

Case and Comments on “Medications for Opioid Use Disorder Save Lives”

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Committee on Medication-Assisted Treatment for Opioid Use Disorder

Sponsors

- National Institute on Drug Abuse (NIDA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

Charge to the committee

- Review current knowledge and gaps on the effectiveness of medications for OUD
- Examine how medications can be effectively delivered, and in what settings and populations
- Identify challenges in implementation and uptake
- Identify additional research needed

Committee members

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American Association for the Advancement of Science (ret.)

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The Opioid Crisis in the U.S.

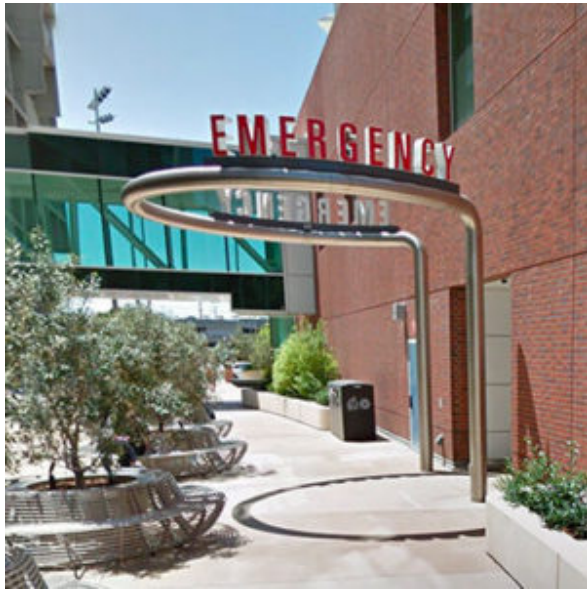
- > 2 million people with OUD
- > 47,000 people died from opioid overdose in 2017 alone
- Tied to reemerging public health crisis of infectious disease
- Socioeconomic consequences include health care costs, loss of productivity, criminal involvement, housing insecurity, impact on families

