

Press Release

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FOR IMMEDIATE RELEASE CONTACT:

Dr. Sharon Harris 516- 676-2008

safeglencove@yahoo.com

SAFE Glen Cove Coalition: Underutilized Treatments for Opioid Use Disorder

A study funded by the National Institutes of Health (NIH) found that treatment of opioid use disorder with either methadone or buprenorphine following a nonfatal opioid overdose is associated with significant reductions in opioid related mortality. The research was co-funded by the National Institute on Drug Abuse (NIDA) and the National Center for Advancing Translational Sciences, both parts of NIH.

Researchers analyzed data from 17,568 adults in Massachusetts who survived an opioid overdose between 2012 and 2014. Compared to those not receiving medication assisted treatment, opioid overdose deaths decreased by 59 percent for those receiving methadone and 38 percent for those receiving buprenorphine over the 12 month follow-up period. The researchers were unable to draw conclusions about the impact of naltrexone due to small sample size, noting that further work is needed with larger samples. Buprenorphine, methadone, and naltrexone are three FDA-approved medications used to treat opioid use disorder (OUD).

This study is the first to look at the association between using medication to treat OUD and mortality among patients experiencing a nonfatal opioid overdose, confirms previous research on the role methadone and buprenorphine can play to effectively treat OUD and prevent future deaths from overdose. Despite compelling evidence that medication assisted treatment can help many people recover from opioid addiction, these proven medications remain greatly underutilized. The study also found that in the first year following an overdose, less than one third of patients were provided any medication for OUD, including methadone (11 %); buprenorphine (17 %); and naltrexone (6 %), with 5 % receiving more than one medication.

An alarming finding to this study was that despite having had an opioid overdose, 34 percent of people who experienced an overdose were subsequently prescribed one or more prescriptions for opioid painkillers over the next 12 months, and 26 percent were prescribed benzodiazepines.

The Director of NIDA, Dr. Dr. Nora Volkow maintains the real tragedy is that effective treatment is available yet tens of thousands of people die each year because they have not received these treatments. Volkow feels that ending the crisis will require changing policies to make these medications more accessible and educating primary care and emergency providers,

among others, that opioid addiction is a medical illness that must be treated aggressively with the effective tools that are available.

Researchers in the field of OUD maintain that nonfatal opioid overdose is a missed opportunity to engage individuals who are at high risk of fatality and that a better understanding of the barriers to treatment access, the implementation of policies and practice reforms to improve both engagement and retention in effective treatment is necessary.

The NIH the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

The SAFE Glen Cove Coalition is conducting an opioid prevention awareness campaign entitled "Keeping Glen Cove SAFE" to educate and update the community regarding opioid use and its consequences. To learn more about the SAFE Glen Cove Coalition please follow us on www.facebook.com/safeglencovecoalition.

