



Combating the opioid epidemic

Medication interventions save lives – more people need access to them



As the nation's opioid epidemic continues to worsen, health plans, employers and providers can play an important role in helping reverse this heartbreaking trend. Nearly 9% of people aged 12 or older had a drug use disorder in the past year – and the rate has continued to increase year over year.¹ So have the rates for overdoses, with opioids, primarily fentanyl, the leading cause of deaths.^{2,3,4}

Clinically proven help is available, including lifesaving FDA-approved medications, to treat opioid use disorders and prevent deadly overdoses. Unfortunately, a lack of awareness, stigma and commonly held misconceptions are creating barriers to access. To help break down these barriers and foster understanding, this summary shares insights on opioid addiction and the contemporary treatment approaches available for individuals in need of recovery and support.

Overview of evolving treatment approaches

Traditionally, the primary treatment approach for substance use disorders combined abstinence with cognitive behavioral therapy and self-help support. These programs were based on the concept that if people in recovery evaluate and address their thoughts, emotions and behaviors, they can better understand and recognize what triggers their substance use and learn coping strategies to remain sober.

When medications initially became available to help relieve the cravings and withdrawal symptoms a person in recovery may experience, they were prescribed for a time-limited period to help individuals stop using drugs. In these medication-assisted treatment (MAT) programs, the medication played a supporting role to counseling and other behavioral support services. However, the challenge with MAT is once the individual stops taking the medication, the physical urge to use drugs may return and draw them back into patterns of misuse. And the risk of relapse leading to overdose is high, even after not using drugs for some time.



Nearly **9%** of people aged 12 or older had a drug use disorder in the past year.¹



Overdoses involving opioids killed nearly **69,000** people in 2020.⁵

For many individuals, continuing medication can limit or prevent these harmful outcomes and provide a safer long-term option. Understanding this, the standard of care has become to use medications for opioid use disorder (MOUD) as the primary treatment for opioid addiction. These medications can be used with or without behavioral therapy – similarly to how medications are administered for other medical conditions, such as managing heart disease with blood-thinning medications or Type 1 diabetes with insulin.^{6,7}

MOUD interventions are proven to aid patients with recovery.⁸ They help people:



Reduce risk of accidental overdose in the event they do relapse



Get healthier by avoiding needle-related medical risks and less chance of exposure to HIV, hepatitis C, or contagious infections and diseases



Manage cravings more effectively



Remain present in home, community, work and life

The duration of MOUD treatment depends on a person's needs. The medication may be used for months, years or indefinitely. The most appropriate use of MOUD is whatever supports an individual's long-term health.

How medication intervention works

When taken as prescribed and under appropriate supervision, MOUD isn't addictive and targets the same receptors in the brain as illicit opioids like heroin and fentanyl. The medications interact with nerve cells and neurotransmitters, either turning on or blocking the receptors⁹:

- “Agonist” medications, like methadone and buprenorphine, activate receptors to help reduce cravings and withdrawal symptoms without causing euphoria.
- “Antagonist” medications block or interfere with cell activity by slowing down the biological reaction. For example, naltrexone is an oral or injectable medication that helps reduce and control a person's cravings for alcohol or opioids. Another example is naloxone, which blocks the effects of opioids in a person's body. When given in time and in the right dose, it can also be used to stop and reverse overdoses, which is especially critical as illicit fentanyl is responsible for the majority of overdoses.

Unfortunately, despite the proven effectiveness of MOUD, these medications remain widely underused.¹⁰

Some people – including some clinicians and addiction professionals – wrongly believe that using MOUD amounts to a drug swap, i.e., a person with an addiction trades one drug for another. This viewpoint stems from misunderstanding and long-held beliefs that people in recovery shouldn't use any drugs, including medications. But comprehensive evidence shows a person can be in remission from drug addiction and, with monitoring from medical professionals, properly use medications. And, importantly, MOUD save lives and helps sustain recovery.



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Optum® Behavioral Health is uniquely positioned to help individuals experiencing substance use disorders access a sustainable path to long-term recovery. Our evidence-based approach helps guide individuals to the most appropriate care for their situation, at a pace that works for them. That includes providing MAT and MOUD treatment options for those struggling with opioid misuse and addiction.

Learn more about the comprehensive strategies from Optum Behavioral Health that your organization can implement to help members access the opioid disorder treatment options they may need.

For more information, visit optum.com/behavioralhealth or contact your Optum representative.

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