


May 20th, 10:45 AM - 12:15 PM

Why don't more people use this drug? Myths, Evidence & Policy

Robin E. Clark

University of Massachusetts Medical School, Robin.Clark@umassmed.edu

Follow this and additional works at: http://escholarship.umassmed.edu/cts_retreat

 Part of the [Behavioral Disciplines and Activities Commons](#), [Health Services Research Commons](#), [Pharmacy and Pharmaceutical Sciences Commons](#), and the [Substance Abuse and Addiction Commons](#)



This work is licensed under a [Creative Commons Attribution-Noncommercial-Share Alike 3.0 License](#).

Robin E. Clark, "Why don't more people use this drug? Myths, Evidence & Policy" (May 20, 2011). *UMass Center for Clinical and Translational Science Research Retreat*. Paper 6.

http://escholarship.umassmed.edu/cts_retreat/2011/presentations/6

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in UMass Center for Clinical and Translational Science Research Retreat by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.

Why don't more people use this drug?

Myths, evidence & policy

Robin Clark, PhD

Funded by the Robert Wood Johnson Foundation's Substance Abuse Policy Research Program and by
the National Institute on Drug Abuse, grant R01DA029741-01

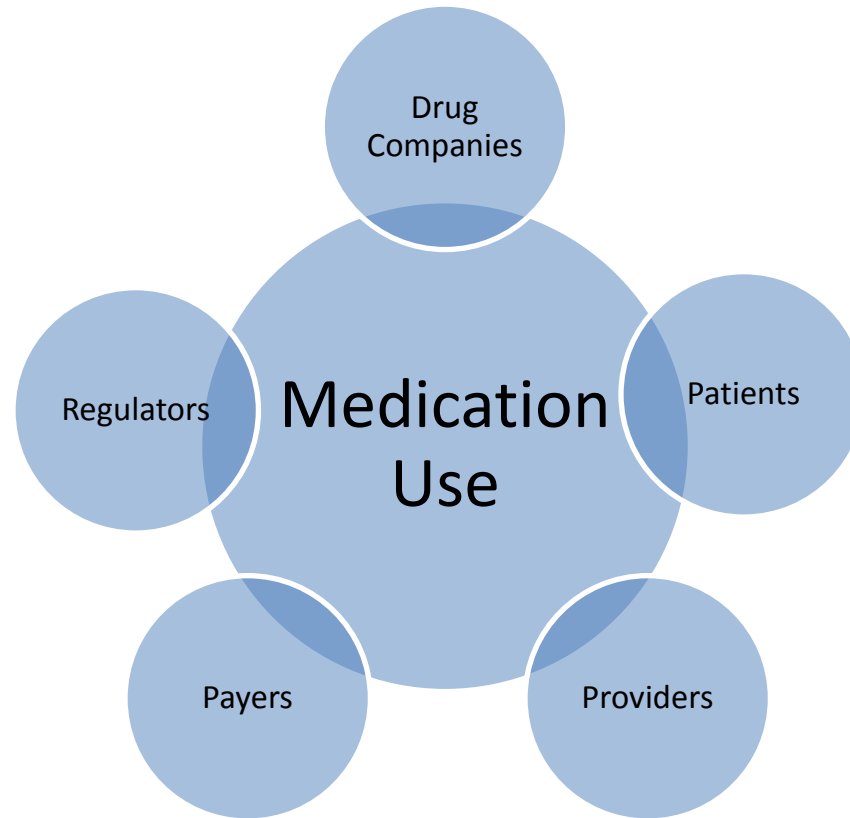
Data access granted by MassHealth



Collaborators

- Jeffrey Baxter, MD
- Mihail Samnaliev, PhD
- Lobat Hashemi, MS
- Gary Leung, PhD.
- Lisa Lines, MPH

After a drug goes to market



Context: medication-assisted treatment for opioid dependence

- Methadone maintenance (an opioid agonist)
- Naloxone (an opioid antagonist)
- Buprenorphine/naloxone (Suboxone[®])

Buprenorphine/naloxone (Suboxone[®])

