
*National Perspective on the Epidemiology
of Opioid Addiction and Treatment*

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February 22, 2020



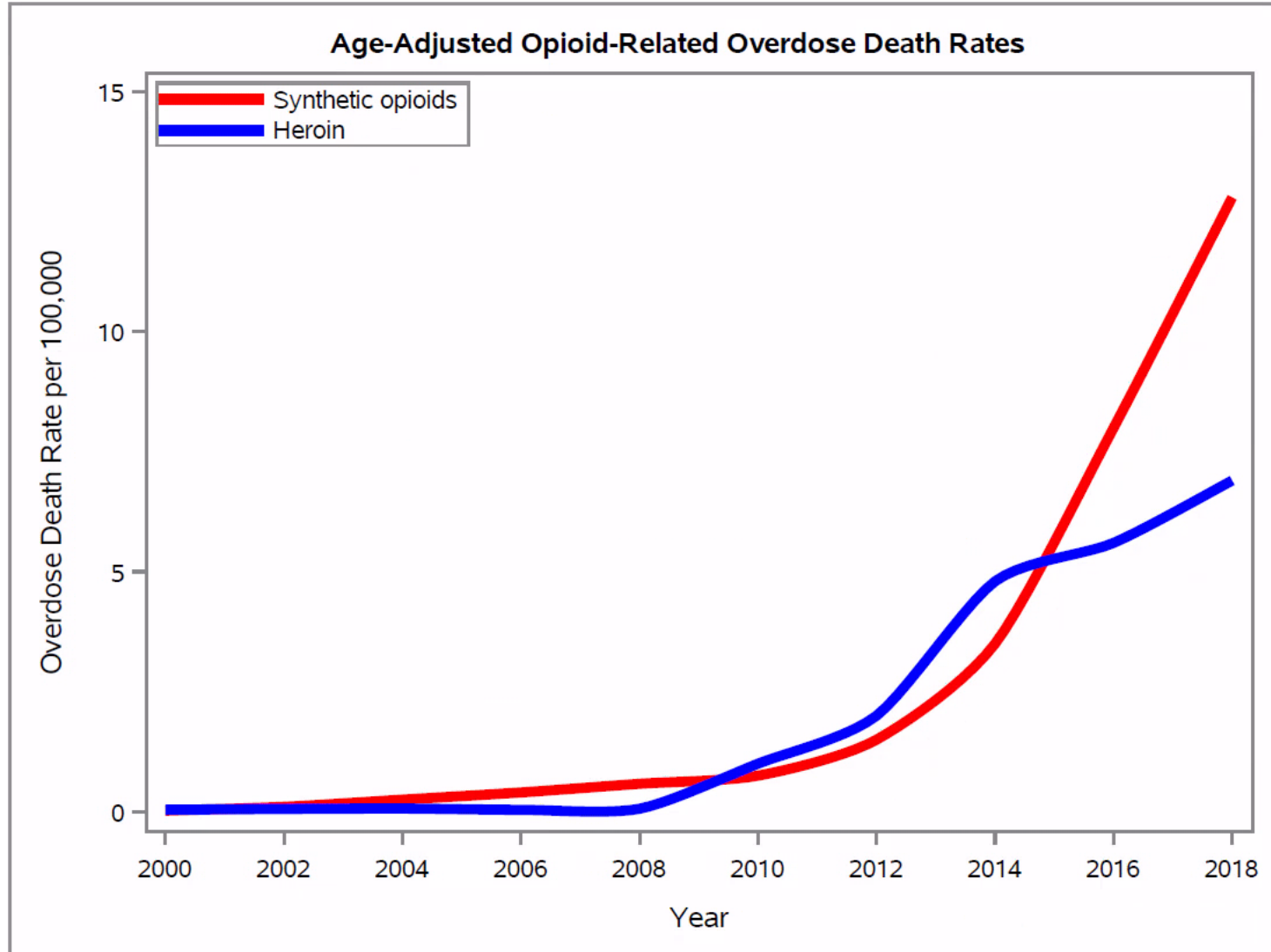
