Alcohol and Drug Foundation: Position Paper

Medically Assisted Treatment for Opioid Dependence.

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What is opioid pharmacotherapy?

Pharmacotherapy is the treatment provided by pharmaceutical products (medically prescribed drugs) for health conditions.

There are a range of treatments for alcohol and other drug problems, including psychosocial counselling and pharmacotherapy to relieve symptoms, manage withdrawal, address related physical and mental health conditions, reduce fatal overdose, reduce cravings and reduce the pleasurable effects of drugs.

When the health condition being treated is a substance use disorder, the use of prescribed pharmaceuticals can help as part of a comprehensive chronic illness management plan to reduce the intensity of withdrawal symptoms, reduce drug cravings, and reduce the likelihood of use.[1]

Medically assisted treatment for opioid dependence (MATOD) is used in the treatment of opioid dependence.

This type of pharmacotherapy is also known as opioid substitution treatment (OST), opioid maintenance treatment (OMT), opioid replacement therapy (ORT), opioid pharmacotherapies, or opioid agonist medication (OAM).*

The goal of MATOD is to decrease the use of non-prescribed opioids, including heroin and unprescribed opioid pharmaceuticals such as oxycodone and fentanyl, and to reduce other risks such as injecting and HIV/BBV infections and to help stabilise living/enhance quality of life.

MATOD helps to reduce withdrawal symptoms, control or eliminate cravings and block the euphoric effect of further opioid use.

MATOD may be prescribed for withdrawal management or maintenance.

It is important to note that managed withdrawal or detoxification by itself is rarely, if ever, an effective treatment for opioid dependence. Rates of completion of withdrawal treatment are low and rates of relapse following detoxification are high.[2]

There is no single treatment approach for all people who are opioid dependent.

Approaches include psychosocial interventions, therapeutic communities, and harm reduction strategies. Some people respond well to pharmacotherapies either in withdrawal management, relapse prevention and/or maintenance/substitution therapies.

In 2019, more than 50,000 people in Australia were accessing MATOD including methadone, buprenorphine or buprenorphine-naloxone.

* This paper focusses only on the use of pharmacotherapy for opioid use disorders, with the exclusion of hydromorphone ('prescribed heroin') as it is not yet available in Australia. Emerging treatments for methamphetamine use disorder are also excluded.

Why?

Opioid use disorder (OUD) is recognised as a chronic health condition, acknowledging that not all substance use includes dependence.

Chronic care management is effective, and pharmacotherapies are widely used for many other long-term medical conditions including cardiovascular disease, diabetes and arthritis.

The use of pharmacotherapy for people with a substance use disorder (SUD) can offer similar benefits including helping to stabilise, remission of symptoms and establishing and maintaining recovery. Similar to other chronic health conditions, continuing care can also include links to other support services such as health, social and community support.

Taking a patient-centred approach to care ensures that people accessing treatment for OUDs can help with better decision making, education opportunities and ensure a holistic approach.[3] Decisions around choice between the different medications should be made in consultation with the patient and informed by the patient's preferences and goals.

Barriers:

There are identified barriers to MATOD access and uptake in Australia, and these barriers are compounded in regional and rural areas.

Barriers include:

- access to clinicians / pharmacies – including geographical location and restrictions, or lack of freedom, with regular dose collection procedures which can curtail family or recreational activities
- high cost of dispensing fees
- need for daily dosing / limits on the number of take-home doses dispensed
- few service providers
- travel costs and time getting to and from dispensing point
- insufficient people who are authorised to prescribe
- feeling stigmatised by family, community, the pharmacist and pharmacy staff, which can impact the individual's local employment opportunities
- anonymity compromised, especially in rural and regional areas
- poor workforce support
- lack of social and mental health supports, and minimal drug and alcohol counselling.[4]

Cost can be a significant barrier for some people, many whom are on unemployment or disability benefits. Cost has been cited as a common reason for treatment drop out in Australia. A 2008 Pharmacy Guild of Australia study found that affordability of treatment had a significant impact on the ability of people to remain on MATOD.[5] Concerns about the impact of fees for MATOD have been highlighted by consumers, consumer organisations, service providers and policy makers for almost long as treatment was first made available decades ago. A 2007 paper noted 'one of the most obvious concerns with dispensing fees is that patients simply cannot afford them'.[6]

MATOD is associated with significant reductions of illicit opioid use, overdose deaths, criminal behaviour and the risk of HIV and other blood borne virus infections.[4, 7]

Improvements in physical and mental health and social functioning are also apparent among people with opioid use disorder after engaging in MATOD.[7]

The evidence for efficacy is strong, however it also shows the need for individualised care as cycling in and out of treatment over many years is common.[8]

ADF position:

- Medically assisted treatment for opioid disorder (MATOD) saves lives.
- MATOD helps to stabilise people to improve relationships with friends, family and supports inclusivity within the community at large.
- The ADF supports the use of opioid replacement therapy as an effective, evidence-based treatment for people with an opioid use disorder. Determining whether opioid replacement therapy is the best treatment option is critical and it is important to note that there is not a one-size-fits all approach to effective treatment.
- The ADF acknowledges that opioid dependence does not usually occur in isolation. Opioid replacement therapies should be accompanied by a suite of other psychosocial and medical supports and integrated offerings as part of a comprehensive treatment program.
- Access to treatment should be fair and equitable as it would be for other chronic health conditions. This includes addressing identified barriers, such as geography and stigma, and providing appropriate continuity of care for the duration of treatment.
- The ADF supports fair and equitable access for people who are on low or fixed incomes to ensure cost is not a barrier to treatment.
- The ADF notes the importance of ensuring that the type of opioid replacement therapy prescribed to an individual is determined by the clinician and patient.
- Establishment of mechanisms for information sharing (with patient informed consent) and co-ordination between health care providers, social and legal services, and mental health supports should be considered to ensure a holistic approach to opioid use disorder.
- Opioid replacement therapy should be readily available, where clinically relevant, for people who are leaving the prison system and at other recognised high-risk transition points to reduce risks of overdose, recidivism and harm.
- The ADF supports investments that improve access and affordability of MATOD to ensure equity of treatment, particularly in regional and rural areas.

References

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