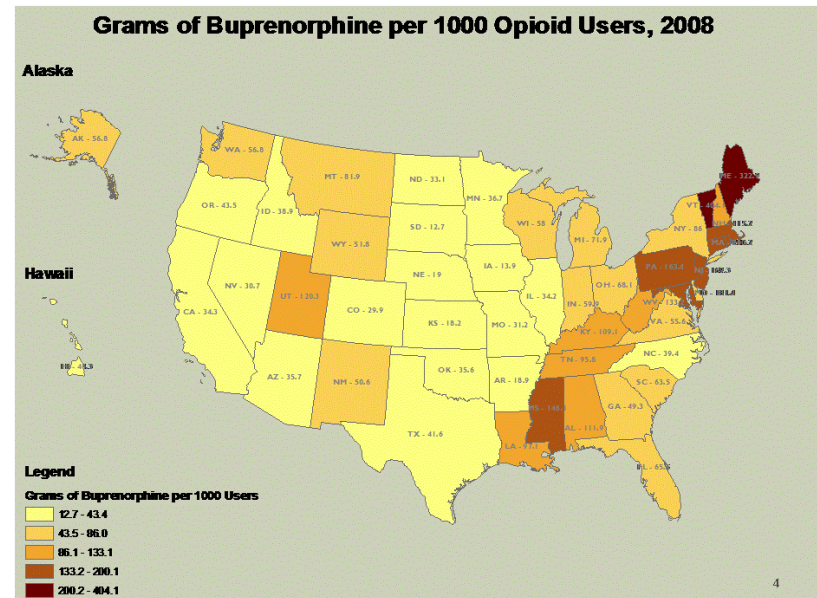
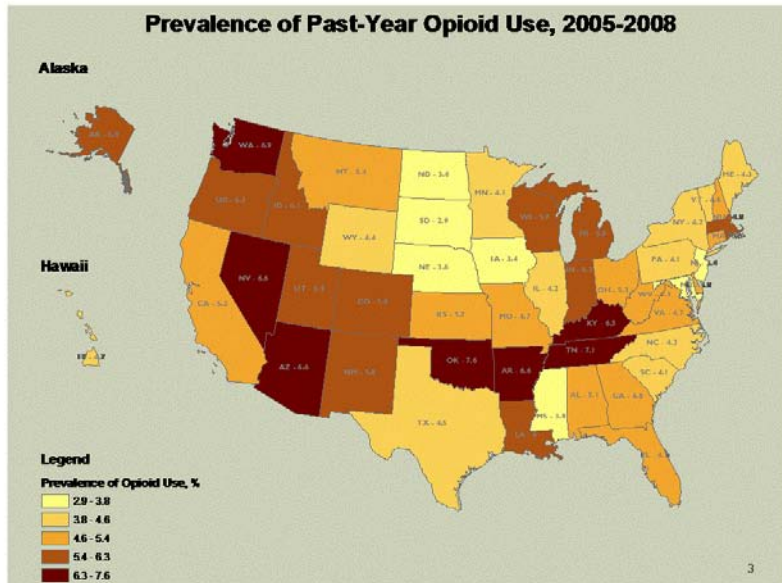
- Introduced in 2003
- Safer than methadone
- Can be dispensed in an outpatient setting and taken without direct observation
- It reaches a new group of patients with addiction



Variation isn't explained by need

Opioid addiction prevalence

Suboxone[®] Use



The media weighs in

The Boston Globe

EDITORIAL & OPINION

SUNDAY, MAY 15, 2011

OPINION

Under the influence of methadone

By Lawrence Harmon

GLOBE COLUMNIST

MAY 15, 2011

WHILE THE early-morning South Shore commuters crawl along Southern Artery waiting for their coffee to kick in, the Habit OPCO methadone van pulls into the parking lot of a shuttered VFW hall in Quincy. Inside, a nurse pumps doses of liquid methadone for arriving opioid addicts, who range from burly workmen to young moms with kids in tow. Outside, a sharp-eyed guard swoops down on an unwelcome visitor. This and similar scenes at methadone clinics across the state have represented the gold standard in addiction treatment for 40 years. But it's looking more tarnished every day.

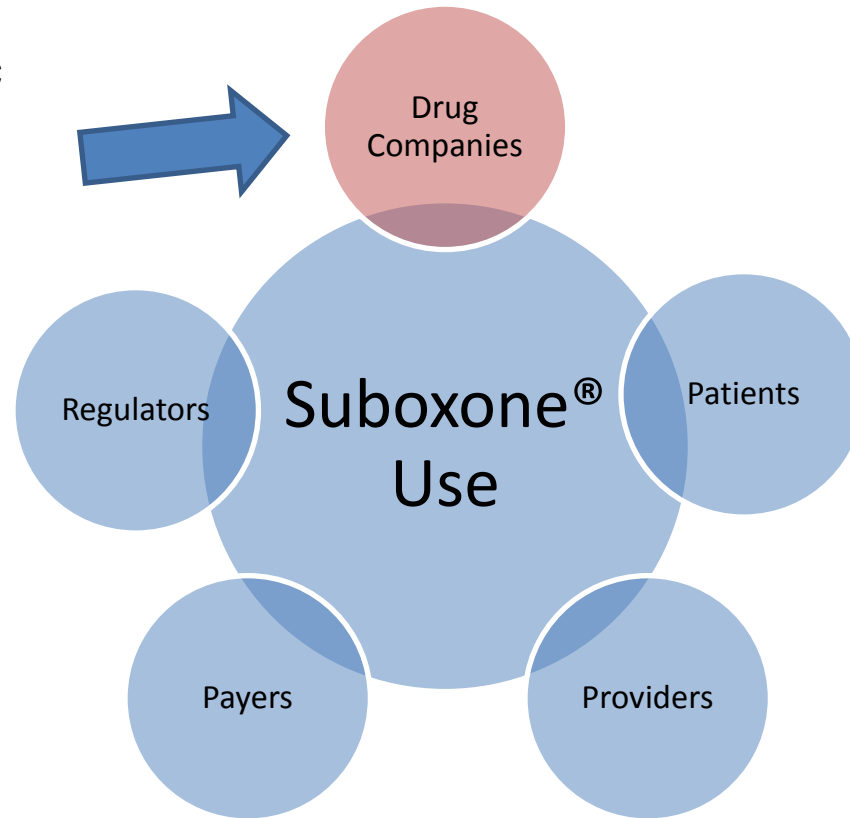


“Suboxone is gaining traction as the safest and most effective treatment for opioid addiction.”

“One might think that state public health officials would vigorously embrace the newer drug. They don't. Or that doctors, especially psychiatrists, would be lining up to learn more about the drug. They aren't.”

