



# DISPARITIES IN OPIOID ABUSE TREATMENT (OAT)

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**PUBH 6600: Culminating Experience / Capstone**  
**Spring 2022**

# POLL QUESTIONS

## QUESTION 1:

In 2019, how many people in the United States had an opioid use disorder in the past year?

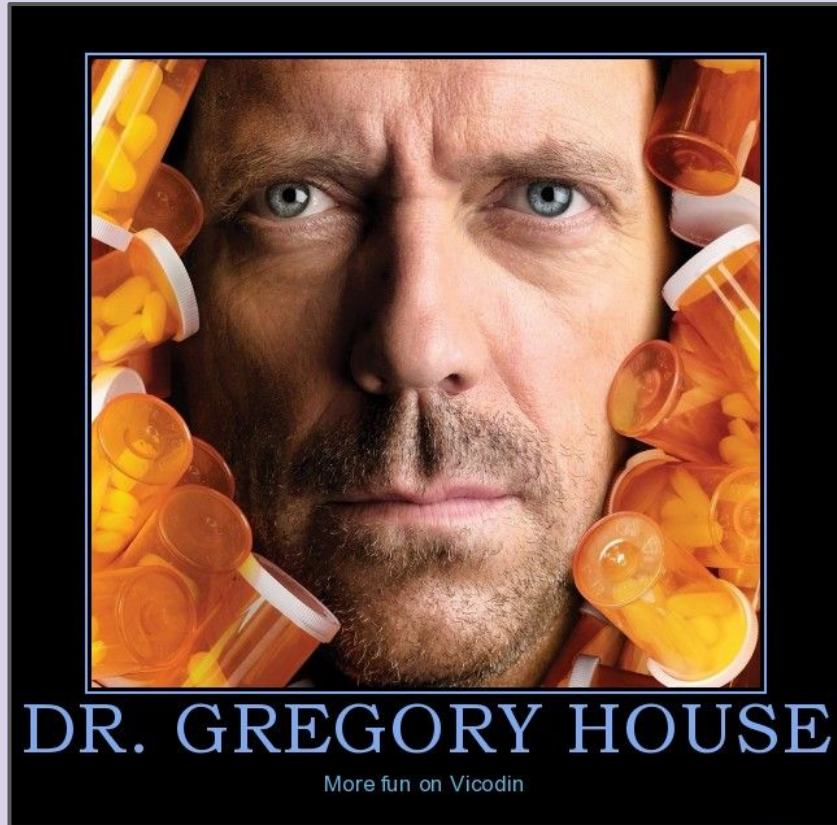
- A. 350,000
- B. 1.6 million
- C. 2.3 million
- D. 5.4 million

## QUESTION 2:

Do you support public dollars being allocated towards opioid abuse treatment?

- A. Yes
- B. No
- C. Unsure

# OPIOID EXAMPLE: HYDROCODONE

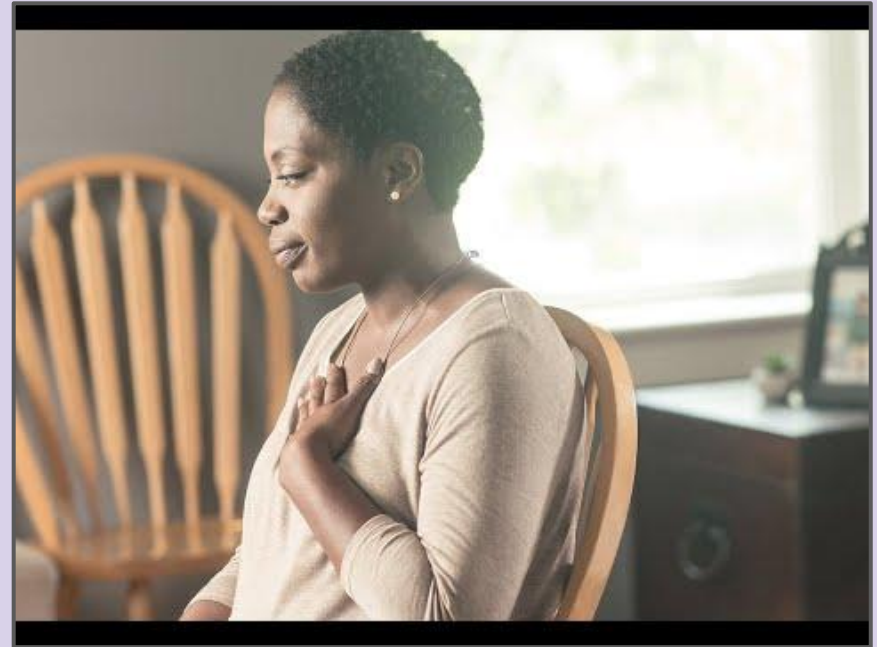


- Vicodin contains a combination of acetaminophen and **hydrocodone**.
- Hydrocodone is an **opioid pain medication**.
- An opioid is sometimes called a **narcotic**.
- Acetaminophen is a less potent pain reliever that **increases the effects of hydrocodone**.

