Myths about Medication-Assisted Treatment for Opioid Use Disorders: True or False?

Bureau of Justice Assistance (BJA)

Residential Substance Abuse Treatment (RSAT) Program for State Prisoners

Training and Technical Assistance Resource

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Advocates for Human Potential, Inc.

Today's Speakers

Andrew Klein, Ph.D.
Senior Scientist for Justice Studies
Advocates for Human Potential, Inc.

Cedric Love
Research Associate
Advocates for Human Potential, Inc.

Learning Objectives

1. Recognize five major myths about medication for opioid and alcohol use disorders for incarcerated populations that are not evidence-based
2. Describe at least one reason why each myth is not true.
3. List a major characteristic that makes one opioid use disorder (OUD) medication superior to the other OUD medications.

Myths about Medication-Assisted Treatment for Opioid Use Disorder: True or False?

- OUD and alcohol use disorder (AUD) medications just substitute one drug for another.
- Substituting one drug for another doesn't add value to non-medical treatment.
- Non-medical treatment does not add value to medications for OUD/AUD (MOUD/MAUD).
- One FDA approved MOUD is superior to the others.
- Naltrexone ends user's ability to experience pleasure.
- These medication's costs are too prohibitive, especially for prisons and jails to afford.

What is the difference between MAT and MOUD?

MAT combines medications with cognitive or behavioral therapies to treat OUD. MOUD are the medications approved for the treatment of OUD.

There are currently three FDA-approved medications to treat OUD: Methadone (agonist) & Buprenorphine (partial agonist) and Naltrexone (antagonist).

MAT Research: Community v. Corrections

Community	
Who	Employed, married men with stable residency
How	Substance use disorder as a result of over-prescription of opioid pain killers
When	Middle aged

Corrections	
Who	Justice-involved, unemployed, unhoused, with co-occurring mental and chronic illness
How	Policy and illicit drug use, self-medication, lifestyle, criminal thinking
When	As youths

Myth 1

MAT just replaces one drug with another.

Myth # 1: FALSE

The Truth: OUD medications, even agonist or partial agonist medications, are not equivalent to licit or illicit opioids or opiates.

They do not promote cravings for opioids or create euphoric highs (and lows), but stabilize ability to function as productive, law abiding citizens while preventing painful, potentially dangerous withdrawal.

Myth 2

Substituting one drug for another doesn’t add value to non-medical OUD treatment.

Myth #2: FALSE

The Truth:

1. Correctional MAT saves lives.
2. Correctional MAT promotes recovery.
3. Correctional MAT reduces recidivism.
4. Correctional MAT improves quality of life, health, and welfare.

1. Correctional MAT saves lives.

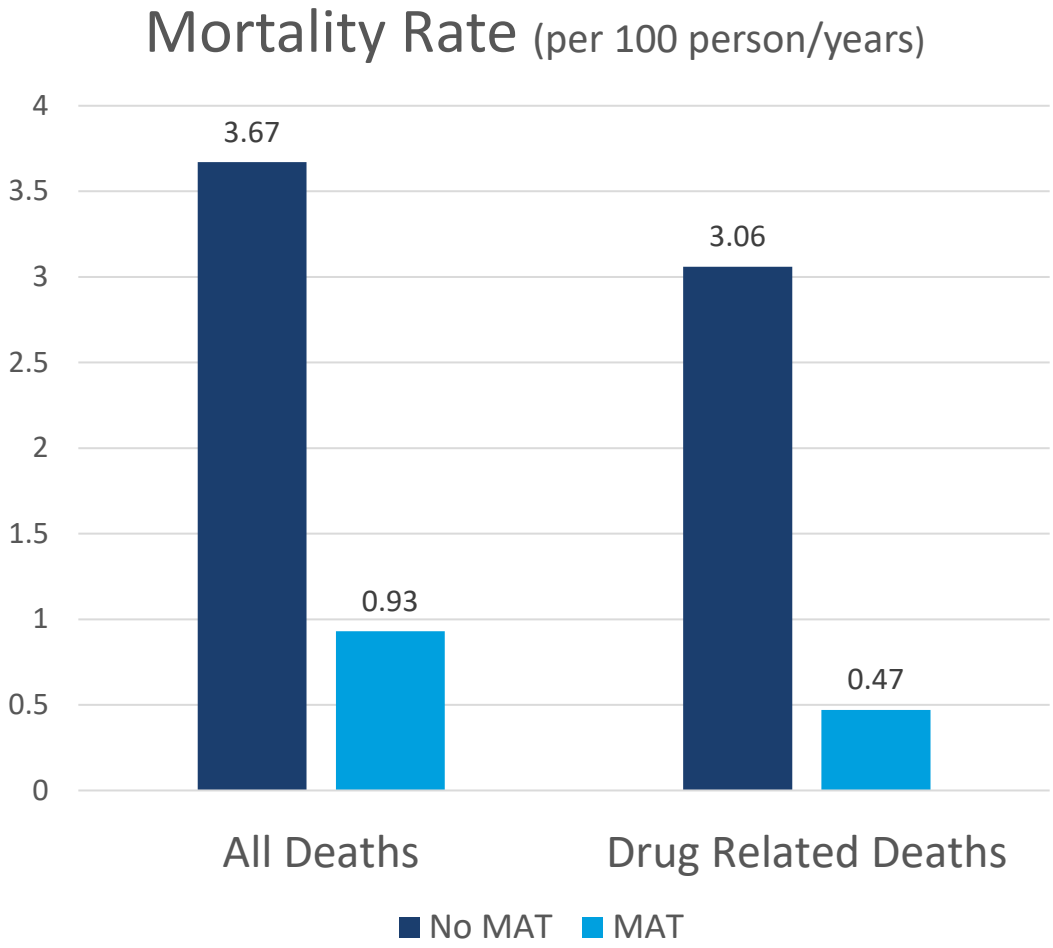
Correctional MAT saves lives.

Study:

- 12,260 adults with OUD one month after release - half receiving methadone or buprenorphine prior to release.

Key Finding:

- 75% reduction in overall deaths.
- 85% reduction in fatal overdoses.



Marsden, J., Stillwell, G., Jones, H., Cooper, A., Eastwood, B., Farrell, M., Lowden, T., Maddalena, N., Metcalfe, C., Shaw, J., and Hickman, M. (2017) Does exposure to opioid substitution treatment in prison reduce the risk of death after release? A national prospective observational study in England. *Addiction, 112*: 1408–1418. https://doi.org/10.1111/add.13779

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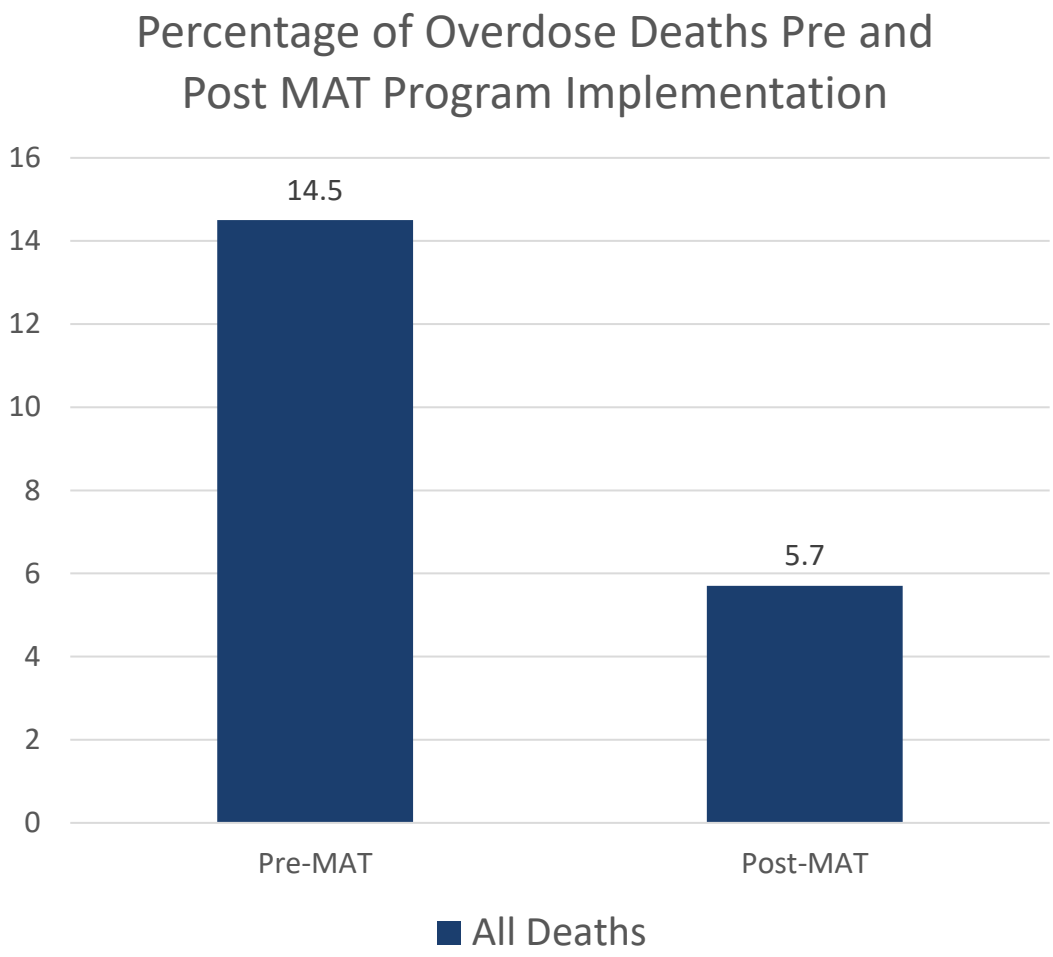
Correctional MAT saves lives.

