



Behavioral Health and
Recovery Services



MEDICATION-ASSISTED TREATMENT

STANISLAUS COUNTY

BHRS

ACCESS, CRISIS,
& SUPPORT LINE
1-888-376-6246

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Medication Assisted Treatment

What is Medication Assisted Treatment (MAT)

Medication-Assisted Treatment (MAT) is a proven approach that combines medications with counseling and behavioral therapies to treat substance use disorders (SUD). It helps members achieve and maintain recovery successfully.

Benefits of Medication Assisted Treatment (MAT)

MAT has been shown to be highly effective in helping members recover from substance use disorders. When these medications are prescribed and monitored correctly, they are safe and affordable. They significantly lower the risk of overdose, help manage cravings and withdrawal symptoms, improve quality of life, and can support long-term recovery.

Benefits of Medication Assisted Treatment for Pregnant and Breastfeeding women

MAT offers important benefits for pregnant and breastfeeding women struggling with substance use disorder. MAT can manage withdrawal symptoms and cravings, which is important for both the health of the mother and baby. MAT reduces the risk of complications during pregnancy by promoting a healthier lifestyle and provides a better outcome for both mother and baby. For breastfeeding women MAT medications are considered safe when prescribed by a doctor and allow women to breastfeed while receiving treatment.



FDA-Approved Medications Commonly Used for MAT

MAT for Opioid Use Disorder (OUD): Buprenorphine & Buprenorphine products, Methadone, and Naltrexone

MAT for Alcohol Use Disorder (AUD): Naltrexone, Acamprosate, Disulfiram

MAT for Tobacco Use Disorder (TUD): Nicotine Replacement Therapy, Varenicline, Bupropion

Overdose Prevention: Naloxone



Treatment Options

Narcotic Treatment Program (NTP) - Also known as Opioid Treatment Programs (OTP)

Methadone, Buprenorphine, Bupropion, Varenicline, Naltrexone, Acamprosate, Disulfiram and Nicotine Replacement Therapy are available

FDA approved medications are available to enrolled program participants with Opioid Use Disorder.

Medical Office/Primary Care/ Hospital.

Buprenorphine, naltrexone, Nicotine Replacement Therapy, Varenicline, Disulfiram, Acamprosate and Bupropion are available.

Community program/Substance Use Disorder Treatment Facility

Buprenorphine, naltrexone, Nicotine Replacement Therapy, Varenicline, Disulfiram Acamprosate and Bupropion are available.

Telehealth Program

Buprenorphine and Naltrexone available

Other services may be offered.

Populations served: Adults and Youths ages 12-17

Pharmacy

Naloxone and Nicotine Replacement Therapy



Comparing Opioid Use Disorder Medications

Characteristics	Methadone	Buprenorphine	Naltrexone
What it does	Reduces cravings for opioids and minimizes withdrawal symptoms by blocking the euphoric effects of opioids	Blocks the effects of opioids, reduces withdrawal symptoms and cravings.	Blocks the feeling of intense happiness and calming effects of opioids.
Route and How often it's taken	<u>Oral</u> : Once daily	<u>Oral</u> 1-2 times per day <u>Subcutaneous</u> : Every 26 days or once monthly	<u>Intramuscular</u> Every 28 days or once monthly
Commonly used forms	Liquid	Film/Tablet/Injection	Extended-release Injection
Benefits	<ul style="list-style-type: none"> • No detox needed from opioids before treatment starts • Long term treatment option 	<ul style="list-style-type: none"> • Decreases relapse • Reduces barriers to treatment 	<ul style="list-style-type: none"> • Flexible medication schedule • No withdrawal symptoms if treatment is discontinued
Risks	<ul style="list-style-type: none"> • Interaction with benzodiazepine may increase overdose risk • Interaction with alcohol may increase overdose risk 	<ul style="list-style-type: none"> • Caution when taking opioid medicines, benzodiazepines, alcohol, or other central nervous system depressants while on SUBLOCADE • Potential for misuse or abuse (Subutex) 	<ul style="list-style-type: none"> • Reduced tolerance to opioids which may increase the potential for a fatal overdose • Allergy: Members who have previously exhibited hypersensitivity to naltrexone
When to start	Anytime	Patient must have mild-moderate withdrawal symptoms	Requires minimum 7-14 days of abstinence from opioids.
Overdose Potential	High-Moderate	Minimal	None
Who can provide treatment and where	<p>Opioid Treatment Program/Narcotic Treatment Programs</p> <p><u>Methadone is Only available through an OTP/NTP</u></p> <p><i>FDA approved medications are available to enrolled program participants with Opioid Use Disorder.</i></p>	<ul style="list-style-type: none"> • All practitioners who have a current DEA registration that includes Schedule III authority, in their practice if permitted by applicable state law. • OTP/NTP, Medical office, Primary Care doctor, Hospital Emergency Room, Community Substance Use Disorder Treatment facility, and Telehealth Programs. 	<ul style="list-style-type: none"> • Any health care provider who is licensed to prescribe • OTP/NTP, Medical office, Primary Care doctor, Hospital Emergency Room, Community Substance Use Disorder Treatment facility, and Telehealth Programs.

