administration)**

<http://www.samhsa.gov/medication-assisted-treatment>

CASA (National Center on Addiction and Substance Abuse)

<http://www.centeronaddiction.org/newsroom/position-statements>

NASADAD (National Association of State Alcohol and Drug Abuse Directors, Inc.)

<http://nasadad.org/wp-content/uploads/2013/01/13-January-15-NASADAD-Statement-on-MAT.pdf>

NADCP (National Association for Drug Court Professionals)

<http://www.nadcp.org/sites/default/files/nadcp/NADCP%20Board%20Statement%20on%20MAT.pdf>

Broken No More (formed by families and friends of those suffering from addiction)

<http://broken-no-more.org/resources/treatment/>

Office of National Drug Control Policy (ONDCP)

https://www.whitehouse.gov/sites/default/files/ondcp/recovery/medication_assisted_treatment_9-21-20121.pdf

OTHER RESOURCES ABOUT MAT**NIATx**

- “Getting Started with Medication-assisted Treatment”
<http://www.niatx.net/PDF/NIATx-MAT-Toolkit.pdf>

Community Care Behavioral Health Best Practice Guidelines

- “Supporting Recovery from Opioid Addiction: Community Care Best Practice Guidelines for Recovery-Oriented Methadone Maintenance”
<http://www.ccbh.com/pdfs/providers/healthchoices/bestpractice/MethadoneBestPracticeGuideline.pdf>
- “Supporting Recovery from Opioid Addiction: Best Practice Guidelines for Buprenorphine and Suboxone®”
http://www.ccbh.com/pdfs/providers/healthchoices/bestpractice/Community_Care_BP_Guidelines_for_Buprenorphine_and_Suboxone.pdf

Allegheny HealthChoices Inc. Medication-Assisted Treatment Service Locator

- AHCI Medication-Assisted Treatment Service Locator
<http://www.ahci.org/mat/>