Center for Health Equity Research

Agenda

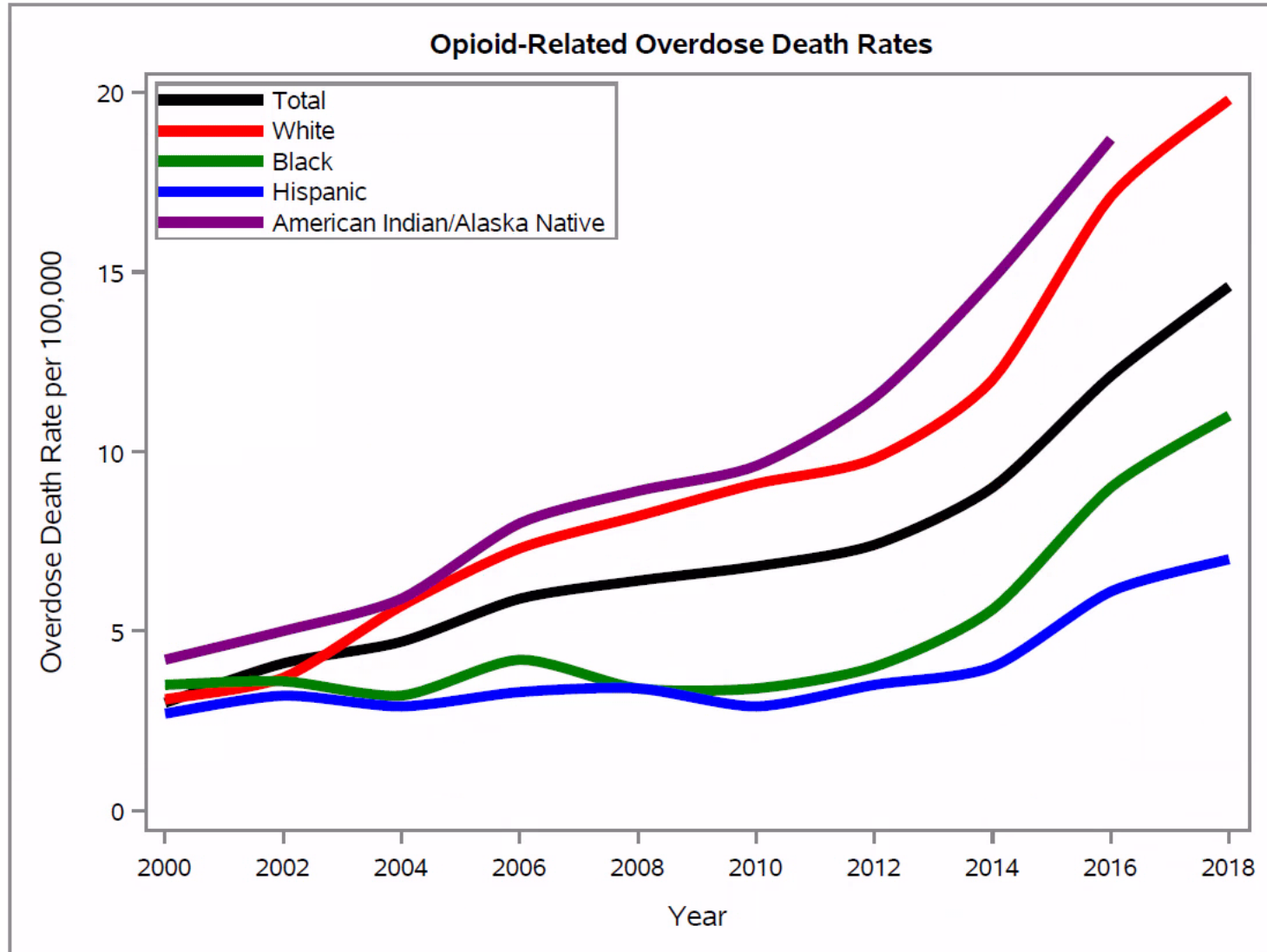
- Opioid epidemic background
- Treatment Services Research at NAU
- Future Research at NAU

