

Only 1 in 4 people needing treatment received medication for opioid use disorder in past year

March 23 2022



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Despite strong evidence that medication is the most effective treatment for opioid use disorder (OUD), adolescents and most adults who might

benefit from OUD treatment report no medication use, according to a study by researchers at the Rutgers School of Public Health and Columbia University Mailman School of Public Health.

Until now, national studies on medication for OUD were lacking and little was known about individual-level characteristics. Among those who may have needed treatment for their [opioid use](#), only 28 percent received medication for OUD. The findings, published in *JAMA Network Open*, reveal critical gaps in treatment and use of medication for [opioid use disorder](#)—such as methadone, buprenorphine, or naltrexone—and highlight the need for increased efforts to address barriers to care.

Starting in 2020, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act mandated that Medicaid cover all three U.S. Food and Drug Administration–approved medications for OUD, including methadone in certified opioid treatment programs. "Policies that expand [insurance coverage](#) for these medications are an important population-level strategy to potentially increase access to effective opioid use disorder treatment," said Hillary Samples, an assistant professor at the Rutgers School of Public Health and the study's senior author.

The findings were based on data from the 2019 National Survey on Drug Use and Health in the U.S. Participants were community-based respondents, excluding people who were institutionalized or homeless and not in shelters. The researchers identified adolescents and adults who might benefit from medication for OUD, including those who met criteria for a past-year opioid use disorder and those reporting past-year OUD treatment with medication or in specialty treatment settings.

The data showed that 57 percent received no treatment for the disorder, and 15 percent received only services without medication. Notably,

adolescents (aged 12-17 years) did not receive medications for opioid use disorder (MOUD) in the past year and only 13 percent of adults 50 years and older received medication for the disorder.

Among adults, the likelihood of past-year MOUD receipt compared to no treatment was also lower for people ages 50 years or older versus for those 18 to 25 years of age. "Our finding that a minority of adults and no adolescents received MOUD indicates substantial gaps in access," said Pia Mauro, an assistant professor at the Columbia Mailman School of Public Health, and the study's lead author. "These results provide critical evidence to inform national efforts needed to increase equitable access to MOUD."

Nearly one-third of non-Hispanic [white people](#) in need of OUD treatment received medication, compared with approximately 20 percent of people identifying as non-Hispanic Black or multiracial groups and 15 percent of Hispanic people. In contrast, roughly similar proportions of each racial and ethnic group received non-medication services, revealing potential disparities specifically in access to [medication](#) treatment among people of color.

Medication for OUD was lower among women, more likely among adults with at least some college, and less likely in small metropolitan areas versus large metropolitan areas. While contacts with the [health care system](#) (85 percent) and criminal legal system (60.5 percent) were common, most people encountering these systems did not report receiving MOUD (29.5 percent and 39 percent, respectively).

"Our findings provide further evidence that investments are needed to increase MOUD prescribing and referrals in ambulatory settings," Samples said.

More information: Use of medication for opioid use disorder among

US adolescents and adults with need for opioid treatment, 2019, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2022.3821](https://doi.org/10.1001/jamanetworkopen.2022.3821)

Provided by Rutgers University

Citation: Only 1 in 4 people needing treatment received medication for opioid use disorder in past year (2022, March 23) retrieved 15 May 2024 from <https://medicalxpress.com/news/2022-03-people-treatment-medication-opioid-disorder.html>

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