# WHAT ARE OPIOIDS?

- According to the National Institute on Drug Abuse, **opioids are medications that act on the nervous system to relieve pain.**
- They reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, which diminishes the effects of a painful stimulus.
- **VIDEO: It only takes a little to lose a lot.**

## BRENDA'S STORY:



# WHAT IS THE U.S. OPIOID EPIDEMIC?

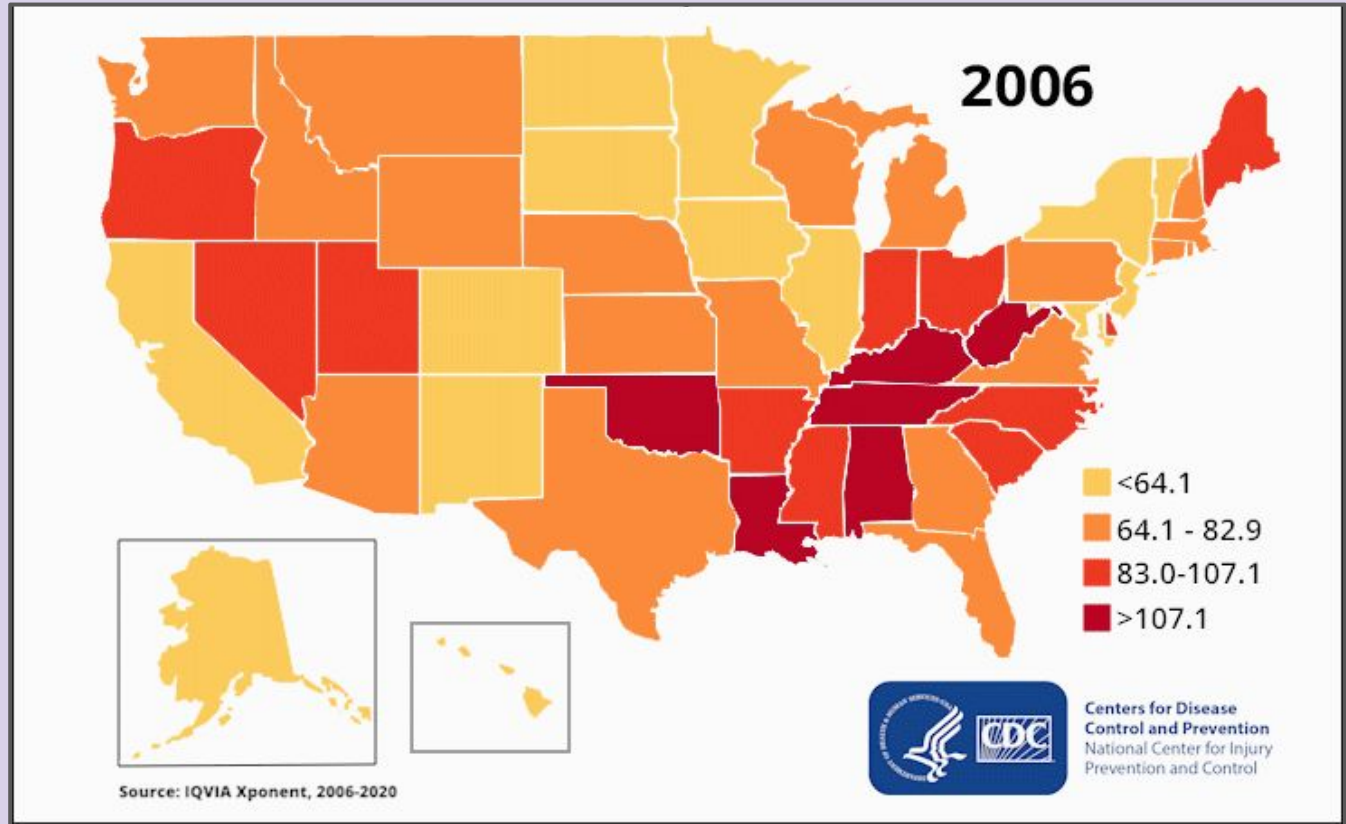
- In the late 1990s, pharmaceutical companies reassured the medical community that **patients would not become addicted to opioid pain relievers.**
- Healthcare providers began to prescribe them at greater rates.
- Increased prescription of opioid medications led to **widespread misuse of both prescription and non-prescription opioids** before it became clear that these medications could indeed be highly addictive.
- In 2017 Department of Health and Human Services (HHS) **declared a public health emergency** and announced a “5-Point Strategy To Combat the Opioid Crisis.”



# U.S. OPIOID DISPENSING RATES PER 100 PEOPLE 2020

From 2006 to  
2020, how  
have rates  
improved  
over time?

Louisiana:  
109.2 in 2006  
to  
68.3 in 2020



Centers for Disease Control and Prevention. (2021, March 24). *Prescription opioid overdose death maps*. Centers for Disease Control and Prevention. Retrieved February 16, 2022, from <https://www.cdc.gov/drugoverdose/deaths/prescription/maps.html>  
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# OPIOID USE DISORDER IN THE U.S.: 2019 EPIDEMIOLOGIC DATA

## THE OPIOID EPIDEMIC BY THE NUMBERS



**70,630**

people died from drug overdose in 2019<sup>2</sup>



**10.1 million**

people misused prescription opioids in the past year<sup>1</sup>



**1.6 million**

people had an opioid use disorder in the past year<sup>1</sup>



**2 million**

people used methamphetamine in the past year<sup>1</sup>



**745,000**

people used heroin in the past year<sup>1</sup>



**50,000**

people used heroin for the first time<sup>1</sup>



**1.6 million**

people misused prescription pain relievers for the first time<sup>1</sup>



**14,480**

deaths attributed to overdosing on heroin (in 12-month period ending June 2020)<sup>3</sup>



**48,006**

deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending June 2020)<sup>3</sup>

### SOURCES

1. 2019 National Survey on Drug Use and Health, 2020.
2. NCHS Data Brief No. 394, December 2020.
3. NCHS, National Vital Statistics System. Provisional drug overdose death counts.