Background

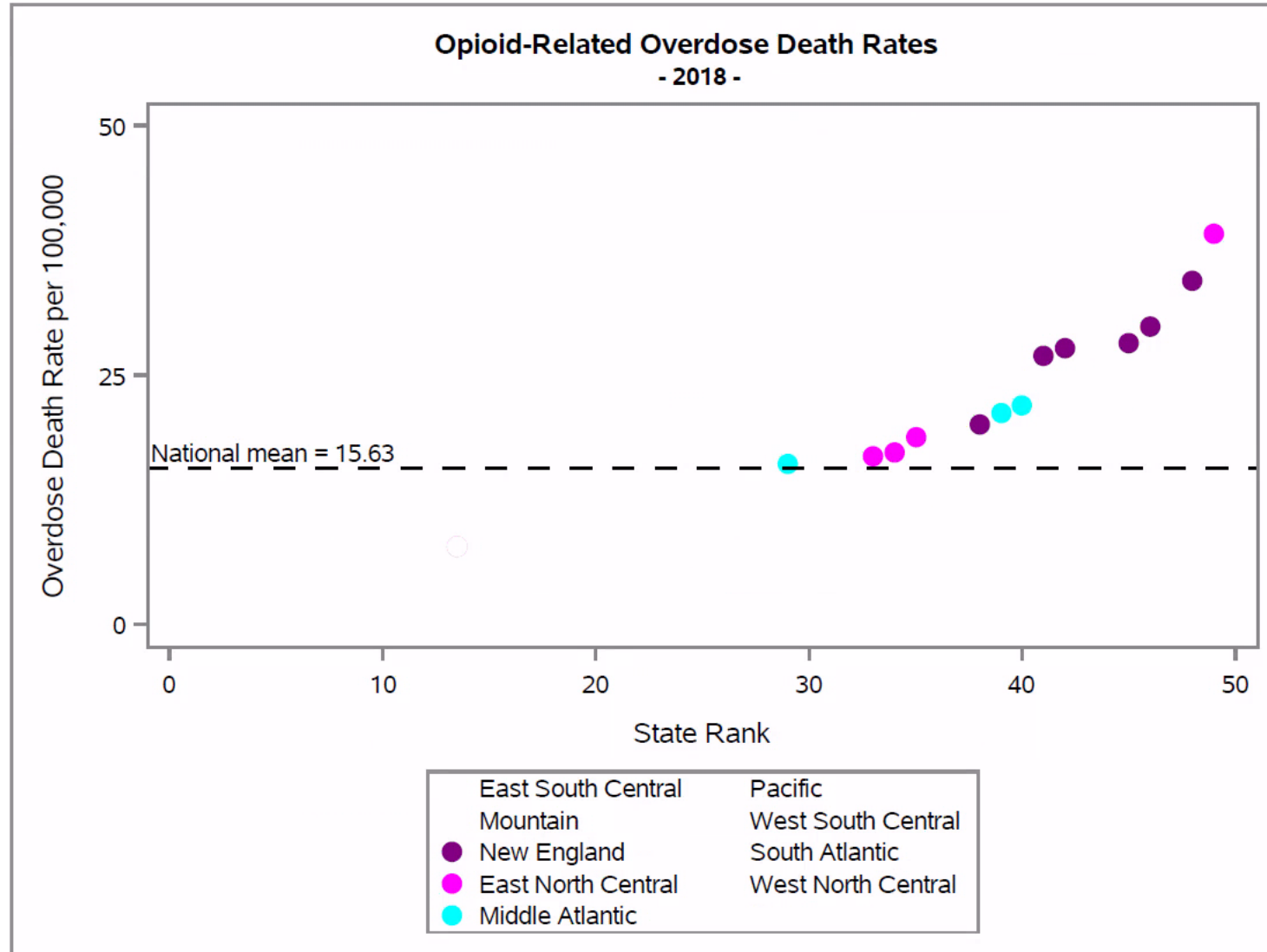
Opioid types



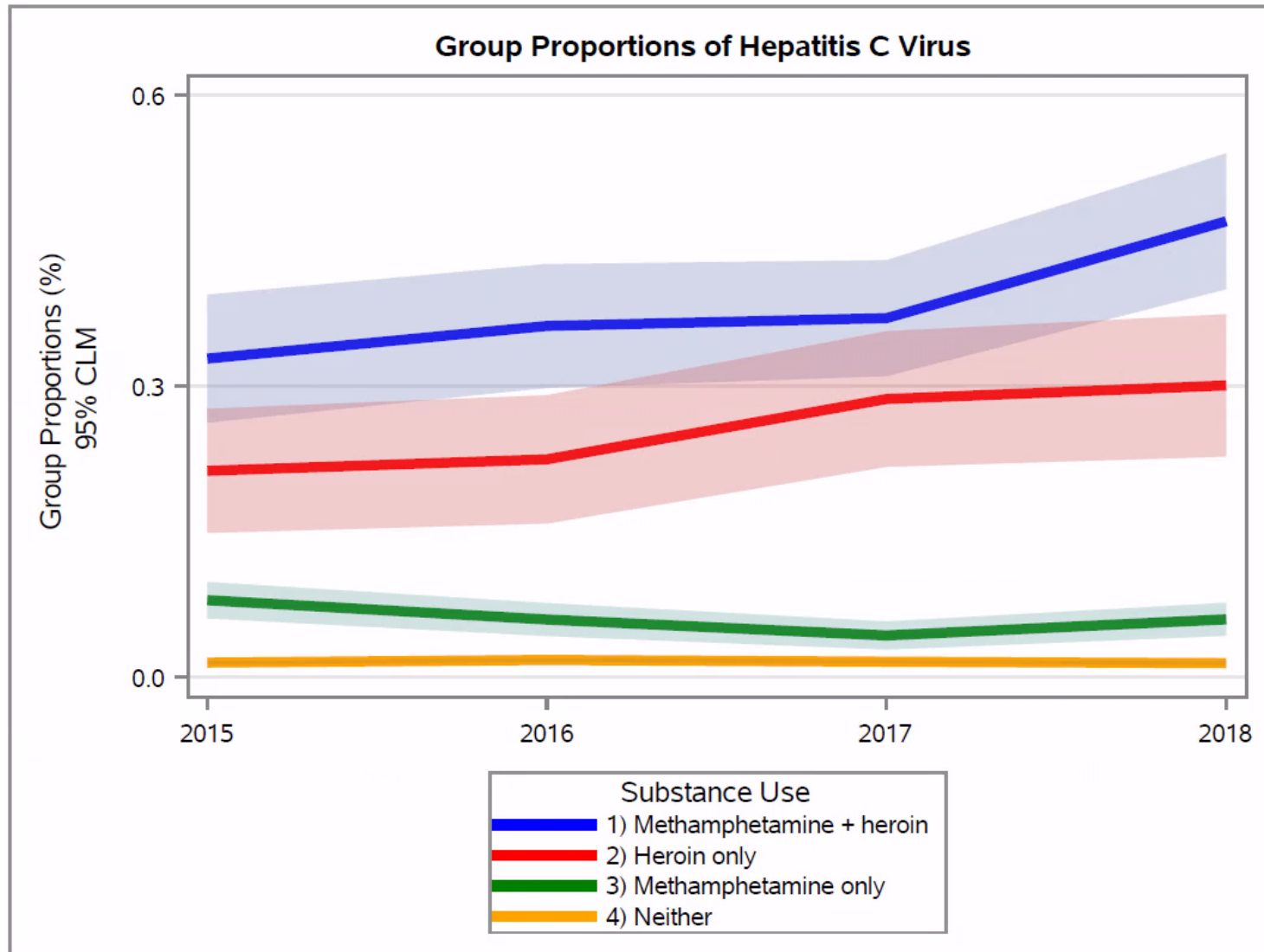
