Dear Colleague:

The Substance Abuse and Mental Health Services Administration (SAMHSA) has partnered with the National Institute on Drug Abuse (NIDA) to provide guidance for the use of medication assisted treatment (MAT) with extended-release injectable naltrexone for the treatment of an opioid use disorder.

Federal data for 2013 indicate that approximately 4.5 million people in the United States reported nonmedical use of prescription pain relievers in the past month and 289,000 reported use of heroin in the past month.¹ Recent data published by the CDC indicates that overdose fatalities due to heroin are increasing in at least some states.² Despite the dimensions of the problem, many people with an opioid use disorder do not receive MAT because of limited treatment capacity, financial obstacles, social bias, and other barriers to care.³

Integration of MAT with extended-release injectable naltrexone into existing substance use treatment programs as well as primary care and community mental health care settings represent a significant opportunity to address the unmet need for treatment of opioid use disorder. In fact, many studies show that the treatment of an opioid use disorder can be successfully integrated into general office practice by physicians and healthcare providers who are not addiction specialists.⁴–¹²

SAMHSA and NIDA jointly convened the Consensus Panel on New Pharmacotherapies for Opioid Use Disorders and Related Comorbidities. Composed of experts in research, clinical care, medical education, and public policy, the panel reviewed current evidence on the effectiveness of available medications for the treatment of an opioid use disorder.⁵ Their guidance is now available as the Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide. This brief guide includes a summary of the key differences between extended-release injectable naltrexone, methadone, and buprenorphine. It covers key information on assessing the patient’s need for treatment, initiating MAT, monitoring patient progress and adjusting the treatment plan, and deciding whether and when to end MAT. A separate new guidance document will be available soon to address the use of pharmacotherapies for alcohol use.

SAMHSA encourages you to review the brief guide and begin to integrate the information into your daily practice. Please also share it with colleagues, local opinion leaders and other stakeholders to expand the effective treatment of opioid use disorder. The brief guide can be found at http://store.samhsa.gov/product/Clinical-Use-of-Extended-Release-Injectable-Naltrexone-in-the-Treatment-of-Opioid-Use-Disorders-A-Brief-Guide/All-New-Products/SMA14-4892.
For further information and questions please contact Dr. Melinda Campopiano, MD here at SAMHSA. You may call her directly at 240-276-2701 or email her at melinda.campopiano@samhsa.hhs.gov.

Sincerely,

Daryl W. Kade
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References