# LOUISIANA OPIOID DATA AND SURVEILLANCE

2,121

Drug-involved deaths  
(death location), 2020

982

Opioid-involved deaths  
(death location), 2020

13,890

Drug poisoning-related  
ED visits, 2018

45

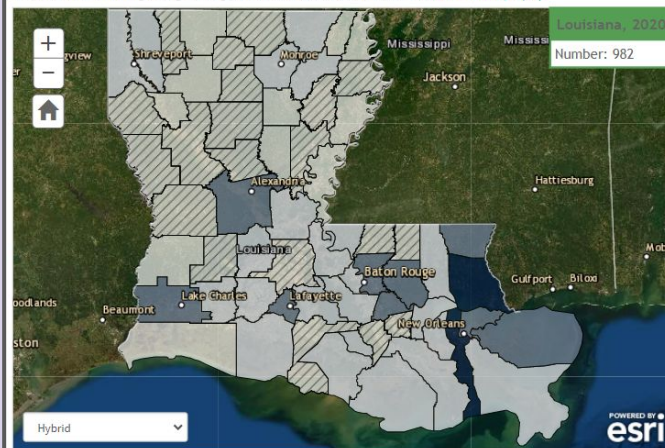
Stimulant prescriptions  
per 100 people  
(prescriber location),  
2020

74

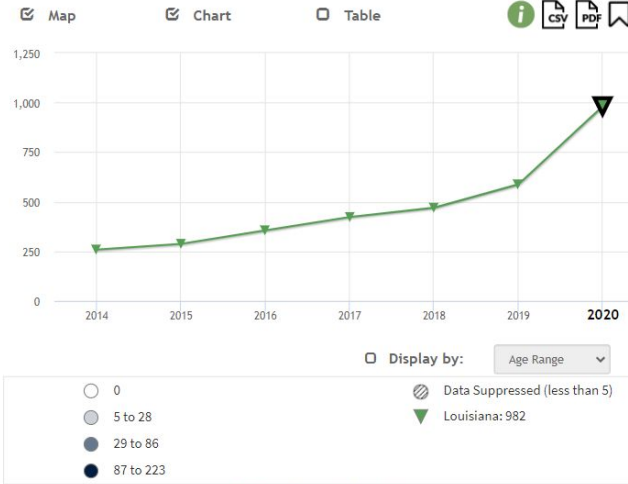
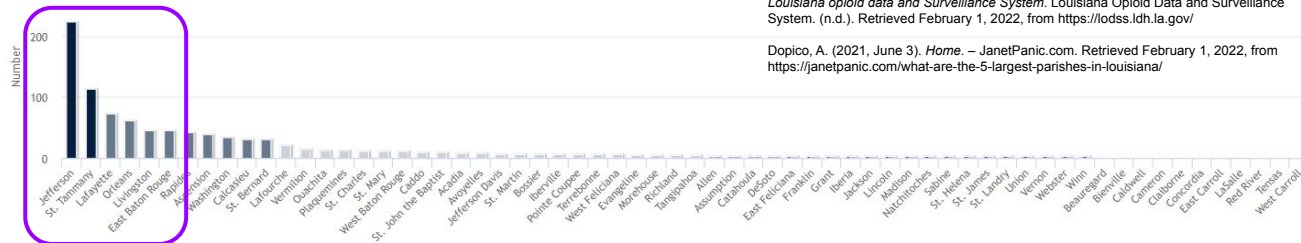
Opioid analgesic  
prescriptions per 100  
people (prescriber  
location), 2020

## Death > All opioid-involved deaths (location) > Number

Selected Year: 2020, Age Range: All Ages, Race: All Races, Sex: All Genders, Areas: multiple(64)



Sort: Descending  
300



[Click here for more information](#)

Louisiana opioid data and Surveillance System. Louisiana Opioid Data and Surveillance System. (n.d.). Retrieved February 1, 2022, from <https://lodss.la.gov/>

Dopico, A. (2021, June 3). Home. – JanetPanic.com. Retrieved February 1, 2022, from <https://janetpanic.com/what-are-the-5-largest-parishes-in-louisiana/>

Size Rank	Parish	2020 Population	2020 Opioid-Involved Death Rank
1	East Baton Rouge	443,763	6
2	Jefferson	434,850	1
3	Orleans	390,845	4
4	St. Tammany	255,155	2



