

Medications for Opioid Use Disorders Prevent Overdose Deaths

Medications for Opioid Use Disorders (MOUDs) are any which can be used to treat opioid dependence, and include opioid agonists and antagonists. Opioid agonist medications, including buprenorphine and methadone, are proven to reduce fatal overdose and improve the health of people who use drugs. As the gold standard treatments for opioid use disorder, buprenorphine and methadone help to reduce cravings and relieve symptoms of withdrawal. Both medications are recognized as essential medicines by the World Health Organization.

Despite the proven health benefits and [cost-effectiveness of MOUDs](#), barriers such as stigma, racial inequities, practice requirements, and distance to providers can prevent people from accessing MOUD.

Many [people receiving methadone still face barriers to access](#) such as stigma. People with opioid use disorders living in rural areas have even less access to prescribers due to [increased drive times](#), which highlights the importance of [telemedicine expansion](#).

Even when MOUDs are made accessible, [public stigma](#) and [discrimination from health care providers](#) negatively impact treatment delivery and efficacy. Due to systemic racism in the health care system, Black patients are far [less likely to receive a prescription for buprenorphine](#) than white patients. Only a [small percentage of substance use treatment facilities](#) offer these essential medications. In 2020, just [11% of people with an opioid use disorder](#) in the United States received MOUDs.



Red Project volunteer, Earl, working on the mobile health unit in Grand Rapids, MI., June, 2021. Photo Credit: Graham MacIndoe

11%

In 2020, just **11% of people with an opioid use disorder** in the United States received medications for opioid use disorder.

Research conclusively supports the use of buprenorphine and methadone to treat opioid use disorders and highlights the urgent need to expand access to these lifesaving medications.

Receiving MOUD reduces overdose deaths.

- Receiving methadone or buprenorphine for an opioid use disorder is associated with a [significant reduction in drug-related mortality risk](#). One city experienced a [50% decrease in heroin-involved overdose deaths](#) in a 14 year period after increasing availability to methadone and buprenorphine.
- Analysis of different treatment pathways found that [only buprenorphine and methadone are associated with a reduction in overdose deaths](#). Other treatment interventions, including out-patient and intensive out-patient counseling, detoxification, residential treatment, and naltrexone medication (an opioid antagonist), had no impact on overdose deaths.
- Opioid-related overdose deaths [significantly decreased among people who received methadone or buprenorphine after experiencing a nonfatal overdose](#).

54% ↓

MOUD use is associated with a **54% reduction in new HIV infections among people who inject drugs.**

MOUD improve overall health outcomes for people who use opioids.

- Both [methadone](#) and [buprenorphine](#) are significantly more effective than non-pharmacological approaches in reducing heroin use and increasing retention in treatment.
- MOUD use is associated with a [54% reduction in new HIV infections](#) among people who inject drugs. [HCV transmission also decreases](#) significantly with the use of methadone and buprenorphine.

Receiving MOUD improves the health of pregnant and parenting people and their infants.

- The American College of Obstetricians and Gynecologists (ACOG) recommends buprenorphine and methadone as [the gold standard therapy for pregnant people](#) with opioid use disorders.

- Perinatal use of buprenorphine and methadone, during both the pregnancy and postpartum periods, is associated with [improved outcomes for maternal and neonatal health](#).
- Breastfeeding while using buprenorphine or methadone therapy is not only safe, but shown to [decrease symptoms of neonatal abstinence syndrome](#).

Buprenorphine and methadone are effective, stand-alone treatments for opioid use disorder

- Both buprenorphine and methadone are associated with a [reduction in illicit opioid use](#) with or without the addition of counseling.
- Buprenorphine is proven effective for treating opioid use disorders [without the addition of cognitive behavioral therapy](#) or other types of behavioral treatment models.
- When compared to those receiving methadone with counseling, retention in treatment is higher among [people receiving methadone as a standalone treatment](#). People receiving methadone alone also self-report lower rates of money spent on illicit drugs.

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