Racial/ethnic disparities



Differences by state and region

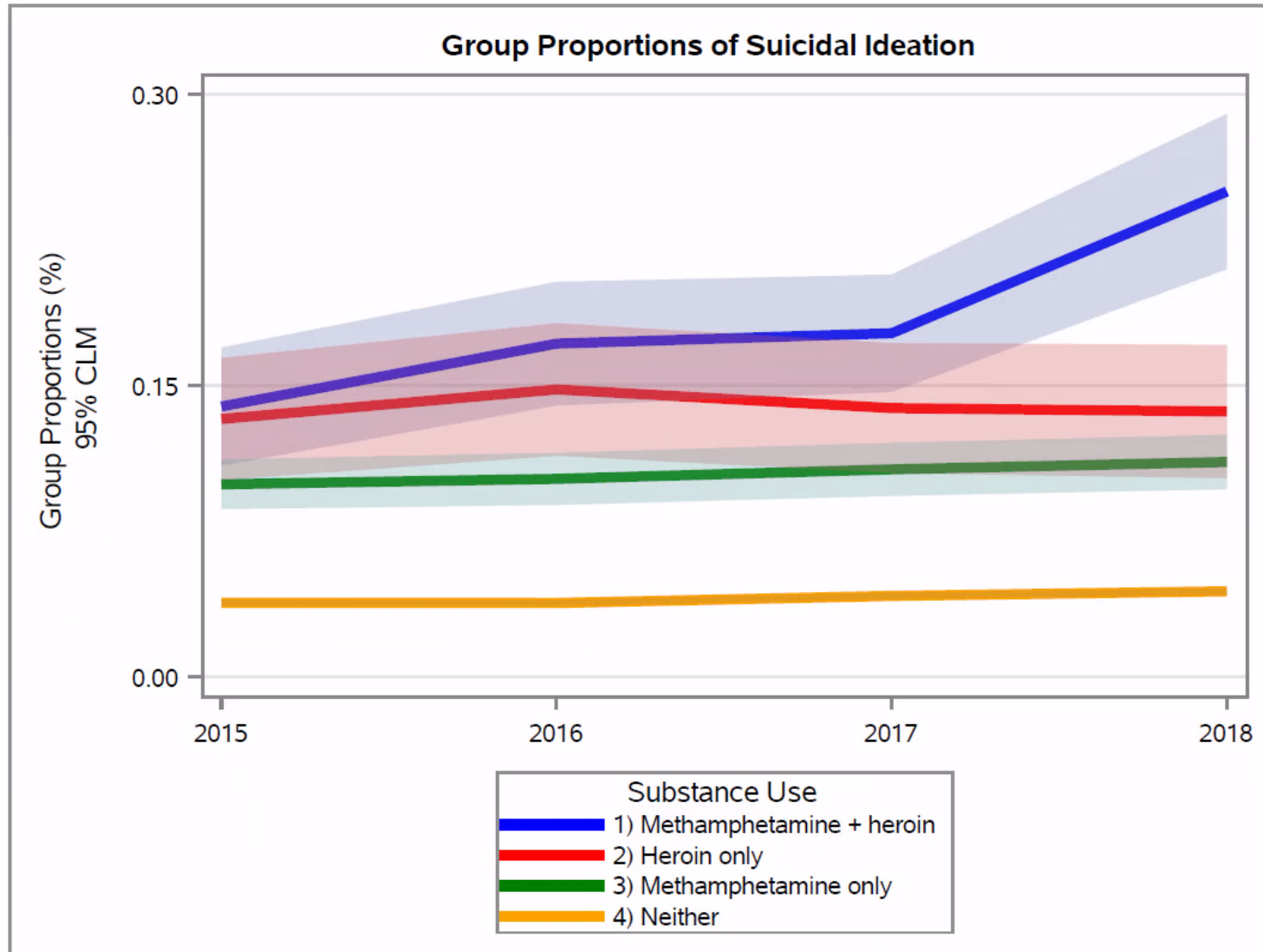