Comparing Alcohol Use Disorder Medications

Characteristics	Naltrexone	Disulfiram	Acamprosate
What it does	Reduces cravings and blocks the feeling of intense happiness <u>alcohol</u> give a person.	Blocks the breakdown of alcohol in the body. Which causes unpleasant side effects.	Stabilizes the chemical signals in the brain, which are usually disrupted during alcohol missue.
Route and How often it's taken	<u>Oral</u> Daily <u>Injection</u> Every 28 days or once monthly	<u>Oral</u> Once daily	<u>Oral</u> Three (3) times daily
Commonly used forms	Tablet, Extended-release Injection Injection	Tablet	Delayed-release Tablet
Benefits	<ul style="list-style-type: none"> • Not addictive • Helps reduce cravings for alcohol 	<ul style="list-style-type: none"> • Reduces cravings for alcohol • Safety net for protection against impulsive alcohol consumption 	<ul style="list-style-type: none"> • No interaction with alcohol • Increased effectiveness when combined with other AUD medications
Risks	<ul style="list-style-type: none"> • Does not help with alcohol withdrawals • Does not prevent impairment when alcohol is consumed 	<ul style="list-style-type: none"> • Will cause strong reaction if alcohol or alcohol products are consumed • Relapse risk increases if not taken daily. 	<ul style="list-style-type: none"> • Increased risk of relapse if not taken as perscribed, • Tablets are delayed release and should not be crushed, cut or chewed
When to start	Recommendation is to start once you have actively stopped drinking alcohol, so that treatment is more effective.	<u>Must</u> be alcohol free for 12 hours before administering.	Detoxification: <ul style="list-style-type: none"> • Highly recommended 2-7 days after alcohol cessation. • Not required but is highly beneficial.
Overdose Potential	None	Possible	Minimal
Who can provide treatment and where	<ul style="list-style-type: none"> • Any health care provider who is licensed to prescribe • OTP/NTP, Medical office, Primary Care doctor, Hospital Emergency Room, Community Substance Use Disorder Treatment facility, and Telehealth Programs. 	<ul style="list-style-type: none"> • Any health care provider who is licensed to prescribe • OTP/NTP, Medical office, Primary Care doctor, Hospital Emergency Room, Community, and Substance Use Disorder Treatment facility. 	<ul style="list-style-type: none"> • Any health care provider who is licensed to prescribe • OTP/NTP, Medical office, Primary Care doctor, Hospital Emergency Room, and Community Substance Use Disorder Treatment facility.