Study:

- Post-incarceration deaths pre and post implementation of a statewide correctional MAT program

Key Finding:

- Reduction in post-incarceration overdose deaths from 14.5% to 5.7% of all overdose deaths.



Green, T. C., Clarke, J., Brinkley-Rubinstein, L., Marshall, B. D. L., Alexander-Scott, N., Boss, R., & Rich, J. D. (2018). Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System. *JAMA psychiatry*, *75*(4), 405–407. https://doi.org/10.1001/jamapsychiatry.2017.4614

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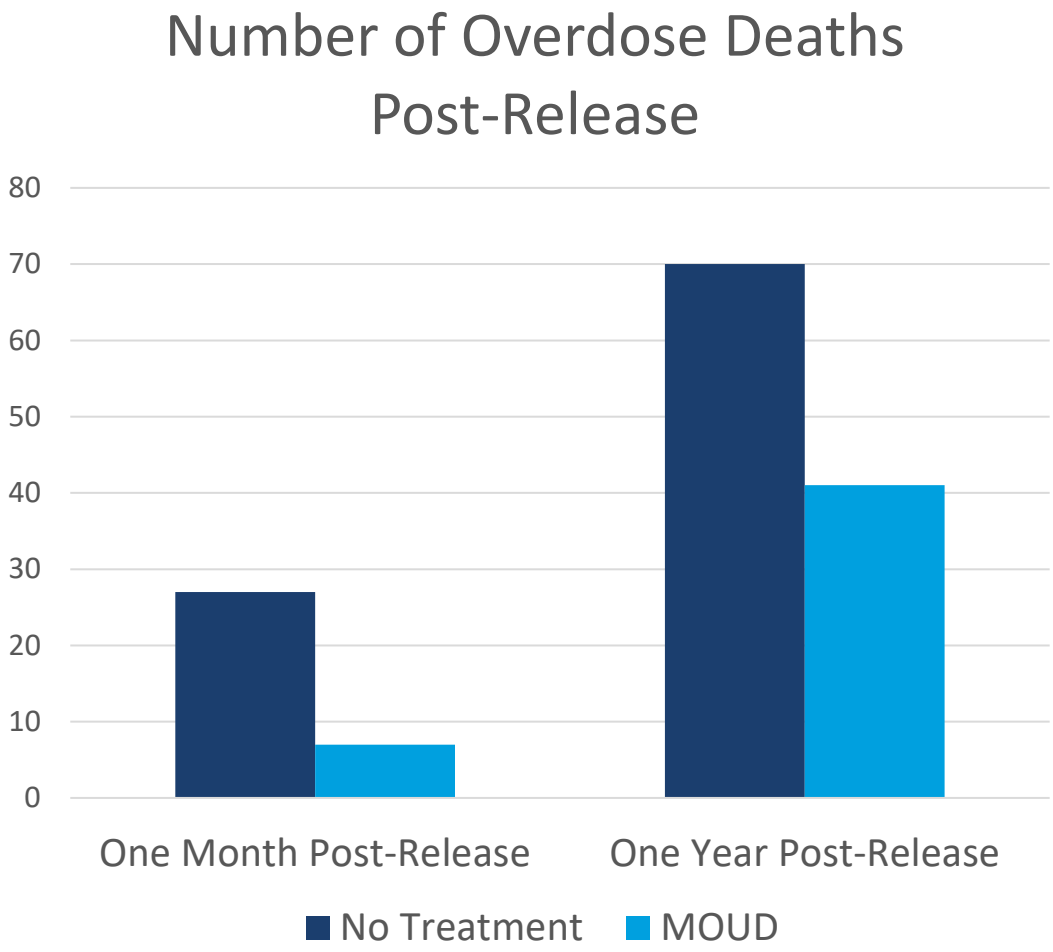
Correctional MAT saves lives.

Study:

- 15,797 adults with OUD who were released from New York City jails to the community in 2011–2017.

Key Finding:

- Methadone and buprenorphine treatment for OUD during incarceration was associated with an **80% reduction in overdose mortality risk** for the first month post-release.



Lim, S, Cherian, T, Katyal, M, Goldfeld, KS, McDonald, R, Wiewel, E, et al. Association between jail-based methadone or buprenorphine treatment for opioid use disorder and overdose mortality after release from New York City jails 2011–17. *Addiction*. 2023; 118(3): 459– 467. https://doi.org/10.1111/add.16071

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Caveat

… but mortality increased when individuals stopped taking these medications.

(Marsden, 2017 - see slide 9)

2. Correctional MAT promotes recovery.

Correctional MAT promotes recovery.

Study:

- Systematic review of 13 studies within last 5 years conducted in US on MOUD for adults involved in criminal justice system, including 6 prison populations and 4 jail populations.

Key Finding:

- **Early initiation** of all three medications while in custody was associated **with long-term seeking and maintaining treatment** and reduced post-release opioid use.

Sugarman, O. K., Bachhuber, M. A., Wennerstrom, A., Bruno, T., & Springgate, B. F. (2020). Interventions for incarcerated adults with opioid use disorder in the United States: A systematic review with a focus on social determinants of health. *PloS one, 15*(1). https://doi.org/10.1371/journal.pone.0227968

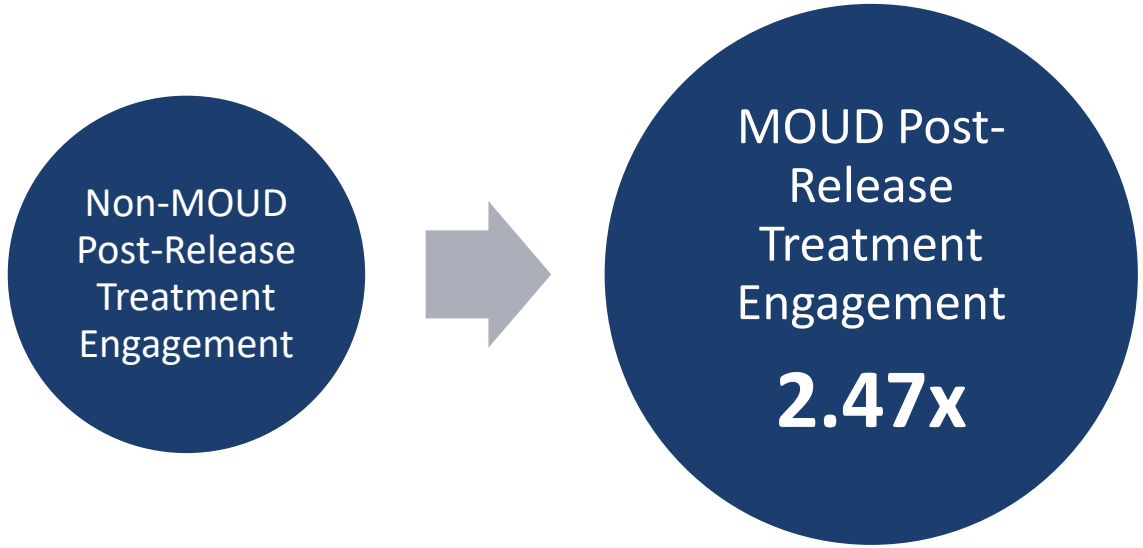
Correctional MAT promotes recovery.

Study:

- 12,260 adults with OUD one month after release - half receiving methadone or buprenorphine prior to release.

Key Finding:

- 2.47 times **more likely to enter treatment** in the first month post release than individuals not treated with MOUD.