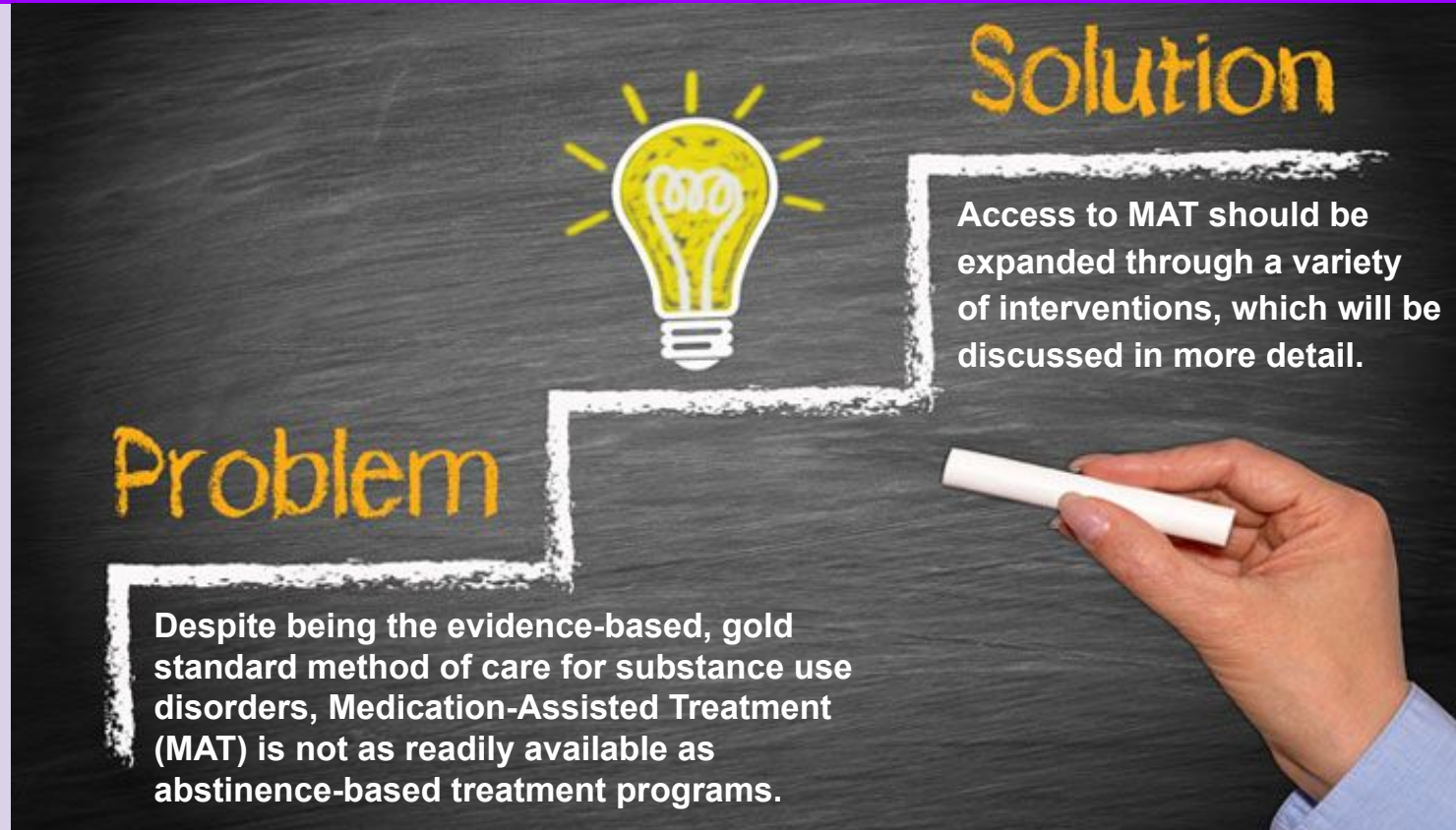
# TREATMENT OPTIONS

**PSYCHOSOCIAL  
(BEHAVIORAL)**

**VS**

**MEDICAL  
(PRESCRIPTIONS)**

# WHAT'S THE ISSUE?



# WHAT IS MAT?

Medically Assisted Therapy

Recommended by almost every organization: FDA, CDC, SAMHSA, AMA, ASAM, and NAATP

Three medications

1. Methadone
2. Buprenorphine
3. Naltrexone

How OUD Medications Work in the Brain

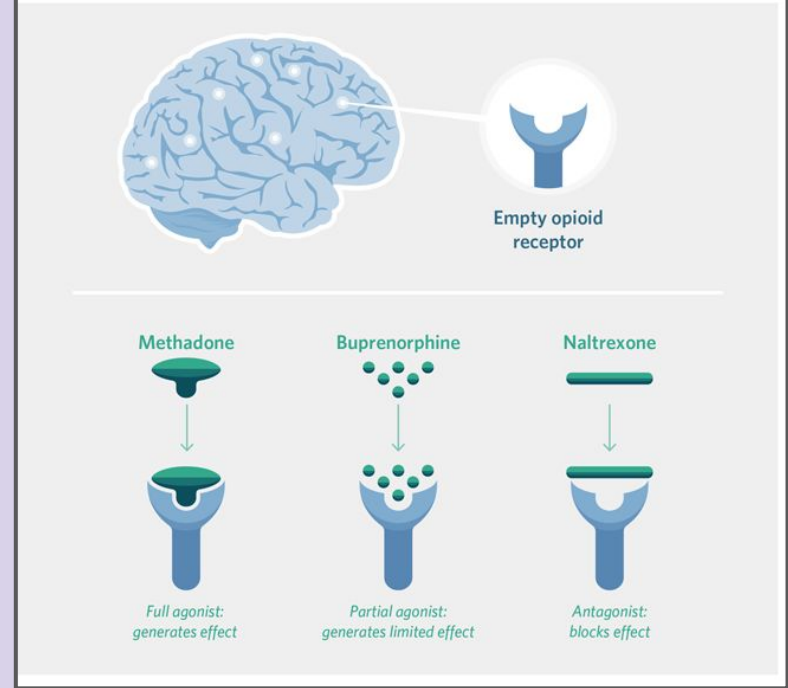


Photo from Pew Trusts

# LINKS TO CURRENT MAJOR MEDICAL ORGANIZATION GUIDELINES

- <https://www.fda.gov/drugs/information-drug-class/information-about-medication-assisted-treatment-mat#:~:text=There%20are%20three%20drugs%20approved,with%20counseling%20and%20psychosocial%20support.>
- <https://www.samhsa.gov/medication-assisted-treatment>
- <https://www.ama-assn.org/delivering-care/opioids/medication-assisted-treatment-training-fight-substance-abuse>
- [https://journals.lww.com/journaladdictionmedicine/Fulltext/2020/04001/The\\_ASAM\\_National\\_Practice\\_Guideline\\_for\\_the.1.aspx](https://journals.lww.com/journaladdictionmedicine/Fulltext/2020/04001/The_ASAM_National_Practice_Guideline_for_the.1.aspx)
- <https://www.naatp.org/sites/naatp.org/files/StrategicPlan2019-2021FINAL5.19.pdf>

# EVIDENCE FOR MAT

MAT is proven by decades of research to

- Improve survival
- Decrease relapses
- Improve social situations: employment, housing
- Improve birth outcomes for pregnant women
- Decrease emergency room visits

Works best in conjunction with traditional therapy

Criteria: randomized clinical trials, meta analyses, and major organization recs

# SELECTED REFERENCES SUPPORTING MAT

Mattick RP, Breen C, Kimber J, Davoli M. **Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence.** Cochrane Database Syst Rev. 2009 Jul 8;2009(3):CD002209. doi: 10.1002/14651858.CD002209.pub2. PMID: 19588333; PMCID: PMC7097731.

Srivastava A, Clarke S, Hardy K, Kahan M. **Facilitating rapid access to addiction treatment: a randomized controlled trial.** Addict Sci Clin Pract. 2021 May 25;16(1):34. doi: 10.1186/s13722-021-00240-y. PMID: 34034821; PMCID: PMC8152083.

