

# 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, <sup>®</sup> Subutex <sup>®</sup> , Zubsolv <sup>®</sup> , Bunavail <sup>®</sup> , Probuphine <sup>®</sup> , Sublocade <sup>®</sup> )	Partial opioid agonist	Reduces cravings and withdrawal
Methadone	Full opioid agonist	Reduces cravings and withdrawal
Naltrexone (Vivitrol <sup>®</sup> )	Opioid antagonist	Blocks the effects of opioids

### Medications improve treatment outcomes

- Buprenorphine improves treatment engagement, reduces cravings and mortality, and improves psychosocial outcomes.<sup>1,2,3</sup>
- Opioid agonist therapy increases one year-treatment retention rates to more than 60%.<sup>4</sup>
- Patients treated with methadone or buprenorphine were less than half as likely to relapse when compared to patients treated without medication.<sup>5</sup>
- Extended-release naltrexone vs. buprenorphine: Both medications can be effective in an opioid use disorder treatment plan.<sup>6,7</sup>



### MAT can be Accessible to Minorities or BIPOC <sup>8,9</sup>

- Use culturally sensitive approaches (i.e., multilingual TV, radio, or social media public awareness campaigns) to reduce the stigma associated with MAT.
- Use peer support, community health workers, and partnerships with faith and community-based organizations.
- Offer culturally sensitive interventions specific to the population served.

### Medications reduce overdose deaths <sup>10</sup>

- Annual heroin-related overdose deaths in Baltimore decreased by 37% after buprenorphine became available in 2003.<sup>11</sup>
- Opioid-related overdose deaths have declined by 79% since buprenorphine was introduced in France in 1995.<sup>12</sup>
- Long-term use of opioid agonist therapy reduces overdose mortality by half or more.<sup>13</sup>

### Medications reduce health care and criminal justice costs<sup>14</sup>

- Cost of care for opioid-dependent patients was lower if they received treatment with methadone<sup>15</sup> or buprenorphine.<sup>16</sup>
- Methadone and buprenorphine treatment episodes reduced total healthcare costs by \$153 to \$223 per month.<sup>17</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>18</sup>



## References:

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### Medications improve treatment outcomes

<sup>1</sup>Amram, O., Amiri, S., Panwala, V., Lutz, R., Joudrey, P. J., & Socias, E. (2021). The impact of relaxation of methadone take-home protocols on treatment outcomes in the COVID-19 era. *The American Journal of Drug and Alcohol Abuse*, 47(6), 722-729.

<sup>2</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>3</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>4</sup>Bart, G. (2012). Maintenance medication for opiate addiction: the foundation of recovery. *Journal of Addictive Diseases*, 31(3), 207-225.

<sup>5</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>6</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>7</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.

<sup>8</sup>Substance Abuse and Mental Health Services Administration: The Opioid Crisis and the Hispanic Latino Population: An Urgent Issue. Publication No. PEP20-05-02-002. Office of Behavioral Health Equity. Substance Abuse and Mental Health Services Administration, 2020.

<sup>9</sup>Substance Abuse and Mental Health Services Administration: The Opioid Crisis and the Black/African American Population: An Urgent Issue. Publication No. PEP20-05-02-001. Office of Behavioral Health Equity. Substance Abuse and Mental Health Services Administration, 2020

### Medications reduce overdose deaths

<sup>10</sup>Wakeman, S. E., Larochelle, M. R., Ameli, O., Chaisson, C. E., McPheeters, J. T., Crown, W. H., ... & Sanghavi, D. M. (2020). Comparative effectiveness of different treatment pathways for opioid use disorder. *JAMA network open*, 3(2), e1920622-e1920622. Add new reference here:

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<sup>13</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>14</sup>SAMHSA (2019). Medication-assisted treatment in the Criminal Justice System: Brief Guidance to the States

<sup>15</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.

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<sup>18</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.