Converging epidemics



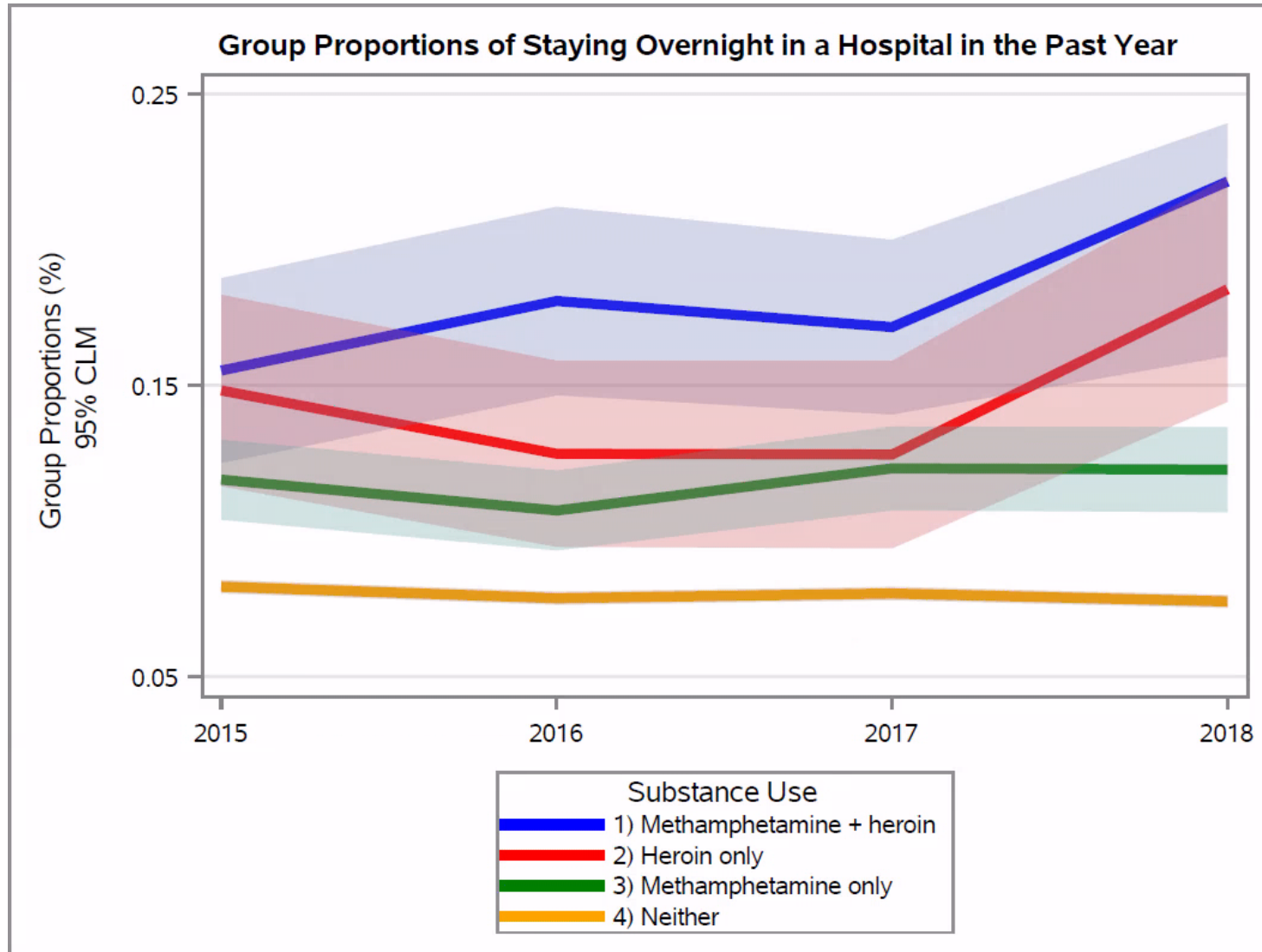
*National Survey on
Drug Use and Health*