Mattick RP, Breen C, Kimber J, Davoli M. **Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence.** Cochrane Database Syst Rev. 2014 Feb 6;(2):CD002207. doi: 10.1002/14651858.CD002207.pub4. PMID: 24500948.

Tanum L, Solli KK, Latif ZE, Benth JŠ, Opheim A, Sharma-Haase K, Krajci P, Kunø N. **Effectiveness of Injectable Extended-Release Naltrexone vs Daily Buprenorphine-Naloxone for Opioid Dependence: A Randomized Clinical Noninferiority Trial.** JAMA Psychiatry. 2017 Dec 1;74(12):1197-1205. doi: 10.1001/jamapsychiatry.2017.3206. Erratum in: JAMA Psychiatry. 2018 Mar 14;75(5):530. PMID: 29049469; PMCID: PMC6583381.

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National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Medication-Assisted Treatment for Opioid Use Disorder; Manchur M, Leshner AI, editors. **Medications for Opioid Use Disorder Save Lives.** Washington (DC): National Academies Press (US); 2019 Mar 30. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK538936/> doi: 10.17226/25310



# ARGUMENTS AGAINST MAT

## “Trading one addiction for another”

- HHS secretary Tom Price said in 2017 "If we're just substituting one opioid for another, we're not moving the dial much."
- These medications do have abuse potential: roughly 30% of people
- New formulations reduce that risk & increase flexibility
- Still net positive

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# ARGUMENTS AGAINST MAT

## Criminalization argument

- Old school “war on drugs” idea
- No evidence criminalizing drugs has reduced abuse rates
- Immense societal harms associated with criminalization

## References

Mann, Brian. “After 50 Years of the War on Drugs, 'What Good Is It Doing for Us?'. ” *NPR*, NPR, 17 June 2021,

<https://www.npr.org/2021/06/17/1006495476/after-50-years-of-the-war-on-drugs-what-good-is-it-doing-for-us>.

“Overdose Death Rates.” *National Institutes of Health*, U.S. Department of Health and Human Services, 20 Jan. 2022,

<https://nida.nih.gov/drug-topics/trends-statistics/overdose-death-rates>.

Kuehn BM. Massive Costs of the US Opioid Epidemic in Lives and Dollars. *JAMA*. 2021;325(20):2040. doi:10.1001/jama.2021.7464

# ARGUMENTS AGAINST MAT

“Does not address psycho-social needs of patients”

- This is true! But doesn't mean we shouldn't do both.
- Patients have better outcomes with combined medical and psychosocial help
- We recommend individualized approaches & treatment intensities depending on the person's needs: other mental health issues, pain syndromes, social situations, etc

## References

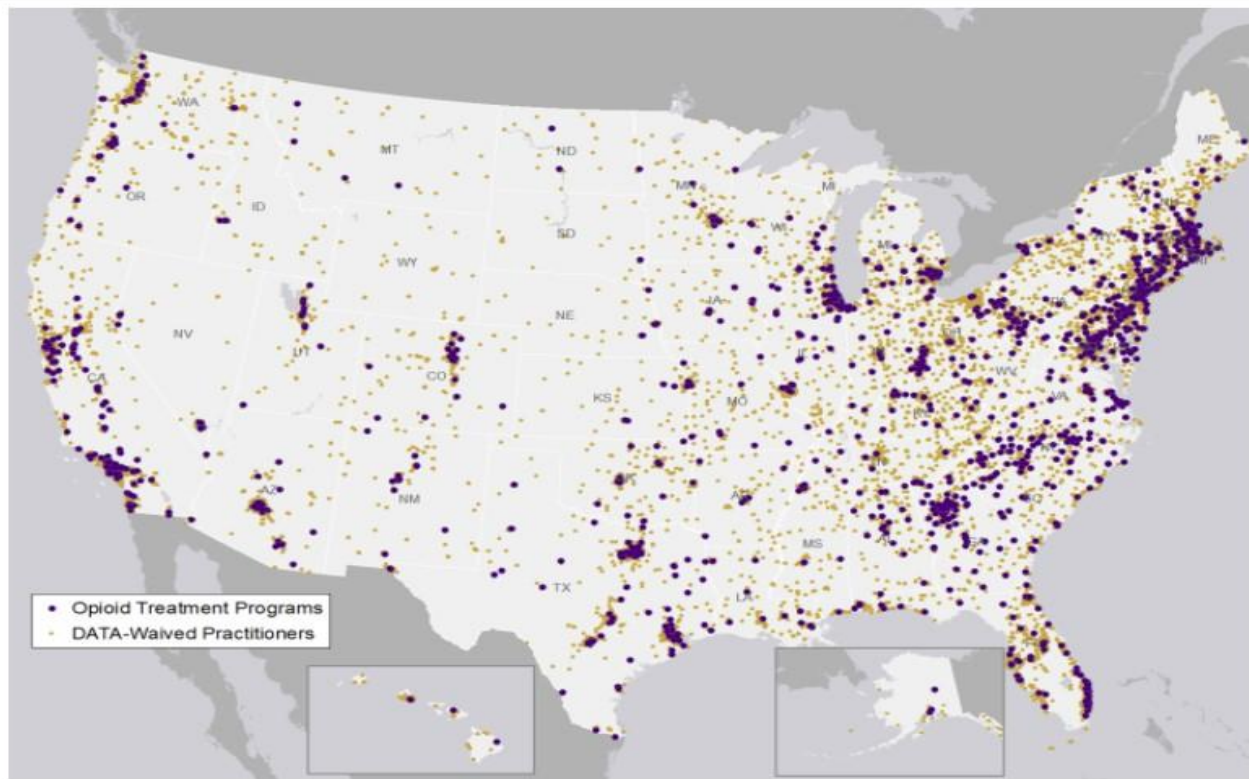
Weiss RD, Rao V. The Prescription Opioid Addiction Treatment Study: What have we learned. *Drug Alcohol Depend.* 2017 Apr 1;173 Suppl 1(Suppl 1):S48-S54. doi: 10.1016/j.drugalcdep.2016.12.001. PMID: 28363320; PMCID: PMC6866670.

