

# Medication-assisted treatment:

An effective yet underused intervention for treating opioid use disorder

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Opioid use disorder (OUD) is a chronic medical condition of epidemic proportions, yet one of the most promising, evidence-based treatments for OUD is underused. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), medication-assisted treatment (MAT), combined with evidence-based behavioral interventions, is an effective treatment for OUD. Yet fewer than half of individuals struggling with opioid or heroin use disorders receive MAT.<sup>1</sup> The United States is in the midst of a public health crisis.

For those who do receive MAT to help with OUD, common medications include methadone, buprenorphine and naltrexone. Prescriptions are based on an individual's personal and clinical needs. Though MAT may be used during inpatient treatment, it is more often administered in an outpatient setting. The positive effects of MAT are well documented. MAT is associated with a marked reduction in overdose deaths.<sup>2</sup> And — critically important — MAT has proven successful at retaining patients in treatment.<sup>3</sup>

In addition, recent studies have revealed promising long-term outcomes for MAT participants. The research showed that individuals who receive MAT are 50 percent more likely to remain free of opioid misuse, compared to those who receive detoxification or psychosocial treatment alone.<sup>4</sup> Unlike MAT, the traditional approach to treating OUD has individuals undergo a medically supervised detoxification process. They are then weaned off the opioid and return home. But this approach doesn't treat the chronic nature of OUD or its effects on the brain. Without appropriate maintenance medication to subdue cravings and adequate psychosocial support, most people experience recurrence.<sup>5</sup> The results are often tragic. Even a brief abstinence from opioids can reduce a person's tolerance level, which leads to a greater chance of overdose with later opioid use.<sup>6</sup>

Given that OUD is a chronic medical condition, it can't be cured by short-term interventions. A more effective approach is to manage it over an extended period of time. MAT pairs therapies such as counseling or cognitive behavior therapy with FDA-approved medications to treat substance use disorders and prevent opioid overdose.<sup>7</sup>

So why is MAT not used more often in treating OUD?



MAT pairs therapies such as counseling with FDA-approved medications.

## Barriers to MAT

Despite MAT's powerful outcomes, it has been adopted in fewer than half of private-sector treatment programs.

Barriers to MAT may include lack of treatment capacity and a lack of providers certified in MAT, deficits most profound in rural areas. To address this problem, Optum has developed one of the most robust MAT networks in the nation. Further, some providers may be reluctant to take the 8-hour training required for MAT and apply for the federal waiver because they, or their office neighbors, do not want people with substance use disorders frequenting their practice. This may explain why a substantial number of providers who have undergone the required training still are not treating patients with MAT.<sup>9</sup>

The stigma about using drugs to treat OUD also creates a barrier. Many providers, patients and members of the substance use treatment and communities object to MAT. They mistakenly believe that it replaces one dangerous drug with another. But we wouldn't withhold insulin from a diabetic, for example.

MAT drugs block cravings, allowing individuals to lead normal lives — with family, work or school — while undergoing treatment.

## Treatment for a chronic medical condition

Dr. Dan Karlin, an Optum® Behavioral Health provider board-certified in psychiatry and substance use disorder medicine, is an advocate for MAT and, more specifically, for buprenorphine. "Buprenorphine is the single most effective medication in psychiatry. It's more effective than antidepressants for depression," Dr. Karlin says.

Along with buprenorphine, "the treatment of comorbid conditions is incredibly important," he says. Through psychotherapy, patients can start addressing their substance use disorder and then move on to other underlying and emerging troubles.

Therefore, a comprehensive treatment plan consists of three elements:

1. Medication used to manage the effects of withdrawal from the opiates
2. Therapy or counseling, such as cognitive behavioral therapy, which may also help provide the patient with skills to aid in recovery
3. Connection to long-term support that will encourage patients to stay engaged in treatment, preventing the risk of recurrence

MAT medications can alleviate cravings and withdrawal symptoms, and block the effects of opioids in the event of recurrence. They also adjust the chemical imbalances in the brain created throughout the development of an addiction.

At the proper dose, MAT substances do not impair a person's intelligence, mental capability, physical functioning or employability. On the contrary, they allow people to more fully engage in such proven behavioral interventions as counseling and begin to reclaim their lives. Many people stay on a maintenance dose of medication for years.

To overcome barriers and the stigma of MAT treatment for OUDs, Optum Behavioral Health is working to educate providers, health plans, the recovery community and the public in general to see MAT as a safe and accessible path to recovery. We believe in the effectiveness of MAT and have developed a nationwide network of MAT providers; in fact, 90 percent of our members are within 20 miles of a MAT provider.<sup>10</sup>

Working together, we can take on this public health crisis by advancing proven treatment methods and bringing dignity to those who suffer from the chronic medical condition that is OUD.



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