

# States, Insurance Companies Thwart Use of Medication to Reverse Opioid Epidemic

BY STUART GITLOW, MD, PRESIDENT OF THE AMERICAN SOCIETY OF ADDICTION MEDICINE

Drug overdose death rates in the United States have more than tripled since 1990, and today kill more people than traffic crashes, according to the Centers for Disease Control and Prevention.

And yet, state governments and insurance companies regularly deny patients access to FDA-approved medications that could help reverse the epidemic of opioid addiction and overdose deaths. A new report released by the American Society of Addiction Medicine (ASAM) examined the effectiveness of opioid medications and found these medications to be effective, safe and cost-effective when used for long-term maintenance treatment. The study, by the Treatment Research Institute and The AVISA Group, found that the costs for these medications to treat opioid addiction are roughly comparable to costs for diabetes medications.

The study also reviewed restrictions on these medications and found that nearly every state and most insurance companies are arbitrarily restricting their use. Restrictions vary widely from state to state and from insurance company to insurance company, with almost none of them adhering to best practices research-based protocols for these medications.

The report included a meta-analysis of research on the effectiveness of buprenorphine, including brand names Suboxone and Subutex, Methadone and injectable extended-release naltrexone, including brand name Vivitrol. The report concludes that the disease of opioid addiction is best managed with an appropriate combination of treatments, including family engagement, behavioral interventions and medications.

Evidence shows that we could be saving lives and effectively treating the disease of addiction if state governments and insurance companies remove roadblocks to the use of these medications. Treatment professionals need every evidence-based tool available to end suffering from this chronic disease.

Medical science supports the use of addiction medications to treat the disease of addiction. This science should be the basis of state policies, insurance coverage and national standards for the treatment of addiction, the report found. Also, the report brings attention to the fact that addiction is a treatable chronic disease with success and relapse rates comparable to other chronic diseases such as diabetes and hypertension.

None of the medications by themselves should be considered effective treatments for opioid dependence. All medications are designed for use as part of comprehensive treatment strategies that usually include counseling, social supports and behavioral change strategies. But the medications can be vital treatment components that raise treatment success rates, research shows.

Whitney Englander, a patient in long-term recovery using buprenorphine, reported she was regularly denied access to medication even after she and her doctor completed exhaustive paperwork for the necessary pre-authorization. Ms. Englander told her story at a recent summit on addiction medications. She said she was often forced to pay for her medication out of pocket or risk relapse. Her insurance company, she said, arbitrarily decided that she shouldn't receive the dosage of buprenorphine prescribed by her addiction medicine doctor.

"This is discrimination — pure and simple," she said. "Insurance companies would never deny insulin to a person with diabetes. States would never pass laws limiting Medicaid coverage of medication for hypertension. Yet people with addiction are routinely treated this way."

The report found one of the biggest hurdles to overcoming this arbitrary denial of access is the stigma associated with addiction treatment medications. Many people — including those working in treatment and recovery — believe it is somehow wrong to treat the disease of addiction with medication. However, these medications have shown good success in helping opioid addiction patients recover and lead healthy and productive lives.

State governments and insurance companies must recognize that their policies restricting access to FDA-approved opioid addiction medications are causing preventable suffering and death. And treatment professions need to overcome their own prejudices against addiction medications and begin using them in comprehensive treatment protocols for the disease of addiction.

To read the full report, go to <http://www.asam.org/docs/advocacy/Implications-for-Opioid-Addiction-Treatment>.



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