STOP STIGMA NOW
MEDICATIONS FOR OPIOID USE DISORDER SAVES LIVES
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INJECTABLE NALTREXONE IS NOT A FIRST-LINE TREATMENT FOR MOST INDIVIDUALS WITH MODERATE TO SEVERE OPIOID USE DISORDER

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(This is an excerpt of a longer version, see below)

It is the position of Stop Stigma Now that behavioral health agencies and medical providers should:

- Encourage medications for OUD (opioid use disorder), i.e., MOUD, for individuals with moderate to severe OUD, emphasizing OAT (Opioid Agonist Treatment, i.e., methadone or buprenorphine).
- Explain that opioid agonist treatment is the first-line recommended treatment, and long-acting injectable naltrexone (INTX) is a second-line treatment for most individuals with moderate to severe OUD, and that INTX, unlike OAT, does not clearly reduce overdose deaths and appears less effective at helping people stay in treatment, and
- Explain that options about the use of and type of MOUD should be made by individuals in consultation with a licensed medical professional who has provided accurate information about these options, and that
- INTX is an option for those who prefer it, or possibly for mild OUD, taking treatment accessibility and individual circumstances into account, after being accurately informed about all MOUD options by a licensed medical professional.

This position is based on the fact that, unlike OAT, injectable naltrexone has not been clearly demonstrated to reduce fatal overdose deaths, (1 - 6) and has been associated with lower retention in treatment compared with OAT in some studies. (7) (8) This position is consistent with the published statements reproduced below:

The 2019 World Health Organization Model List of Essential Medicines designated methadone and buprenorphine, but not naltrexone, as “essential medicines.” (9) According to the Clinical Guidelines Program on the Treatment of Opioid Use Disorder by the New York State Department of Health AIDS Institute, updated January 2021, “Clinicians should recommend co-formulated buprenorphine/naloxone or methadone as preferred treatments for individuals with opioid use disorder . . . Clinicians should offer extended-release naltrexone to patients who prefer naltrexone for treatment or who are not able to access treatment with or reach their treatment goals with methadone or buprenorphine / naloxone.” (10)

The American Society of Addiction Medicine (ASAM) ‘Pocket Addiction Medicine,’ notes that "Methadone or buprenorphine are first line with strong evidence for effectiveness, reducing recurrent use, overdose, and mortality. Extended-release naltrexone is a second-line option for patients who have been counseled on risks vs. benefits and prefer it to agonist medication." (11). In addition, ASAM’s Policy Statement on Treatment of Opioid Use Disorder in Correctional Settings states that, “For individuals who do not want to be treated with

methadone or
buprenorphine, extended-release injectable naltrexone is an alternative option for relapse prevention during detainment and after release." (12)

OAT has been described in recent peer-reviewed reports as the "gold standard" or most effective treatment for OUD, or that INTX is appropriate for those who are unable to, or choose not to, use OAT. (13 – 23)

The Food and Drug Administration (FDA) Prescribing Information for Vivitrol, the brand name of XR-NXT, notes that, " .. . Any attempt by a patient to overcome the antagonism by taking opioids is especially dangerous and may lead to life-threatening opioid intoxication or fatal overdose. Patients should be told of the serious consequences of trying to overcome the opioid blockade." (24)

The Risk Evaluation and Mitigation Strategy (REMS) for Vivitrol required by the FDA states that "Using large amounts of opioids, such as prescription pain pills or heroin, to overcome effects of Vivitrol can lead to serious injury, coma and death." (25) In December 2019 the FDA issued a warning letter to the manufacturer of Vivitrol for not including serious risks in marketing materials. (26)

A National Academies of Sciences, Engineering, and Medicine 2019 report on medications for opioid use disorder stated that "Emerging evidence suggests that patients can experience an increased risk of overdose when they approach the end of the 28-day period of the extended-release formulations of INTX. (27)

Some authors have noted that the question of a possible increase in overdose rates associated with the use of INTX has not been settled. (28 - 29) In a commentary (30) on the largest of the two randomized trials to date comparing INTX with buprenorphine-naloxone, (31) it was noted that "total overdoses, fatal and non-fatal, did not differ between groups, but the numbers were noteworthy - 18 for INTX versus 10 for buprenorphine-naloxone. Considering that the study was not powered to detect overdose differences, there should be continued evaluation of how failure to complete opioid detoxification and induction onto INTX might increase overdose risk."

Nevertheless, INTX may be an option as described in the position statement above, and is currently a second-line OUD treatment option, after OAT, for most individuals with moderate or severe OUD.

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