Marsden, J., Stillwell, G., Jones, H., Cooper, A., Eastwood, B., Farrell, M., Lowden, T., Maddalena, N., Metcalfe, C., Shaw, J., and Hickman, M. (2017) Does exposure to opioid substitution treatment in prison reduce the risk of death after release? A national prospective observational study in England. *Addiction, 112*: 1408–1418. https://doi.org/10.1111/add.13779

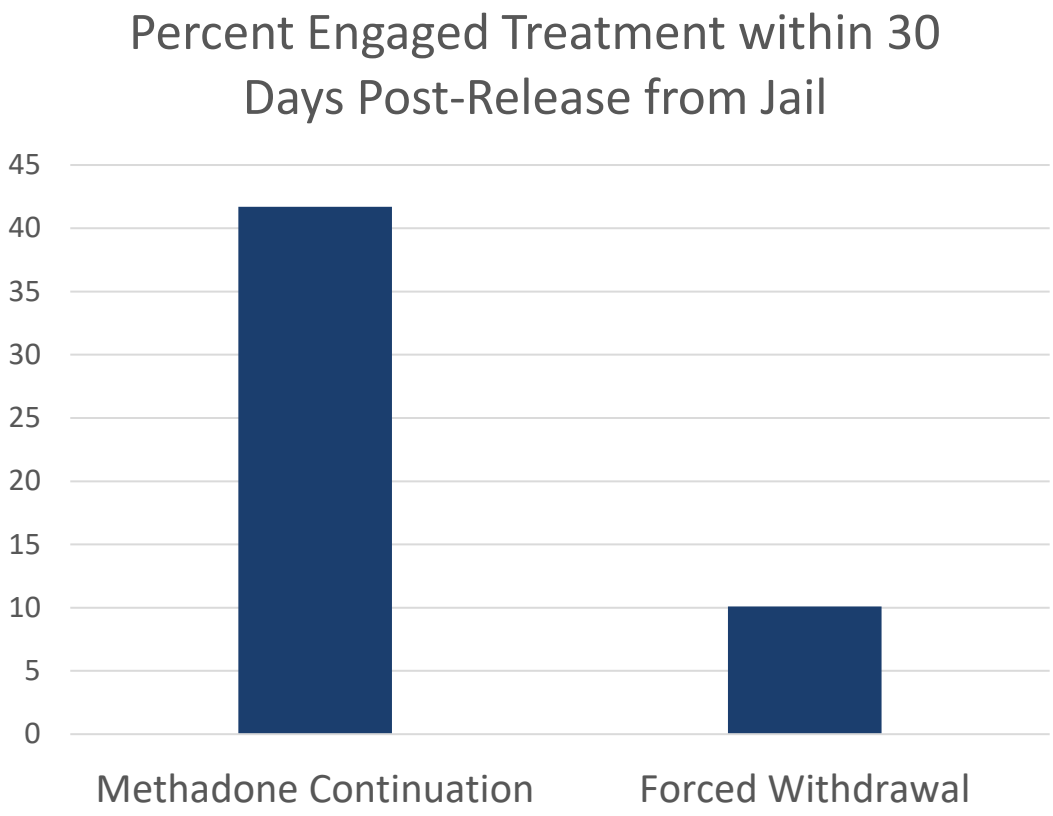
Correctional MAT promotes recovery

Study:

- 382 males in a jail facility, 184 continued methadone upon entry to the facility, 198 forced withdrawal.

Key Finding:

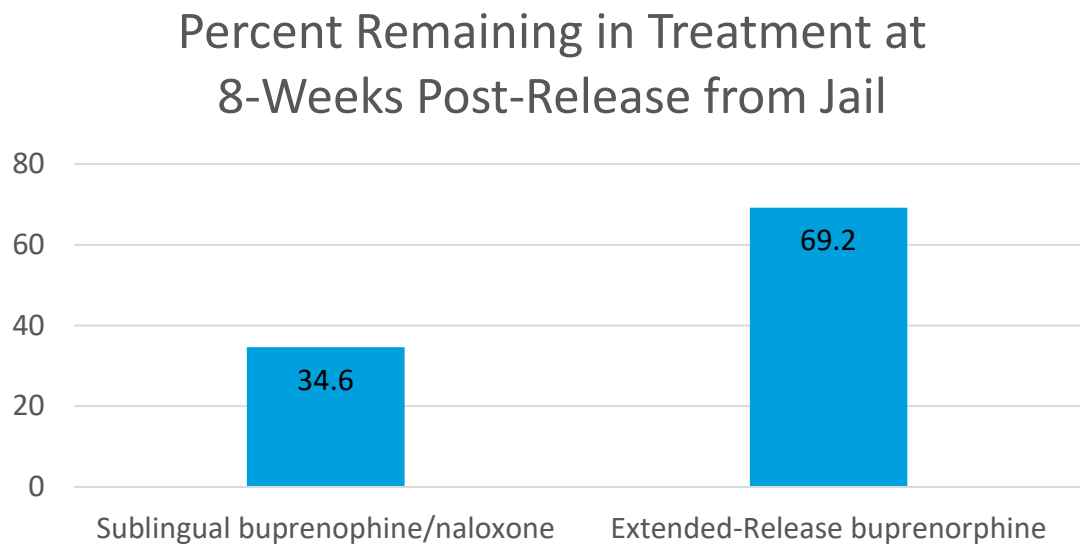
- The methadone continuation group was 6.46 times **more likely to engage with treatment** post-release within 30 days.



Moore, K. E., Oberleitner, L., Smith, K. M. Z., Maurer, K., & McKee, S. A. (2018). Feasibility and Effectiveness of Continuing Methadone Maintenance Treatment During Incarceration Compared With Forced Withdrawal. *Journal of addiction medicine*, *12*(2), 156–162. https://doi.org/10.1097/ADM.0000000000000381

Caveat

Without continued medication, post-release, effectiveness fades. Retention rates are lower, especially for individuals who are justice-involved.



Lee JD, Malone M, McDonald R, et al. (2021). Comparison of Treatment Retention of Adults With Opioid Addiction Managed With Extended-Release Buprenorphine vs Daily Sublingual Buprenorphine-Naloxone at Time of Release From Jail. *JAMA Network Open, 4(9*). https://doi.org/10.1001/jamanetworkopen.2021.23032

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3. Correctional MAT reduces recidivism.

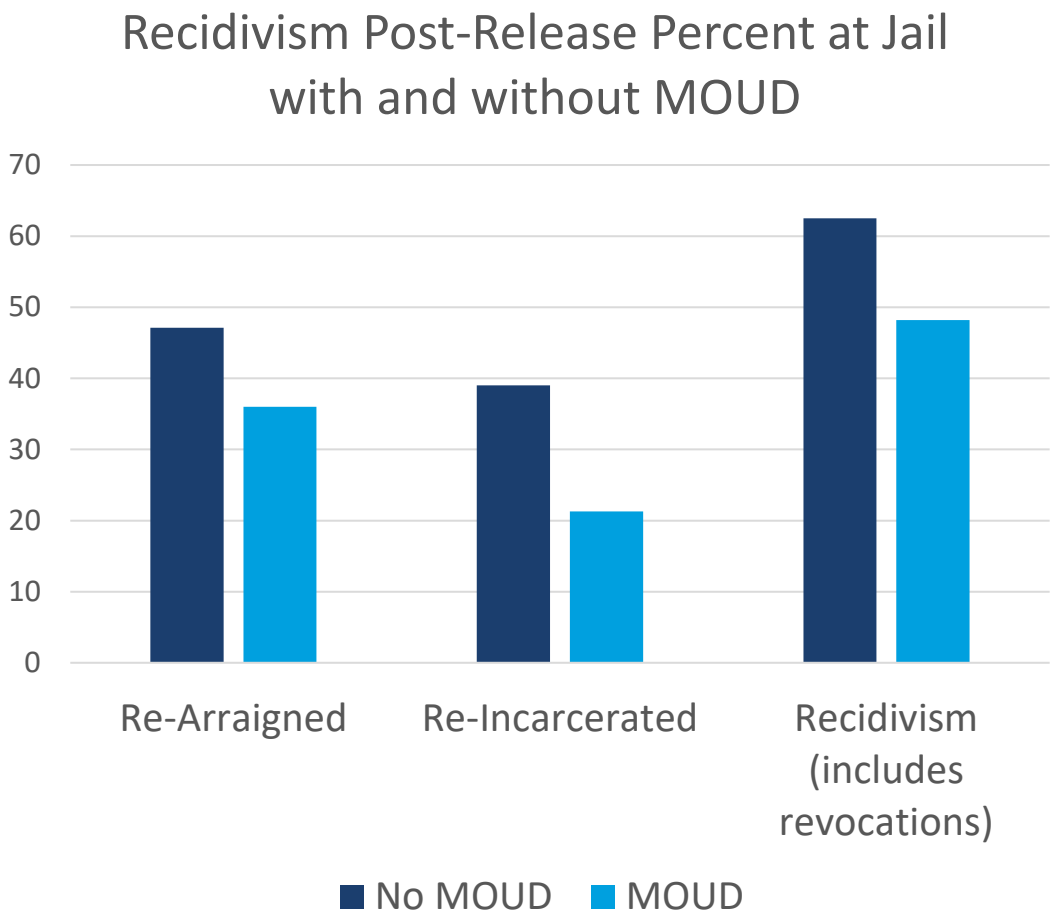
Correctional MAT reduces recidivism.

Study:

- Natural experiment comparing two neighboring county jails – one providing buprenorphine and one not.

Key Finding:

- Jail providing buprenorphine saw **lower rates of recidivism** across all measurements.