Factors affecting adoption

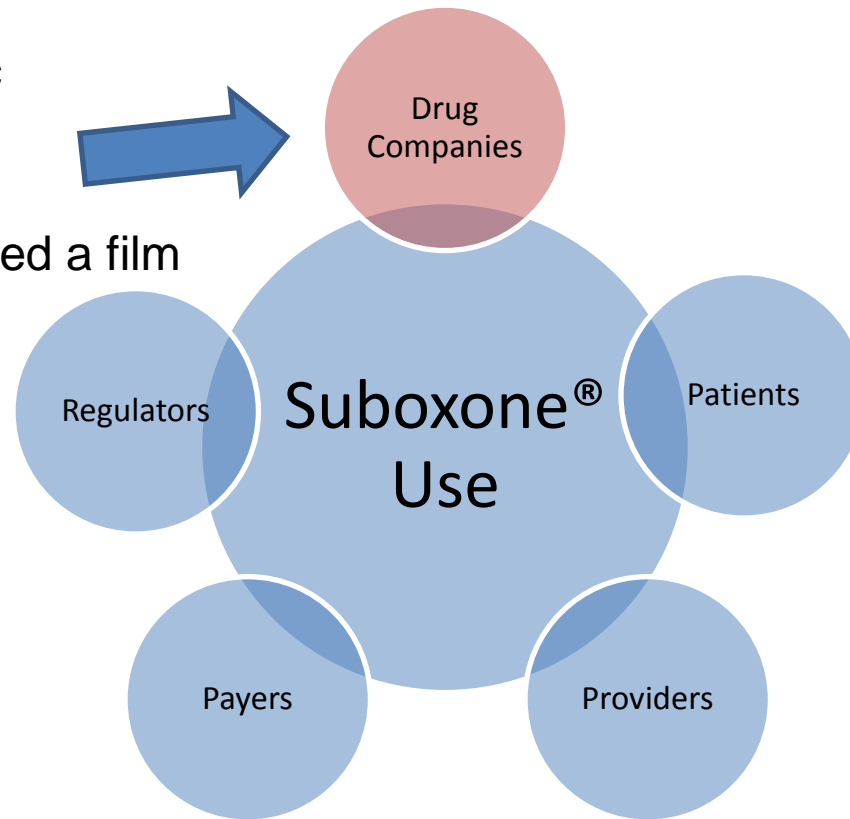
Problem:
Threat of a generic



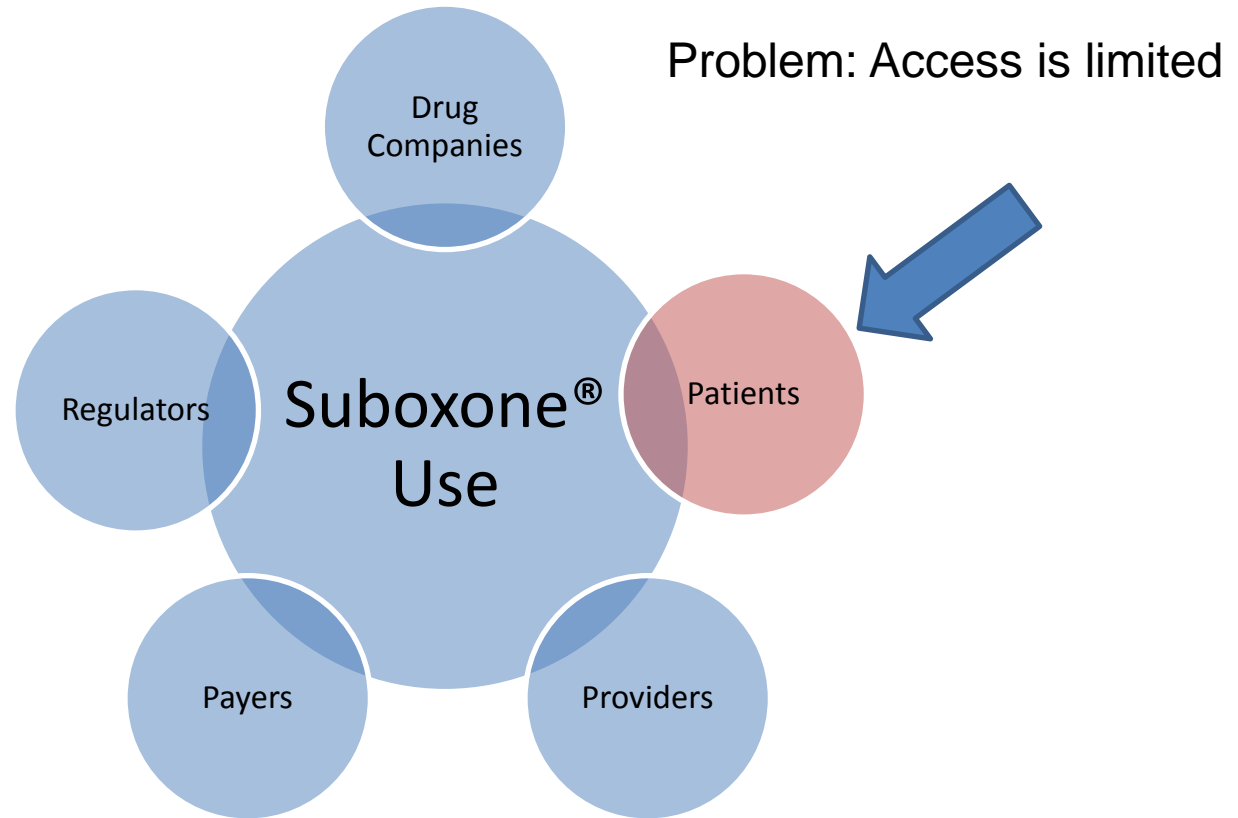
Factors affecting adoption

Problem:
Threat of a generic

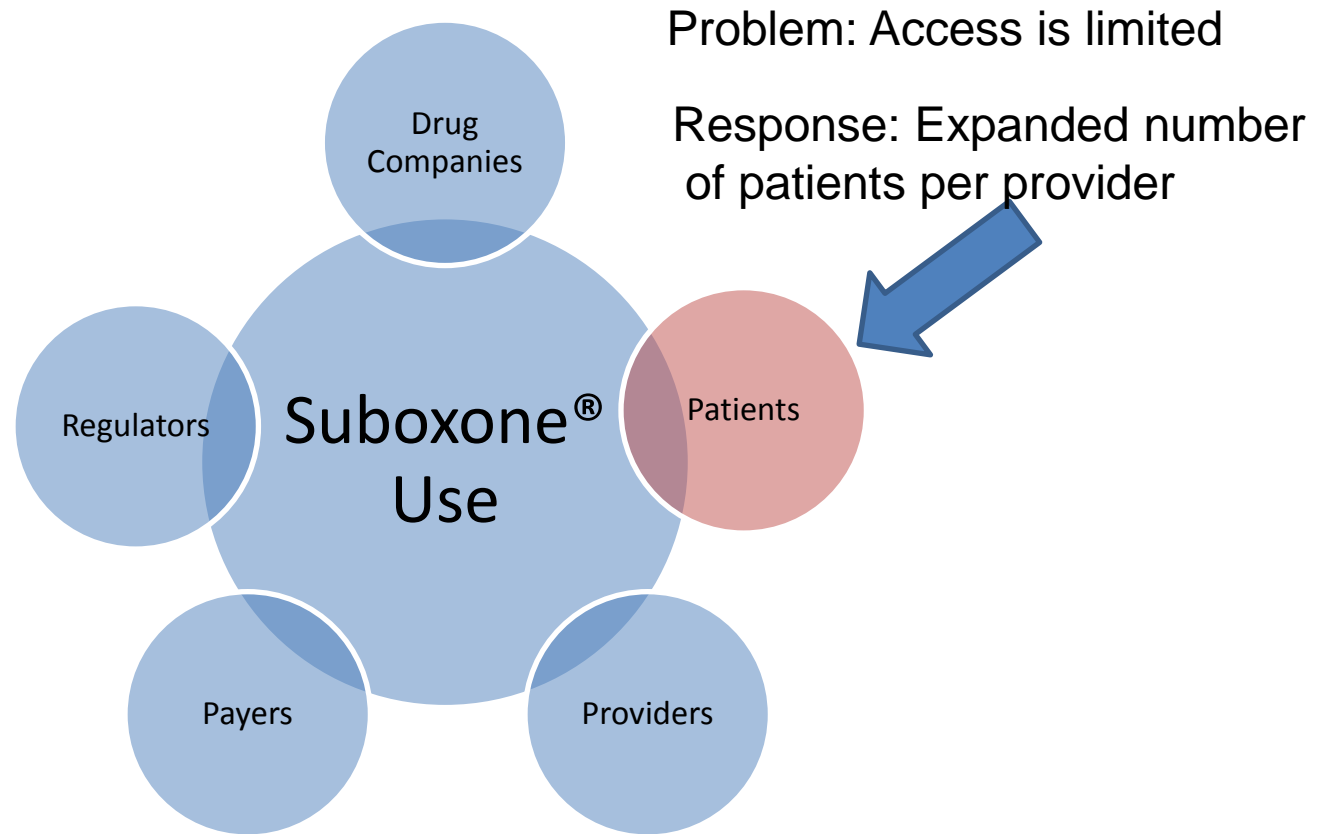
Response: Introduced a film
version



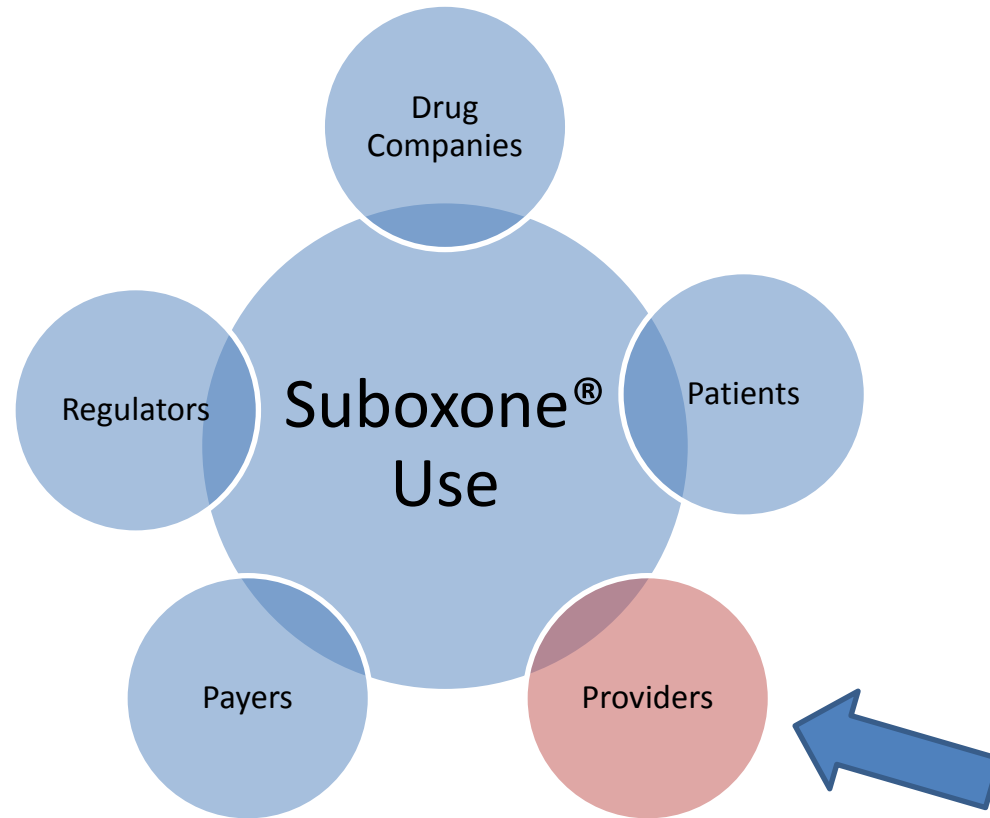
Factors affecting adoption



Factors affecting adoption

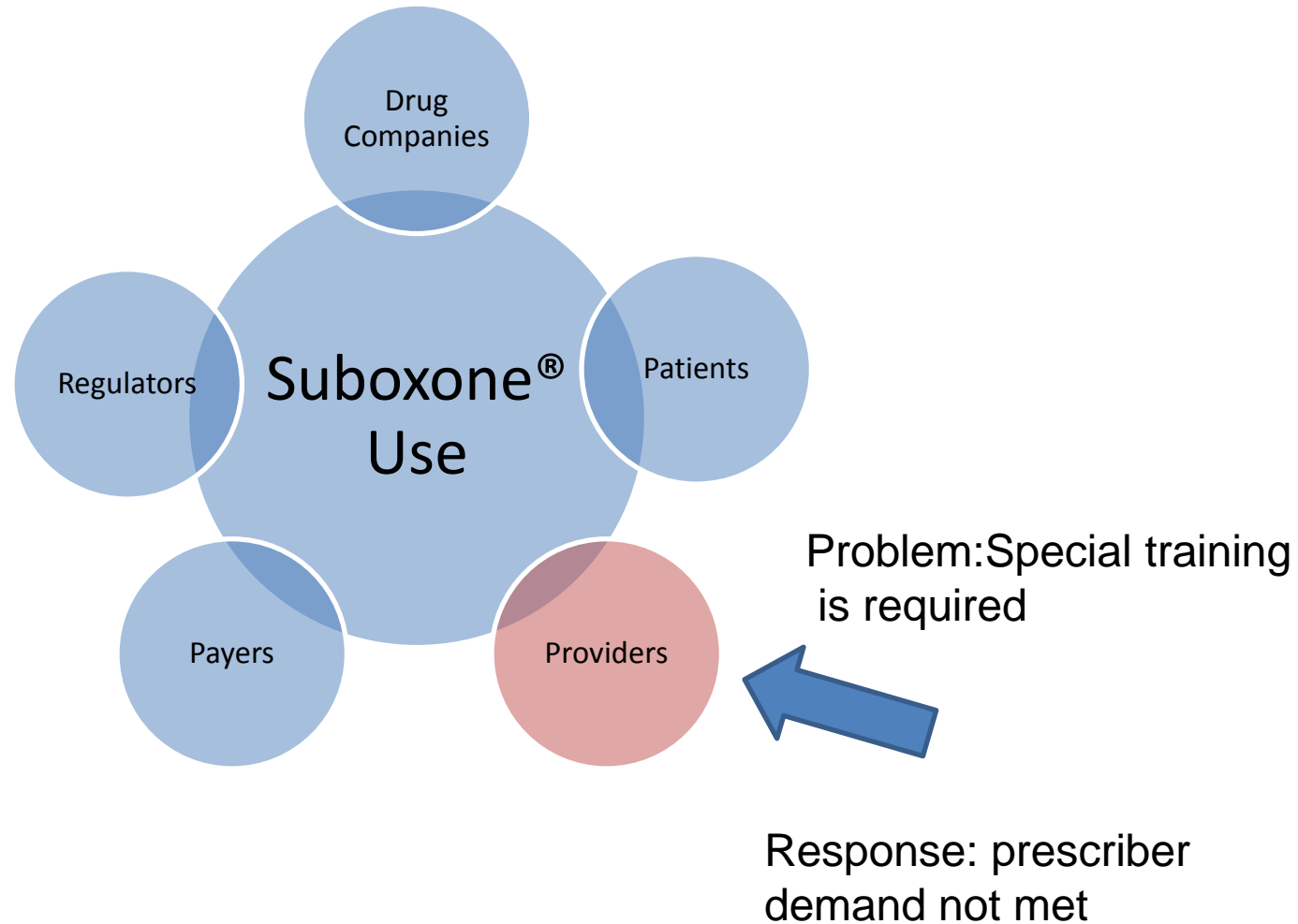


Factors affecting adoption

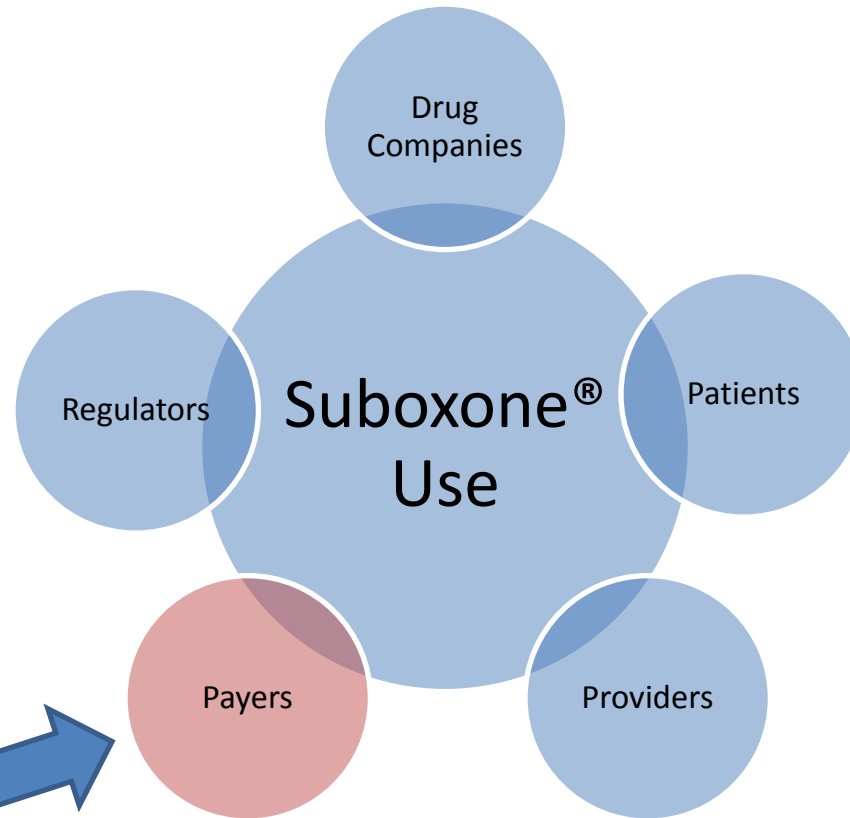


