



## CONCLUSIONS

### OF THE NATIONAL ACADEMIES COMMITTEE

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#### **1. Opioid use disorder is a treatable chronic brain disease.**

Opioid use disorder is a treatable chronic brain disease resulting from the changes in neural structure and function that are caused over time by repeated opioid use. The behavioral and social contexts are critically important both to its development and treatment. Stopping opioid misuse is extremely difficult. Medications are intended to normalize brain structure and function.

#### **2. FDA-approved medications to treat opioid use disorder are effective and save lives.**

FDA-approved medications to treat opioid use disorder—methadone, buprenorphine, and extended-release naltrexone—are effective and save lives. The most appropriate medication varies by individual and may change over time. To stem the opioid crisis, it is critical for all FDA-approved options to be available for all people with opioid use disorder. At the same time, as with all medical disorders, continued research on new medications, approaches, and formulations that will expand the options for patients is needed.

#### **3. Long-term retention on medication for opioid use disorder is associated with improved outcomes.**

There is evidence that retention on medication for the long term is associated with improved outcomes and that discontinuing medication often leads to relapse and overdose. There is insufficient evidence regarding how the medications compare over the long term.

#### **4. A lack of availability or utilization of behavioral interventions is not a sufficient justification to withhold medications to treat opioid use disorder.**

Behavioral interventions, in addition to medical management, do not appear to be necessary as treatment in all cases. Some people may do well with medication and medical management alone. However, evidence-based behavioral interventions can be useful in engaging people with opioid use disorder in treatment, retaining them in treatment, improving outcomes, and helping them resume a healthy functioning life. There is inadequate evidence about which behavioral interventions provided in conjunction with medications for opioid use disorder are most helpful for which patients, including evidence on how effective peer support is; more research is needed to address this knowledge deficit.

## **5. Most people who could benefit from medication-based treatment for opioid use disorder do not receive it, and access is inequitable across subgroups of the population.**

Available evidence suggests that medication-based treatment for opioid use disorder is highly effective across all subgroups of the population, including adolescents and older persons; pregnant women; individuals with co-occurring disorders (e.g., psychiatric, substance use disorders, infectious diseases); and all racial, sex and gender, and socioeconomic groups. However, the nature and extent of opioid use disorder in these groups appear to vary greatly, as does access to needed medications. To more widely and equitably address the opioid crisis, the significance and causes of these differences demand additional study, as does the potential need for specific medication-based treatment guidelines for subpopulations.

## **6. Medication-based treatment is effective across all treatment settings studied to date. Withholding or failing to have available all classes of FDA-approved medication for the treatment of opioid use disorder in any care or criminal justice setting is denying appropriate medical treatment.**

Treatment with FDA-approved medications is clearly effective in a broader range of care settings (e.g., office-based care settings, acute care, and criminal justice settings) than is currently the norm. There is no scientific evidence that justifies withholding medications from opioid use disorder patients in any setting or denying social services (e.g., housing, income supports) to individuals on medication for opioid use disorder. Therefore, to withhold treatment or deny services under these circumstances is unethical.

## **7. Confronting the major barriers to the use of medications to treat opioid use disorder is critical to addressing the opioid crisis.**

The major barriers to the use of medications for opioid use disorder include

- High levels of misunderstanding and stigma toward drug addiction, individuals with opioid use disorder, and the medications to treat it.
- Inadequate education of the professionals responsible for working with people with opioid use disorder, including treatment providers and law enforcement and other criminal justice personnel.
- Current regulations around methadone and buprenorphine, such as waiver policies, patient limits, restrictions on settings where medications are available, and other policies that are not supported by evidence or employed for other medical disorders.
- The fragmented system of care for people with opioid use disorder and current financing and payment policies.

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**In the report *Medications for Opioid Use Disorder Save Lives*, an expert committee of the National Academies of Sciences, Engineering, and Medicine examines the evidence base for medications to treat opioid use disorder and identify barriers that prevent people from accessing such treatment.**

To read the full report and related resources, visit  
**[nationalacademies.org/OUTreatment](https://nationalacademies.org/OUTreatment)**