Evans, E. A., Wilson, D., & Friedmann, P. D. (2022). Recidivism and mortality after in-jail buprenorphine treatment for opioid use disorder. *Drug and alcohol dependence, 231(*109254). https://doi.org/10.1016/j.drugalcdep.2021.109254

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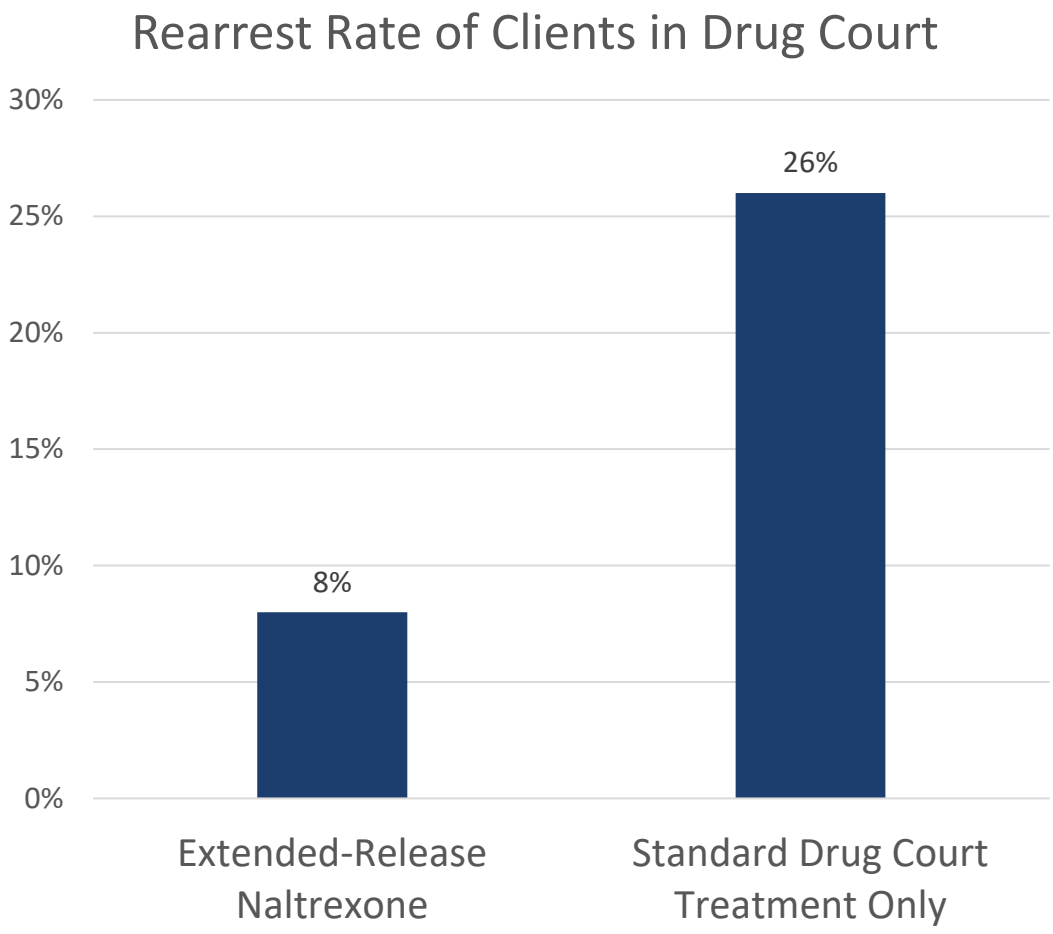
Correctional MAT reduces recidivism.

Study:

- Comparison of clients receiving extended-release naltrexone in three drug courts with matched clients receiving standard drug court treatment.

Key Finding:

- Clients receiving extended-release naltrexone **missed 57% fewer drug court sessions** and had an 8% rearrest rate compared to 26% for non-MAT clients.



Finigan, M. W., Perkins, T., Zold-Kilbourn, P., Parks, J., & Stringer, M. (2011). Preliminary evaluation of extended-release naltrexone in Michigan and Missouri drug courts. *Journal of Substance Abuse Treatment, 41*(3), 288-293. https://doi.org/10.1016/j.jsat.2011.04.003

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Caveat

Baltimore Pre-Release Study found no association between buprenorphine retention over one year and decreased criminal behavior, and no association with days of heroin use

Gordon, M. S., Kinlock, T. W., Schwartz, R. P., O'Grady, K. E., Fitzgerald, T. T., & Vocci, F. J. (2017). A randomized clinical trial of buprenorphine for prisoners: Findings at 12-months post-release. Drug and Alcohol Dependence, 172, 34-42. https://doi.org/10.1016/j.drugalcdep.2016.11.037

Prison Methadone Study found that increased retention in methadone treatment 30 days after release was not associated with reduced recidivism, except for a subset who re-engaged with the same provider as their provider in prison

Moore, 2018 – see slide 16

4. Correctional MAT improves quality of life, health, and welfare.

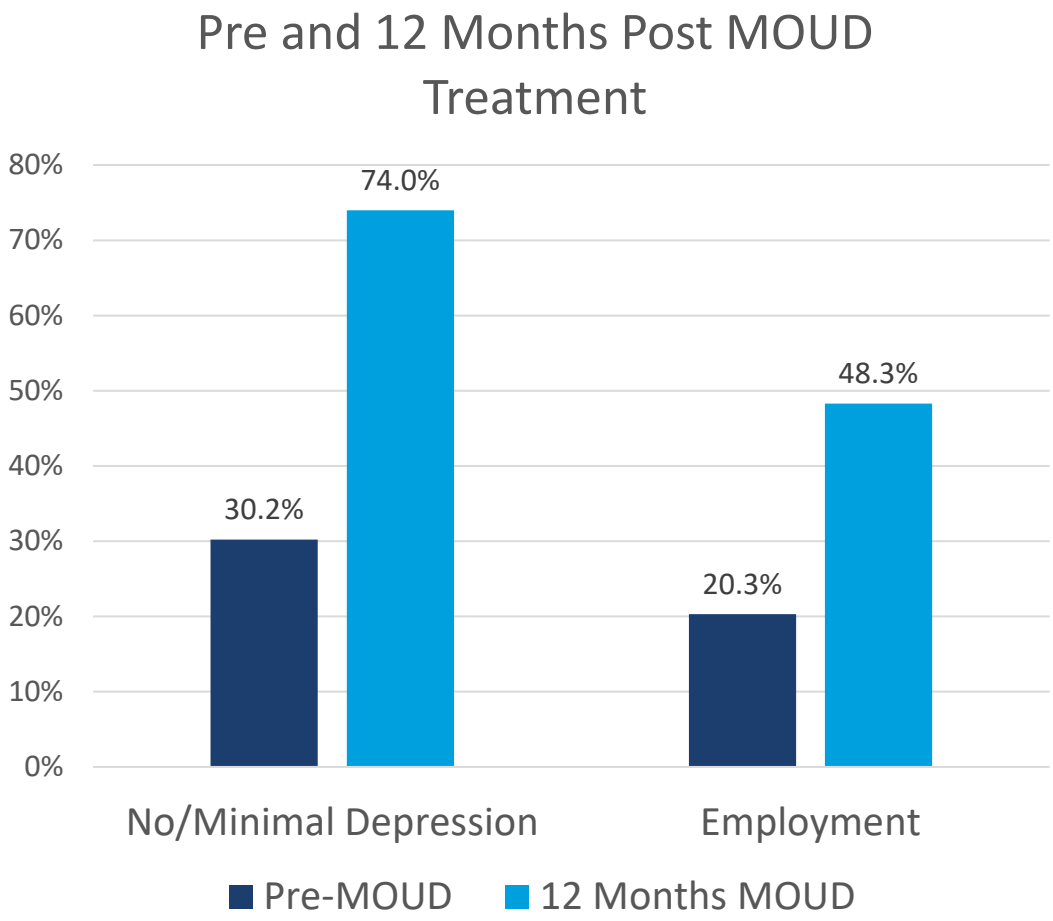
Correctional MAT improves quality of life, health, & welfare.

Study:

- 12-month outcomes for an observational study for community long-acting buprenorphine subcutaneous injection for moderate to severe OUD.

Key Finding:

- During the program, participants had fewer withdrawal symptoms, lower pain, positive health-related quality of life, minimal depression, and higher employment versus pre-trial visit.



Ling, W., Nadipelli, V. R., Aldridge, A. P., et. al.. (2020). Recovery From Opioid Use Disorder (OUD) After Monthly Long-acting Buprenorphine Treatment: 12-Month Longitudinal Outcomes From RECOVER, an Observational Study. *Journal of addiction medicine, 14*(5), e233–e240. https://doi.org/10.1097/ADM.0000000000000647

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Correctional MAT improves quality of life, health, & welfare.

Study:

- Systematic review on the effects of long-acting injectable buprenorphine and its impact on social determinants of health.

Key Findings:

- Long-acting injectable buprenorphine was associated with:
  - Increased employment and employment duration;
  - Increased pro-social activities;
  - Increased “positive psychosocial feedback”;
  - Improved social relationships;
  - And lower rates of recidivism.

Martin, E., Maher, H., McKeon, G., Patterson, S., Blake, J., & Chen, K. Y. (2022). Long-acting injectable buprenorphine for opioid use disorder: A systematic review of impact of use on social determinants of health. *Journal of Substance Abuse Treatment, 139*(108776). https://doi.org/10.1016/j.jsat.2022.108776

Myth 3

Medications for OUD mean non-medical treatment (psychosocial, behavioral) for these disorders are unnecessary.

