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The Case for Medication-Assisted Treatment

MAT can help people with opioid use disorders, but few have access

Overview

Every 16 minutes, a person in the United States dies from an opioid overdose.¹ Opioid use disorder (OUD) is a chronic brain disease caused by the recurrent use of opioids, including prescription drugs such as oxycodone or hydrocodone and illicit substances such as heroin. Over time, a person with OUD becomes dependent on these drugs in higher and higher doses. This can lead to an overdose or death.

Prescription opioid overdose, misuse, and dependence cost the U.S. over \$78 billion a year in health care, criminal justice, and lost productivity costs

Source: Curtis S. Florence et al., "The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013" *Medical Care* 54, no. 10 (2016): 901-6, http://journals.lww.com/lww-medicalcare/Abstract/2016/10000/The_Economic_Burden_of_Prescription_Opioid.2.aspx

Like other chronic diseases such as diabetes or heart disease, OUD can be treated. The most effective therapy, called medication-assisted treatment (MAT), combines counseling or other behavioral therapy with medications approved by the Food and Drug Administration (FDA). The medications work to relieve the symptoms of opioid withdrawal or block the effects of opioids while behavioral therapies help patients improve coping skills and reduce the likelihood of relapse.²

Effectiveness of MAT

MAT = FDA-approved medication + behavioral therapy

FDA-approved medications include: buprenorphine, methadone, naltrexone

Behavioral therapies can include: counseling, family therapy, peer support programs

Patients who use medications to treat their OUD remain in therapy longer than people who don't; they are also less likely to use illicit opioids.³ In addition, MAT helps to decrease overdose deaths⁴ and improve other health outcomes, such as reducing the transmission of infectious diseases, including HIV and hepatitis C.⁵

MAT is supported by organizations representing medical and behavioral health care providers, including the American Society of Addiction Medicine and National Council for Behavioral Health, patient advocacy groups, and federal entities including the White House Office of National Drug Control Policy and the surgeon general.⁶

Treatment gap

Despite MAT's demonstrated effectiveness, many people do not have access to this therapy. Across the country, the number of people with opioid dependence far exceeds treatment capacity.⁷ Further, only 23 percent of publicly funded treatment programs report offering any FDA-approved medications to treat substance use disorders, and less than half of private-sector treatment programs reported that their physicians prescribed FDA-approved medication.⁸

In some areas, geography can contribute to difficulties in accessing MAT. For example, 53 percent of U.S. counties do not have a physician with the special waiver required to prescribe buprenorphine, one of the medications used for OUD treatment. This waiver is available only to physicians with an advanced certification or those completing eight hours of training; nurse practitioners and physician assistants can obtain this license after completing 24 hours of training.⁹

Even when a patient has access to a waived prescriber, the full spectrum of drugs and behavioral therapies recommended by clinical guidelines may not be included in insurance benefits. Some treatments may also be covered only for a short period, which limits their effectiveness.¹⁰

The stigma often associated with substance use disorders—driven by perceptions that they are moral failings rather than chronic diseases—can exacerbate these treatment barriers. For example, negative attitudes among health care professionals toward people with OUD can contribute to a reluctance to treat these patients.¹¹



Stigma has created an added burden of shame that has made people with substance use disorders less likely to come forward and seek help."

—Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health 2016

Closing the treatment gap

To increase access to MAT:

- Policymakers should ensure sufficient and ongoing availability of state and federal funding to expand access to OUD treatment.
- Public and private insurers should cover all FDA-approved medications and behavioral health services recommended by clinical guidelines for the treatment of OUD. This includes removing arbitrary dosing and duration restrictions.
- Cross-sector stakeholders, including representatives from law enforcement, public health, and patient care, should be involved in efforts to reduce stigma and barriers to treatment for this chronic disease.

Endnotes

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- 6 Substance Abuse and Mental Health Services Administration, "Medication-Assisted Treatment (MAT) Support Organizations," last modified Sept. 25, 2015, <http://www.samhsa.gov/medication-assisted-treatment/training-resources/support-organizations>; National Council for Behavioral Health, letter to the Substance Abuse and Mental Health Services Administration, May 26, 2016, <http://www.thenationalcouncil.org/wp-content/uploads/2016/05/NPRM-Medication-Assisted-Treatment-2.pdf>.
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