

## INTRODUCTION

### **Guideline Purpose and Limitations**

2018

The Department of Vermont Health Access (DVHA) develops clinical practice guidelines to support the practice of evidence-based medicine. The guidelines are developed from recognized sources, supported by a synthesis of current literature and clinical consensus and are updated biannually. Guidelines may not apply to every patient or clinical situation; some divergence from guidelines is expected. Guidelines are not inflexible protocols for patient care and are not intended to replace the professional judgment of a provider. In addition, guidelines do not determine insurance coverage or health care services or products. Coverage decisions are based on member eligibility, contractual benefits and determination of medical necessity.

## OVERVIEW

### **Opioid Use Disorder and Medication Assisted Treatment**

Substance use disorder (SUD) includes a set of cognitive, behavioral and physiological symptoms in which a person continues to use the substance despite significant substance-related problems. The repeated use of opioids results in patterns of tolerance (requiring increasing doses of the substance to achieve effects) and withdrawal (a set of physiological symptoms) for most people. However, in addition to tolerance and withdrawal, individuals with substance use disorder also exhibit compulsive drug taking due to intense feelings of “craving” for the substance. Opioid use disorder (OUD) may include the use of illicit opioids in addition to compulsive, prolonged self-administration of opioid substances that are not clinically indicated and are used in doses that exceed the prescribed amount for pain management.

Opioid use disorder is a chronic, relapsing illness diagnosed on the presence of at least two of eleven criteria over a 12-month period (Appendix A). Medication Assisted Treatment (MAT) is defined by the Center for Substance Abuse Treatment (CSAT) as “the use of medications, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders.”

In 2006, prescription opioids, including OxyContin, surpassed heroin as the primary source of opioid addiction for people receiving treatment at programs funded by the Division of Alcohol and Drug Abuse Programs (ADAP) at the Vermont Department of Health (VDH). In 2011, Vermont had the second highest per capita rate of all states for admissions to treatment for prescription opiates. The majority (57%) of these admissions were young people 20 to 29 years old. However, heroin use increased by more than 35% in 2012. Furthermore, the number of people seeking, and receiving treatment for addiction to other opiates have continued to increase each year. (Report to the Vermont Legislature, Opiate Addiction Treatment Programs, in accordance with Act 75, 2013, Section 15a; <http://www.leg.state.vt.us/reports/2013ExternalReports/295237.pdf>)