FALSE

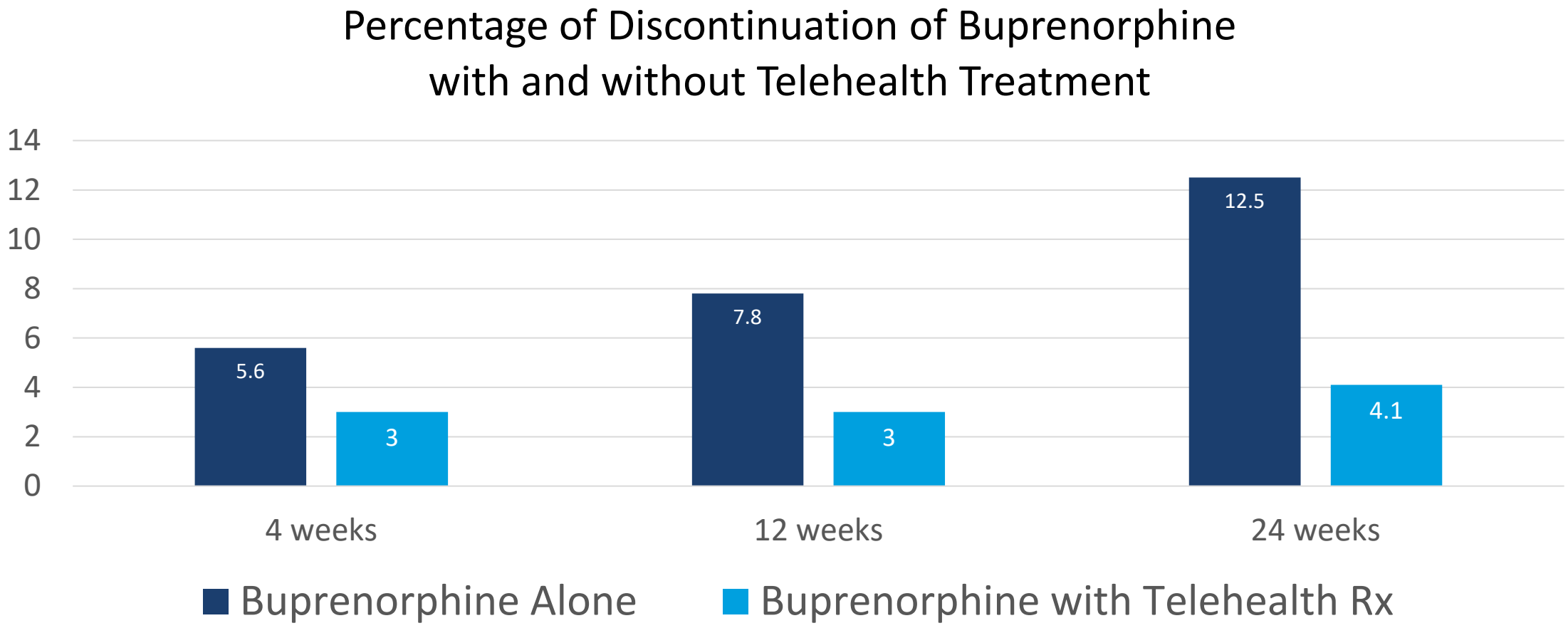
Even the best medications don’t work if not taken.

Treatment & Medication Increases Retention for Recovery

Community-Based Studies

- State Medicaid study found that behavioral health therapy associated with a **low risk of treatment discontinuation** for persons on methadone, naltrexone, or methadone (Zhang, 2022).
- A meta-analysis found cognitive behavioral therapy, motivational enhancement therapy, contingency management, and 12-step facilitation added to pharmacotherapy did equally well in **increasing treatment retention** (Ray, 2020).
- A study found all the OUD medications have been found to **be compatible within the context of 12-step** based treatment and the combination is associated with **favorable outcomes** (Klein, 2019).

Treatment & Medication Increases Retention for Recovery



Chan, B., Cook, R., Levander, X., Wiest, K., Hoffman, K., Pertl, K., Petluri, R., McCarty, D., Korthuis, P.T., and Martin, S.A. (2024). Buprenorphine discontinuation in telehealth-only treatment for opioid use disorder: A longitudinal cohort analysis. Journal of Substance Use and Addition Treatment, 167. https://doi.org/10.1016/j.josat.2024.209511.

Myth 4

One FDA approved OUD medication is superior to the others.

Myth #4: FALSE

The Truth: The superior FDA-approved medications for OUD is individualized and the medication that the individual will consistently take (and is not contraindicated by individual medical conditions or circumstances).

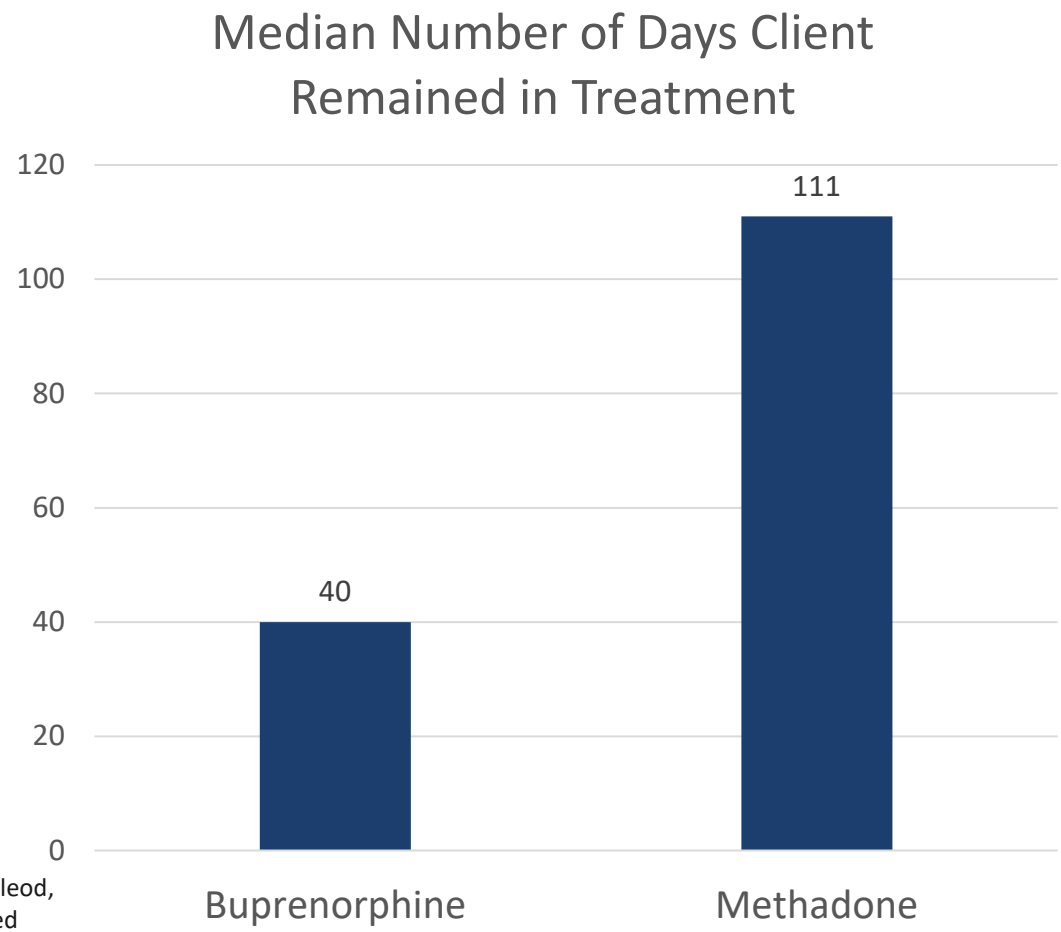
Methadone vs. Buprenorphine

Study:

- UK community-based cohort study of 11,033 people prescribed MOUD.

Key Finding:

- Buprenorphine was associated with lower all-cause mortality and drug-related mortality than methadone ***while in treatment***. However, patients on methadone remained in treatment longer. Overall mortality rates were comparable.



Hickman, M., Steer, C., Tilling, K., Lim, A. G., Marsden, J., Millar, T., Strang, J., Telfer, M., Vickerman, P., & Macleod, J. (2018). The impact of buprenorphine and methadone on mortality: a primary care cohort study in the United Kingdom. Addiction (Abingdon, England), 113(8), 1461–1476. https://doi.org/10.1111/add.14188

Methadone vs. Buprenorphine

Study:

- Australian non-randomized trial in correctional setting of oral methadone vs. extended-release injectable buprenorphine (N=67).

Key Findings:

- Both medications saw similar high retention rates, significant decline injection drug use and non-prescribed opioid use, and no diversion was identified.

Dunlop, A. J., White, B., Roberts, J., Cretikos, M., Attalla, D., Ling, R., Searles, A., Mackson, J., Doyle, M. F., McEntyre, E., Attia, J., Oldmeadow, C., Howard, M. V., Murrell, T., Haber, P. S., and Lintzeris, N. (2022). Treatment of opioid dependence with depot buprenorphine (CAM2038) in custodial settings. *Addiction, 117*(2), 382– 391. https://doi.org/10.1111/add.15627

Study:

- Men with OUD at Rikers Island Jail not enrolled in community methadone treatment, sentenced to 10-90 days in jail (N=116) were voluntarily randomly assigned either to buprenorphine or methadone maintenance.