Problem: Special training is required

Factors affecting adoption

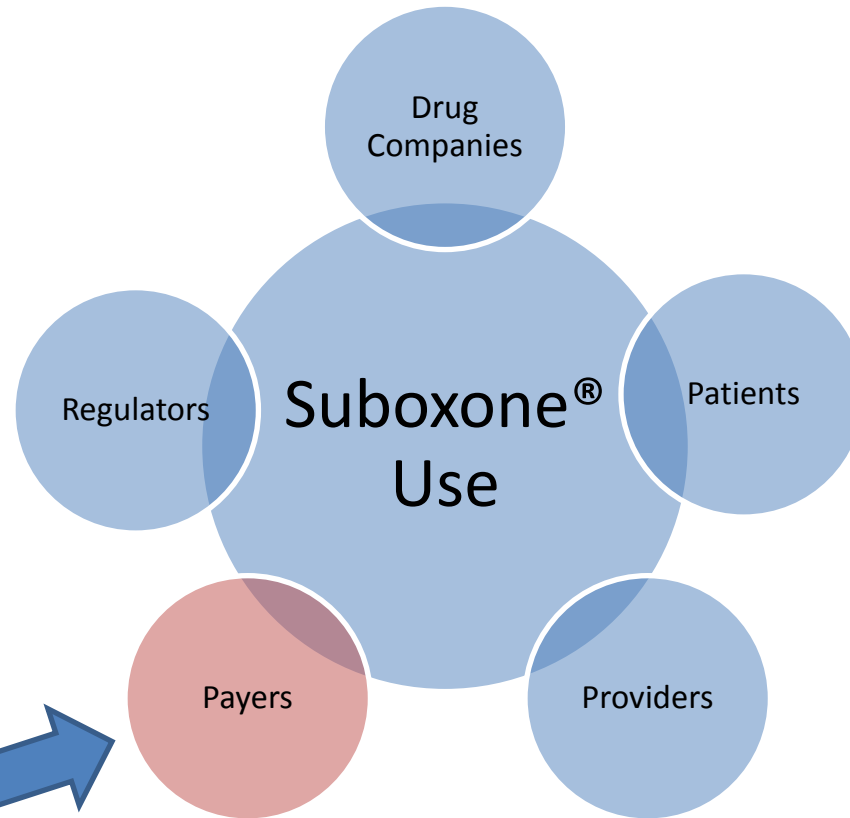


Factors affecting adoption



Problem:
Costs ~\$350/month

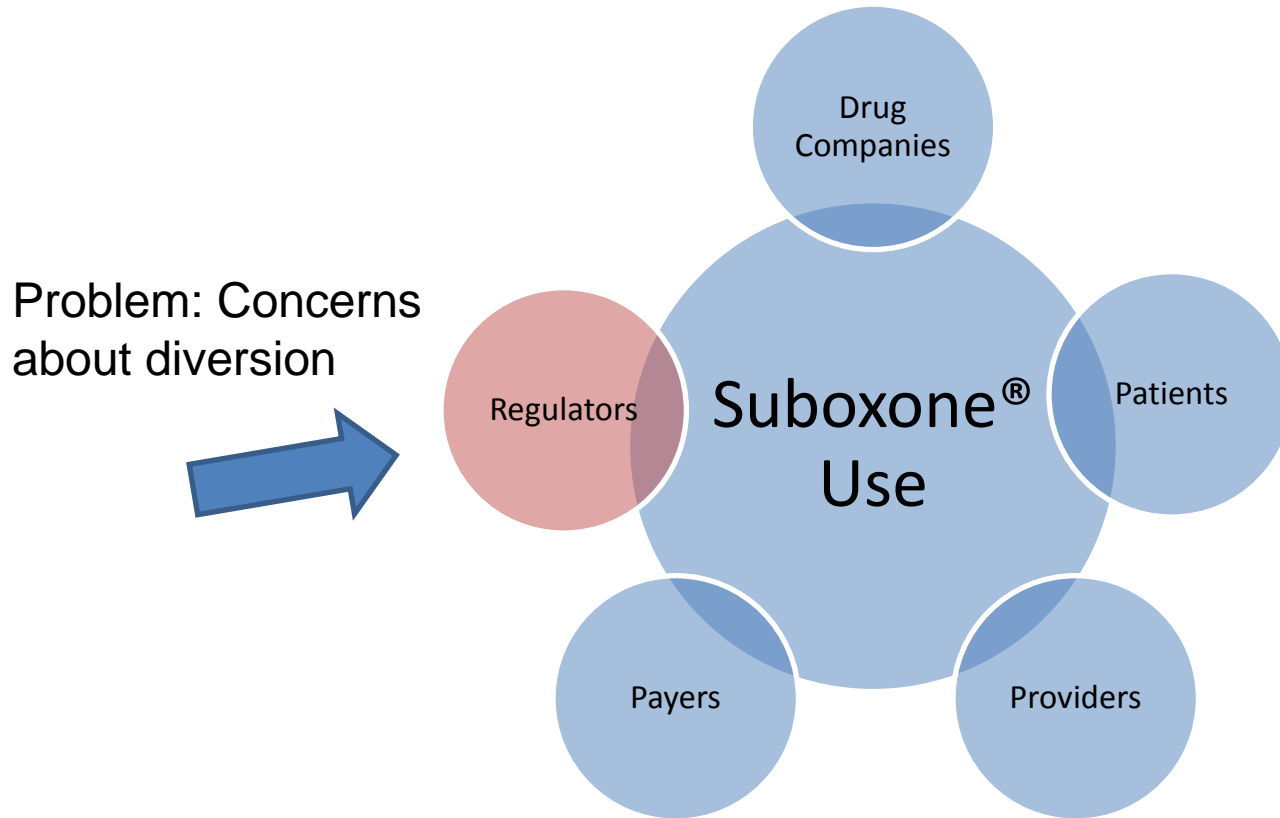
Factors affecting adoption



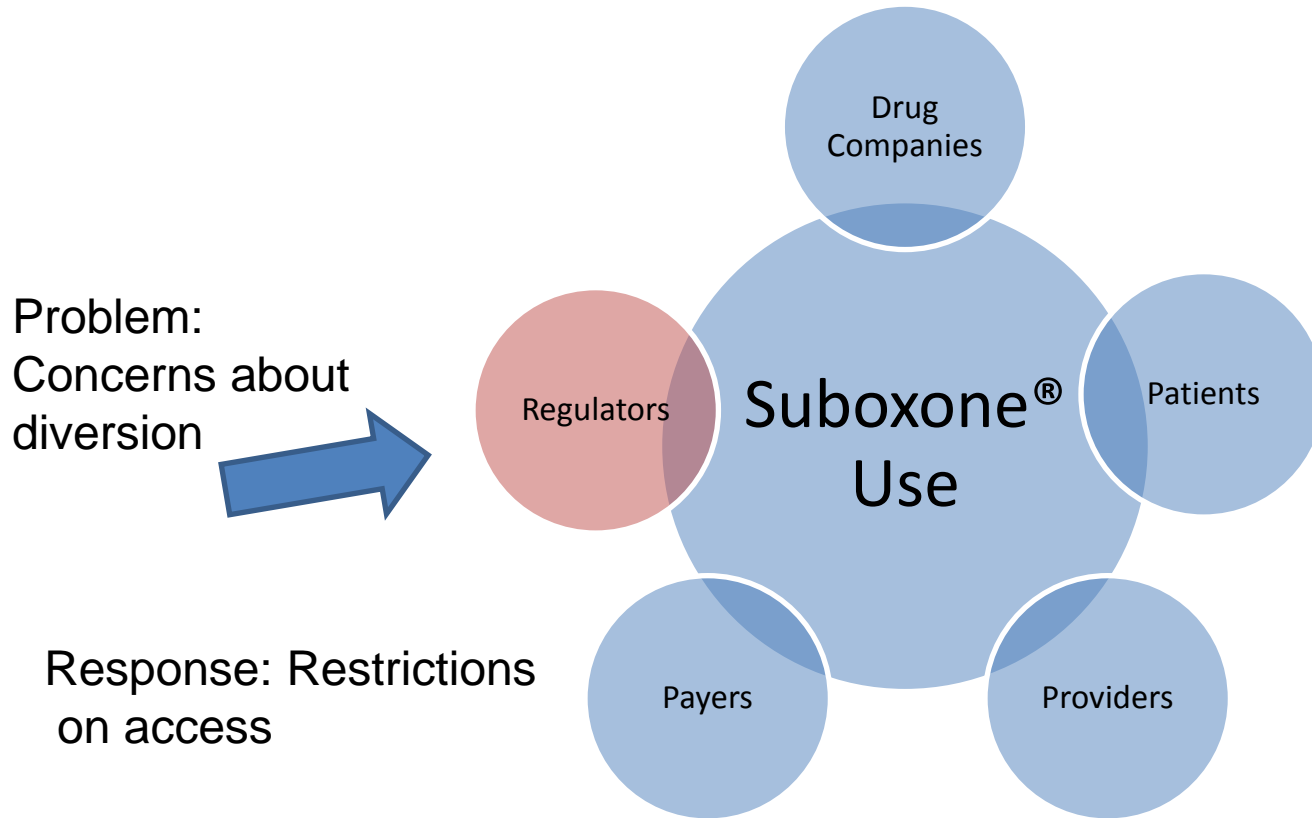
Problem:
Costs ~\$350/month

Response: Payer restrictions

Factors affecting adoption



Factors affecting adoption



Myth or Evidence?

- The Globe: Suboxone is more effective
- The Evidence: favors methadone