Comparing Tobacco Use Disorder Medications

Characteristics	Nicotine Replacement Therapy (NRT)	Bupropion	Varenicline
What it does	Reduces withdrawal symptoms of nicotine	Reduce withdrawal symptoms & decrease cravings	Reduce withdrawal symptoms & decrease cravings
Route How often it's taken	<u>Oral</u> Daily <u>Nasal</u> Daily, as needed <u>Skin</u> Daily	<u>Oral</u> Daily 1-2 times per day	<u>Oral</u> Daily 1-2 times per day
Commonly used forms	Nasal spray/oral inhaler/Gum, Lozenges/Patch	Tablet	Tablet
Benefits	<ul style="list-style-type: none"> • Improved physical health • Abstinence 	<ul style="list-style-type: none"> • May be beneficial in members with depression • Prevents nicotine withdrawals 	<ul style="list-style-type: none"> • Dose tapering is not necessary • Reduces cravings and prevents withdrawals
Risks	<ul style="list-style-type: none"> • Caution for use for members with heart issues • Allergy to patch tape 	<ul style="list-style-type: none"> • Caution for use for members with liver issues • Caution for use for members with seizure disorder 	<ul style="list-style-type: none"> • Caution may lower alcohol tolerance • Suicide risk
When to start	Varies with type and form of therapy	Begin therapy 1-2 weeks prior to quitting tobacco use	Begin therapy 1 week prior to quitting tobacco use
Who can provide treatment and where	<ul style="list-style-type: none"> • No prescription necessary, most are over the counter • Any health care provider who is licensed to prescribe • <i>Various settings such as medical clinics, pharmacies, convenience stores, grocery stores, OTP/NTP and online.</i> 	<ul style="list-style-type: none"> • Any health care provider who is licensed to prescribe • <i>OTP/NTP, Medical office, Primary Care doctor, Hospital Emergency Room, Community Substance Use Disorder Treatment facility, and Telehealth Programs.</i> 	<ul style="list-style-type: none"> • Any health care provider who is licensed to prescribe • <i>OTP/NTP, Medical office, Primary Care doctor, Hospital Emergency Room, Community Substance Use Disorder Treatment facility, and Telehealth Programs.</i>

Overdose Reversal

Substances treated consist of any prescription opioids, heroin, fentanyl, methadone, morphine & codeine.

Naloxone (Narcan)

Reverses the effects of an opioid overdose.

Benefits

- Reverse the effects of an opioid overdose in 2 to 3 minutes.
- Prevents death.
- Safe to be administered to anyone (child, adult, pregnant and breastfeeding women)
****While the medication's safety for the unborn baby hasn't been extensively studied, administering naloxone is crucial for saving the woman's life, potentially outweighing the risk of induced withdrawal and fetal stress.***
- Non-addictive
- California's Good Samaritan Law protects those administering emergency medical care, Narcan administration.
- Multiple doses can be administered if an initial Narcan nasal spray dose is ineffective.
- Accessible to anyone, including family, caregivers, and friends.
- Covered by insurance and available over the counter or with a prescription.

Risks

- Short-acting; members should seek immediate medical attention.

If someone isn't experiencing an opioid overdose, Narcan will not have an impact, so there's little risk in using it in an emergency if you're unsure.



Other Substances

Stimulant and Methamphetamine Use Disorder

Currently there are no FDA-approved medication treatments for stimulant use disorders. Research for medications for this disorder is currently being conducted. Members can discuss with their medical provider or MAT provider how to manage cravings and withdrawal symptoms of this disorder.

Cannabis (Marijuana) Use Disorder (CUD)

