National Academies Report Calls for Removing the Stigma and Barriers Against Medications for Opiod Addiction

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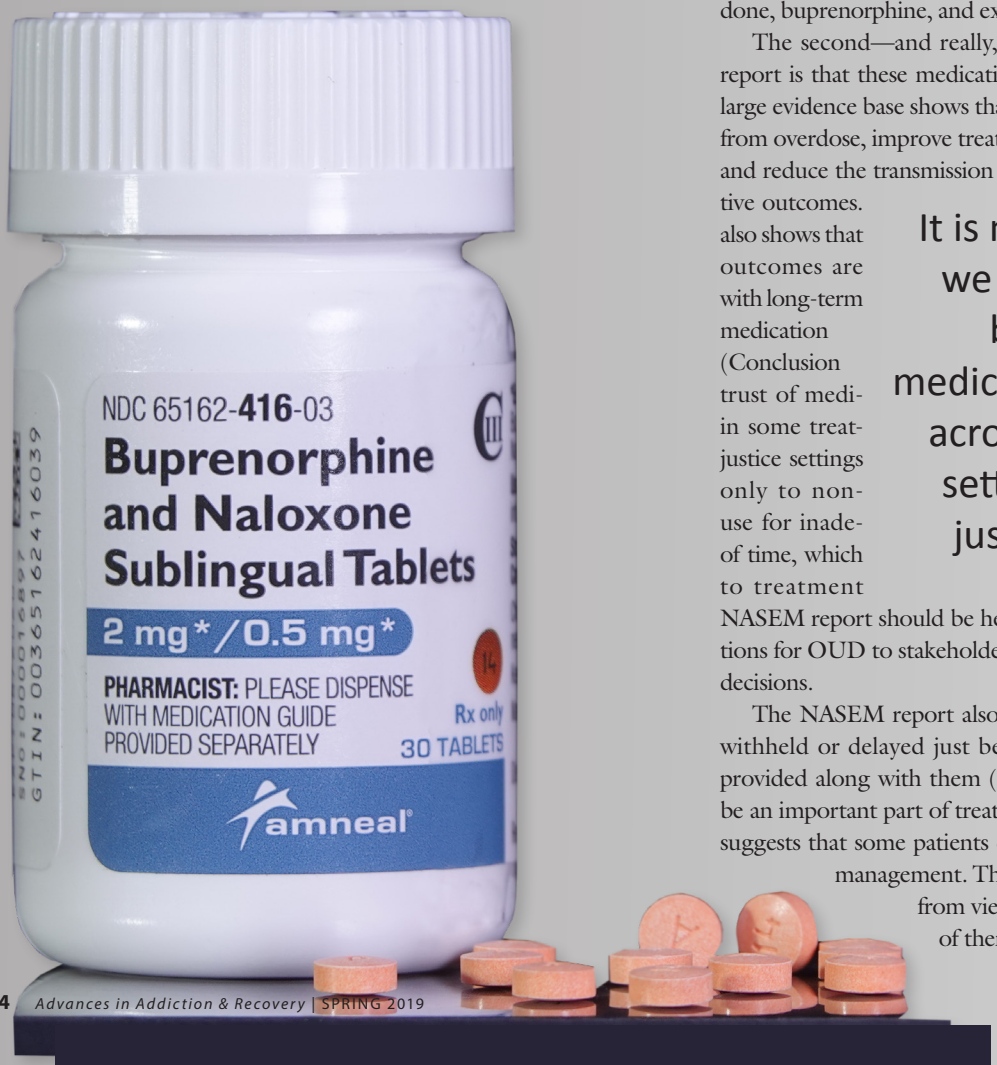
In September 2018, the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) asked the National Academies of Science, Engineering, and Medicine (NASEM) to develop an independent report on medications for opioid use disorder (OUD). NASEM's mission is to provide objective, authoritative answers to pressing scientific questions affecting the nation. They convened an expert committee to review all of the existing scientific evidence on the efficacy and utilization of medications and gaps where further research is needed, and the committee presented their consensus report in March of this year (National Academies of Sciences, Engineering, and Medicine, 2019). The report is a timely and unambiguous statement of how crucial medications are in the treatment of a life-threatening condition that now afflicts 2.1 million people in the United States (Center for Behavioral Health Statistics and Quality, 2018).



OUD is a treatable chronic brain disease. This is the first conclusion of the NASEM report, and it is one that NIDA has also advanced for many years (see Box for a list of the report's seven conclusions). Yet deeply entrenched mindsets—about addiction as a moral failing or about willpower as the sole basis for recovery—are hard to change among the wider public and even in many sectors of healthcare or the justice system that have less experience in addressing substance use disorders. These lingering prejudices, along with abstinence-only attitudes inherited from old recovery models, have impeded the uptake of effective FDA-approved medications—methadone, buprenorphine, and extended-release naltrexone.