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*Strategic Plan - National Association of Addiction ...* National Association of Addiction Treatment Providers, <https://www.naatp.org/sites/naatp.org/files/StrategicPlan2019-2021FINAL5.19.pdf>.

Figure 1. Location of Opioid Treatment Programs and DATA-Waived Practitioners in the United States



**Source:** CRS analysis using data from the Substance Abuse and Mental Health Services Administration as of May 9, 2019.

**Why is MAT  
not available  
to everyone?**

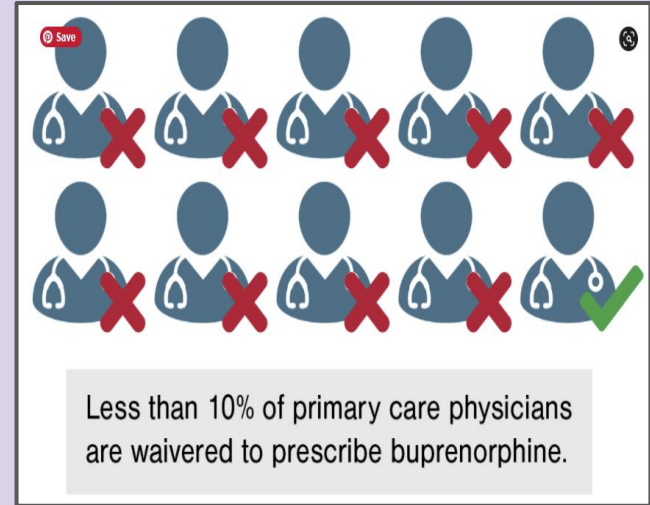
# BARRIERS

## Practitioner

- Additional training to obtain required waiver
- Only waived physicians and other certified health professional can prescribe buprenorphine for OUD
- Initial doses must be under specified limits
- Patient caps- 30-100 patients per practitioner
- Practitioners providing MMT need annual registration from DEA
- ONLY oral form and taken under supervision at approved OTP

## Insurance

- Fail first- providers have to prescribe less expensive drugs first and wait for failure before insurer will cover more effective medications
- Pre- authorization process requirements for approval
- Require counseling as a condition for coverage



Hinde, J., Hayes, J., Mark, T., Bernstein, S., & Karon, S. (2017, August 6). *State and local policy levers for increasing treatment and recovery capacity to address the opioid epidemic: Final report*. ASPE. Retrieved February 11, 2022, from <https://aspe.hhs.gov/reports/state-local-policy-levers-increasing-treatment-recovery-capacity-address-opioid-epidemic-final-0>

# BARRIERS

## Facility

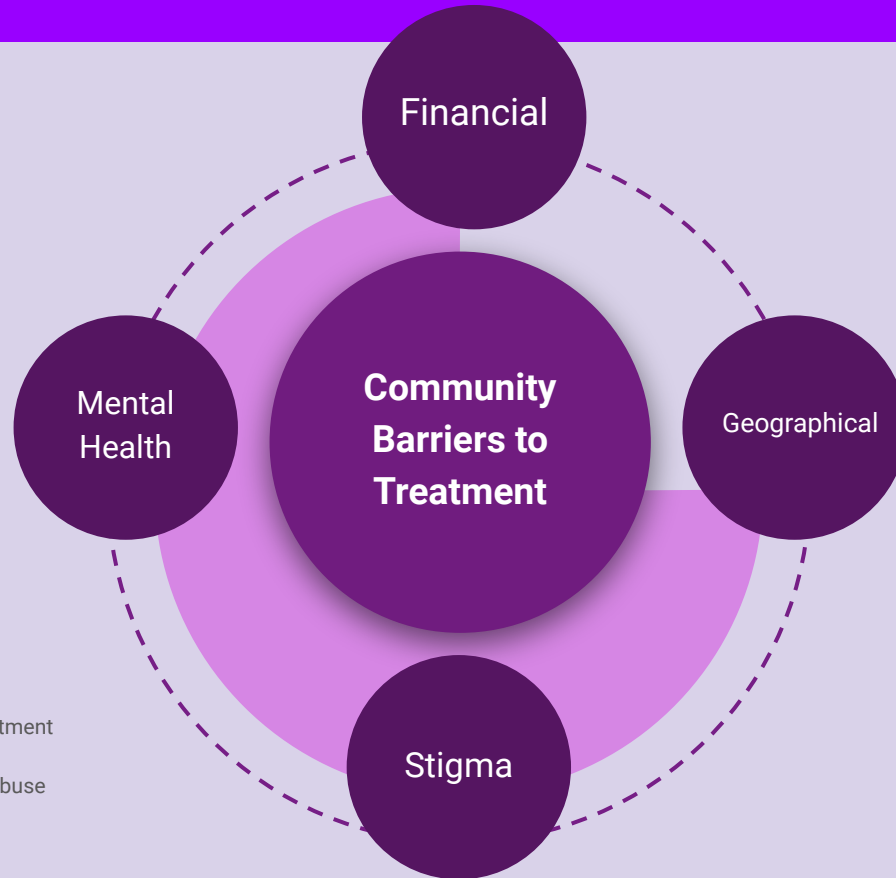
- Only federally certified TP may dispense methadone for MMT
- Cap on number of MMT facilities in an area and burdensome approval process

## Patient

- Most MMT patients need to be addicted for >1 year with few exceptions
- All MMT must attend comprehensive counseling sessions
- All MMT patients need complete medical evaluation prior to receiving tx
- Daily or near daily travel to MMT facility