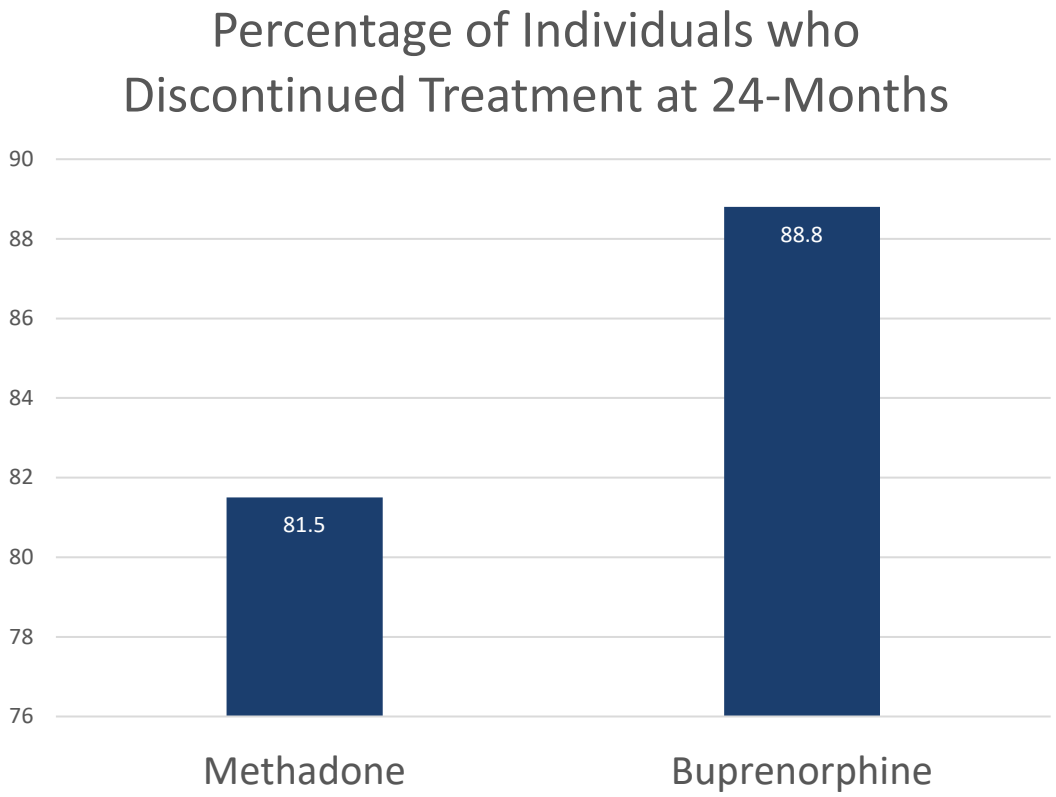
Key Finding:

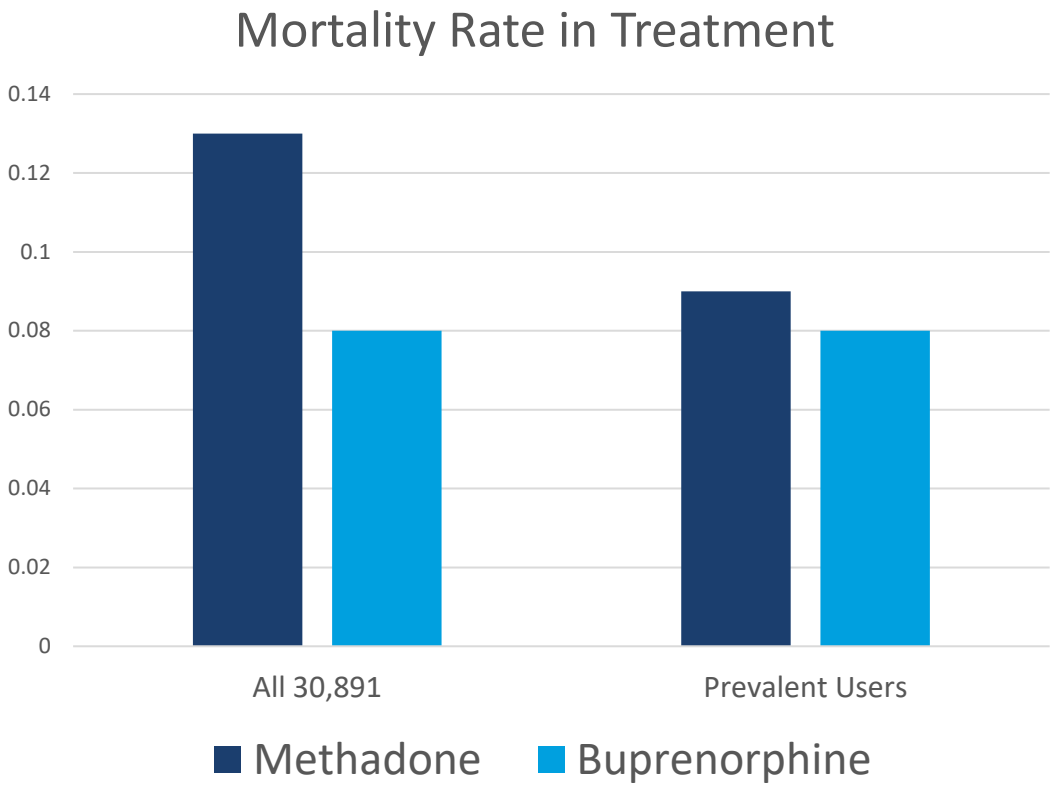
- Completion rates in jail equally high, but buprenorphine group more likely to report to post-release treatment. No post release differences in illicit opioid use, re-arrests, or reincarceration.

Magura, S., Lee, J. D., Hershberger, J., Joseph, H., Marsch, L., Shropshire, C., & Rosenblum, A. (2009). Buprenorphine and methadone maintenance in jail and post-release: a randomized clinical trial. Drug and alcohol dependence, 99(1-3), 222-230. https://doi.org/10.1016/j.drugalcdep.2008.08.006

Methadone vs. Buprenorphine

STUDY: All persons (30,891) treated for OUD in British Columbia who received methadone or buprenorphine from 2010 to 2020. Compared retention and mortality.





Nosyk, B., *et al*. (2024). Buprenorphine/Naloxone vs Methadone for the Treatment of Opioid Use Disorder. *JAMA*. doi.org/10.1001/jama.2024.16954.

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Methadone vs. Buprenorphine

Higher Buprenorphine Dosage Increases Parity with Methadone

- **Meta-analyses, systematic reviews** also found outcomes dependent upon buprenorphine dosage with higher doses generally associated with more parity with methadone outcomes in terms of illicit opioid use and retention.

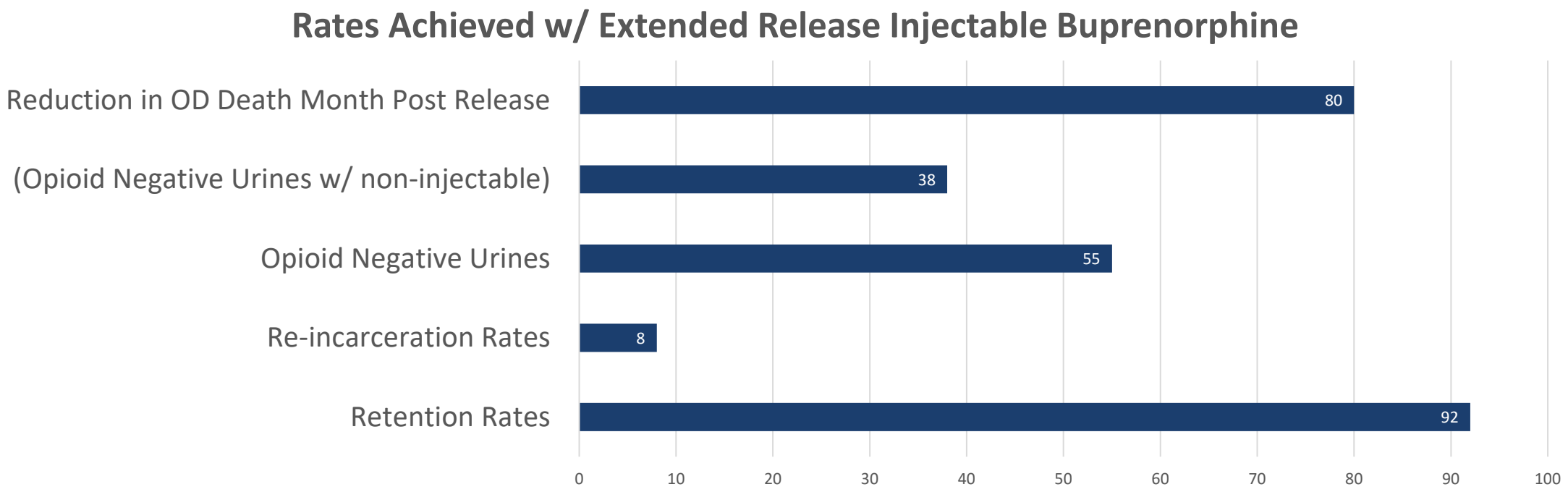
- **Latest 2024 study:** While FDA calls for 16 mg per day buprenorphine dose, researchers found ***higher dose*** *(up to 24 mg)* ***increased time longer to emergency or inpatient visit by 20%.*** Those taking more than 24 mg increased time 50% longer within first year compared to those receive less than 16 mg.

