

REVERSE THE NEGATIVE PUBLIC PERCEPTION OF MEDICATION ASSISTED TREATMENT FOR OPIOID ADDICTION

sti ma STOP STIGMA NOW MEDIA RESPONSES

THE FDA IS GOING AFTER FAKE OPIOID ADDICTION CURES

By Ed Cara from Gizmodo January 25, 2018

Whenever tragedy rears its head, grifters come around looking for their next victims. The opioid crisis is sadly no exception, and companies marketing natural addiction cures have sprouted. Now the federal government is trying to root out some of these frauds. The Food and Drug Administration (FDA) and Federal Trade Commission (FTC) announced warning letters sent to 11 companies they say are unlawfully marketing treatments claimed to treat opioid addiction. "People who are addicted to opioids should have access to safe and effective treatments and not be victimized by unscrupulous vendors," said FDA chief Scott Gottlieb. The targeted products claim to provide a natural alternative to legitimate drugs that reduce craving and withdrawal symptoms ("Soothedrawal," "Nofeel," "Calmsupport,"). Still others go one step further with names that look similar to real medications, like methadone ("Mitadone," "Naturcet"). Facebook pages or YouTube videos selling the products even include personal testimonials from supposed recovered addicts or their family members.

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Perhaps you will be surprised, but many people have been able to stop using opioids without treatment. It is not surprising some have stopped with the added placebo effect from the very products the FDA and FTC are looking to forbid. The recent steps taken by these government agencies are well-meaning. But the larger problem is this: the majority of recovery programs in this country still forbid the use of medications that have proven to be successful for most of those suffering from opioid addiction. The best chance for a lasting recovery from opioid addiction has been through maintenance treatment with methadone or buprenorphine.

OPIOID ADDICTION TREATMENT GETS A BOOST IN RURAL AREAS

By John Lundy from Duluth News Tribune Jan 23, 2018

Buprenorphine was the first medication for opioid treatment that could be prescribed or dispensed in a practitioner's office. Making it more accessible is overdue. Under a measure announced by the federal Drug Enforcement Agency, a new regulation gives nurse practitioners and physician assistants the ability to prescribe and dispense buprenorphine. Previously, only medical doctors were allowed to prescribe buprenorphine. Nurse practitioners and physician assistants might be more likely than doctors to seek the required waivers, giving opioid addicts greater access to the maintenance drug, especially in rural areas. There is no other chronic disease for which there is so much resistance to the use of medication in its treatment.

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This is important! Many thousands are suffering from opioid addiction and unable to find treatment. Too many of those are dying, lacking access to life saving medications such as methadone or buprenorphine. Especially in rural areas, the new regulations will open up access to many of those in need of treatment.

MEDICATION AND OTHER TANGIBLE SOLUTIONS OFFER HOPE IN COMBATING OPIOID EPIDEMIC

BY MARY BONO AND PATRICK J. KENNEDY 01/18/18

If nearly 175 Americans died from a preventable disaster each day, public outcry would force immediate government action. That is not the case for our country's greatest public health crisis since the HIV/AIDS epidemic. Improving access to medication-assisted treatment is a logical step in moving from words to action. Of the more than 12,000 substance abuse facilities, only 41 percent offer any type of medication. Congress must change federal law so that Medicare can cover methadone for treating opioid use disorder. Allowing for substance use disorder treatment via telemedicine also would have immediate impact, particularly in rural areas. In addition, the Department of Justice must establish drug courts that divert people from the criminal justice system and into treatment programs. Studies show every dollar spent on substance use disorder treatment saves \$4 in health care costs and \$7 in criminal justice costs. Recent reports from the White House Council of Economic Advisors highlight the economic impact of the opioid epidemic — hundreds of billions of dollars per year. The opioid epidemic is the greatest public health crisis of our generation. It is up to all of us to supply the public outcry necessary to force immediate government action.

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In fact we do have drug courts that divert people from going to jail. But ... many of those drug courts still view medication as a continuation of addiction, failing to resolve the underlying causes of opioid addiction. In working hard to resolve those underlying issues, too many people continue to die who would do well on medication. Treatment with methadone or buprenorphine allows most people to not only stay out of jail, but to regain their life.

50 YEARS OF METHADONE TREATMENT

By Hannah Smith from the Student Newspaper Edinburgh, Scotland Feb 10, 2017

Fifty years ago, Rockefeller University pitched the use of an alternative opioid, methadone, as a way of helping heroin users off their drug. By blocking the euphoric effect gained from heroin, but still replacing the physiological need for opiates, methadone was used to stabilize users until they could withdraw from opioid addiction completely. However, methadone itself is an opioid, a compound related to heroin and morphine. Although the euphoric effect of heroin is reduced in methadone, it is still addictive and has a sedative effect when taken. Short-term side effects include nausea, vomiting, itchy skin, and restlessness. Under addiction specialists and doctors, methadone dosage can be gradually tapered down. However, some methadone users remain in limbo, taking a maintenance dose of methadone and yet unable to completely wean themselves off it. Long-term use of methadone can lead to respiratory issues, as well as tolerance to its effects, with addicts escalating their dosages to have the same relief. It is clear that methadone as the answer to heroin addiction is sadly, short sighted.

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This article repeats some of the most common myths surrounding the treatment of opioid addiction. Being a student newspaper, should we be accepting of a few misstatements? I think not. Methadone maintenance is not an addiction, our patients do not become sedated, they do not suffer nausea, vomiting, itchy skin, or restlessness. Doses in long term treatment are remarkably stable. Most important, the "limbo" referred to is the ability to once again function in their lives. It is clear that methadone (and buprenorphine) are answers to heroin addiction that are not sad or short-sighted. Until we discover a cure for heroin addiction, we can be thankful to have treatment that allows those suffering from opioid addiction to regain some normality in their lives.

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