Substance Abuse and Mental Health Services Administration. Federal Guidelines for Opioid Treatment Programs. HHS Publication No. (SMA) PEP15-FEDGUIDEOTP. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

# “MORE THAN MEDICATION IS NEEDED”

- Counseling is a requirement when receiving treatment from an OTP
  - “Whole person” approach
    - Initial assessments
    - Treatment plan
    - Short term and long term goals
  - Case management
  - Behavioral therapies
- Variety of interventions and treatment modalities
  - Relapse prevention
  - Anger management
  - CBT
  - MI
  - Anger-management
  - Trauma-related counseling

# REDUCE REGULATORY BARRIERS TO MAT PRESCRIBING AND DISPENSING

## Federal

- Eliminate patient cap
- Eliminate waiver requirement
- Eliminate restrictions on provider type
- Facilitate office and community based MMT

## State

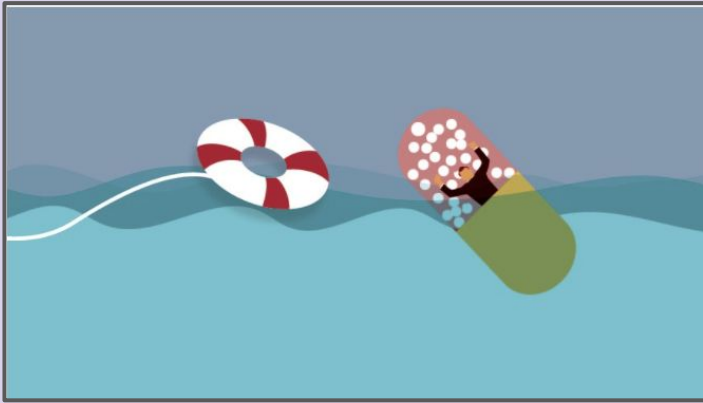
- Don't make state law more restrictive than federal
- Forbid limitation of OTPs through zoning



# ENHANCE AVAILABILITY AND AFFORDABILITY OF OAT

## Federal

- Enforce the Mental Health Parity and Addiction Equity Act
- Require insurers to cover OAT without cost sharing, prior authorization



## State

- Set medicaid reimbursement rate that ensure OAT provider availability
- Allow telehealth and ensure Medicaid reimbursement for services
- Ensure health care facilities employ/contract with authorized OAT providers
- Require EDs to start buprenorphine treatment when appropriate

# EXPAND THE OUD TREATMENT WORKFORCE

## Federal

- Condition federal funding of residency programs on integrating SUD
- Training and trainees obtaining waivers to prescribe buprenorphine



## State

- Mandate training in evidence based pain and addiction treatment
- For all medical practitioners licensed in the state and in state sponsored medical, dental, and nursing schools

Hinde, J., Hayes, J., Mark, T., Bernstein, S., & Karon, S. (2017, August 6). *State and local policy levers for increasing treatment and recovery capacity to address the opioid epidemic: Final report*. ASPE. Retrieved February 11, 2022, from <https://aspe.hhs.gov/reports/state-local-policy-levers-increasing-treatment-recovery-capacity-address-opioid-epidemic-final-0>

# IMPROVE OUTCOMES FOR JUSTICE-INVOLVED INDIVIDUALS

## Federal

- Condition federal funding states screening for OUD when entering justice settings
- Offering OAT when indicated
- Ensuring continued access to OAT upon release
- Require drug courts and diversion programs to permit OAT to receive funding



## State

- Require drug courts and diversion programs to allow OAT
- Eliminate penalties for relapse
- Upon release enroll eligible individuals in Medicaid and ensure OAT is accessible
- Mandate screening and provision OAT in criminal justice settings

