



Common Questions and Concerns about Medication Assisted Treatment (MAT): A Handout for Ambivalent Patients

A common and normal part of addiction recovery is *ambivalence*, which basically means feeling torn. For instance, when it comes to the decision of whether or not to use medications to treat your opioid use disorder (OUD), on the one hand you know you want to stop using, but on the other hand you may not be quite sure that taking medication makes sense for you. Medication assisted treatment (MAT) is one tool that's effective in treating OUD. When we use the term MAT, we are referring to medications like Suboxone, Zubsolv, Methadone, Vivitrol and Naltrexone. Below are some common questions and concerns about MAT. We hope you'll use this as a starting point to have a conversation with your doctor, nurse or counselor. In the end, we want you to be able to make an informed decision that's in line with your values and hopes for recovery.

Q: "I'm not actually sober if I'm still addicted to another drug like Suboxone or Methadone. I'd just be replacing one drug with another."

A: You are certainly not the only person who has this concern. You may hear others voice this opinion as well, for instance in some AA or NA meetings. However, it's important to take a moment and think about why you've decided to stop using opioids. Think about the following questions. How did using opioids get in the way of your own personal values? What are your goals now that you're in recovery? How would using opioids again interfere with these values and goals?

Would being on Suboxone or Methadone allow you to reach your values and goals better than your continued opioid use? Would you be better able to predict your day's schedule? Would your function at home, school or work improve? Would your exposure to risky situations be reduced? Thinking about these questions may help make the difference between MAT and opioid use in addiction more clear.

Q: "I'm worried other people will think that the medication is a crutch and I wouldn't be able to handle life otherwise."

A: There may very well be people in your life who don't understand the nature of addiction and recovery. There is a long history of stigma and misunderstanding in addiction and this can lead to judgmental thoughts and comments.

Think about a person who has diabetes – would you say that she is using her insulin as a crutch? Medications like Suboxone, Methadone, Naltrexone or Vivitrol are all medications we use to manage the chronic disease of addiction, just like we use insulin to manage the chronic disease of diabetes.

It can be helpful to educate family members about MAT. Please let us help you do that! Ask your nurse or counselor if she would arrange a phone call or meeting with your family member(s) to help educate them about MAT.



Q: “I don’t need medication. Now that I’ve made the decision to stop using opioids, I know that I won’t change my mind. I’ve hit rock bottom and I’ll never go back to using.”

A: It’s clear that you are feeling highly motivated to stay sober right now and that’s great. It’s also important to understand the nature of motivation. Motivation naturally ebbs and flows. People come into treatment for all sorts of reasons and sometimes those reasons, or the intensity of those reasons, change as time goes on. For instance, you may be in trouble at work and are required to complete a treatment program. Perhaps you have a legal charge pending. Maybe your significant other gave you an ultimatum. Or maybe you were sick and tired of feeling sick and tired. When we have these sorts of important life circumstances on the line, we often have high motivation. It is natural and to-be-expected that there will be times you’ll want to stay sober more than other times. Medications, especially ones like Vivitrol, are one way to help manage these fluctuations in motivation.

Q: “I feel controlled by medication.”

A: No one likes feeling controlled and it makes sense that you wouldn’t want to feel this way. You are right that when you take a medication like Vivitrol, the day to day decision about whether or not to use opioids will essentially be gone. This may bring up many different emotions – relief, fear, sadness, or grief. Just like the end of any significant relationship, it’s normal to have mixed feelings about the end of your relationship with opioids. Remember that you’ve come to realize that using opioids is interfering with your values in some way. Using MAT can help you live your life more in line with those values. Many people describe feeling like their opioid use began to control them in the end. They had to use in order to not feel sick and it became exhausting. So actually, MAT is a tool that can help you have *more* control over your own life. It might help to take some time to think about your values, the things that are really important to you. Write these down or talk about them with your doctor or nurse.

Q: “What if things get really bad in my life? I may want to have the option to use opioids again.”

A: Up until now, when life has been difficult, using opioids has been the main tool in your toolbox. It makes sense that the idea of this outlet being taken away is unsettling. Because you’ve made the decision that using opioids is not in line with your values and you want to change, you now need to learn new ways to cope with uncomfortable situations and feelings. Using MAT allows you to remain sober long enough to learn these new skills and tools. With enough sober time, you’ll start to see the benefits of not using drugs.

Q: “What if I get in an accident and really need opioids?”

A: There are non-opioid pain medications that doctors can use in the case of an accident. In an emergency, a physician can manage the opioid-blocking effects of Naltrexone or Vivitrol so that your pain can still be controlled.



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Q: “What about the side effects?”

A: Talk with your nurse or doctor about your specific concerns about side effects. Remember, you are the healthcare consumer here and you have the responsibility to ask your questions and be informed about the decision you’re making. Because remember, whether or not to use MAT is ultimately your decision.

Use the space below to write down your own questions about MAT to discuss with your doctor or nurse at your next appointment.

Funding for this initiative was made possible (in part) by grant no. from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.