

Fraction of US outpatient treatment centers offer medication for opioid addiction

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Despite the mounting death toll of America's opioid crisis, only a minority of facilities that treat substance use disorders offer patients buprenorphine, naltrexone or methadone—the three FDA-approved medications for the long-term management of opioid use disorder, according to a new study from researchers at the Johns Hopkins Bloomberg School of Public Health.

Notably, just six percent of medication-offering facilities offered all three FDA-approved medications to treat opioid use disorder, the study found. Ideally, facilities should be offering any of these three medications to best meet a patient's needs, as some patients may benefit more from methadone, others from buprenorphine and yet others from naloxone, extended release.

In the study, published in the January issue of *Health Affairs*, the researchers analyzed national survey data and found that from 2007 to 2016, the proportion of substance use disorder [treatment](#) facilities that offered any medication treatment for opioid use disorder increased from 20 to only 36 percent. In other words, as recently as 2016, when the [opioid crisis](#) was already deepening, nearly two-thirds of these facilities still did not offer such medications.

The analysis focused on the more than 10,000 facilities that offer outpatient services. Treatment facilities were significantly more likely to offer medication treatment in 2016 in states that have recently expanded Medicaid coverage, the researchers found.

"These results highlight the importance of Medicaid expansion in increasing the availability of medication treatment for opioid use disorder, though gaps in access remain widespread," says study lead author Ramin Mojtabai, MD, professor in the Department of Mental Health at the Bloomberg School.

The misuse of opioids in the U.S. began to expand rapidly in the late 1990s and has since escalated to epidemic proportions. The U.S. Centers for Disease Control and Prevention (CDC) has estimated that from 2002 to 2017 the number of fatal opioid overdoses annually rose from about 12,000 to over 47,000. Yet, studies suggest that relatively few people with opioid dependency receive any substance use disorder treatment—and fewer still get treatment with FDA-approved medications.

To determine the reasons for this lack of treatment, Mojtabai and colleagues evaluated data gathered from 2007 to 2016 in yearly surveys of known treatment facilities by the Substance Abuse and Mental Health Services Administration (SAMHSA).

A key finding was that only 36.1 percent of these facilities offered any medication treatment for opioid use disorder in 2016, up from 20.0 percent in 2007. About 70 percent of these medication-offering facilities offered buprenorphine, 57.6 percent offered extended-release naltrexone and 28.7 percent offered methadone.

In general, there was wide variation in treatment available among states. Rhode Island, New York and Vermont topped the rankings with more than 70 percent of the facilities in each state offering one of the three FDA-approved medications. Hawaii (8.6 percent), Arkansas (14.1 percent) and Idaho (16.8 percent) had the lowest proportions of treatment facilities offering any FDA-approved medication. States with a higher prevalence of heroin use and more [opioid](#) overdose deaths

tended to have treatment facilities offering medication treatment.

In recent years, 37 states have expanded Medicaid to low-income groups under the Affordable Care Act. Mojtabai and colleagues found that substance use disorder treatment facilities located in these Medicaid expansion states were about 21 percent more likely to offer medication treatment—and 89 percent more likely if the facility had a policy to accept Medicaid insurance.

"These results are likely related to the more robust coverage of medication treatment under Medicaid programs in expansion states," Mojtabai says.

Even so, he notes that many low-income people still lack ready access to treatment facilities accepting reimbursement through state Medicaid programs.

Mojtabai and colleagues suggest that while continued Medicaid expansion and other changes to health insurance might continue to improve the situation in the long run, currently state governments have the power to expand [medication](#) treatment availability more rapidly.

"States get block grants from SAMHSA for substance use and mental health facilities, and they could require facilities that receive these payments to offer [medication treatment](#) for [opioid use disorder](#) as a condition of receiving block grant funding," Mojtabai says.

"Medication Treatment For Opioid Use Disorders In Substance Use Treatment Facilities" was written by Ramin Mojtabai, Christine Mauro, Melanie Wall, Colleen Barry, and Mark Olfson.

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