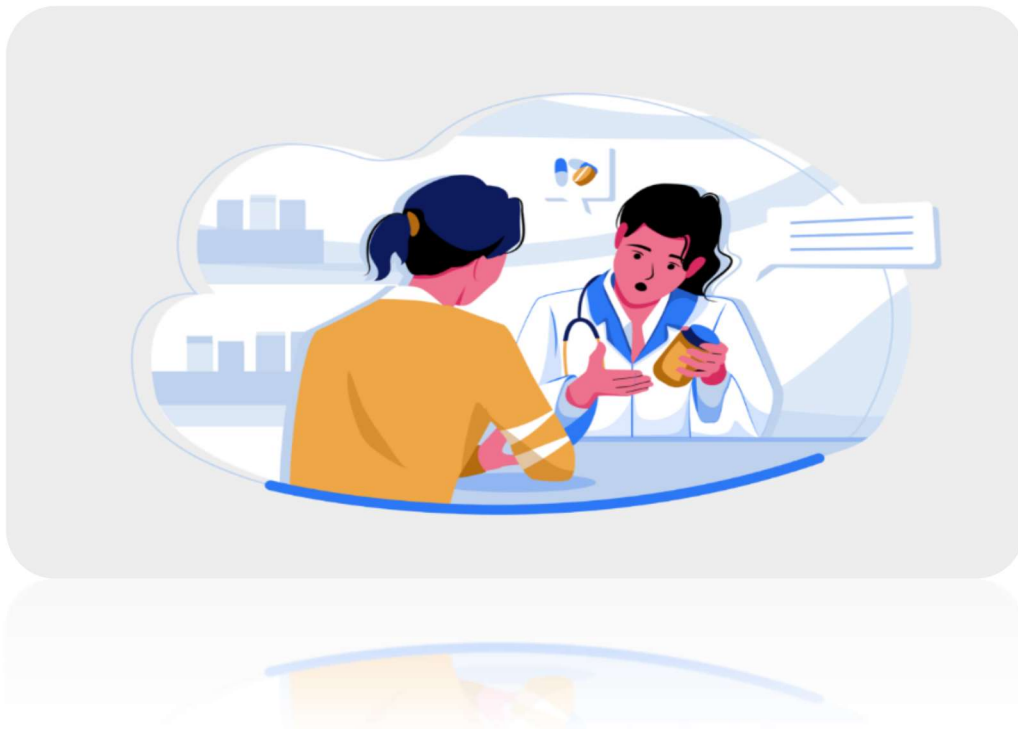
Currently there are no FDA-approved medication treatment for cannabis use disorder. Research for medications for this disorder is currently being conducted. Members can discuss with their medical provider or MAT provider how to manage cravings and withdrawal symptoms of this disorder.



Common medications prescribed to treat withdrawal symptoms

- **Acetaminophen, or Ibuprofen:** Helps with muscle aches or headaches. No prescription is needed and can be purchased over the counter.
- **Clonidine (Catapres):** Helps reduce anxiety, agitation, sweating, muscle aches, and cramps. *Prescription needed by a physician.*
- **Dicyclomine (Bentyl):** Helps reduce abdominal pain and relaxes gastrointestinal tract. *Prescription needed by a physician.*
- **Hydroxyzine (Atarax):** Helps reduce anxiety and restlessness. *Prescription needed by a physician.*
- **Librium, Ativan, or other benzodiazepines:** Helps with anxiety and agitation. Librium is used for alcohol withdrawal management. Other benzodiazepines are used for opioid withdrawals. *Prescription needed by a physician.*
- **Loperamide (Imodium):** Helps with loose stool associated with withdrawal. No prescriptions are needed and can be purchased over the counter.
- **Ondansetron (Zofran):** Helps control nausea and vomiting. *Prescription needed by a physician.*

This list is not complete; other medications may be provided at the discretion of medical providers.



MAT and Counseling

Counseling is important for treating substance use disorders, along with medication. Counseling offers members the opportunity to speak with a professional either individually or in group settings with peers undergoing similar challenges. Through counseling, members can explore the reasons and behaviors that contributed to their substance use disorder, gaining insights into healthier lifestyles and building skills to support long-term recovery. Counseling provides encouragement, motivation to stay committed to treatment, and teaches practical strategies for making positive choices, managing setbacks, and coping with stress. Group counseling and support groups also offer a supportive community where members can connect with others, make new friends, and find solidarity in their recovery journeys.

Although counseling is very helpful when paired with MAT, if members are not ready to engage in counseling, they may still receive medication services.

Summary of Medication Assisted Treatment

Medication-Assisted Treatment (MAT) has been extensively studied and proven effective in reducing substance use, enhancing overall functioning, and lowering the risk of relapse. Compared to traditional treatments alone, MAT consistently shows superior outcomes in substance use disorder recovery. MAT offers a safe and tailored approach for members at various levels of substance use disorder severity, ensuring personalized care. MAT is successful over the long term and can be administered in both inpatient and outpatient settings, providing flexibility and accessibility to those seeking recovery from substance use disorders.