Anna's Story





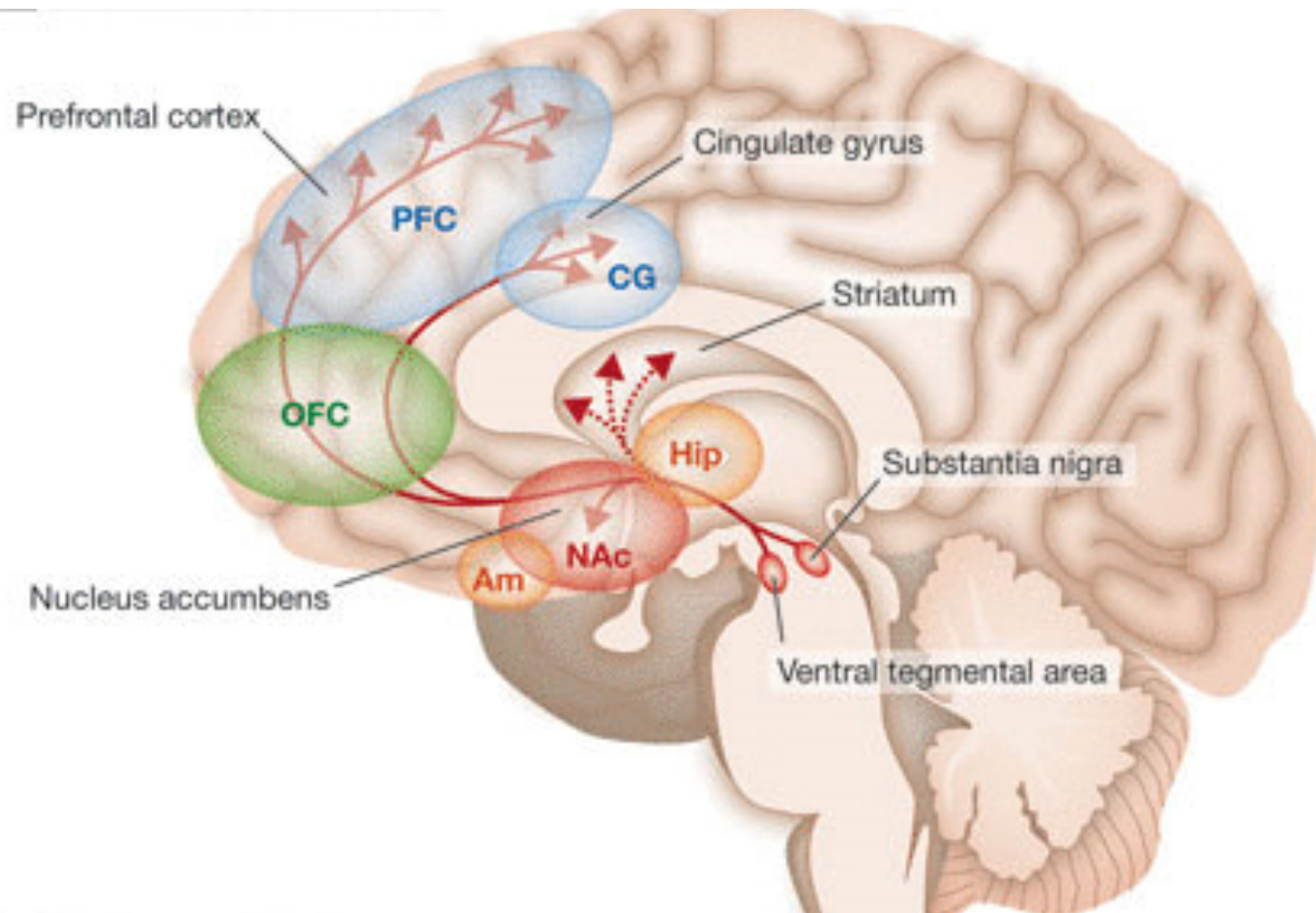




Opioid Use Disorder

- Compulsive or uncontrolled use of prescription or illicit opioids in the face of negative consequences.
- Caused by repeated opioid use which results in changes in neural structure and function.
- Behavioral and social contexts are important to its development and treatment.
- Medications are intended to normalize brain structure and function.

Brain circuits involved in drug use disorder



Conclusion 1

Opioid use disorder is a
treatable chronic brain disease



Most people who could benefit from medications for OUD do not receive them

- Only 20% of people with OUD receive any type of treatment in a given year, and fewer receive medication-based treatment
- Only 6% of substance use disorder facilities offered all three medications in 2016.