Effectiveness evidence favors methadone

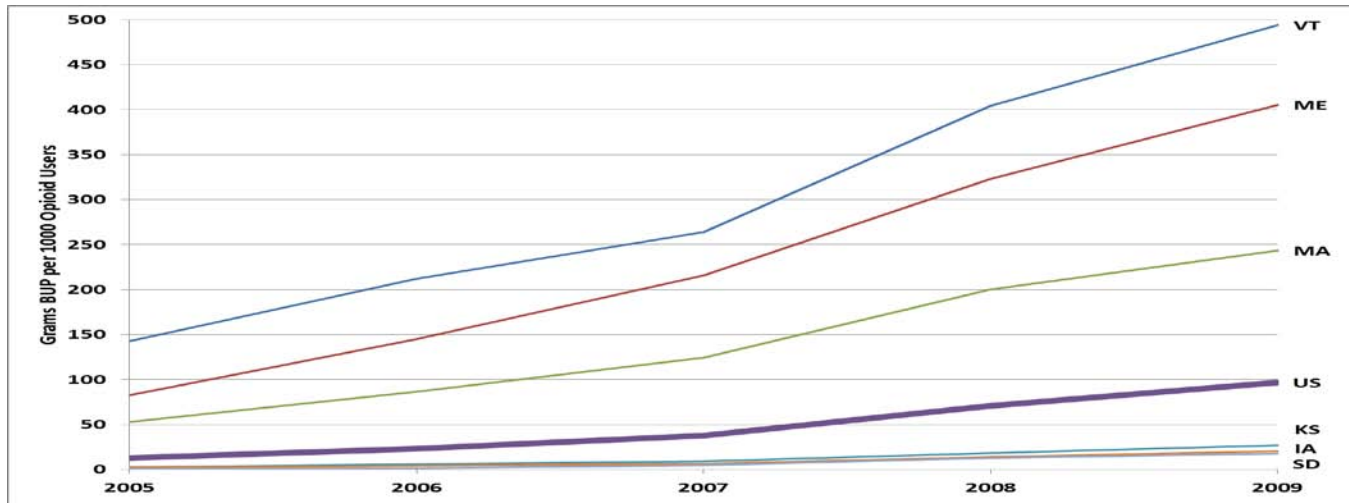
- We studied 33,923 MassHealth members with opioid addiction between 2003 and 2007
- 53,557 treatment episodes
- Used an intent to treat model with patient matching to compare effectiveness
- Significantly more use of relapse-related services in the Suboxone group
- Clinical trials agree

Myth or Evidence?

- **The Globe: All patients should use Suboxone®**
- The evidence:
- Methadone works better for some patients
- Suboxone® patients had more behavioral health disorders, fewer physical problems than methadone users
- Other studies show differences in employment, age and other characteristics

Myth or Evidence?

- The Globe: Massachusetts has been slow to adopt Suboxone[®]
- The Evidence: Only 2 states use Suboxone[®] more intensively than Massachusetts



Myth or Evidence?

- The Globe says Suboxone patients cost about \$666 less per month than methadone
- MassHealth says Suboxone is too expensive.
- The Evidence: our analysis shows that Suboxone costs about \$29 less per month than methadone

Myth or Evidence?

- The Globe: Did not mention the large numbers of patients not using any medication-assisted treatment
- The Evidence: Death rates are significantly lower among MAT users than drug-free users
- There is no difference in death rates between methadone and buprenorphine users

Myth or Evidence?

- The Globe: not enough providers are trained to prescribe Suboxone.
- The Evidence: the percentage of trained prescribers is higher in Massachusetts than in most other states.
- There are still not enough providers to meet demand.

How do we improve?

- Invest in independent comparative evaluation of medications
- Focus on value not just cost
- Measure total cost rather than drug cost
- Acknowledge patient differences
- Incentivize prescriber certification

Disclosure

I have no financial interest in Suboxone or in any other products discussed in this presentation