Converging epidemics



*National Survey on
Drug Use and Health*

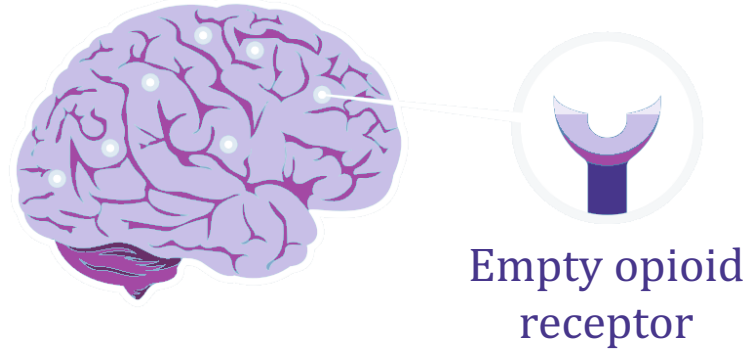
Converging epidemics



*National Survey on
Drug Use and Health*

Treatment Services Research at NAU

Medication-assisted therapy



Methadone



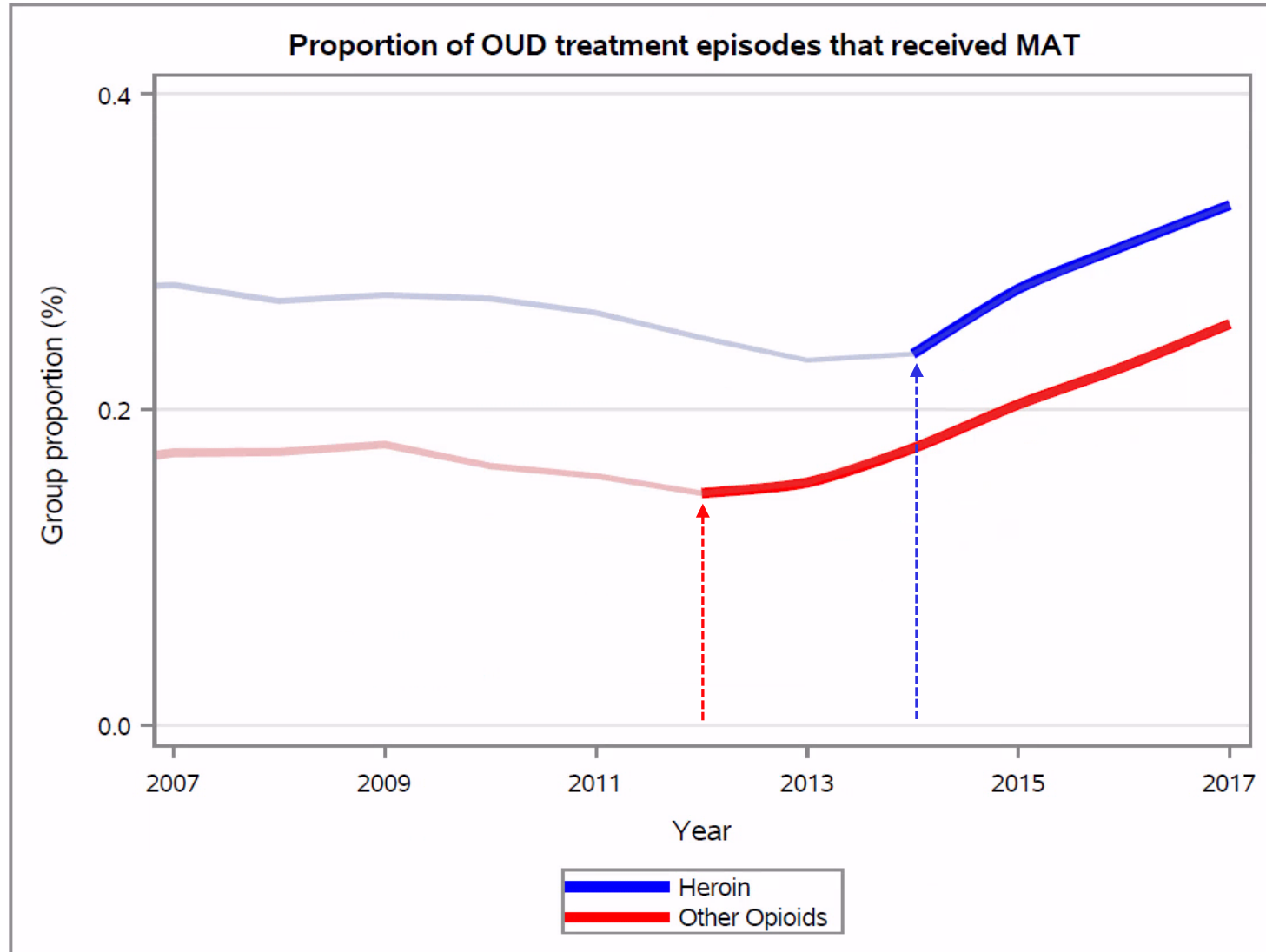
Full agonist

Buprenorphine



Partial agonist

MAT trends



*Treatment Episode
Dataset-Discharges*

MAT outcomes

Pro G, Utter J, Cram J, Baldwin J (2019)

