Medication Assisted Treatment: Taking aim at America's hidden epidemic

Would you believe that 20% of the population of the United States—more people than live in all of California—are suffering from one of America's biggest health crises? It may be hard to accept, but the numbers show the problem in stark detail.

The burden of this problem is being felt all over the country. From local community services to employers, from law enforcement to health plans, substance abuse and addiction have reached epidemic proportions.

Addiction as an epidemic

The consequences of this epidemic are alarming, particularly in regard to the abuse of prescription painkillers. Nearly 16,000 people die every year of overdoses involving prescription painkillers.⁴ The number of deaths has exploded over the past two decades, tripling between 1999 and 2010 and continuing to rise after that time.⁵

Why is this problem growing so rapidly?

For one, prescription painkillers are simply more available than ever before. These medications are being sold legally and illegally in record quantities. In the same time period as above—1999-2010—sales of prescription painkillers quadrupled.⁶ In many cases, painkillers are being prescribed instead of other in-person treatment. Despite the increase in sales, there has been no overall change in the amount of pain that Americans report.⁷

Other reasons abound for the rapid promulgation of prescription painkillers in recent years. They are relatively easy to purchase over the internet. They are viewed as a 'safe' alternative to illegal analogs such as heroin and, as such, lack



the social stigmas against use. As they are legal medications, there is much less risk of punishment or confiscation if caught. And, finally, as they are commonly prescribed, left-over pills are easily found in the medicine cabinets of family or friends.⁸ This last statistic is strongly tied to the growth of addiction in teens and young adults.⁹

A further consequence of prescription painkiller abuse has been a related rise in the population of heroin abusers. The National Institute on Drug Abuse has linked this increase to the emergence of chemical tolerance for prescription opioids to heroin which becomes easier to obtain and more affordable once larger quantities are sought.¹⁰



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A compelling solution to a national crisis

The depth and breadth of the addiction crisis is substantial. This is an epidemic that is crossing cultural, socio-economic, ethnic and regional boundaries. It affects rich and poor, urban and rural ares, males and females.¹¹ While there is clear consensus that a problem exists, quite what to do about it is still being debated.

Medication Assisted Treatment (MAT), in combination with behavioral therapy, is a solution that has been proven effective by numerous studies to augment the treatment of a variety of substance abuse disorders.¹² MAT is an option during both in-patient and out-patient treatment and can be incorporated into a broader disease-management program for patients undergoing long-term care.

Regrettably, MAT is a solution that, while effective, has been severely underutilized. There are a number of contributing factors to this. One is a simple matter of logistics: the population affected by substance abuse is enormous. There just aren't enough providers available with training and experience with MAT to make its use more widespread.

A second factor is social-stigma. Substance abuse still maintains a strongly negative stigma and MAT is subject to similar disapproval. Particularly, the belief that 'one is simply transferring addiction from one drug to another' has been used with regularity against MAT.¹³ This idea is completely unfounded. The data are clear and strong:¹⁴ MAT is a valuable tool for stemming the tide of this nationwide epidemic.

Magellan Healthcare strongly believes that MAT is an effective treatment and is committed to ensuring its use becomes more available.

Magellan Healthcare focuses on Medication Assisted Treatment

Magellan Healthcare's Medication Assisted Treatment solution takes a disease management approach to alcohol and opioid use disorders. Magellan Healthcare intervenes early in the treatment process and works closely with both providers and patients. This enables us to extend effective care into the community at all levels.

As a key component of this needs-based approach, Magellan Healthcare uses analytics and proprietary algorithms to asses, track and stratify members. By doing so, Magellan Healthcare is able to direct more support to those individuals that require it.

"For some patients, traditional psychosocial treatments alone are not enough to maintain sobriety. We are confident that the use of these medications as a core component of treatment planning will help reduce relapse among our members with substance use disorders."

> – Gary M. Henschen, M.D., Chief Medical Officer, Behavioral Health

Magellan Healthcare is also engaged in initiatives and incentives to expand the network of MAT providers by actively promoting and campaigning to healthcare providers. By actively partnering and campaigning with healthcare providers, Magellan Healthcare will increase provider comfort and knowledge of the proven effectiveness of MAT and raise the number of providers who are trained to prescribe MAT to those in need. Similarly, Magellan Healthcare is engaging actively with health plans to help facilitate the incorporation of MAT medications into formularies.



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Believe in a winning strategy

We are in the grips of a health crisis in the United States—substance abuse has reached epidemic proportions. MAT, when combined with behavioral therapy, is an effective, practical and scalable solution that has been proven time and time again. Magellan Healthcare is built on a vision of innovation driving healthier and brighter futures. It is our mission to guide individuals to make better decisions; live healthier and more fulfilling lives; and to improve the quality and affordability of healthcare. We are committed to leading the way forward for Medication Assisted Treatment. We are dedicating time, resources, energy and thought leadership to building a comprehensive MAT solution for all.

It is time that this workable strategy is put in place nationwide.

Endnotes:

- 1. (2016) https://ncadd.org/for-the-media/alcohol-a-drug-information
- 2. Ibid
- 3. (2005) http://archives.drugabuse.gov/PrescripAlert/
- 4. (2015) http://www.cdc.gov/drugoverdose/epidemic/
- 5. (2015) http://www.cdc.gov/drugoverdose/epidemic/index.html
- 6. Ibid
- 7. (2015) http://www.cdc.gov/drugoverdose/epidemic/providers.html
- 8. (2014) http://www.drugabuse.gov/related-topics/trends-statistics/infographics/popping-pills-prescription-drug-abuse-in-america
- 9. Ibid.
- 10. (2014) http://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2015/americas-addiction-to-opioids-heroin-prescription-drug-abuse

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- 12. Sass H, Soyka M, Mann K, Zieglgansberger W; Relapse Prevention by Acamprosate: Results from a Placebo-Control Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction: Treatment Improvement Protocol no 40. Rockville, Md, US Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2004.rolled Study on Alcohol Dependence. Archives of General Psychiatry 53: 673-680, 1996. Anton RF, Naltrexone for the Management of Alcohol Dependence. New England Journal of Medicine 2008; 359: 715-21. Anton RF, O'Malley SS, Ciraulo DA, et al. Combined Pharmacotherapies and Behavioral Interventions for Alcohol Dependence: the COMBINE study: a randomized controlled trial. JAMA 2006; 295:2003-17. Treatment Improvement Protocol (TIP) series. Rockville, MD: Department of Health and Human Services, 1998. Practice Guideline for the Treatment of Patients with Substance Use Disorders. 2nd ed. American Journal of Psychiatry 2006; 164; Suppl:A5-A124
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