

Considerable gaps seen in provision of effective treatment for opioid addiction

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There are considerable gaps in provision of effective treatments for opioid use disorders (OUD) at U.S. substance use disorder (SUD) treatment facilities, according to a study [published](#) online July 11 in the *JAMA*.

Tae Woo Park, M.D., from the University of Pittsburgh, and colleagues conducted a cross-sectional study of specialty outpatient SUD [treatment](#) facilities that treat OUD. The prevalence of available treatments individually and combined was reported. Treatments offered in federally certified opioid treatment program (OTP) and non-OTP facilities were compared.

Overall, 17,353 representatives from SUD facilities were surveyed. OUD treatment was offered at 12,060 outpatient facilities: 1,925 and 10,135 OTPs and non-OTPs, respectively. The researchers found that 99.4 and 55.1% of OTP and non-OTP facilities offered medications for OUD (MOUD), respectively, and 35.2% of facilities offered psychosocial treatments only.

Of the facilities that offered MOUD, a higher proportion of OTPs versus non-OTPs offered any MOUD plus contingency management (53.3 versus 41.6%), and a lower proportion of OTPs offered any MOUD, any psychosocial treatment, other SUD treatment, and [mental health services](#) (16.7 versus 33.5%).

Overall, 62.2, 45.6, and 2.0% of facilities offered at least one, at least two, and all four MOUD types, respectively. A lower proportion of non-OTPs offered sublingual and injectable buprenorphine compared with OTPs (49.7 versus 83.4%; 22.4 versus 26.4%); injectable naltrexone was offered at similar rates. OTPs offered contingency management more frequently than non-OTPs (54.1 versus 40.2%).

"Substance use treatment facilities reported significant gaps in provision of effective treatments for OUD," the authors write.

One author reported ties to relevant organizations.

More information: Tae Woo Park et al, Treatment Approaches for

Opioid Use Disorder Offered in US Substance Use Treatment Facilities, *JAMA* (2024). [DOI: 10.1001/jama.2024.11913](https://doi.org/10.1001/jama.2024.11913)

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