

MYTHS About M.A.T. (Medication Assisted Treatment)

MYTH #1: MAT trades one addiction for another.

FACT: MAT bridges the biological and behavioral components of addiction. Research indicates that a combination of medication and behavioral therapies can successfully treat SUDs (Substance Use Disorders) and help sustain recovery.

MYTH #2: MAT is only for the short term.

FACT: Research shows that patients on MAT for at least 1-2 years have the greatest rates of long-term success. Patients with long-term abstinence can follow a slow taper schedule under a physician's direction to attempt dose reduction or total cessation.

MYTH #3: Many patients' addiction conditions are not severe enough to require MAT.

FACT: MAT utilizes a multitude of different medication options that can be tailored to fit the unique needs of the patient.

MYTH #4: MAT increases the risk for overdose in patients.

FACT: MAT helps to prevent overdoses from occurring. Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose.

MYTH #5: Providing MAT will only disrupt and hinder a patient's recovery process.

FACT: MAT has been shown to assist patients in recovery by improving quality of life, level of functioning and the ability to handle stress. Above all, MAT helps reduce mortality while patients begin recovery.

MYTH #6: There isn't any proof that MAT is better than abstinence.

FACT: MAT is evidence-based and is the recommended course of treatment for opioid addiction. The National Institute on Drug Abuse, SAMHSA, Centers for Disease Control and Prevention and other agencies emphasize MAT as first line treatment.

Studies have shown that MAT reduces illicit drug use, disease rates (Hep C, HIV, etc.), and related harmful behaviors including criminal activity. People in MAT are up to 75% less likely to die from a cause related to their addiction.

Source: National Council for Behavioral Health