Thomas, C.P., Fullerton, C.A., Kim, M., Montejano, L., Lyman, D.R., Dougherty, R.H., Daniels, A.S., Ghose, S.S. & Delphin-Rittmon, M.E. (2014). Medication-assisted treatment with buprenorphine: assessing the evidence. *Psychiatric services, 65*(2), 158-170. https://doi.org/10.1176/appi.ps.201300256

Axeen S, Pacula RL, Merlin JS, Gordon AJ, Stein BD. Association of Daily Doses of Buprenorphine With Urgent Health Care Utilization. *JAMA Netw Open.* 2024;7(9):e2435478. doi:10.1001/jamanetworkopen.2024.35478

Methadone vs. Buprenorphine

How Medication Taken May Be Key



Cayley Russell et al, Feasibility and effectiveness of extended-release buprenorphine (XR-BUP) among correctional populations: a systematic review, *The American Journal of Drug and Alcohol Abuse* (2024). DOI: 10.1080/00952990.2024.2360984

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Agonist vs. Antagonist

Multiple studies, including randomized trials, found extended-release naltrexone to be comparable to (and in one better than) buprenorphine in outcomes, including reducing heroin use, other opioids, other illicit drugs, fatal and non-fatal overdoses (Institute, 2018; Murphy, 2019,Tanum, 2017).

Multiple studies found fatal and non-fatal overdoses equivalent for naltrexone and buprenorphine but higher methadone fatal overdoses during first 28 days. After 28 days and post-treatment, rates equivalent among all three (Kelty, 2017).

BUT antagonist more likely to be discontinued compared to agonist (Zhang, 2022), but once begun on antagonist, retention rates same for jail population (Lee, 2018).

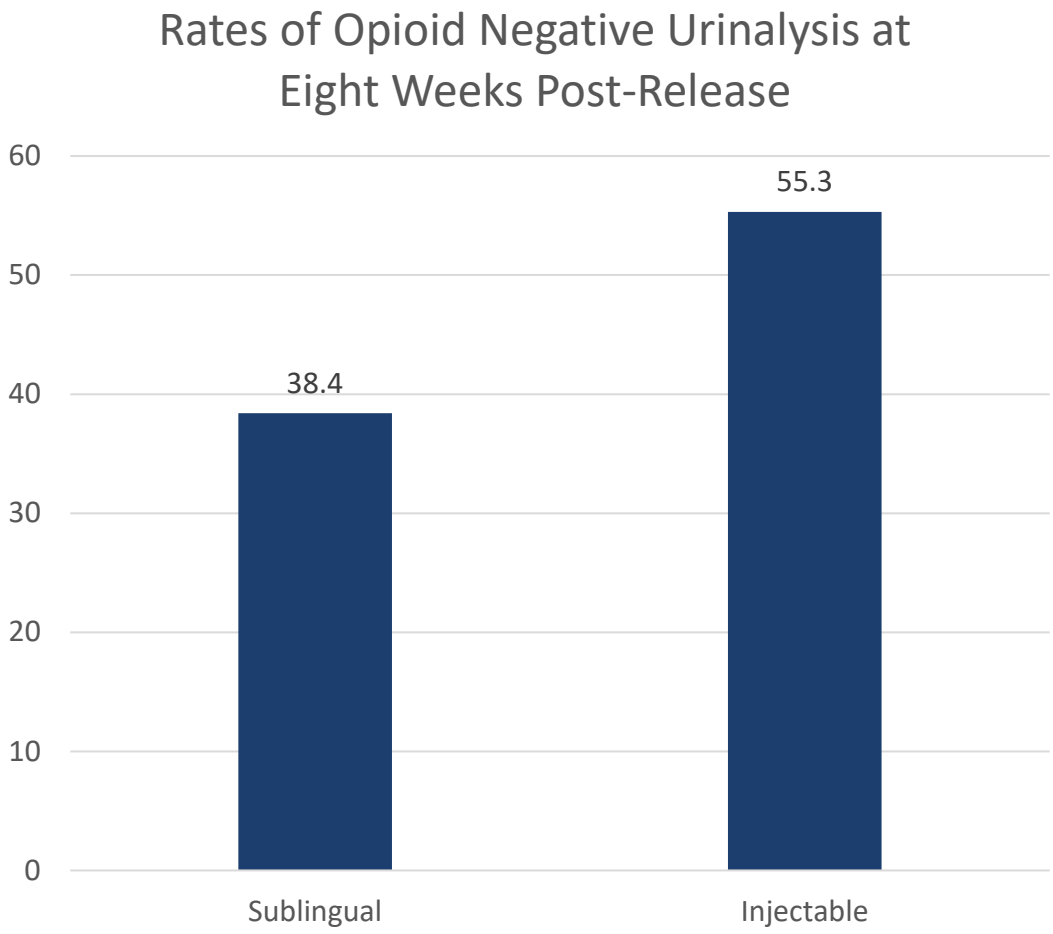
The difference may be in the delivery

Study:

- Random trial of incarcerated on extended-release buprenorphine or daily sublingual.

Key Findings:

- Patients prescribed extended-release had fewer in-jail clinic visits and increased community buprenorphine treatment retention. However, patients preferred sublingual buprenorphine.



Lee, J. D., Malone, M., McDonald, R., Cheng, A., Vasudevan, K., Tofighi, B., Garment, A., Porter, B., Goldfeld, K. S., Matteo, M., Mangat, J., Katyal, M., Giftos, J., & MacDonald, R. (2021). Comparison of Treatment Retention of Adults With Opioid Addiction Managed With Extended-Release Buprenorphine vs Daily Sublingual Buprenorphine-Naloxone at Time of Release From Jail. *JAMA network open, 4*(9). https://doi.org/10.1001/jamanetworkopen.2021.23032

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Assessment by Persons Released from Jail

Qualitative study of individuals released from jail on any of the three MOUDs:

- Satisfaction with naltrexone's long-acting antagonist effects and craving control
- Similar satisfaction regarding effects of methadone and buprenorphine maintenance among individuals retained-in-treatment

Velasquez, M., Flannery, M., Badolato, R., Vittitow, A., McDonald, R. D., Tofighi, B., Garment, A. R., Giftos, J., & Lee, J. D. (2019). Perceptions of extended-release naltrexone, methadone, and buprenorphine treatments following release from jail. Addiction science & clinical practice, 14(1), 37. https://doi.org/10.1186/s13722-019-0166-0

But, all agree:

Addressing basic needs (such as housing and economic security) most important to reduce barriers to treatment.

Myth 5

Naltrexone compromises patient's ability to experience pleasure.

Myth #5: FALSE

The Truth: Extended-released naltrexone targets opioid receptors specifically.

Extended-Release Naltrexone and Pleasure

Study

- Compared patients with OUD with healthy controls to assess striatal dopamine transporter (DAT) availability. Two weeks after injection compared both groups to re-assess striatal DAT binding.

Conclusion

- The results of this study suggest that extended-release naltrexone treatment does not reduce striatal DAT availability and has no significant effect on anhedonia (inability to feel pleasure), but is associated with a significant reduction of depressive symptoms.

Zaaijer, E. et al. (2015). Effect of extended-release naltrexone on striatal dopamine transporter availability, depression and anhedonia in heroin-dependent patients, Psychopharmacology, 232 (14): 2597-2607.

Extended-Release Naltrexone and Pleasure

Study

- After 3.5 years of extended-release injectable naltrexone, patients with AUD asked their degree of pleasure experienced last 90 days drinking alcohol, sex, exercise and other daily activities.

Conclusion

- All reported the degree of pleasure for drinking alcohol was lower than sex or any other activity, including listening to music, reading, being with friends, eating good food, eating spicy food and playing video/card games. This effect was independent of naltrexone dose or duration.
- Ratings measuring how much pleasure someone feels from different activities or experiences suggest long term therapy with naltrexone selectively inhibits the pleasure associated with alcohol, compared to other activities.

O'Brien, C. et al.(2011). Long-term Opioid Blockade and Hedonic Response: Preliminary Data from Two Open-Label Extension Studies with Extended-Release Naltrexone, *Amer. J. of Addiction, 20* (2), 106-112.

Myth 6

OUD medications are too costly for jails and prisons to provide.

Myth #6: FALSE

The Truth: These medications are actually quite cost effective and reduce medical costs for jails and prisons and overall costs to the criminal justice system (not to mention wrongful death liability lawsuit settlements).

Are OUD medications too costly to provide?

