

Only one in five US adults with opioid use disorder received medications to treat it in 2021

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Buprenorphine. Credit: Pixabay/CC0 Public Domain

In 2021, an estimated 2.5 million people aged 18 years or older in the U.S. had opioid use disorder in the past year, yet only one in five of

them (22%) received medications to treat it, according to a new study. Some groups were substantially less likely to receive medication for opioid use disorder, including Black adults, women, those who were unemployed, and those in nonmetropolitan areas.

Published today in *JAMA Network Open*, this study was a [collaborative effort](#) between researchers at the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, and the National Center for Injury Prevention and Control, a part of the Centers for Disease Control and Prevention (CDC).

The findings highlight that evidence-based medications for people with [opioid](#) use disorder—including buprenorphine, methadone, and naltrexone—continue to be vastly underused.

"Medications for opioid use disorder are safe and effective. They help sustain recovery and prevent overdose deaths," said Nora Volkow, M.D., director of the National Institute on Drug Abuse. "Failing to use safe and lifesaving medications is devastating for people denied evidence-based care. What's more, it perpetuates opioid use disorder, prolongs the overdose crisis, and exacerbates health disparities in communities across the country."

In 2021, [nearly 107,000 people died of a drug overdose](#), with 75% of those deaths involving an opioid. The overall rise in overdose deaths is largely attributable to the proliferation in the drug supply of illicit fentanyl, a highly potent synthetic opioid. Decades of research have shown the overwhelming benefit of three existing medications for opioid use disorder. During the COVID-19 pandemic, strategies to increase the availability of these medications were implemented, including expanded telehealth.

To provide updated estimates of how many people with opioid use

disorder receive medications in the U.S., researchers analyzed data from the [2021 National Survey on Drug Use and Health \(NSDUH\)](#). The NSDUH is conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA). NSDUH provides nationally representative data on prescription opioid use and misuse, opioid use disorder, and related substance use treatments (including medications for opioid use disorder) among U.S. civilian, noninstitutionalized populations.

Researchers found that in 2021, an estimated 2.5 million people aged 18 and older had opioid use disorder in the past year, yet only 36% of them received any substance use treatment, and only 22% received medications for opioid use disorder. Among those who received medications for opioid use disorder, the researchers found that 59% were men, 62% were aged 35 or older, 58% were non-Hispanic white, and 58% lived in large metropolitan areas.

Medications for opioid use disorder are most often prescribed to patients with moderate-to-severe opioid use disorder. Consistently, this study found that adults with severe opioid use disorder were five times more likely to receive medications for opioid use disorder compared to those with mild opioid use disorder. However, adults with moderate opioid use disorder did not differ from those with mild opioid use disorder in their receipt of medications for opioid use disorder.

The researchers also found that those receiving substance use treatment via telehealth were approximately 38 times more likely to receive medications for opioid use disorder compared to those who did not receive treatment via telehealth, (including those who received any substance use treatment without telehealth as well as those who did not receive any substance use treatment).

"More than 80,000 people are dying of a [drug overdose](#) involving an

opioid every year, while safe and effective medicines to treat opioid use disorder are sitting on the shelf unused. This study adds to the growing evidence that telehealth services are an important strategy that could help us bridge this gap, supporting the delivery of safe, effective, and lifesaving care for people with opioid use disorder," said Wilson Compton, M.D., M.P.E, deputy director of the National Institute on Drug Abuse and senior author of the study.

Among adults with past-year opioid use disorder, some groups were found to be less likely to receive medications for opioid use disorder, including Black adults, women, those who were unemployed, and those in nonmetropolitan areas. For instance, non-Hispanic White adults were 14 times more likely to receive medications for opioid use disorder than non-Hispanic Black adults; men were six times more likely than women; those with full-time employment were 14 times more likely than those who were unemployed; and those living in large metropolitan areas were three times more likely than those living in nonmetropolitan areas.

"It is not a matter of whether we should address health disparities and inequities that many racial/ethnic minority groups face when trying to access substance use treatment. We must address these issues if we hope to reverse the trend of increasing drug [overdose deaths](#)," said Christopher M. Jones, PharmD, MPH, DrPH, Director of the National Center for Injury Prevention and Control, CDC. "Everyone should have the opportunity to be as healthy as possible and our goal is to help reduce health disparities and save lives."

The Consolidated Appropriations Act, 2023 amended the Controlled Substances Act to [eliminate the requirement](#) that clinicians obtain a specific waiver to prescribe buprenorphine to treat [opioid use disorder](#), known as the X-waiver. The authors note that future research should examine whether removal of the X-waiver in the U.S. in 2023, along with other efforts to expand med

More information: Use of Medication for Opioid Use Disorder Among Adults with Past-Year Opioid Use Disorder in the US, 2021, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.27488](https://doi.org/10.1001/jamanetworkopen.2023.27488) , jamanetwork.com/journals/jamanetworkopen.2023.27488

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