VIEWPOINT

Medication-Based Treatment to Address Opioid Use Disorder

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Author Audio Interview

The opioid epidemic was declared a national public health emergency on October 26, 2017, and, although there have been some significant increases in federal funding and new programs to address this crisis, progress appears to be slow and the United States continues to be severely affected by substance use disorder.[1] As of 2016, approximately 2 million individuals in the United States have been diagnosed with opioid use disorder (OUD),[1] and an estimated 130 people die every day from a drug overdose.[2] To reverse these unacceptable trends, all evidence-based tools must be utilized. Specifically, medication-based treatment, which has been proven to be effective in treating substance use disorder and saving lives, has been severely underutilized for decades. According to 2019 estimates, "less than 35 percent of adults with OUD had received treatment for opioid use in the past year and no national data sources are currently available to precisely estimate the share of those patients who are being treated with one of the three US Food and Drug Administration (FDA)-approved medications."[1]

Medication-based treatment for OUD includes the use of methadone, buprenorphine, or extended-release naltrexone to "alleviate withdrawal symptoms, reduce opioid cravings, and decrease the response to future drug use."[1] These medications are approved for use by the FDA and there is strong evidence of their effectiveness and scientific consensus that medications are central to the management of OUD. Medication-based treatment is not only effective in supporting safe and less agonizing withdrawal, but it also reduces mortality and promotes increased functionality in the family, community, and society. For example, studies have shown that maintenance programs that use medication-based programs decrease mortality by approximately 50%[3] and that while individuals are being treated with medications, overall rates of criminal convictions were reduced to less than half of pretreatment levels.[4] According to a 2019 report from the National Academies of Sciences, Engineering, and Medicine, patients who receive medication-based treatment are "less likely to die from overdose if they return to use…have better long-term treatment outcomes, and improved social functioning."[1]

> Opioid use disorder is a chronic brain disease, not simply a moral failing.

Despite their demonstrated success, these medications are inadequately used. In addition, there are challenges in ensuring that individuals who need treatment seek it out; only 4.5% of individuals who could benefit from substance abuse treatment feel that they need it.[5] Even when medication-based treatments are used, they are often administered in doses below the recommended level, reducing their effectiveness. As the United States confronts the devastating opioid crisis, why are clinicians, treatment centers, and individuals who help address OUD not utilizing these evidence-based, proven solutions?

One reason is widespread misunderstanding and stigma surrounding both substance use disorder and the medications used to manage it. OUD is a chronic brain disease, not simply a moral failing. Opioid use changes brain structure and function in ways that "disrupt the regulation of the system and result in tolerance, physical dependence, and addiction."[1] Evidence has borne out that medication-based treatment can assist in compensating for some of these changes in the brain.

Moreover, misunderstanding has led clinicians to be slow to utilize these medication-based treatments, often only prescribing them alongside behavioral and social interventions and forgoing medication-based treatment if these nonpharmacologic interventions are not also available. Clinicians need to break the inextricable coupling of medication-based treatment with behavioral and social treatment and understand that these interventions are addressing 2 separate aspects of substance use disorders. While behavioral and social interventions are extremely useful for some patients and can help with engagement in and retention of treatment, medication-based treatment alone can be effective for many patients. Therefore, the lack of access to social and behavioral therapies should not be used as a reason to withhold medical treatment. It is better for patients to receive medication-based treatment alone than not at all.

Patients have also reported stigmatizing attitudes across the health sector toward both themselves and these medications. Some clinicians report their unwillingness to prescribe these medications because of misplaced concerns about misuse and diversion and "the public's mistaken belief that taking medication is 'just substituting one drug for another.'"[1]

It is an inexcusable error that evidence-based interventions exist but are not used for patients with OUD. Clinicians need to overcome any personal biases and provide patients with OUD the necessary care to help them recover.

To help advance scientific, evidence-based solutions to the opioid crisis, the 2019 report from the National Academies of Sciences, Engineering, and Medicine provides a road map toward ensuring that medication-based treatment for OUD becomes more

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broadly deployed. The report puts the issue in stark terms and states "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."[1] These treatments are efficacious across all populations studied (including adolescents, pregnant women, and individuals under criminal justice control). Clinicians need to ensure that individuals who need these treatments have access to them.

It also is critical that medication-based treatment for patients with OUD becomes available across treatment settings, including acute care, residential facilities, and primary care. Currently, methadone can only be distributed through specialty facilities despite evidence showing that its distribution through office settings is also safe and effective.[1] Many residential treatment centers do not offer any medication-based treatment for OUD and, of those that do, only a fraction offer all 3 medications.

Other systemic barriers also hinder access to and use of these treatments. Patients experience a confusing web of clinicians, levels of care, interventions, and insurance coverage when they try to access treatment for OUD. Education about management of OUD is not standardized within or across the health professions, leaving a limited number of clinicians who are comfortable treating patients with OUD. In addition, few clinicians want to treat patients with OUD because they are sporadically reimbursed from both public and private insurance for this work. Also, although effective medication-based treatments exist, research should continue to establish specific protocols for different populations, identify complementary interventions that can be implemented alongside medication-based treatment, and search for additional more efficacious medication-based treatments. The epidemic is not abating; the medical and public health communities must continue to push forward on all fronts.

Seventeen months after the declaration of a public health emergency, it may seem as though the United States is no further along than when the declaration was issued, and in many ways that is true. But effective solutions are available. Medication-based treatments can save lives. They need to be used.

ARTICLE INFORMATION

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