Common Medication-Assisted Treatment Myths: A Guide for Providers

Myth	Evidence
1. Medication-assisted treatment (MAT) is more dangerous than other chronic disease treatments.[1]	• Prescribing MAT (e.g., buprenorphine) is less complicated than many other routine treatments in primary care, such as titrating insulin or initiating therapy with anticoagulation medications.[1] • Buprenorphine, methadone, and extended release injectable naltrexone each have favorable safety profiles. Methadone is associated with more drug-drug interactions and side effects, which is why it is only offered in OTP settings. When taken as prescribed and monitored appropriately, MAT is a safe and effective treatment.[2-4]
2. MAT replaces one addiction with another.[1,2]	• Addiction can be defined by the compulsive use of a drug, despite negative effects on mental health, physical health, and interpersonal relationships. Taking a prescribed medication, like MAT, to manage a chronic illness does not meet the definition for addiction.[1,2] • Drug addiction involves a cycle of drug use leading to euphoria, a crash, and cravings to use again. Methadone and buprenorphine have gradual mechanisms of action and are maintained at stable levels in the brain. They stabilize brain chemistry without producing euphoria or leading to a crash. All three medications help to reduce cravings and the euphoric effects of opioid use.[2]
3. Detoxification for opioid use disorder is effective.[1]	• Medically supervised withdrawal, also known as detoxification, can be the first step in addiction treatment. However, detoxification alone is not treatment and is not enough to effect long-term change. Patients who do not receive treatment after detoxification are likely to start using again.[2,3] • Detoxification without follow-up treatment may increase the likelihood of overdose deaths by decreasing tolerance.[1,5]
4. Reducing opioid prescribing alone will reduce overdose deaths.[1]	• Reducing overdose deaths takes a multi-faceted approach. Reducing prescribing is one aspect of prevention, but treatment options are still needed for those with opioid use disorder. Overdose mortality has increased despite decreased opioid prescribing. Deaths caused by non-prescription opioids are also on the rise.[1,6] • Patients with opioid use disorder may shift to the illicit drug market, where the risk of overdose is higher due to the availability of illicitly manufactured fentanyl and other potent synthetic opioids.[1,6]
5. MAT is not effective because it does not immediately end drug addiction.[3]	• MAT medications are not intended to “cure” opioid use disorder or addiction. Addiction is a chronic illness that impacts individuals for their entire lifetime.[2,3] • MAT medications are meant to manage the physiological aspects of addiction and allow patients to focus on identifying the underlying causes of substance use and work toward recovery through behavioral therapy.[2,3]

Myth	Evidence
6. MAT is morally wrong. It is inferior to complete, unassisted abstinence.[7]	• Scientific evidence suggests that addiction is a chronic disease caused by repeated exposure to a drug, coupled with genetic or environmental risk factors, leading to physical changes in the brain's opioid receptors.[3,7] • Addiction can be treated and managed with medication and counseling, much like other medical conditions. MAT is more effective than treatment approaches that focus on complete, unassisted abstinence.[3,8]
7. MAT is only for the short term.[2]	• No one-size-fits-all approach to treatment length exists. Addiction may be viewed as a chronic disease requiring long-term care and treatment. Success depends on patients remaining engaged in treatment long enough to maintain recovery.[2,3] • Patients should continue MAT as long as they continue to benefit from treatment. In general, the longer that patients remain in treatment, the better their treatment outcomes.[3] • Research does not support abstinence as an effective or sustainable treatment for opioid use disorder.[3,8]
8. MAT increases the risk for overdose in patients.[2]	• Following detoxification, tolerance to the cognitive effects brought on by opioid use remains higher than tolerance to physiological effects (e.g., respiratory depression and sedation).[5] • For this reason, opioid use after detoxification can result in life-threatening or fatal overdose. Starting MAT after detoxification can help reduce or eliminate cravings to use opioids, which can help to prevent overdose. It is important to educate patients on the dangers of attempting to overcome the naltrexone opioid blockade.[3,5] • Methadone and buprenorphine treatment are both associated with reduced risk of overdose death compared to behavioral therapy treatment alone.[3,9]

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