



CITY OF PHILADELPHIA
Department of Behavioral Health and Intellectual disAbility Services
Promoting Recovery, Resilience & Self Determination

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**Department of Behavioral Health and Intellectual disAbility Services:
Provider Notice
Medication Assisted Treatment (MAT)
February 8, 2021**

In addition to the novel coronavirus pandemic, the City of Philadelphia continues to grapple with epidemic of opioid use disorder (OUD). OUD is a treatable brain disorder with high lethality.

From 2013 to 2018, the opioid overdose mortality rate rose from approximately 450 deaths per year to over 1,000 deaths per year.

In 2017, Mayor Kenney's *Task Force to Combat the Opioid Epidemic* in Philadelphia released its [final report and recommendations](#), which have guided much of the work of DBHIDS, Community Behavioral Health (CBH), and the provider network in addressing the opioid epidemic.

A key, but historically underutilized evidence-based, best practice in combating opioid use disorder is [Medication Assisted Treatment](#). Medication Assisted Treatment (MAT) has been extensively studied and shown to be effective in facilitating recovery from addiction, when combined with other treatments. MAT is recommended by the National Academies of Science, Engineering and Medicine, the [ASAM National Practice Guidelines](#) and [SAMHSA TIP 63](#)

In order to end this crisis, it is important to reiterate the following facts about MAT:

- MAT refers to the use of FDA-approved medications to treat opioid use disorder in combination with other treatments.
- These lifesaving treatments are effective across all settings studied to date.
- When used over the long term, these treatments improve retention in treatment and are associated with improved outcomes.
- Utilization of MAT remains low, despite efforts to promote its uptake.
- Many people who could benefit from medication-based treatment for opioid use disorder do not receive it.
- Access to MAT for OUD is inequitable across subgroups of the population.

Best practice recommendations for treating OUD include:

- All individuals diagnosed with OUD must receive information regarding [all MAT options approved by the FDA](#).
- This information should be provided in an informed consent structured discussion which should include a discussion of the benefits, risks, and alternatives associated with MAT options and be documented in the medical record.
- Individuals who elect to receive MAT must be provided with MAT services on-site or should be promptly referred to another provider who can offer the desired MAT services.
- Psychosocial treatments, including individual and/or group therapies, are recommended in conjunction with MAT.

- An individual's preference should be considered in selecting a psychosocial intervention; however, a person's decision to decline psychosocial treatment should not delay or preclude appropriate medication assisted treatment.
- Individuals on MAT should be monitored throughout treatment with an understanding that relapse or disengagement is a common occurrence in the path towards recovery.
- Continued substance use is not necessarily a reason to discontinue MAT.
- Relapse should be considered an opportunity for engagement between the individual and the treatment team.
- Withholding or failing to have available all classes of FDA-approved medication for the treatment of opioid use disorder in any care or criminal justice setting is denying appropriate medical treatment.
- MAT providers must review the PA Drug Monitoring Program (PDMP) as per state guidelines. If the PDMP query shows that an individual is receiving controlled substances from an outside prescriber, the MAT provider must coordinate care with that prescriber.

For more details and information on addressing opioid use disorder, please refer to the [Community Behavioral Health Clinical Practice Guidelines](#).

Sincerely,

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ⁱ National Academies of Science, Engineering and Medicine. [Medications for Opioid Use Disorder Save Lives](#). Accessed online 12-16-20 at <https://www.nap.edu/download/25310>