Racial/ethnic and gender differences in associations between medication-assisted therapy and reduced opioid use between outpatient treatment admission and discharge

Journal of Psychoactive Drugs

Accepted/in press

Research study background

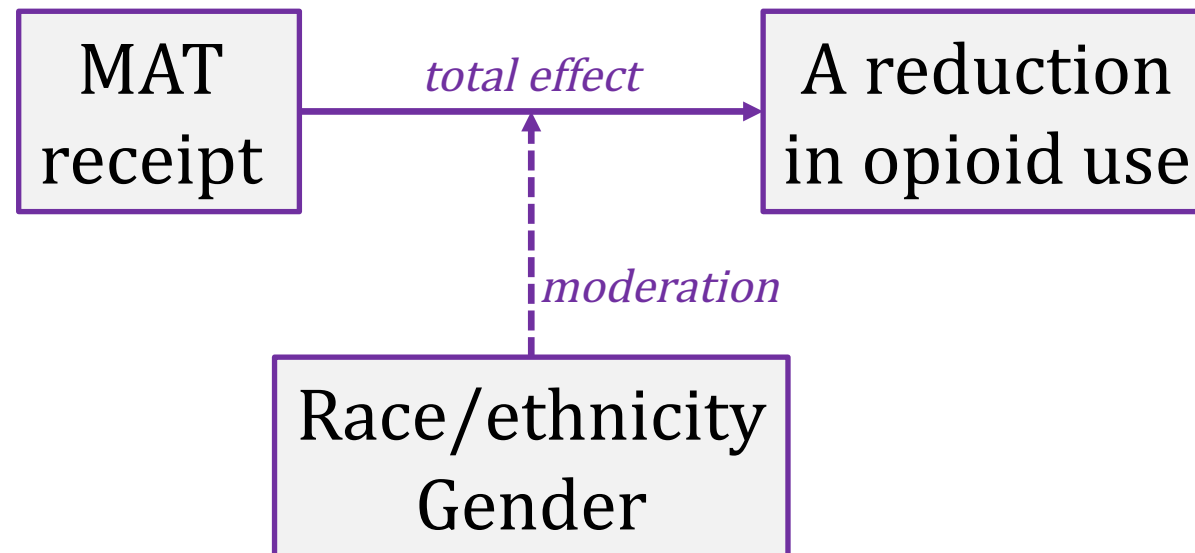
- Definitions of MAT success vary
- Reducing opioid use improves health and safety
- Tolerating some continued opioid use is a *harm reduction* strategy

Research study background

RESEARCH QUESTIONS

To what extent does MAT effect a reduction in opioid use?

