

Substance abuse treatment remains low for opioid use disorders

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During the decade from 2004 to 2013, use of treatment remained low for individuals with opioid use disorders, according to a study in the Oct. 13 issue of *JAMA*.

During the last decade, nonmedical use of [opioid analgesics](#) and heroin increased substantially in the United States. In the early 2000s, less than one-sixth of [individuals](#) with [opioid](#) use disorders (OUDs) received any treatment, and use of office-based treatment was rare. It is unknown whether treatment patterns have changed in recent years. Brendan Saloner, Ph.D., and Shankar Karthikeyan, M.P.P., of the Johns Hopkins Bloomberg School of Public Health, Baltimore, used data from the 2004-2013 rounds of the National Survey of Drug Use and Health, a nationally representative annual survey of individuals age 12 years or older, to identify individuals with [opioid abuse](#) or dependence symptoms and if they received treatment for OUD in the prior 12 months. The sample was divided into two 5-year periods (2004-2008 vs 2009-2013) to provide reliable estimates.

In the combined sample, the researchers identified 6,770 respondents with OUDs. The adjusted rates for the percentage of individuals with OUDs receiving treatment were similar (18.8 percent in 2004-2008 vs 19.7 percent in 2009-2013).

The average number of treatment settings visited increased during the study period. The most common setting in both periods was self-help groups. More than half of individuals receiving treatment during both

periods also visited outpatient treatment. Use of inpatient treatment increased from 37.5 percent in 2004-2008 to 52 percent in 2009-2013, and office-based treatment increased from 25 percent to 35 percent.

"Individuals in treatment received care in more settings, with the greatest increases in inpatient [treatment](#) and at physician's offices. Although physician's offices may provide access to buprenorphine, medication-assisted treatments are often unavailable in inpatient settings, which could hinder patient recovery," the authors write.

More information: [DOI: 10.1001/jama.2015.10345](https://doi.org/10.1001/jama.2015.10345)

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