Evidence-Based Practices for Substance Use Disorder

**MEDICATION-ASSISTED TREATMENT (MAT): What is it and how can it help patients?**

**Background**

Substance use disorders (SUD) are serious, chronic medical conditions that are manageable with the proper medical treatment and social support. A SUD is a disease of the brain and should be treated as any other chronic medical condition, such as diabetes or asthma. With proper treatment and support, people with SUD can recover and live, work, and contribute to the community. SUD can be successfully managed, generally with a combination of several evidence-based practices, including medication-assisted treatment (MAT), individual or group counseling, and/or inpatient residential treatment. Whether a patient obtains treatment depends on a number of factors, including whether the patient has private or public health care coverage or is medically indigent, and where the patient lives. A shortage of addiction medicine physician specialists, primary care physicians trained to treat SUD, and other mental health providers hampers timely treatment in many communities.

Historically, only people with severe SUD received treatment through specialty treatment programs. As the opioid addiction epidemic has metastasized and recognition of SUD as a medical disorder has expanded, more people with mild to moderate SUD are contacting their doctors for treatment. Evidence-based practices should be the first course of treatment for patients, no matter what level of SUD. Not everyone who has a SUD will need ongoing treatment. Most people with mild to moderate SUD can receive treatment provided by primary care physicians or front line mental health providers. Individuals with more severe SUD need access to the broad spectrum of evidence-based treatments in order to reach recovery.

**MAT: What is it and how can it help patients?**

MAT is one of the most effective evidence-based treatments for SUD. MAT includes both medication and long-term counseling to provide a whole-patient approach to the treatment of substance dependencies. The different medications used in MAT have different effects such as taking away cravings, and eliminating or decreasing the effectiveness of the certain opioids, decreasing withdrawal symptoms, relapse, overdose, criminality, and preventing death. Those receiving medications as part of their treatment are 75 percent less likely to die due to substance use disorders than those not receiving medications. MAT restores physiological function disrupted by drug use, enabling the improvement of social function and quality of life; MAT can also minimize HIV viral transmission by reducing injecting behavior and improve opioid use disorder treatment outcomes.

There are three medications commonly used to treat SUD:

- **Methadone** (for opioid dependence) – A clinic-based opioid agonist that does not block other narcotics while preventing withdrawal while taking it; daily liquid dispensed only in specialty regulated clinics.
- **Naltrexone** (for alcohol or opioid dependence) – An office-based non-addictive opioid antagonist that blocks the effects of other narcotics. Can be taken as a daily pill or monthly injection.
- **Buprenorphine** (for opioid dependence) – An office-based opioid agonist/antagonist that blocks other narcotics while reducing withdrawal risk. Taken as a daily dissolving tablet, cheek film, or six-month implant under the skin.

There are several misconceptions about MAT. Namely, some question whether prescribing MAT for SUD just replaces one addiction for another. Others question whether long-term use of MAT will diminish a patient’s capacity to eventually achieve long-term abstinence from opioids and thus encourage patients to end use of MAT as soon as possible. However, research clearly shows that substance use disorder is a chronic disease, and will require a variety of long-term treatments including medication.

**Cost for MAT vs. Traditional SUD Treatment**

The cost of SUD treatment varies greatly depending on the severity of the condition and the type of treatment. However, in general, the cost of one year of a traditional SUD treatment, such as a residential or inpatient treatment facility, is significantly more expensive than MAT. The effectiveness of maintenance MAT in reducing opioid use has been demonstrated, but MAT has higher front-end costs for the treatment than tapering, abstinence, or psychosocial interventions, which are less costly and considerably less effective. Moreover, two studies have
looked at data from commercial health insurance claims on the overall health care costs for those treated with MAT compared to those treated without MAT. These studies indicate that those on MAT showed significantly lower overall annual health care costs compared to those without medication. The difference in cost is largely driven by lower rates of inpatient services and non-opioid related outpatient services. Patients receiving MAT experience substantially and statistically significant lower health care costs overall compared to those not getting MAT.

Additionally, since many pregnant patients receiving SUD treatment also experience high rates of pre- and perinatal care and more severe health conditions, the lower rates of health care costs are attributed to fewer inpatient admissions and fewer outpatient hospital emergency department visits. More primary care visits may indicate medication compliance, as well as successfully linking patients with preventive care services. Improving and expanding access to MAT services can generate better opioid addiction treatment results, and reduce overall health care costs compared to other treatment modalities.

As noted above, SUD is a chronic condition requiring ongoing management for most patients. Evidence shows that by providing MAT in conjunction with traditional outpatient therapies, such as group counseling, recidivism and mortality rates decline and patients can return to being productive members of society.

**MAT Availability in Texas**

One of Texas’s biggest public health crises is the ineffective treatment of substance use disorders. HHSC’s strategic plan notes that alcohol and substance abuse cost the state of Texas almost $40 billion annually in health care, crime, lost productivity, and other expenditures. The graph illustrates that nearly 700,000 Texas residents below 200 percent of the federal poverty line experience SUD, yet fewer than 6 percent receive treatment each year.

In 2016, only 14 percent of eligible indigent patients received MAT for opioid use disorders through HHSC-funded SUD services (non-Medicaid). For patients with alcohol or other drug dependencies, MAT often is not available due to inadequate funding.

Limited patient access to providers who can prescribe MAT impairs a patient’s ability to overcome substance use disorder. Currently Texas only has 85 licensed providers of methadone, which can only be dispensed by an Opioid Treatment Program (OTP). There are significant areas of improvement in Texas for access to MAT. Therefore, state policy — through health policy priorities, law, and rule and funding approaches — should foster increased access to evidence-based care, including cost-effective MAT.

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### ESTIMATED NEED FOR SUBSTANCE ABUSE SERVICES, TEXAS ADULTS, FISCAL YEAR 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimated Need</th>
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</thead>
<tbody>
<tr>
<td>Adults served below 200% FPL</td>
<td>39,726</td>
</tr>
<tr>
<td>Texas Adults with SUD below 200% FPL</td>
<td>688,824</td>
</tr>
<tr>
<td>Total Adult Population with SUD</td>
<td>1,643,972</td>
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</tbody>
</table>

**Sources:** Texas State Data Center, CMHS, SAMSHA, HHS, Census Bureau, HHSC

### Opportunities to Improve

Challenges exist for physicians to receive the training necessary to prescribe MAT, including onerous federal requirements and lack of formal supports to co-manage complex patients. There are opportunities to improve supports for physicians providing substance use disorder treatment.

Project Extension for Community Healthcare Outcomes, or Project ECHO as it is more widely known, is a learning and guided-practice model that uses innovative medical education and increases workforce capacity to provide best-practice specialty care and reduce health disparities. Project ECHO is led by expert teams who use multi-point videoconferencing to conduct virtual clinics with physicians in remote areas. While Project ECHO has a number of sites across the country, Texas could benefit from the program’s innovative methods to expand availability of SUD treatment to primary care physicians without a formal substantive SUD training background.

The federal 20th Century CURES Act, signed into law in 2016, offers states potential grant opportunities to expand treatment for SUD. While the legislation recommends specific actions to combat the opioid crisis, there are also funding opportunities for general SUD treatment. Texas should pursue this grant funding to increase access to SUD treatment and services, specifically medication-assisted treatment.

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3. Cheever LW et al. A model federal collaborative to increase patient access to buprenorphine treatment in HIV primary care. JAIDS. 2011;56 (Suppl 1):S3
5. Amato L, et al. Psychosocial combined with agonist maintenance treatments versus agonist mainten- 