MEDICATION TO TREAT ADDICTION INVOLVING OPIOID USE 2018 FACT SHEET

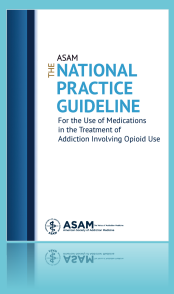
ASAM
American Society of Addiction Medicine

3 FDA APPROVED MEDICATIONS

Three medications (methadone, buprenorphine, and naltrexone) are currently approved by the Food and Drug Administration (FDA) to treat addiction involving opioid use. When combined with psychosocial interventions, these medications help people recover.

There is significant evidence to support the safety, efficacy, and cost-effectiveness of all three medications, although methadone and buprenorphine have been studied most thoroughly. While all three medications are effective, they may not be equally effective for all patients.

The decision to use any medication should be made jointly by a patient and the treating provider. The provider should discuss the risks and benefits of the proposed and alternative treatment options with the patient before starting medication treatment.



There are clinical guidelines available to help clinicians make evidence-based clinical decisions when prescribing medications to patients with addiction involving opioid use: The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.

FACT

When used appropriately, medications used to treat addiction are not addicting, as they do not cause patients to use them compulsively or in an unhealthy way. Rather, these medications support patients in their recovery. Patients taking medications to treat addiction should be considered in recovery. Characterizing certain medications as "addictive" is confusing to people who don't understand how these medications work and perpetuates stigma against patients with addiction.

Medications to treat addiction involving opioid use are greatly underutilized, even though their use is strongly associated with reduced morbidity, mortality, and costs compared to treatment without medication.

Less than 20% of patients with addiction involving opioid use **receive any treatment.**[1]

Only **30%** of treatment programs **offer medication.**[2]

Less than 50% of eligible treatment program patients **receive medication.**[3]

[1] Saloner B and Karthikeyan S. Changes in Substance Abuse Treatment Use Among Individuals With Opioid Use Disorders in the United States, 2004-2013. JAMA. 2015 October; 314(14): 1515-1517.
[2] Knudsen HK, Abraham AJ, and Roman PM. Adoption and Implementation of Medications in Addiction Treatment Programs. J Addict Med. 2011 March; 5(1): 21–27.
[3] Ibid.

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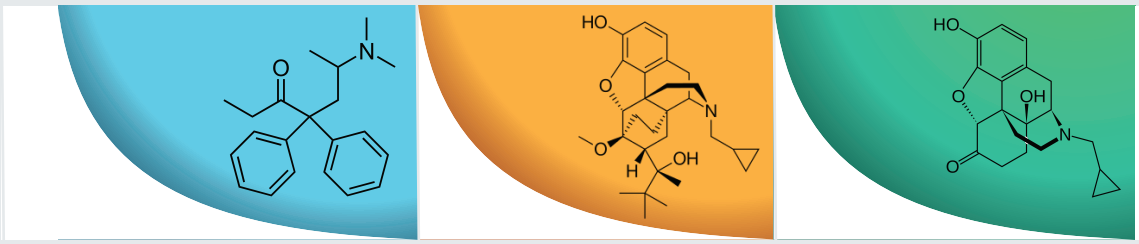
Medication Information



	METHADONE	BUPRENORPHINE	NALTREXONE
Approval	FDA approved in 1947 as an analgesic. Used in 1950s to treat opioid withdrawal and since 1960s to treat opioid addiction.	FDA approved in 2002 as the first medication for opioid addiction eligible to be prescribed in office-based treatment settings. Injection was approved in 2017.	FDA approved the oral tablet in 1984 and the injection in 2010 for the treatment of opioid addiction. It can also be used for the treatment of alcohol addiction.
Description	Long-acting opioid agonist that suppresses opioid withdrawal, blocks effects from illicit opioids, and reduces opioid craving.	Long-acting partial opioid agonist that suppresses opioid withdrawal, blocks effects from illicit opioids, and reduces opioid craving.	Long-acting opioid antagonist that prevents relapse to opioids in patients detoxed and no longer physically dependent, blocks effects from illicit opioids, and reduces opioid craving.
Available Formulations	Oral tablet, ready-to-dispense liquid, and water-dissolvable diskette.	Sublingual tablets, implants, and extended-release injection (monoproduct); sublingual film, tablets and buccal film (combination buprenorphine/naloxone).	Oral tablet and extended-release injection.
Use Restrictions	A Schedule II medication only available through federally-approved opioid treatment programs (OTPs). Methadone is dispensed to patients daily in initial stages of treatment. Federal and state laws allow take-home doses for patients who have demonstrated treatment progress and are at low risk for diversion.	A Schedule III medication that may be prescribed only by certified physicians, nurse practitioners, and physician assistants through the Drug Addiction Treatment Act of 2000 (DATA 2000). May also be dispensed in OTPs. Limits in place on number of patients which may be treated by waivered prescribers. Extended-release buprenorphine cannot be self-administered. It may only be administered by a health care practitioner with a DATA 2000 waiver.	Naltrexone is not a scheduled medication, so it can be prescribed by any healthcare provider who is licensed to prescribe medications. Extended-release naltrexone cannot be self-administered. It must be administered by a health care practitioner.