Medications for Addiction Treatment (MAT) Requirements for Substance Use Disorder (SUD) Facilities

Facilities providing SUD recovery or treatment services must meet the following MAT requirements:

- **Access to MAT:** Clients must be offered MAT services directly or be effectively referred to a MAT provider.
- **Medication Choice:** Clients can use their preferred MAT medication if both the prescriber and the client agree it is clinically beneficial.
- **Non-Discrimination:** Clients cannot be denied access to the facility because they use prescribed MAT medications.
- **No Mandatory Medication Changes:** Clients are not required to change their MAT medication to receive treatment services.
- **Ongoing Support:** Facilities must support clients who wish to continue their current MAT medications.
- **No Compulsion to Modify Medication:** Clients cannot be forced to taper, discontinue, decrease dosage, or stop their MAT medication to enter or stay in the facility.
- **No Service Participation Requirement:** Clients cannot be denied MAT medications for not participating in all offered services.
- **No Denial for Substance Use:** Clients cannot be denied MAT medications due to substance use or misuse.

Common Misconceptions about MAT

1. **Is there proof that MAT is better than abstinence?**
 - ◆ **Fact:** MAT is evidence-based and recommended as the first-line treatment for opioid addiction by multiple authoritative organizations including the American Academy of Addiction Psychiatry, American Medical Association, and others.
2. **MAT replaces one addiction with another**
 - ◆ **Fact:** MAT integrates FDA-approved medications with behavioral therapies to effectively treat substance use disorders, minimizing cravings and supporting sustained recovery, contrary to the misconception that it substitutes one addiction for another.
3. **MAT is a one-size-fits-all approach**
 - ◆ **Fact:** MAT utilizes various medications tailored to different needs, including agonists like methadone, partial agonists like buprenorphine, and antagonists like naltrexone, to minimize cravings and manage withdrawal from opioids and alcohol and NRT, Bupropion, and Varenicline to minimize cravings and withdrawals from nicotine.
4. **MAT is only for the short term**
 - ◆ **Fact:** Research supports MAT as effective for long-term recovery, with optimal outcomes seen in members receiving treatment for at least 1-2 years.
5. **MAT is a long-term solution, and members will be on medication forever**
 - ◆ **Fact:** MAT is not a lifelong commitment for everyone; treatment duration varies based on member progress and addiction severity, aiming to reduce dependency over time.
6. **Addiction is not severe enough to require MAT**
 - ◆ **Fact:** MAT is suitable for a wide range of addiction severities and types, utilizing different medication options tailored to member needs.
7. **MAT will only disrupt and hinder the recovery process**
 - ◆ **Fact:** MAT has been proven to assist recovery by improving quality of life, functioning, and stress management, ultimately reducing death rates.
8. **MAT increases the risk of overdose**
 - ◆ **Fact:** MAT reduces the risk of overdose by stabilizing members and preventing life-threatening situations post-detoxification.
9. **MAT is not good for pregnancy**
 - ◆ **Fact:** MAT is safe and recommended for pregnant women with opioid use disorder to manage withdrawal symptoms and ensure better outcomes for both mother and baby. Pregnant women with other substance use disorders should consult with their medical provider for appropriate care.
10. **Cold Turkey vs. MAT**
 - ◆ **Fact:** Abrupt cessation ("cold turkey") can lead to severe withdrawal symptoms and is less effective in managing cravings compared to MAT, which supports recovery by satisfying the brain's need for that substance.
11. **Most insurance plans don't cover MAT**
 - ◆ **Fact:** State medical programs cover at least one MAT medication, with many covering all three (methadone, buprenorphine, and naltrexone), and federal laws ensure parity in coverage for mental health and substance use treatments.



Community Resources for Medication-Assisted Treatment

Access Crisis and Support Line

Services: Available 24 hours a day, 7 days a week

Support, assistance, and resources towards recovery, Mental Health, and Substance Use Disorder services.

