

Opioid addiction treatment is more widely available, but only for adults

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Prescriptions for an FDA-approved treatment for opioid addiction have increased over the past decade in all age groups except the youngest (age 15-24), a new analysis of prescription data by researchers at Columbia University Irving Medical Center has found.

Expanded access to the treatment among adults is being driven primarily by an increase in [prescriptions](#) from primary care providers, rather than psychiatrists or other specialists, the researchers found, while decreased access among [young adults](#) and teens mostly stems from a decrease in prescriptions from psychiatrists and addiction medicine specialists.

To prescribe buprenorphine, physicians must complete a training course and obtain a waiver from the U.S. Drug Enforcement Administration. Amendments to [federal legislation](#) in 2006 and 2016 extended eligibility for the waivers and waiver limits.

"More than any other provider group, primary care providers offer greater potential for expanding

access to buprenorphine treatment because there is such a large number of them who either do not have waivers or are not near their waiver limits," says the study's leader Mark Olfson, MD, MPH, the Elizabeth K. Dollard Professor of Psychiatry, Medicine, and Law at Columbia University Vagelos College of Physicians and Surgeons.

Between 2000 and 2018, buprenorphine treatment initiated by prescriptions from [primary care providers](#) more than doubled, from 12.9 per 10,000 people to 27.4 per 10,000 people. Among psychiatrists and addiction medicine specialists, buprenorphine prescriptions increased from 8.7 to 12 per 10,000 people.

But when data from different [age groups](#) were examined, prescriptions for adolescents and young adults (age 15 to 24) actually dropped, from 20.4 per 10,000 people to 14 per 10,000 people.

"This is a worrisome trend, given the high rate of opioid-related overdose deaths among young people," says Olfson. "We hope that awareness of this trend will encourage expansion of substance use treatment programs that accept adolescents and cater to young adults."

The study also found that while there was a slight increase in the percentage of patients continuing the medication for at least 180 days—an important benchmark in addiction treatment—less than one-third of patients achieved this target.

"In response to the COVID-19 pandemic, clinicians may be finding new ways to continue their patients' treatment with buprenorphine, as providers relax requirements such as direct observation of treatment induction or urine drug screening," says Olfson. "Such changes will hopefully increase access to treatment without adding risks. It will be important to monitor community [buprenorphine treatment](#) patterns through this critical period."

More information: Mark Olfson et al,
Buprenorphine Treatment By Primary Care
Providers, Psychiatrists, Addiction Specialists, And
Others, *Health Affairs* (2020). [DOI:
10.1377/hlthaff.2019.01622](https://doi.org/10.1377/hlthaff.2019.01622)

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