

The Society of Behavioral Medicine supports an increase in funding for Medication-Assisted-Treatment (MAT) to address the opioid crisis

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Abstract

Opioid use has become an epidemic in the USA. Although there are safe uses for opioids to help manage acute pain, the effects of long-term use and any misuse of opioids can have grave outcomes, including death. To provide an empirically based “ask” for increased funding from the federal government to increase the reimbursement for and the integration of the behavioral component of Medication-Assisted-Treatment (MAT) for opioid use disorders, current policy was reviewed and important gaps in funding and treatment fidelity were identified. Current barriers to treatment include a dearth of treatment programs and a greater emphasis on and reimbursement for the pharmacological component of MAT only, leaving the behavioral component largely underfunded. We recommend additional funding to (a) increase the availability of and coverage for MAT that combines both pharmacological and behavioral components and (b) support the scientific inquiry into the factors that contribute to, maintain, and exacerbate opioid-related issues. We also recommend declaring the opioid epidemic a national emergency and not just a public health emergency, which would provide immediate access to billions of dollars in federal dollars to fund treatment programs.

Keywords

Opioid, Treatment, Funding, Behavioral integration

BRIEF BACKGROUND

Although beneficial in treating acute pain, the potentially harmful effects of opioids have been established throughout the world for some time [1] and the current opioid problem in the USA is particularly grave. In recent years, opioids have accounted for unprecedented rates of unintentional overdose deaths, significant morbidities and health-related complications, and have been associated with high direct and indirect costs. Given the magnitude and complexity of this problem, a coordinated effort among policy makers, researchers, and healthcare providers is required to help individuals and families who are in the midst of this struggle. Such efforts could help save lives and relieve some of the social, legal and economic burdens associated with this epidemic. Toward that end, the Society supports the scientific study and clinical application of Medication-Assisted-Treatment (MAT) that combines pharmacologic and behavioral components

Implications

Practice: Although Medication-Assisted-Treatment (MAT) is a combination of pharmacological and behavioral components, and is widely considered the “gold standard” of treatment for opioid use disorders, many treatment programs fail to integrate the behavioral component and many third-party payers do not provide reimbursement for the behavioral component.

Policy: Effective policy to address the opioid epidemic in the USA will require and fund the behavioral component of MAT for opioid use disorders.

Research: Future research is needed to support the scientific inquiry into the multiple factors that contribute to, maintain, and exacerbate problems regarding treatment fidelity and third-party reimbursement in the healthcare system for opioid use disorders.

into an integrated treatment plan to address opioid-related problems and the factors that have contributed to their rise.

STATEMENT OF THE PROBLEM

The U.S. President, Secretary of Health and Human Services (HHS), and Surgeon General have all acknowledged the opioid crisis affecting the country. The President’s Commission on Combating Drug Addiction and the Opioid Crisis was specifically established to address this crisis. The need for this special committee is clear as an estimated 3 million Americans meet criteria for opioid abuse or dependence, a rate that has more than quadrupled since 1999 [2]. Further, in 2014, 6 out of 10 overdose deaths in the USA were due to opioids and 4 out of 5 new heroin users developed their substance use problems by first misusing prescription pills, whether prescribed to them personally or to someone else [3]. Additionally, on an average

day in the USA, more than 650,000 opioid prescriptions are dispensed; 3,900 people initiate nonmedical use of prescription opioids; 580 people initiate heroin use; 78 people die from an opioid-related overdose; more than 150 million dollars is spent in health and societal costs related to opioids; and nearly 55 million dollars is spent in emergency department and inpatient care costs to treat opioid poisonings [4].

CURRENT STATE OF POLICY

The Department of Health and Human Services (HHS) (2015) recently identified the prevention, treatment, research, and development of effective responses to address the opioid epidemic as a top priority [5]. To facilitate this process, the previous U.S. Secretary of HHS, Sylvia M. Burwell, released a three-pronged initiative to: (a) improve prescription practices; (b) expand access to and the use of medication-assisted treatment, which combines pharmacologic and non-pharmacologic approaches to address substance use disorders; and (c) expand the use of naloxone, the first and only FDA-approved over-the-counter (OTC) medication for the emergency treatment of a known or suspected opioid overdose. Progress has been made since the release of this initiative, which includes: expanded use of advisory committees; the development of warning and safety information for immediate-release (IR) opioid labeling; strengthened post-market requirements for pharmaceutical companies on long-term opioid use; improved prescription guidelines and expanded access to abuse-deterrent formulations to discourage opioid abuse; increased immediate access to and training to administer naloxone; and state-level legislation that allows first responders to administer naloxone upon arrival at the scene of a suspected or known opioid overdose [6].

POLICY GAPS

Despite the \$45 billion dedicated to opioid treatment last year in the USA, several key issues remain. First, MAT is a combination of pharmacologic and behavioral treatment and is widely considered the “gold standard” of treatment. However, many programs fail to integrate the behavioral component of MAT and, instead, offer and/or only fund the pharmacological component of MAT. The limited availability of behavioral interventions is concerning given their scientifically proven ability to work, cost-effectiveness, and their sustainability of treatment gains over time [7]. Programs that deliver only the medical component are essentially providing partial treatment and are subsequently likely to have poorer outcomes and higher relapse rates.

Second, although a shortage of qualified health providers with specialized training in behavioral treatment may contribute to the above issue, limited or non-existent coverage and reimbursement by third-party payers and insurance companies for behavioral interventions is a more pervasive reason. That is, it is often the case that third-party payers and insurance

companies will not reimburse for behavioral treatment. This is problematic because the behavioral treatment has proven efficacy for improved treatment outcomes and lower relapse rates. Taken together, although MAT is the recommended intervention and considered the “gold standard” of treatment, the USA has rapidly increased access to the pharmacological component of MAT whereas availability of the behavioral portion of the paradigm is lagging far behind.

RECOMMENDATIONS FOR POLICYMAKERS

Current barriers to treatment include a dearth of treatment programs and a greater emphasis on and reimbursement for the pharmacological component of MAT, leaving the behavioral component largely underfunded. An additional concern is the considerable variability in the coverage for behavioral treatments by insurance companies and other third-party payers. To address these barriers, we recommend additional funding to (a) increase the availability of and coverage for MAT that combines pharmacological and behavioral components and (b) support the scientific inquiry into the factors that contribute to, maintain, and exacerbate opioid-related issues.

RECOMMENDATION

Increase the Availability of and Coverage for the Behavioral Component of MAT for Opioid Use Disorders by:

- 1) Increasing Medicaid funding so many individuals who currently need treatment but cannot afford it could receive treatment.
- 2) Declaring the opioid epidemic a national emergency and not just a public health emergency. This would provide immediate access to billions of dollars in federal dollars to fund treatment programs.

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Compliance with Ethical Standards

Conflicts of Interest: Jayson J. Spas, Joanna Buscemi, Ravi Prasad, Amy Janke, and Claudio R. Nigg declare that they have no conflicts of interest.

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