EVIDENCE-BASED STRATEGIES FOR OPIOID ABATEMENT

Medications for opioid use disorder (MOUD)

HEALTHY MINDS POLICY INITIATIVE

Medications for opioid use disorder (MOUD) is the **front-line approach for treatment of people with opioid use disorder.** About 2.5 million people in the U.S. have opioid use disorder, but only 1 in 5 receive MOUD, an evidence-based approach that uses FDA-approved medications often in combination with comprehensive support services like medical care, mental health treatment, addiction counseling, and recovery support.[1, 2, 3]

Overview of the strategy

The FDA has approved three medications for the treatment of opioid use disorder: methadone, buprenorphine, and naltrexone. These medications have been shown to be safe and effective in treating opioid use disorder, and buprenorphine and methadone have specifically been proven to reduce opioid-related deaths. MOUD serves two primary functions in treating opioid use and related complications: short-term, medically-managed detoxification to reduce cravings and withdrawal symptoms, and long-term treatment.

How and where MOUD is provided depends on the type of medication:

- Methadone, the oldest and most heavily regulated form of MOUD, must be prescribed in an opioid treatment program
  - Initially, patients must visit the opioid treatment program daily and meet requirements for support services to receive their medication
  - As patients reach milestones, they become eligible for take-home doses
- Buprenorphine can be prescribed by any medical provider who holds a DEA registration
- Naltrexone is generally more readily available because any licensed prescriber is permitted to prescribe it
- Buprenorphine and naltrexone can be prescribed in general health care settings, such as primary care clinics, community health centers, and Certified Community Behavioral Health Clinics

About us

Healthy Minds Policy Initiative is a nonprofit LLC contracted by the Oklahoma Office of the Attorney General to support the Oklahoma opioid abatement grant program.

Focus population

MOUD is the standard of care for anyone with opioid use disorder, including high-risk populations like people involved in the justice system and pregnant or parenting people.[4] MOUD should be considered as first-line treatment for all individuals with opioid use disorder, but it is especially important for populations at greater risk, such as incarcerated people, people who have experienced an overdose, and people who are pregnant or parenting:

MOUD for incarcerated people

Individuals with opioid use disorder are disproportionately represented in the criminal legal system and can face a higher risk for overdose after they are released. During incarceration, people often lose any tolerance they had built up to illicit opioids; after release, they may return to their usual dose, which

can lead to an overdose. However, MOUD provided in correctional settings reduces overdose deaths and helps people stay on medication after release. In fact, formerly incarcerated individuals receiving MOUD are 85% less likely to die from a drug overdose in the first month after release and have a 32% lower risk of re-arrest.[5]

Despite this, many correctional facilities do not provide or only partially provide these medications, with many totally banning MOUD. This approach leads to forced withdrawal and a higher risk of overdose upon release. Some jails and prisons offer naltrexone-only programs, despite the lack of evidence that it is more effective than methadone, buprenorphine, or combination products. (Starting naltrexone requires 7-10 days of opioid abstinence prior, which means a person has to go through painful withdrawal symptoms before the medication can be administered.) Best practices suggest that jails and prisons should offer the full spectrum of MOUD, but this has only been implemented in a handful of facilities nationwide.

MOUD for pregnant and parenting people

MOUD for pregnant and parenting people has been shown to reduce illicit opioid use, overdose risk, pregnancy complications, and improves maternal and fetal outcomes for pregnant and breastfeeding women. Opioid use during pregnancy has drastically increased in recent years — some studies have found that up to 21% of pregnant patients use opioids at some point during their pregnancy.[6] MOUD is the recommended therapy for pregnant women with opioid use disorder and is preferable to medically supervised withdrawal.[7, 8] Research indicates that MOUD poses less risk to the pregnant person and the infant than if the person did not receive treatment. Despite this, only 50 to 60% of pregnant people with opioid use disorder receive medication for treatment.[9]

MOUD benefits pregnant patients by:

- Stabilizing opioid withdrawal symptoms, reducing the risk of miscarriage and pre-term labor[10]
- Lowering the risk of overdose, which is a leading cause of maternal death[11]
- Increasing engagement in perinatal care[12]
- Providing a safer environment for fetal development, compared to repeated cycles of withdrawal
- Reducing the risk of neonatal abstinence syndrome[13]
- Allowing for breastfeeding so long as the patient is on an opioid agonist, such as methadone and buprenorphine[14]

MOUD as an opioid abatement strategy

MOUD is considered a critical opioid abatement strategy because of its effectiveness in improving treatment retention and reducing opioid-related harms (such as disease transmission) and overdose deaths. It is also associated with decreased involvement in the criminal legal system.

MOUD is considered a cornerstone in reducing the harms of illicit opioid use illicit use of opioids because it addresses multiple drivers of the opioid epidemic: it prevents overdose deaths by reducing cravings and stabilizing

brain chemistry to prevent cycles of relapse and overdose.[15] MOUD also reduces health care costs by preventing overdoses, emergency room visits, and hospitalizations, saving health care systems money.[16]

Implementation considerations

- Provide equal access to all three FDA-approved medications to treat opioid use disorder: methadone, buprenorphine, and extended-release naltrexone
- Remove cost barriers for people with limited or no insurance or to continue treatment for parenting patients who may lose Medicaid benefits after giving birth
- Increase access to medications for opioid use disorder in rural communities through mobile clinics and telehealth
- Use of long-acting injectables, such as extended-release naltrexone (also known as Vivitrol) and injectable buprenorphine, can improve access to care and treatment adherence

Additional reading and resources

The FDA's Information about Medications for Opioid Use Disorder provides an overview of MOUD including how to advance evidence-based practices and other related resources.

SAMHSA's resource on substance use disorder treatment options provides an overview of MOUD as well as information about the medications used in MOUD.

ASAM's Pocket Guide and Patients, Families, and Friends provides an overview of MOUD, including information on assessment, treatment overview, and all the medications available to treat OUD and overdose.

ASAM's National Practice Guideline for the Treatment of Opioid Use Disorder is intended to inform and empower clinicians, health system and criminal justice administrators, and policymakers about evidence-based practices aimed at improving outcomes for individuals with OUD.

SAMHSA's Practical Tools for Prescribing and Promoting Buprenorphine in Primary Care Settings provides information on tools for prescribing and promoting buprenorphine in primary care settings.

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