

Medication Assisted Treatment of Opioid Use Disorders: Overview of the Evidence

ADAI

ALCOHOL &
DRUG ABUSE
INSTITUTE

Caleb Banta-Green, PhD, MPH, MSW, Principal Research Scientist

Medication assisted treatment (MAT) can be a life-saving and cost-saving intervention for those with opioid use disorder. While there are three FDA approved medications for treating opioid use disorder, the evidence base for these medications varies. Clinical effectiveness -- how these medications work in the real world -- is the relevant standard for selecting appropriate medications.

Opioid addiction treatment medications work in quite different ways and may be more or less effective for particular types of patients and in particular social and geographic contexts. The evidence is incomplete in terms of which medications work best for which patients in which settings and contexts. In the midst of an epidemic of opioid overdose and opioid use disorder, all evidence-based medications should be accessible to patients and considered by their health care providers.

In the midst of an epidemic of opioid overdose and opioid use disorder, all evidence-based medications should be accessible to patients, and considered by their health care providers.

The research literature generally shows that **methadone and buprenorphine have a strong evidence base** supporting their clinical effectiveness. Extended-release naltrexone (Vivitrol) does not have such an evidence base supporting its use (studies are ongoing); however, there may be some patient populations for whom it is a good fit. Because of particular concerns about overdose risk when patients are going on or off Vivitrol, it is recommended that **Vivitrol should not be offered as the only option.**

The literature is also clear that there is a range of patterns of use of MAT over time, and that short term detox using these medications leads to relapse and increased overdose risk. It is not clear for whom long term medication is needed and for whom medication can be stopped. Patients' functioning should inform the nature and duration of treatment, not a pre-determined schedule. The fact that opioid use disorder is a chronic, relapsing condition is consistent with the fact that for many patients, long term MAT will be appropriate and effective. Under DSM-5 diagnostic criteria for opioid use disorder, tolerance to and withdrawal from opioids are not considered for people who are taking opioids solely under appropriate medical supervision for substance use disorder, i.e. a person receiving MAT as directed is no longer diagnosed in active "addiction."

Patients' functioning should inform the nature and duration of treatment, not a pre-determined schedule.

Peer-Reviewed Research Studies

[The Evidence Doesn't Justify Steps By State Medicaid Programs To Restrict Opioid Addiction Treatment With Buprenorphine. *Health Affairs* 2011; 30\(8\): 1425-1433.](#)

Mortality and cost savings associated with buprenorphine and methadone in Massachusetts' Medicaid program compared to non-medication treatment and continued drug use.

[Long-Term Outcomes from the National Drug Abuse Treatment Clinical Trials Network Prescription Opioid Addiction Treatment Study. *Drug & Alcohol Dependence* 2015 May 1;150:112-9.](#)

Describes varying patterns of buprenorphine use over a 42 month period.

Systematic Reviews of Clinical Evidence

[Methadone maintenance therapy versus no opioid replacement therapy.](#)

Cochrane Reviews 2009, Issue 3. Art. No.: CD002209.

[Maintenance treatments for opiate-dependent adolescents.](#)

Cochrane Reviews 2014, Issue 6. Art. No.: CD007210.

[Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence.](#)

Cochrane Reviews 2014, Issue 2. Art. No.: CD002207.

[Medication-assisted treatment of opioid use disorder: review of the evidence and future directions.](#)

Conner HS. *Harvard Review of Psychiatry* 2015;23(2):63-75. Review for clinicians on medication assisted treatment options.

Fact Sheets & Policy Reviews

[Medicaid Coverage and Financing of Medications to Treat Alcohol and Opioid Use Disorders.](#) SAMHSA 2014, SMA14-4854.

Medicaid coverage of medication-assisted treatment for opioid and alcohol dependence; treatment effectiveness and cost effectiveness as well as examples of innovative state implementation approaches; cost offset/savings are reviewed for methadone and buprenorphine.

[Management of Patients with Opioid Dependence: A Review of Clinical, Delivery System, and Policy Options.](#) Final report, New England Comparative Effectiveness Public Advisory Council, July 2014.

Detailed review by a policy group for New England Health Plans compares methadone, buprenorphine, and naltrexone on mortality, retention, and costs.

[Medication-Assisted Treatment for Opioid Addiction,](#) Office of National Drug Control Policy Healthcare Brief, Sept. 2012, 3 p.

Overview of methadone, buprenorphine and Vivitrol including table summarizing pharmacology, clinical settings, and uses and relevant regulations regarding prescribing and dispensing.

[Consensus Statement on the Use of Medications in Treatment of Substance Use Disorders.](#) National Association of State Alcohol and Drug Abuse Directors (NASADAD).

Overview of the role of medications to support recovery from alcohol and opioid addiction.

Thank you to Dr. Alex Walley and the other clinical and research experts who provided feedback for this brief.

Citation: Banta-Green CJ. Medication Assisted Treatment for Opioid Use Disorders: Overview of the Evidence. Alcohol & Drug Abuse Institute, University of Washington, June 2015. <http://adai.uw.edu/pubs/pdf/2015MAT.pdf>

This report was produced with support from the Washington State DSHS Division of Behavioral Health and Recovery (DBHR)