Study

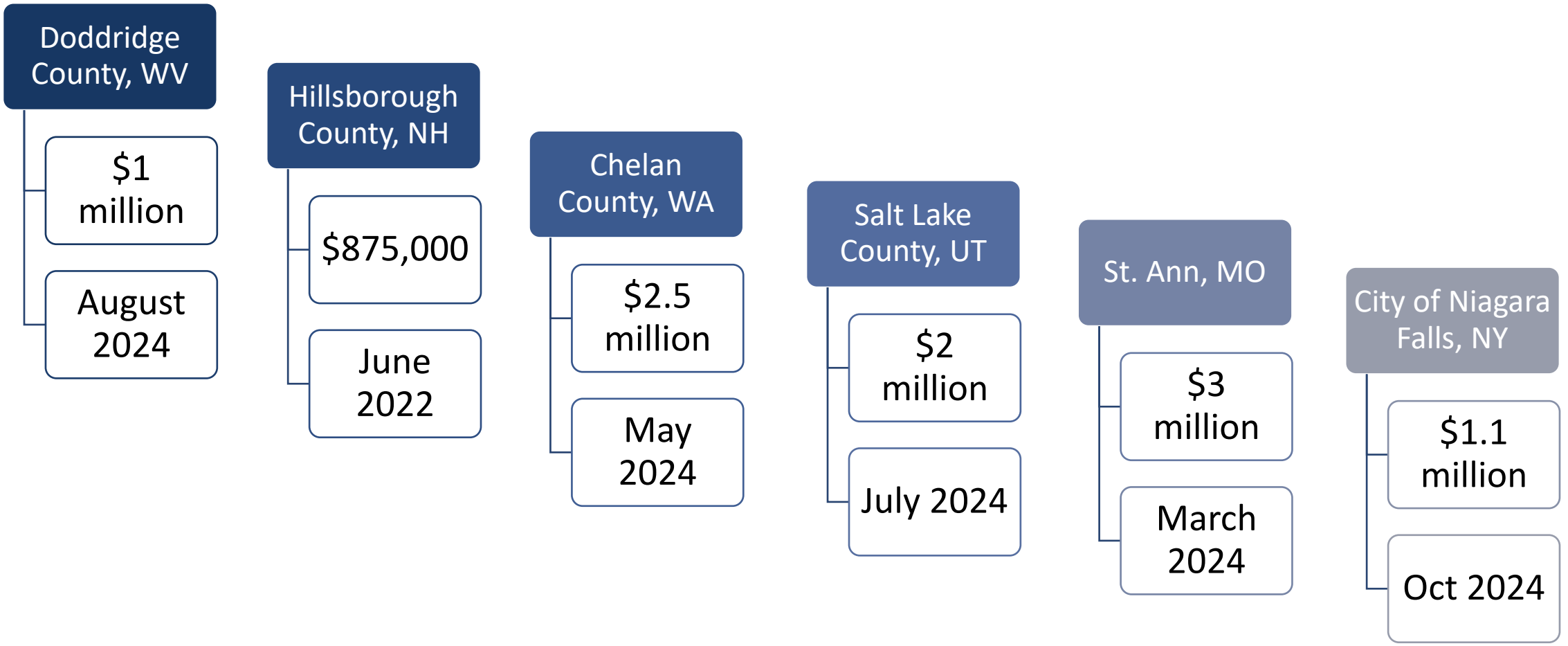
- A California model-based analysis compared agonist MAT compared to standard care in California's publicly funded treatment system (featuring medically managed withdrawal), using 2006-2010 data.

Research Conclusion

- MAT resulted in $78,257 per-patient savings. Projected savings largely based on treatment retention and reduced criminal justice costs.

Krebs, E., Enns, B., Evans, E., Urada, D., Anglin, M. D., Rawson, R. A., Hser, Y., & Nosyk, B. (2017). Cost-effectiveness of publicly funded treatment of opioid use disorder in California. Annals of Internal Medicine, 168(1), 10–19. https://doi.org/10.7326/M17-0611

Withdrawal Death Lawsuit Settlements



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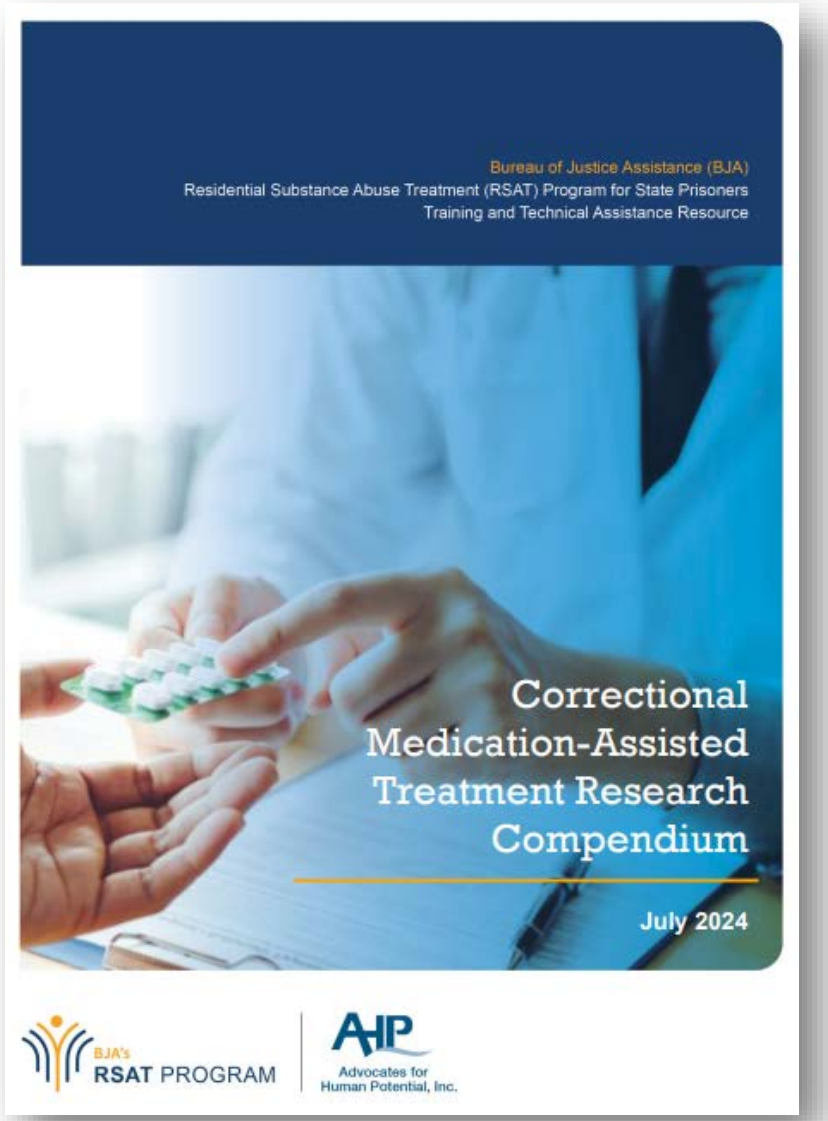
New opportunity through Medicaid §1115 waivers for states that apply and receive approval to cover medications for OUD up to 90 days before release and 30 days post-release.

MAT Research Compendium

Available online:

https://www.rsat-tta.com/Files/Manuals-Curricula/Correctional-MAT-Research-Compendium



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Additional Resources

- Investigation of the Cumberland County Jail – Report
- SAMHSA, Medications for Substance Use Disorders
- National Institute on Drug Abuse, Effective Treatments for Opioid Addiction
- American Society of Addiction Medicine – Practice Guidelines for the Use of Medication in the Treatment of Addiction Involving Opioid Use
- FDA Safety Announcement, Harm reported from sudden discontinuation of opioids
- National Sheriff's Association and National Commission on Correctional Health Care – Jail-Based Medication-Assisted Treatment

QUESTIONS

- Type your questions in the Q&A box on your screen.

Speaker Contact Info:

Andrew Klein, Ph.D. | aklein@ahpnet.com

Cedric Love | clove@ahpnet.com

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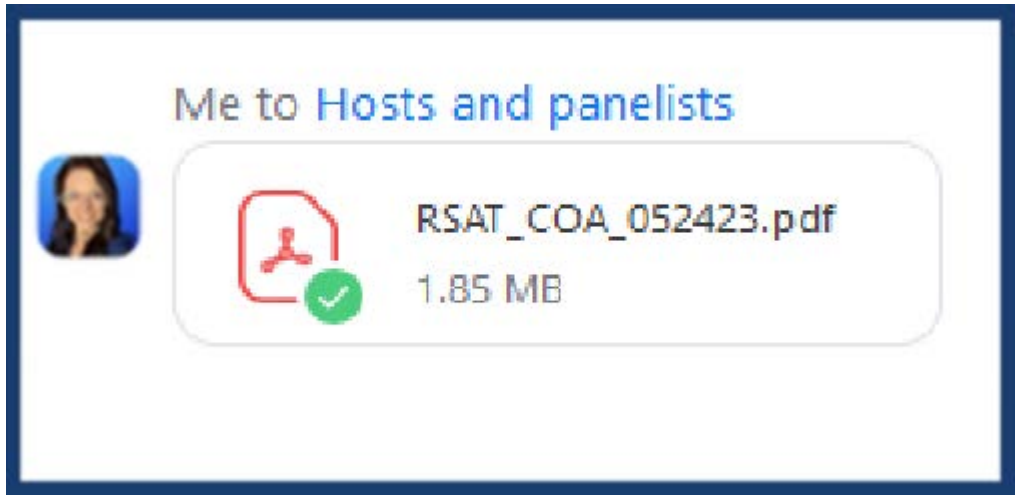
You can download the certificate of attendance from the chat.



CERTIFICATE OF CONTINUING EDUCATION

1 Continuing Education Hour (CEH) approved by NAADAC, the Association of Addiction Professionals

Pass 10-question quiz with 7 correct answers

Download certificate upon completion of the quiz

December 4, 2024 RSAT webinar CEH quiz link:
https://survey.alchemer.com/s3/8072050/1ddbef2e2c53

CONTACT

http://www.rsat-tta.com

Stephen Keller
RSAT TTA Coordinator | rsattta@ahpnet.com

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