



# Medication-Assisted Treatment for Opioid Use Disorders: Challenging Stigma

Drug Courts Fact Sheet Series

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## Overview

Medication-assisted treatment (MAT) is the use of medications, ideally in combination with counseling and behavioral therapy, for the treatment of substance use disorders. Research has proven that some patients with substance use disorders need long-term – sometimes permanent – medication-assisted treatment to sustain recovery.

In the United States, the Food and Drug Administration (FDA) has approved several drugs for the treatment of opioid dependence, including naltrexone, methadone, and buprenorphine. All of these drugs are marketed under various names, depending on strength, combination, and method of administration. Approved medication can be divided into two main groups: 1) antagonists, that is, drugs that attach to brain receptors to block the effects of opioids but do not block cravings; and 2) agonists, that is, drugs that activate brain receptors and help to alleviate opioid cravings. Experts will often refer to either full agonists (drugs that activate the relevant receptors fully), like methadone, or partial agonists (drugs that activate the receptors but have a limited effect), like buprenorphine. Naltrexone, on the other hand, is an antagonist, meaning it fully blocks the effects of opioids, but not cravings.

In 2016-17, Physicians for Human Rights (PHR) documented the refusal, delay, or curbing of MAT to some people with opioid use disorders in treatment programs mandated by drug courts, which are alternative sentencing programs meant to facilitate access to treatment. While all drug courts receiving federal funding must provide MAT, many drug courts rely on county or state funding, which do not always enforce federal guidelines regarding MAT.

This reluctance to provide medication, despite solid medical evidence supporting its use, is closely linked to the mistaken notion that MAT merely substitutes one drug for another. While literally accurate, the “one drug for another” paradigm does not reflect the main indicators for addiction recovery, which, as defined by the Substance Abuse and Mental Health Services Administration, include improvements in health, housing, community, and purpose. In other words, it is possible to be dependent upon methadone or buprenorphine, while in recovery from opioid addiction, just as people with Type I diabetes are dependent on insulin in order to lead a healthy life.

The stigma against MAT is particularly strong when it comes to agonists like methadone and buprenorphine. Thus, the popularity of Vivitrol: an extended-release injectable form of naltrexone (an antagonist) administered on a monthly basis.

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## Vivitrol: Marketing over Evidence

Vivitrol is the brand name under which the pharmaceutical company Alkermes markets its injectable form of naltrexone. Naltrexone was developed as a pill in the 1970s but lagged behind methadone and buprenorphine in popularity for addiction treatment because of high treatment drop-out rates. Vivitrol was approved by the FDA in 2005 for the treatment of alcohol dependence, and in 2010 for the treatment of opioid dependence.

## Reluctance to provide medication ... is closely linked to the mistaken notion that medication-assisted treatment merely substitutes one drug for another.

### Vivitrol: Marketing over Evidence *continued*

After initial difficulties, in large part due to the high cost of the drug (c. \$1,000 per injection), sales of Vivitrol sky-rocketed, helped by the stigma attached to agonists, as well as by heavy marketing and free trials offered to prisons and jails in the United States. However, the drug's growth in popularity is despite scant evidence of its long-term effectiveness and the lack of research supporting positive treatment outcomes for Vivitrol. In fact, Vivitrol's manufacturer, Alkermes, has so far marketed the drug in the United States as superior to methadone and buprenorphine without any studies to date comparing the effectiveness of Vivitrol to methadone and buprenorphine, both of which have an extensive body of scientific studies behind them supporting their effectiveness in treating opioid use disorders. Unlike naltrexone and Vivitrol, methadone and buprenorphine have been placed on the World Health Organization's model list of essential medicines. That said, the results from a study conducted at the New York University's Langone School of Medicine comparing Suboxone (a popular brand of buprenorphine) and Vivitrol are expected to be released in the fall of 2017.

The focus of any treatment for substance use disorders should be long-term positive treatment outcomes, as set by the patient in consultation with a trained health professional and in accordance with the existing evidence base and best clinical practices. As long as drug courts – and the criminal justice system writ large – are involved in providing treatment for opioid use disorders, they need to maintain the same focus on health and recovery.

### Recommendations

- **To the Department of Justice:**
  - Enhance access to the full range of FDA-approved MAT by issuing federal guidelines for drug court regulations which include access to MAT where appropriate according to clinical best practices.
- **To State Governments:**
  - Issue state guidelines for drug court regulations, based on National Association of Drug Court Professionals best practices, including access to MAT where appropriate according to clinical best practices.
  - Ensure that state Medicaid covers treatment for substance use disorders according to clinical best practices and guidelines.
  - Immediately defund drug courts that disallow the full range of FDA-approved MAT.
- **To County Governments:**
  - Immediately defund drug courts or treatment providers receiving court-mandated clients that do not allow access to the full range of FDA-approved MAT.
  - Require drug courts receiving county funding to follow federal and state guidelines on best practices and evidence-based treatment.
  - Provide additional funding for training and capacity building for drug court staff and for treatment providers in the community receiving funding for drug court referrals.
- **To Health Insurance Companies:**
  - Cover evidence-based treatment for substance use disorders, including access to the full range of FDA-approved MAT, as prescribed by a patient's or drug court participant's physician.



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