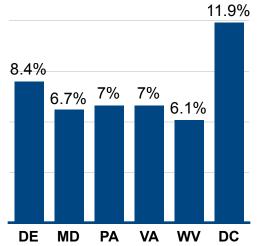
The Need for More Substance Use Treatment

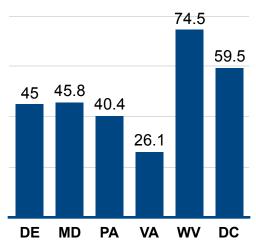


Fatal overdoses are skyrocketing, and rates of substance use remain high, demonstrating the need to expand substance use disorder (SUD) treatment. In 2020, fatal overdoses in the Central East increased 25% (from 9,909 to 12,377), with overdose rates above the national average in every state except Virginia.¹ Rates of substance use and SUD are persistently elevated.² Funding additional treatment services and expanding access to existing treatment can help address the problem.

Substance Use Disorder Rate (2019)



Fatal Overdoses per 100.000 People (2020)



Receive Treatment at a

Specialty Facility

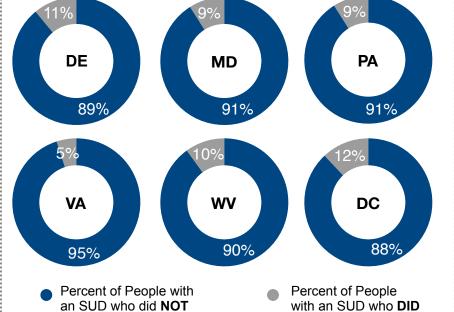
UNMET NEED FOR TREATMENT

Very few people who need SUD treatment successfully obtain it – in the Central East and nationwide. Lack of access to treatment is a major barrier. But a lack of perceived need for treatment is also of concern.³ Expanding education and outreach about the importance of treatment may help increase enrollment.

VALUE OF MEDICATION FOR OPIOID USE DISORDER

While not the sole cause, opioid use is a significant driver of fatal overdoses and remains a primary concern in the Central East. Medications for opioid use disorder (MOUD) are the most effective treatment modality for OUD. Research shows MOUD to be more effective at reducing illicit opioid use, retaining people in treatment, and reducing fatal overdose risk compared with treatment with placebo or no medication.4 Best practice for MOUD is to provide it in conjunction with counseling and other behavioral health therapies.5







Receive Treatment at

a Specialty Facility

The Need for More Substance Use Treatment

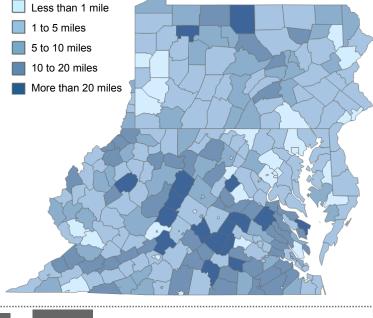
Distance to Nearest MOUD Provider

ACCESS TO MOUD PROVIDERS

More than half the counties in the Central East have an MOUD provider within five miles of their main population center. In fact, the average distance to the nearest MOUD provider is only seven miles. But the nearest provider may not offer all forms of MOUD. The average distance to the nearest methadone provider is 23 miles, compared with 8 miles for buprenorphine and 12 miles for naltrexone.⁶ For methadone patients, longer distances can make adhering to a daily treatment protocol challenging.

Methadone is the most common form of MOUD, received by 61% of MOUD clients in 2020.7 Many people with OUD prefer methadone, which is only dispensed at Opioid Treatment Programs (OTPs).8 For this reason, OTPs function as a primary access point to MOUD. But there is wide variation in OTP availability and accessibility across the Central East.

Certified OTPs⁹ Per 1,000 People With Pain Reliever Use Disorder¹⁰ (2019)



3.4

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ROLE OF PRIMARY CARE

Primary care providers (PCPs) are a vital component of treatment, often serving as an individual's first contact with the health care system. In addition to improving overall health and addressing risk factors for substance use, PCPs can conduct screenings, offer referrals to treatment, and provide information on the importance of treatment. PCPs can also become "waivered" to prescribe buprenorphine as MOUD. Encouraging more PCPs to obtain a buprenorphine waiver can be a key component to expanding treatment access.

WHAT CAN TREATMENT PROVIDERS DO?

- Encourage primary care providers to screen for SUD and obtain buprenorphine waivers
- Educate policymakers and community members on the importance of treatment
- · Increase the number of OTPs and expand existing OTP capacity
- Implement best practices for treating people with other SUDs

NOTES

- 1. Centers for Disease Control and Prevention (2021), WONDER Multiple Cause of Death 1999-2020. https://wonder.cdc.gov/
- 2. SAMHSA (n/d). State Reports from the 2014 NSDUH & State Reports from the 2019 NSDUH. https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2014 & https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2019
- 3. SAMHSA (2016). America's Need for and Receipt of Substance Use Treatment In 2015. https://www.samhsa.gov/data/sites/default/files/ report_2716/ShortReport-2716.html
- 4. SAMHSA. (2021). Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63 Publication No. PEP21-02-01-002. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/ PEP21-02-01-002.pdf
- 5. Karen, C. et al (2020). Executive Summary of the Focused Update of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder. Journal of Addiction Medicine 14(2) 99-112. doi: 10.1097/ ADM.0000000000000635

- 6. Paykin, S., Halpern, D., Lin, Q., Menghaney, M., Li, A., Vigil, R., et al. (2021). GeoDaCenter/opioid-policy-scan: Opioid Environment Policy Scan Data Warehouse (v1.0). Zenodo. https://doi.org/10.5281/zenodo.5842465
- 7. SAMHSA (2021). National Survey of Substance Abuse Treatment Services (N-SSATS): 2020. https://www.samhsa.gov/data/sites/default/files/reports/ rpt35313/2020_NSSATS_FINAL.pdf
- 8. Yarborough, B. et al (2016). Methadone, Buprenorphine and Preferences for Opioid Agonist Treatment: A Qualitative Analysis. Drug and Alcohol Dependence 160, 112-118. 10.1016/j.drugalcdep.2015.12.031
- 9. SAMHSA (n/d). Opioid Treatment Program Directory. https:// dpt2.samhsa.gov/treatment/directory.aspx
- 10. Reliable estimates on all forms of OUD, including heroin use disorder, are not readily available at the state level. People with pain reliever use disorder are an undercount of the population that would benefit from MOUD.
- 11. Association of American Medical Colleges (2021). State Physician Workforce Data Report. https://www.aamc.org/data-reports/workforce/data/ 2021-state-profiles

