

Position Statement on Integrating Opioid Use Disorders Treatment with Buprenorphine and Naltrexone with That of Co-occurring Mental Illnesses

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“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue: The prevalence of Opioid Use Disorders (OUD) and the mortality from opioid overdoses continue to increase significantly in the United States. Buprenorphine is an approved and effective treatment for OUD, with special licensing requirements for the provider that prescribes it. Regional disparities in the supply of credentialed providers may impede access to care for many patients with OUD. Patients with substance use disorders are twice as likely to suffer from a co-occurring mental illness as those without it and opioid use disorders are nine times more prevalent among patients with psychiatric comorbidities. While mental health comorbidities are associated with poorer outcomes, integrated treatment models have demonstrated improved quality of life, reduced illicit opioid use, and notable improvements in comorbidities, crime, and health costs. Recent and continuing changes in healthcare policy and cost prioritize the integration of evidence-based substance use disorders treatments into general medical settings.

For patients, access to treatment with buprenorphine is complicated due to the scarcity of buprenorphine waivered providers, low supply of opioid treatment programs, and the fact that general psychiatrists frequently opt out of providing buprenorphine treatment. In such cases, patients are often referred out to costly addiction treatment providers who typically offer medication with little or no wrap around services or no treatment at all for co-occurring mental disorders.

POSITION:

1. The diagnosis and treatment of OUD are essential parts of psychiatric care. Patients with identified OUD should be educated about the condition and offered appropriate treatment.
2. The integration of care for OUD and co-occurring mental illnesses leads to improved patient care outcomes and should be practiced by general psychiatrists whenever possible.
3. Psychiatrists should be familiar with treatment options for OUD, manage uncomplicated patients with OUD, and seek consultation or referral with an addiction specialist for complicated cases.
4. Psychiatrists should complete training on the treatment of Opioid Use Disorder with buprenorphine and complete the additional licensing requirements to prescribe it.
5. In rural areas, consultation services with psychiatrists and addiction specialists should be made available via telemedicine to assist the local providers in treating complicated cases.