

# Making the Case for Medication



Great Lakes (HHS Region 5)

ATTC

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

## Medication-assisted Treatment Fact Sheet #3

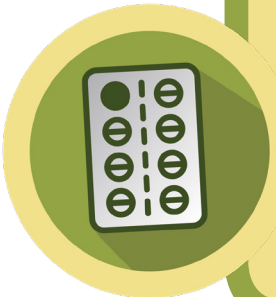
A growing body of research supports the effectiveness of FDA-approved medications as part of a comprehensive treatment plan for people with opioid use disorders. See references, reverse side.

### THE APPROVED MEDICATIONS INCLUDE:

MEDICATION	TYPE OF MEDICATION	WHAT IT DOES
Buprenorphine (Suboxone®, Subutex®)	Partial opioid agonist	Reduces cravings and withdrawal
Methadone	Full opioid agonist	Reduces cravings and withdrawal
Naltrexone (Vivitrol®)	Opioid antagonist	Blocks the effects of opioids

### Medications improve treatment outcomes

- Buprenorphine improves treatment engagement, reduces cravings and mortality, and improves psychosocial outcomes.<sup>1,2</sup>
- Opioid agonist therapy increases one year-treatment retention rates to more than 60%.<sup>3</sup>
- Patients treated with methadone or buprenorphine were less than half as likely to relapse when compared to patients treated without medication.<sup>4</sup>
- Extended-release naltrexone vs. buprenorphine: Both medications can be effective in an opioid use disorder treatment plan.<sup>5,6</sup>



### Medications reduce overdose deaths

- Annual heroin-related overdose deaths in Baltimore decreased by 37% after buprenorphine became available in 2003.<sup>7</sup>
- Opioid-related overdose deaths have declined by 79% since buprenorphine was introduced in France in 1995.<sup>8</sup>
- Long-term use of opioid agonist therapy reduces overdose mortality by half or more.<sup>9</sup>



### Medications reduce health care and criminal justice costs

- Cost of care for opioid-dependent patients was lower if they received treatment with methadone<sup>10</sup> or buprenorphine.<sup>11</sup>
- Methadone and buprenorphine treatment episodes reduced total healthcare costs by \$153 to \$223 per month.<sup>12</sup>
- Expanding medication-assisted treatment in California's publicly-funded opioid treatment programs could produce greater health benefits, with projected cost savings of up to \$3.8 billion.<sup>13</sup>

## References:

# Making the Case for Medication

## Medication-assisted Treatment Fact Sheet #3



Great Lakes (HHS Region 5)

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

### Medications improve treatment outcomes

<sup>1</sup> Mattick, R.P., Kimber, J., Breen, C. & Davoli, M. (2008). Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database of Systematic Reviews*, Issue 2. Art.No.: CD002207.

<sup>2</sup> Amato, L., Minozzi, S., Davoli, M., & Vecchi, S. (2011). Psychosocial combined with agonist maintenance treatments versus agonist maintenance treatments alone for treatment of opioid dependence. *Cochrane Database of Systematic Reviews*, Issue 10. Art. No.: CD004147.

<sup>3</sup> Bart, G. (2012). Maintenance medication for opiate addiction: the foundation of recovery. *Journal of Addictive Diseases*, 31(3), 207-225.

<sup>4</sup> Clark, R. E., Samnaliev, M., Baxter, J. D., & Leung, G. Y. (2011). The evidence doesn't justify steps by state Medicaid programs to restrict opioid addiction treatment with buprenorphine. *Health Affairs*, 30(8), 1425-1433.

<sup>5</sup> Lee, J.D., Nunes, E.V., Novo, P., Bacharch, K., Baily, G.L., Bhatt, S.,... & King, J. (2017). Comparative effectiveness of extended-release naltrexone versus buprenorphine-naloxone for opioid relapse prevention (X:BOT): a multicenter, open-label, randomized controlled trial. *The Lancet*.

<sup>6</sup> Tanum L, Solli, KK, Latif ZE, et al. The effectiveness of injectable extended-release naltrexone vs. daily buprenorphine for opioid dependence: a randomized clinical noninferiority trial. *JAMA Psychiatry* 2017; published online Oct.18. DOI:10.1001/jamapsychiatry.2017.3206.

### Medications reduce overdose deaths

<sup>7</sup> Schwartz, R. P., Gryczynski, J., O'Grady, K. E., Sharfstein, J. M., Warren, G., Olsen, Y., ... & Jaffe, J. H. (2013). Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland, 1995–2009. *American Journal of Public Health*, 103(5), 917-922.

<sup>8</sup> Auriacombe, M., Fatséas, M., Dubernet, J., Daulouede, J. P., & Tignol, J. (2004). French field experience with buprenorphine. *American Journal on Addictions*, 13(sup1), S17-S28.

<sup>9</sup> Sordo, L., Barrio, G., Bravo, M. J., Indave, B. I., Degenhardt, L., Wiessing, L., ... & Pastor-Barriuso, R. (2017). Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ*, 357, j1550.

### Medications reduce health care and criminal justice costs

<sup>10</sup> McCarty, D., Perrin, N. A., Green, C. A., Polen, M. R., Leo, M. C., & Lynch, F. (2010). Methadone maintenance and the cost and utilization of health care among individuals dependent on opioids in a commercial health plan. *Drug and Alcohol Dependence*, 111(3), 235-240.

<sup>11</sup> Lynch, F. L., McCarty, D., Mertens, J., Perrin, N. A., Green, C. A., Parthasarathy, S., ... & Pating, D. (2014). Costs of care for persons with opioid dependence in commercial integrated health systems. *Addiction Science & Clinical Practice*, 9(1), 16.

<sup>12</sup> Clark, R. E., Baxter, J. D., Aweh, G., O'Connell, E., Fisher, W. H., & Barton, B. A. (2015). Risk factors for relapse and higher costs among Medicaid members with opioid dependence or abuse: opioid agonists, comorbidities, and treatment history. *Journal of Substance Abuse Treatment*, 57, 75-80.

<sup>13</sup> Krebs, E., Enns, B., Evans, E., Urada, D., Anglin, M. D., Rawson, R. A., ... & Nosyk, B. (2018). Cost-Effectiveness of Publicly Funded Treatment of Opioid Use Disorder in California. *Annals of Internal Medicine*, 168(1), 10-19.