Phone: 1-888-376-6246

Aegis Treatment Center (Opioid Treatment Program)

Modesto: MAT (All FDA approved medications)

Location: 1235 McHenry Ave Suite A Modesto CA 95350

Phone: (209) 527-4597

Hours: Mon-Fri: 5:30am-7:00pm, (medication only until 6:00pm); Saturday (medication only): 7:00am-11:00am

Ceres: MAT (All FDA approved medications)

Location: 1768 Mitchell Rd Suite 301 Ceres CA 95307

Phone: (209) 353-4838

Hours: Mon-Fri. 5:30am-1:30pm & Holidays 7:00am-11:00am

Turlock: MAT (All FDA approved medications)

Location: 1651 Lander Ave. Suite 1651 Turlock CA. 95380

Phone: (209) 353-4838

Hours: Mon-Sun. & Holiday 6:00am-11:00am

www.aegistreatmentcenters.com

Bicycle Health: MAT (Buprenorphine & Naloxone)

Location: 93110th Street Modesto CA 95354

Phone: 1-888-400-1559

Telehealth & Online

Hours: Mon-Fri. 7:00am–7:00pm

www.bicyclehealth.com

Bridge Program Doctors Medical Center Emergency Dept.: MAT (Buprenorphine & Naloxone)

Location: 1441 Florida Ave. Modesto CA 95350

Phone: (209) 408-1605 Substance Use Navigator

Stanislaus Recovery Center

Evaluation and Medication Access Clinic: MAT (All FDA approved medications, except methadone)

Location: 1904 Richland Ave Building B, Room 112 Ceres CA. 95307

Phone: 1-888-376-6246

Hours: Mon-Fri. 8:00am–5:00pm

Golden Valley Health Centers: MAT (Buprenorphine, Naloxone)

Location: 2101 Tenaya Dr. Modesto CA 95354

Phone: (209) 722-4842 ext. 5127 (appointment) (209) 576-6766 (office)

Hours: Mon-Sat. 8:00am–5:00pm

www.gvhc.org

Recover Medical Group: MAT (Buprenorphine, Naltrexone)

Location: 120 Birmingham Drive, 240A, Cardiff by the Sea, CA 92007-1757

Phone: (858) 208-0121. Populations served: Adults and Youths ages 12-17, Telehealth & Online

www.letsrecover.com

References

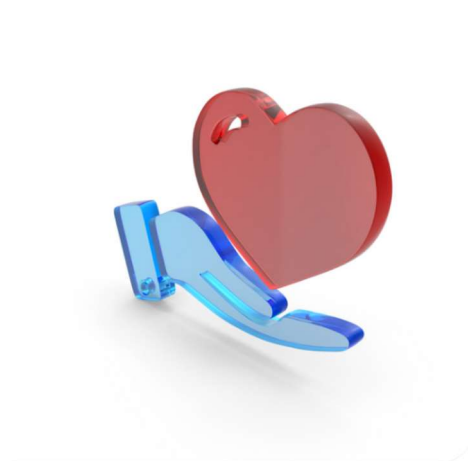
Substance Abuse and Mental Health Services Administration (SAMHSA): This agency is responsible for overseeing and administering mental health, drug misuse prevention, and drug addiction treatment programs around the nation. The Center for Substance Abuse Prevention and the Center for Substance Abuse Treatment are part of SAMHSA. www.samhsa.gov
www.samhsa.gov/prevention

Centers for Disease Control and Prevention (CDC): CDC's National Center for Injury Prevention and Control helps protect America's health by tracking injuries and deaths to look for dangerous trends, researching the best ways to prevent injuries and violence, developing prevention strategies, evaluating effectiveness of prevention strategies, and supporting states in implementing programs.
www.cdc.gov/injury

National Institute on Drug Abuse (NIDA): NIDA conducts and disseminates the results of research about the effects of drugs on the body and the brain. NIDA is an excellent source of information on drug addiction.
www.nida.nih.gov

The National Center for Biotechnology Information advances science and health by providing access to biomedical and genomic information.
www.ncbi.nlm.nih.gov

Alkermes: Vivitrol (naltrexone for extended-release injectable suspension)
www.vivitrolhcp.com



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Our vision is to
continue to be a
leader in behavioral
health and to be
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excellence in our
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In partnership with
our community, our
mission is to provide
and manage effective
prevention and
behavioral health
services that promote
the community's
capacity to achieve
wellness, resilience,
and recovery
outcomes.

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