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## Evidence-based Approaches to Fight the Opioid Epidemic

It is essential that policymakers working to address the opioid epidemic rely on scientific evidence. There are a number of approaches to treating opioid addictions, [some of which are evidence-based](#) and some of which are not.

In the fall of 2016, at the suggestion of the [Office of National Drug Control Policy, J-PAL North America](#)—a research center at MIT—reviewed the evidence on several promising interventions and published the results in a [policy brief](#). Here's a summary of what they found:

**Medication-assisted treatment:** The current standard of care for opioid use disorders is [medication-assisted treatment](#), a combination of behavioral therapy and medication—usually methadone, buprenorphine, and naltrexone. Medication-assisted treatment is safe and effective, especially when used in

conjunction with psychosocial and medical support. It helps people stay in treatment and reduces the misuse of opioids. The evidence suggests that it decreases the risk of contracting HIV and dying prematurely. However, there are significant barriers to the use of medication-assisted treatment. It is heavily regulated, often difficult to access, and is subject to considerable stigma.

**Health and social service wrap-around:** Several programs designed to address the social and health-related challenges associated with opioid use disorders have generated net savings by lowering health care and criminal justice costs below the costs of the programs themselves. For example, a number of randomized evaluations show that supportive housing for homeless individuals with substance use or mental health disorders reduces incarceration rates and prison time and also lowers emergency department visits and inpatient hospital spending. In many cases, [the financial savings generated by these improved outcomes generally offset or exceed the cost of the housing program](#). Similarly, programs to provide intravenous drug users with access to clean, safe needles have been associated with [reduced HIV transmission](#) and can save money by lowering HIV treatment costs.

**Education and prevention:** A program from the [Massachusetts Attorney General's office](#) dedicated [\\$700,000 in awards](#) to schools to scale up evidence-based educational programs to prevent opioid addiction. Funding for the program came from settlements with CVS Pharmacy and Walgreens over improper dispensing of controlled substances—particularly opioids.

**Other intervention efforts:** A number of other innovative programs that have not yet been rigorously evaluated are worthy of further study. These include:

- Emergency departments providing peer counselors to help get patients into treatment
- Pre-arrest diversion to treatment for individuals at risk of overdose who turn themselves into the police

A one size fits all approach to addressing substance use will have limited results. The best approach is to use as many effective tools as available—a full continuum of care with flexible responses.

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## FDA Approves AbbVie's New Combo for Hepatitis C Genotypes

In August 2017, the [U.S. Food & Drug Administration \(FDA\)](#) approved AbbVie's new combination pill for people with Hepatitis C Virus (HCV) genotypes 1 to 6—to be marketed as [MAVYRET](#) in the United States.

MAVYRET is an 8-week, pan-genotypic treatment for non-cirrhotic patients new to treatment with chronic Hepatitis C. It offers a new therapy for the majority of HCV patients and removes many complexities of pre-treatment patient evaluation. MAVYRET is indicated for previously untreated people, or those treated with prior interferon-based therapy, who have HCV genotypes 1 to 6 and who either do not have liver cirrhosis or have [compensated cirrhosis](#). Regimens that work against all genotypes have the potential to be used anywhere in the world without the need for prior genotype testing.

Treatment with MAVYRET requires three combination pills taken together once daily with food. [The duration of treatment](#) may be 8 or 12 weeks depending on various factors with a 95 percent cure rate. The recommended treatment duration for previously untreated people is 8 weeks for those without cirrhosis and 12 weeks for those with compensated cirrhosis.

MAVYRET is currently under review by MassHealth to determine coverage and cost of treatment.

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**Praxis provides training to all Massachusetts Bureau of Substance Abuse Services funded substance use disorder treatment programs on**

- [Harm Reduction](#)
- [HIV/AIDS Care Integration](#)
- [Medication-Assisted Treatment](#)
- [Opioid Overdose Prevention](#)
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