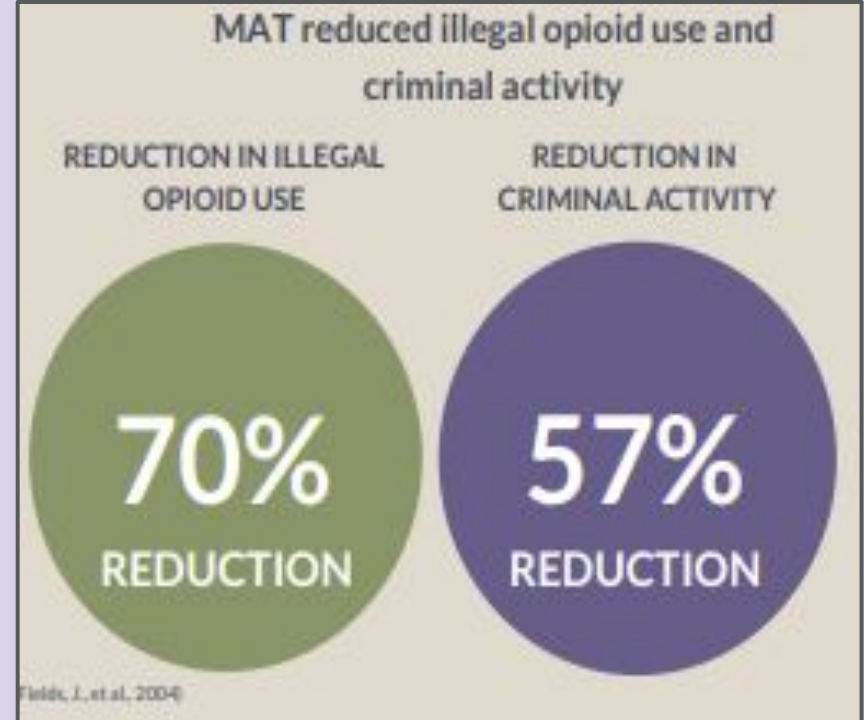
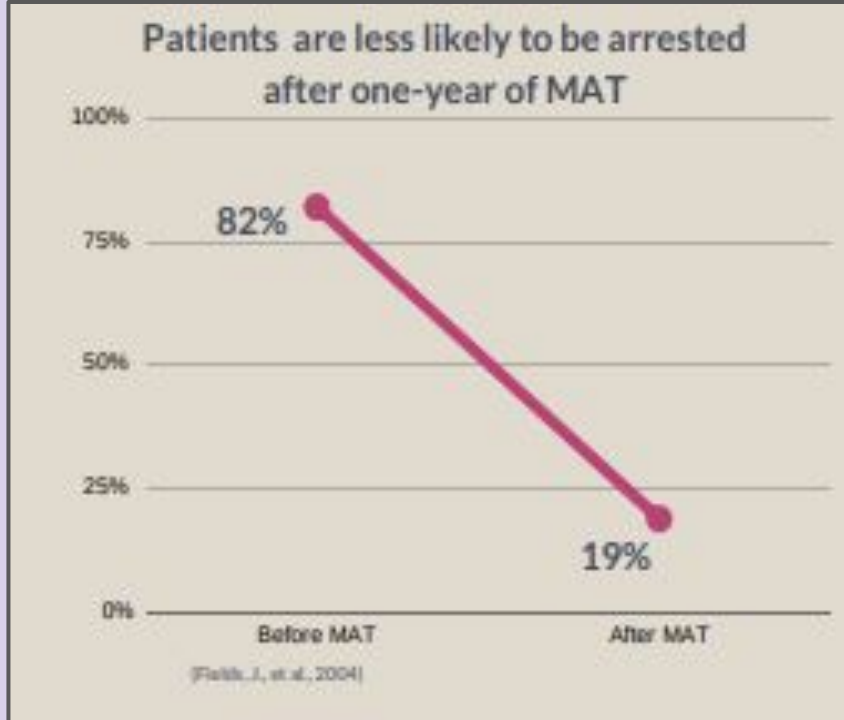
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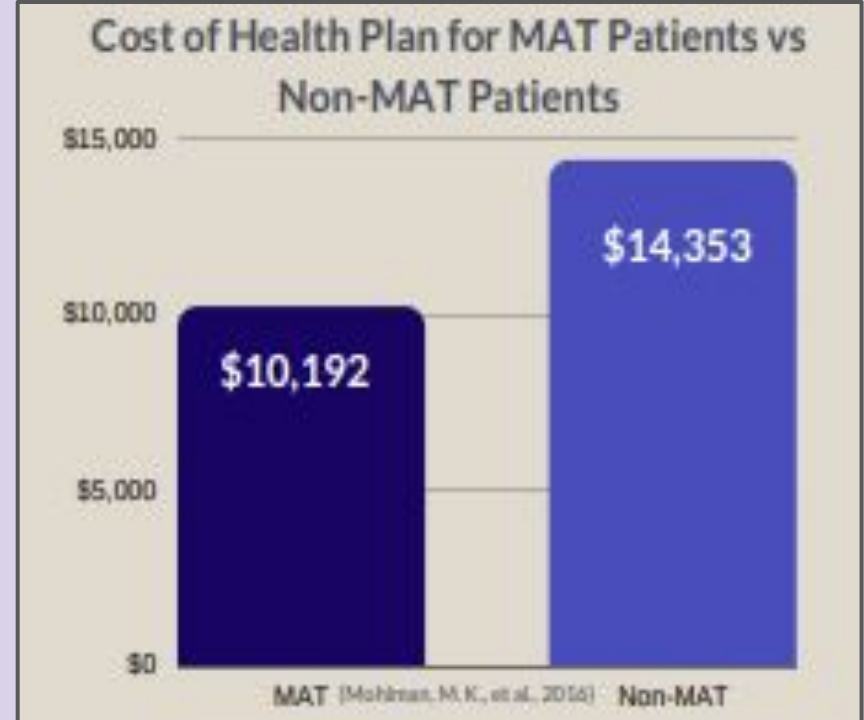
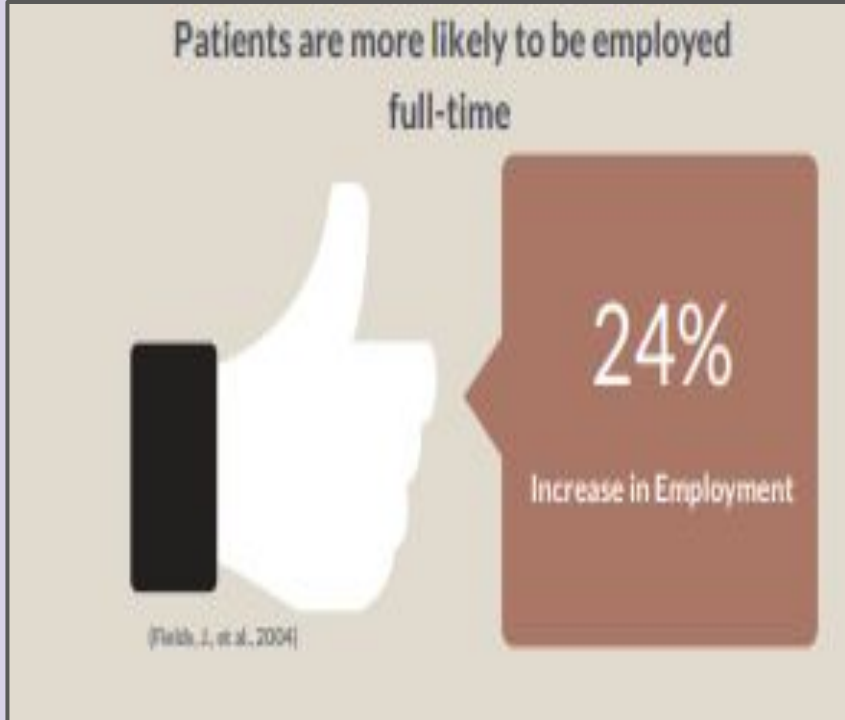
# MAT IMPACT



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