

University of Wisconsin School of Medicine and Public Health: New study: Longer is better when treating opioid addiction with medication

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MADISON, Wis. – A large study of Medicaid patients found that the longer they take medication to treat their opioid use disorder, the less likely they are to overdose.

The study analyzed treatment and overdose data from Wisconsin and 10 other Midwestern and Eastern states that rank among the highest for opioid overdose deaths. It looked at outcomes for 293,180 Medicaid beneficiaries with opioid use disorder who received treatment with drugs such as methadone, buprenorphine and naltrexone in 2016 or 2017. These medications prevent withdrawal symptoms and psychological cravings for people living with opioid use disorder, according to the [U.S. Department of Health & Human Services](#).

The study results are being published today in the journal [Addiction](#).

“Longer is better, but even relatively short episodes of medication treatment for opioid use disorder – as short as 60 days – are associated with significant reductions in the risk of overdose,” said [Marguerite Burns](#), associate professor of population health sciences at the University of Wisconsin School of Medicine and Public Health, who led the study. “We found that protection increases incrementally the longer individuals take medications over a 12-month period.”

Patients who took medicine for a full 60 days had their risk of overdose drop

by 61% compared to those who stopped treatment before 60 days. Researchers then followed the patients at two-month intervals and found that for every additional 60 days the patients stayed on medication, their risk of overdosing fell another 10%. The study ended at one year of treatment.

The results suggest the importance of identifying strategies to keep Medicaid beneficiaries with opioid use disorder in treatment longer, Burns said.

“Performance metrics that encourage health systems to increase retention in treatment, rather than to meet one duration threshold, may better serve patients,” she said.

Medicaid insures almost a quarter of Americans, about 80 million people, covering four of every 10 people with opioid use disorder in the country, and is the largest payor of medication treatment for opioid use disorder. Medicaid recipients are low income. Policy changes about medical treatment made by Medicaid are often adopted by private insurers.

Medicaid data analyzed for the research came from Delaware, Kentucky, Maryland, Maine, Michigan, North Carolina, Ohio, Pennsylvania, Virginia, West Virginia and Wisconsin. The states pool their results using meta-analytic statistical methods to obtain a multi-state, pooled estimate as part of the [Medicaid Outcomes Distributed Research Network](#) (MODRN).

“After a year in which opioid-related deaths have climbed dramatically, there is an even greater urgency to identify and implement effective overdose prevention strategies,” said Julie Donohue, the study’s senior author and director of MODRN. Donohue is chair and professor at the University of Pittsburgh School of Public Health Department of Health Policy and Management.

Burns will be available for interviews today, and a recorded interview with her is also available.