



*MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.*

## **HB 1155. Hospitals - Opioid Overdose - Medication-Assisted Treatment**

Health and Government Operations Committee, March 1, 2024

### **FAVORABLE WITH AMENDMENT**

Multiple published studies have demonstrated the effectiveness of initiating buprenorphine specifically in the emergency department (ED). Most recently, Herring and colleagues showed that **86% of ED patients with opioid use disorder (OUD) agreed to receive buprenorphine treatment, and 50% of these remained engaged in OUD treatment 1 month later, double the likelihood vs. those who did not receive buprenorphine.** This compares favorably with buprenorphine initiation in specialty office settings. (Herring)

Nationally, only 10% of people with OUD are receiving treatment, often attributed to the idea that they are not interested in treatment with medications. But this study shows that the vast majority will accept treatment when it is easy and convenient to access.

According to Dr. Herring, the system of EDs in the U.S. is one of the most valuable components of our public health infrastructure, providing 24-7 access for all. **EDs are the ideal setting to successfully reach and initiate treatment for people suffering from OUD.**

**More than 5% of overdose patients seen at an emergency department (ED) die within the year, many in the first 2 days after discharge.** There is an **urgent need** to roll out large-scale interventions to reduce opioid-related overdose deaths. In 2021, opioid use disorder (OUD) contributed to more than 80 000 overdose deaths in the US, up 24% from 2020.

### **The Standard of Care:**

Whether in the ED or elsewhere, initiating treatment with medication is the standard of care for OUD, reducing fatal overdose by half. OUD is unique among substance use disorders in that medications are the primary effective treatment for the great majority of those affected, particularly opioid agonist treatments (OAT: methadone or buprenorphine). **Treatments without medication are ineffective** except possibly for mild or recent-onset OUD. *When combined with medication treatment*, the effect of concomitant counseling or psychotherapy on abstinence rates or retention in treatment is mixed. However, “buprenorphine without concomitant counseling is vastly superior to no treatment” according to the Director of the National Institute of Drug Abuse (NIDA) in a 2021 review. (Volkow)

According to NIDA, “Decades of research have shown beyond doubt the overwhelming benefit of medication for opioid use disorder (MOUD): ... proven to be life-savers, keeping patients from illicitly using opioids, enabling them to live healthy and successful lives, and facilitating recovery. . . The efficacy of MOUD has been supported in clinical trial after clinical trial...”. (NIDA) (SSN). Psychosocial interventions are an important part of comprehensive treatment whenever possible.

The California Bridge program has established the initiation of medication treatment for OUD (MOUD) as a standard of care in emergency departments. Launched in 2018 by the California Department of Health Care Services, **it now operates in 85 percent of the state’s EDs.** (CA-Bridge)

#### **RECOMMENDED AMMENDMENT:**

**Replace the term ‘Medication Assisted Treatment’ with Medications for Opioid Use Disorder’.**

According to the American Society of Addiction Medicine (ASAM) textbook ‘ASAM Principles of Addiction Medicine, 6th Edition. Wolters Kluwer, Philadelphia: 2019, as summarized in 2020 by Saitz et. al. (Saitz), **the term “medication assisted” is “inaccurate,” “pejorative, and implies that pharmacotherapy is in some way inferior to psychosocial or mutual help pathways.”** (The author, the late Richard Saitz MD, was the President of the International Society of Addiction Journal Editors).

The term ‘MAT’ tends to exacerbate “Medication Stigma,” which is already one of the greatest barriers to effective treatment for OUD. (Adams)

In February 2024, the Substance Abuse and Mental Health Services Administration (SAMHSA) published in the Federal Register updated regulations on 'Medications for the Treatment of Opioid Use Disorder,' noting **“To reflect modern medical terminology, and for clarity ... the term medication assisted treatment (MAT) has been updated to medications for opioid use disorder (MOUD)”**. (SAMHSA)

**The term “MAT” has become less common in the published literature.**

In a search performed in February 2024 (<https://pubmed.ncbi.nlm.nih.gov>), of the nineteen most recent consecutive articles using a term for the treatment of opioid addiction with some type of medication, 14 articles (74%) used either “medication for opioid use disorder” (7) or a similar term: “opioid agonist therapy” (3), “medication for addiction treatment,” “medication for opioid addiction treatment,” “medication treatment,” or “pharmacotherapy for OUD,” (1 each), and only 5 (26%) used “medication assisted treatment.”

With this amendment, and additional sponsor’s amendments, we urge a favorable report.

Respectfully,

Joseph A. Adams, MD, FASAM, board certified in internal medicine and addiction medicine

(continued . . .)

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(SSN) <https://www.stopstigmanow.org/research-articles>

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