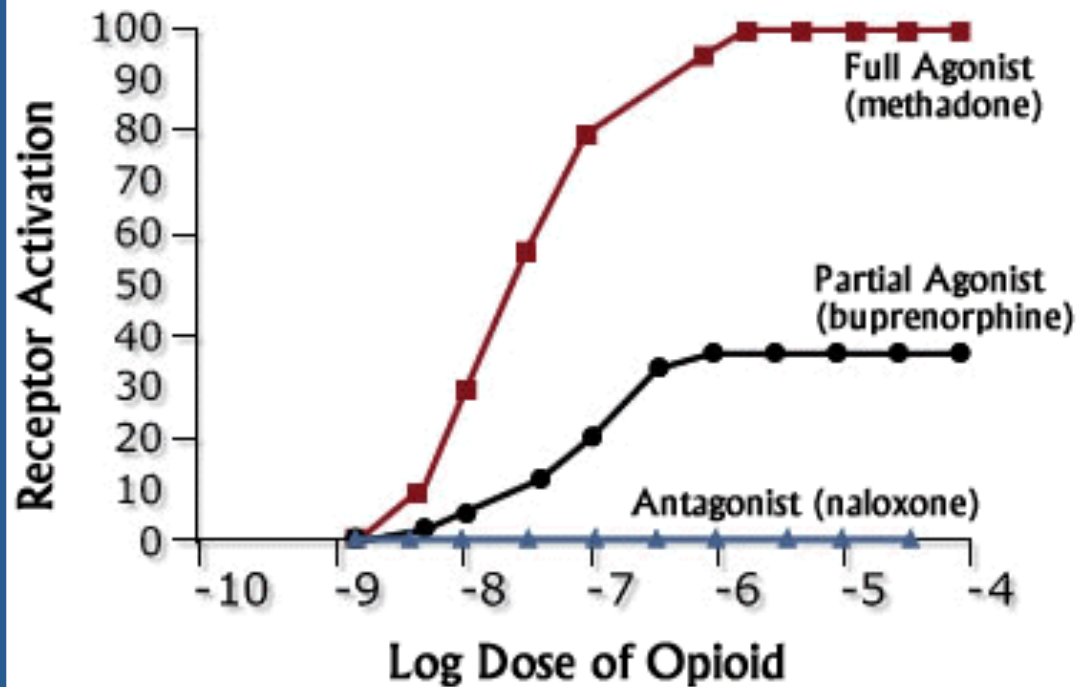
Conclusion 2

FDA-approved medications to
treat OUD are effective and
save lives

Medications to treat OUD are effective and save lives

- Methadone, buprenorphine and extended-release naltrexone are FDA-approved for OUD.
- Methadone and buprenorphine have decades of evidence demonstrating decreased risk of all-cause and opioid overdose related deaths.
 - Also linked with better long-term outcomes and improved social functioning.
- All three medications reduce opioid use and cravings.

Receptor Activation: Full Agonist, Partial Agonist, Antagonist





Most people who could benefit from medications for OUD do not receive them

- Opioid overdose is a leading cause of death for those recently released from incarceration
- 5% of people with OUD in the US who are incarcerated receive medication treatment



Conclusion 3

Long-term retention on medication for OUD is associated with improved outcomes

Conclusion 4

A lack of availability of behavioral interventions is not sufficient justification to withhold medications to treat OUD

Conclusion 5

Most people who could benefit from medication-based treatment for OUD do not receive it, and access is inequitable across subgroups of the population

Major barriers to access and use of medications for OUD include

- High levels of misunderstanding and stigma among public and professionals
- Inadequate professional education
- Current regulations around methadone and buprenorphine
- Fragmented system of care, and current financing and payment policies

Common Misconceptions About Opioid Use

Myths

- ✗ Opioid addiction is a choice or moral failure.
- ✗ Detox is a sufficient treatment for opioid addiction.
- ✗ Methadone and buprenorphine treatments are just replacing one drug with another.
- ✗ One has to be in an addiction treatment program in order to access medications for opioid use disorder.

Facts

- ✓ Opioid addiction is a medical condition with a biochemical basis and effective treatments.
- ✓ Detox alone is not recommended. FDA-approved medications save lives and should be a part of all treatment regimens.
- ✓ Medication assisted treatment reduces craving and prevents withdrawal. Medications reduce opioid related death by up to 50%.
- ✓ Medications such as buprenorphine and naltrexone can be prescribed by addiction specialists and licensed primary care doctors. Ask your doctor if they are licensed to prescribe buprenorphine.



Conclusion 6

Withholding or failing to have available all classes of FDA-approved medication for the treatment of OUD in any care or criminal justice setting is denying appropriate medical treatment

Conclusion 7

Confronting the major barriers to the use of medications to treat OUD is critical to addressing the opioid crisis

Major barriers to access and use of medications for OUD include

- High levels of misunderstanding and stigma among public and professionals
- Inadequate professional education
- Current regulations around methadone and buprenorphine
- Fragmented system of care, and current financing and payment policies

Key Messages

- Opioid use disorder is a treatable chronic brain disease and should be treated accordingly
- Medications for OUD are effective and save lives
- Medications are not available to many people who need them; denying access to them is denying appropriate medical treatment

Knowledge gaps and research needs

- Long-term comparisons of FDA-approved medications
- Studies on which behavioral interventions are most beneficial for which patients
- Specific treatment guidelines for subpopulations
- Development of new medications, approaches and formulations
- Research on how to drive real system-level changes to increase access and use of medications for OUD

Free PDF of the report is available at
nationalacademies.org/OUTTreatment

