

Local physician recommends World Health Organization retire the term opioid substitution therapy

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A Boston researcher and physician caring for individuals with substance abuse disorders, believes the term opioid substitution therapy (OST) has unintended adverse consequences for patients receiving treatment for addiction.

In a [correspondence](#) to the editors of the journal *Lancet*, Jeffrey H. Samet, MD, MA, MPH, professor of [medicine](#) at Boston University School of Medicine (BUSM) and chief of the section of General Internal Medicine at Boston Medical Center maintains that the use of the non-medical term OST serves to reinforce the concept that this type of treatment is not part of mainstream medicine and may cause unintentional harm to the patient.

Samet recommends replacing the term OST with opioid agonist treatment (OAT). "The single word difference is significant, does not lend itself to misinterpretation and avoids the unintended negative connotations," he said. "OAT medications, methadone and buprenorphine, derive effectiveness as a consequence of their agonist properties on the [mu opioid receptor](#). Hence we argue to use a term that indicates these medications pharmacological classification, akin to angiotensin converting enzyme [ACE]-inhibitors or selective serotonin reuptake inhibitors [SSRI]," he explained.

Samet and his co-author David A. Fiellin, MD, from the department of

medicine at Yale University Schools of Medicine and Public Health, believe this correspondence highlights an important issue concerning a currently accepted standard vernacular that merits a small but major change. "Such a change in terminology concerning the care of patients receiving treatment for an [opioid](#) use disorder will have broad and substantial impact," added Samet.

Provided by Boston University Medical Center

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