The second—and really, bottom line—conclusion of the NASEM report is that these medications are effective and that they save lives. A large evidence base shows that these medications reduce the risk of death from overdose, improve treatment retention, improve social functioning, and reduce the transmission of infectious disease, along with other positive outcomes. Evidence also shows that improved outcomes are associated with long-term retention in medication treatment (Conclusion #3). The distrust of medications seen in some treatment and justice settings translates not only to non-use but also use for inadequate lengths of time, which may lead to treatment failure. The NASEM report should be helpful in demonstrating the value of medications for OUD to stakeholders, including insurers as they make coverage decisions.

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The NASEM report also concludes that medications should not be withheld or delayed just because behavioral interventions cannot be provided along with them (Conclusion #4). Behavioral treatments can be an important part of treatment, but NASEM's review of the evidence suggests that some patients do well solely with medication and medical management. This conclusion reflects a shift in the field, away from viewing medications as "assisting" other forms of therapy toward viewing them as the standard of

medical care for OUD.

At NIDA, we have stressed for years that medications for OUD are grossly underutilized. Data reviewed by the NASEM committee show that only a fifth of those who could benefit from these medications receive them and that there are gross disparities in access to this standard-of-care treatment (Conclusion #5). Yet medications are effective across all populations and treatment settings, and thus withholding them in any setting is to deny appropriate medical treatment (Conclusion #6). The wording of the NASEM report is direct: "Given that these medications are known to save lives, it is arguable that withholding them from persons with OUD is unethical, as withholding insulin or blood pressure medications would be" (National Academies of Sciences, Engineering, and Medicine, 2019).

It is necessary that we confront the barriers to medication utilization across healthcare settings and the justice system (Conclusion #7). Research in recent years has shown the importance of initiating buprenorphine in emergency rooms rather than simply referring patients who have overdosed to treatment, for example (D'Onofrio G, O'Connor PG, Pantalon MV, et al., 2015). And several studies have shown the benefits of providing medication treatment for OUD in prison or initiating such treatment prior to release (Moore KE, Roberts W, Reid HH, et al., 2018). The high fatality rate from overdoses in the period following release into the community makes wider adoption of medications in these settings crucial.

As part of removing barriers, the writers of the NASEM report recommend re-evaluating the utility of regulations around agonist medications that are unnecessary or not supported by evidence, as well as addressing the fragmentation of current addiction treatment in the U.S. It also recommends working to remove the difficulties associated with being reimbursed for these treatments.

There are still gaps in our knowledge base. The report stresses the need for more research, for instance to widen the range of available formulations and medications, as well as understand how to choose the right medication for an individual patient. We also need research to determine appropriate lengths of treatment for different severities of opioid use disorder and whether medications differ in how long they should be given. Some of these urgent questions are the focus of research that will be funded by the NIH HEAL (Helping to End Addiction Long-termSM) Initiative, which expanded the budgets of NIDA and other NIH Institutes whose work is relevant to the entwined crises of opioid addiction and pain (National Institutes of Health, 2019).

Addiction counselors have an important role to play, by working to overcome the stigma and misunderstanding about addiction and people with addiction, as well as helping educate the public and policymakers about the reality of addiction as a brain disease and the efficacy of medications in treating it. They can also encourage their patients to participate in the many research studies for new treatments being funded by NIH.

As an independent assessment of the current state of the research from a major authority in health, the NASEM report now provides added weight when trying to change hearts and minds of those holding outmoded attitudes against use of medication in treating opioid addiction. It cannot be stressed enough: withholding life-saving medications for OUD is unethical. Given the dangers of untreated OUD, lack of access to medications for opioid use disorders puts lives at risk, and clinics currently reluctant or unable to provide medication are likely to find themselves "peer pressured" to update their treatment philosophy and protocols to meet what is now the accepted standard of care for opioid addiction.

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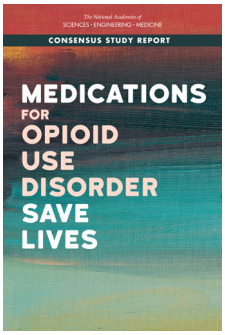
Conclusions of the NASEM Consenus Study Report: Medications for Opiod Use Disorder Save Lives



1. Opioid use disorder is a treatable chronic brain disease.

2. U.S. Food and Drug Administration (FDA)-approved medications to treat opioid use disorder are effective and save lives.

3. Long-term retention on medications to treat opioid use disorder is associated with improved outcomes.

4. A lack of availability of behavioral interventions is not a sufficient justification to withhold medications to treat opioid use disorder.

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

6. Medication-based treatment is effective across all treatment settings studied to date. 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.

7. Confronting the major barriers to the use of medications to treat opioid use disorder is critical to addressing the opioid crisis.