

POSITION STATEMENT:

Help Address the Opioid Crisis by Increasing Funding for Medication-Assisted-Treatment

(JUNE 2018)

Jayson J. Spas, PhD, MS, Rhode Island College; Joanna Buscemi, PhD, DePaul University; Ravi Prasad, PhD, Stanford University; Amy Janke, PhD, University of the Sciences; and Claudio R. Nigg, PhD, University of Hawaii

RECOMMENDATIONS

Policymakers Must Increase the Availability of and Insurance Coverage for the Behavioral Component of Medication-Assisted-Treatment for Opioid Use Disorders

- Increase Medicaid funding so individuals can receive treatment when they need it but can't afford it.
- Declare the opioid epidemic a national emergency and not just a public health emergency. This would provide immediate access to billions of dollars in federal monies for treatment programs.



THE PROBLEM

Although beneficial in treating acute pain, the potentially harmful effects of opioids have been established throughout the world for some time¹ and the current opioid problem in the United States 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 policymakers, researchers, and healthcare providers is required to help individuals and families who are in the midst of this struggle.

Toward that end, the Society of Behavioral Medicine and Society for Health Psychology support the scientific study and clinical application of Medication-Assisted-Treatment (MAT) that combines pharmacologic and behavioral components into an integrated treatment plan to address opioid-related problems and the factors that contributed to their rise.

The U.S. president, secretary of the Department of Health and Human Services (HHS), and surgeon general all have acknowledged the opioid crisis affecting our 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:

- An estimated 3 million Americans meet criteria for opioid abuse or dependence, a rate that has more than quadrupled since 1999.²
- In 2014, six out of 10 overdose deaths in the United States were due to opioids.³

On an average day in the United States:⁴

- More than 650,000 opioid prescriptions are dispensed;
- 3,900 people initiate nonmedical use of prescription opioids;
- 78 people die from an opioid-related overdose; and
- More than \$150 million is spent in health and societal costs related to opioids.

CURRENT POLICY

HHS 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, previous HHS Secretary Sylvia M. Burwell released a three-pronged initiative to:

1. Improve prescribing practices;
2. Expand MAT access and use; and
3. Expand use of naloxone, the first and only FDA-approved medication for the emergency treatment of a known or suspected opioid overdose.

Despite \$45 billion dedicated to treating opioid-related issues within the last year, several key issues remain.

- MAT is a combination of pharmacologic and behavioral treatment and is considered the “gold standard” of care; nonetheless, many programs fail to integrate the behavioral component of MAT. The limited availability of behavioral interventions is concerning given their scientifically proven ability to work, cost-effectiveness, and sustainability of treatment gains over time.⁶ Programs that deliver only the medical component are essentially providing partial treatment and are subsequently likely to have poorer outcomes and higher relapse rates.
- 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.
- Taken together, the United States has rapidly increased access to the pharmacological component of MAT whereas availability of the behavioral portion of the paradigm is lagging far behind.

SUPPORT

This is a joint statement by the Society of Behavioral Medicine and the Society for Health Psychology.

SOCIETY of BEHAVIORAL MEDICINE
Better Health Through Behavior Change



It is endorsed by the Academy of Integrative Pain Management, the American Psychological Association, and the Northern California Association of Pain Psychologists.



REFERENCES

- 1 Volkow, N.D. (2014). *America's addiction to opioids: Heroin and prescription drug abuse*. National Institute on Drug Abuse. Senate Caucus on International Narcotics Control.
- 2 U.S. Department of Health and Human Services (2016). HHS research on pain treatment and opioid misuse and overdose- Translating science into action.
- 3 U.S. Department of Health and Human Services (2016). HHS opioid initiative: One year later.
- 4 U.S. Department of Health and Human Services (2015). *The opioid epidemic: By the numbers*. CDC, MMWR, 2015; 64; 1-5.
- 5 U.S. Department of Health and Human Services (2017). HHS opioid research portfolio brief: translating science into action.
- 6 Dugosh, K., Abraham, A., Seymour, B., McLeod, K., Chalk, M., Festinger, D. (2016). A systematic review on the use of psychosocial interventions with medications for the treatment of opioid addiction. *Journal of Addiction Medicine*, 10(2): 91-101. doi: 10.1097/ADM.000000000000193.