And does the MAT effect change based on racial/ethnic and gender group?



Data source and methods

Treatment Episode Dataset-Discharges (2015-2017)

Restricted to those in treatment with heroin or other opioids indicated at outpatient admission

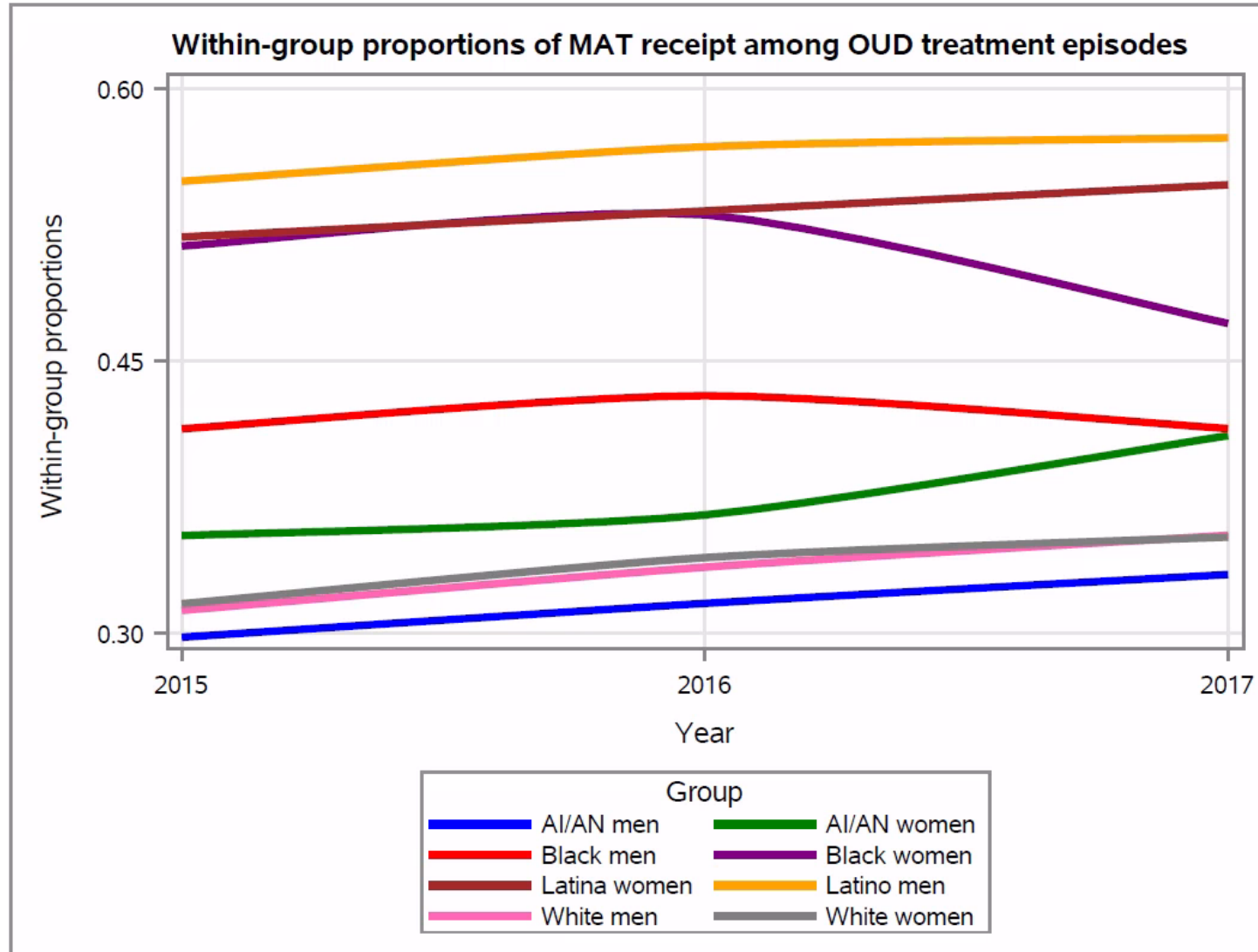
n=232,547

Statistical modeling to predict the probability of clinical improvement

Descriptive findings

↑
Greater
MAT receipt

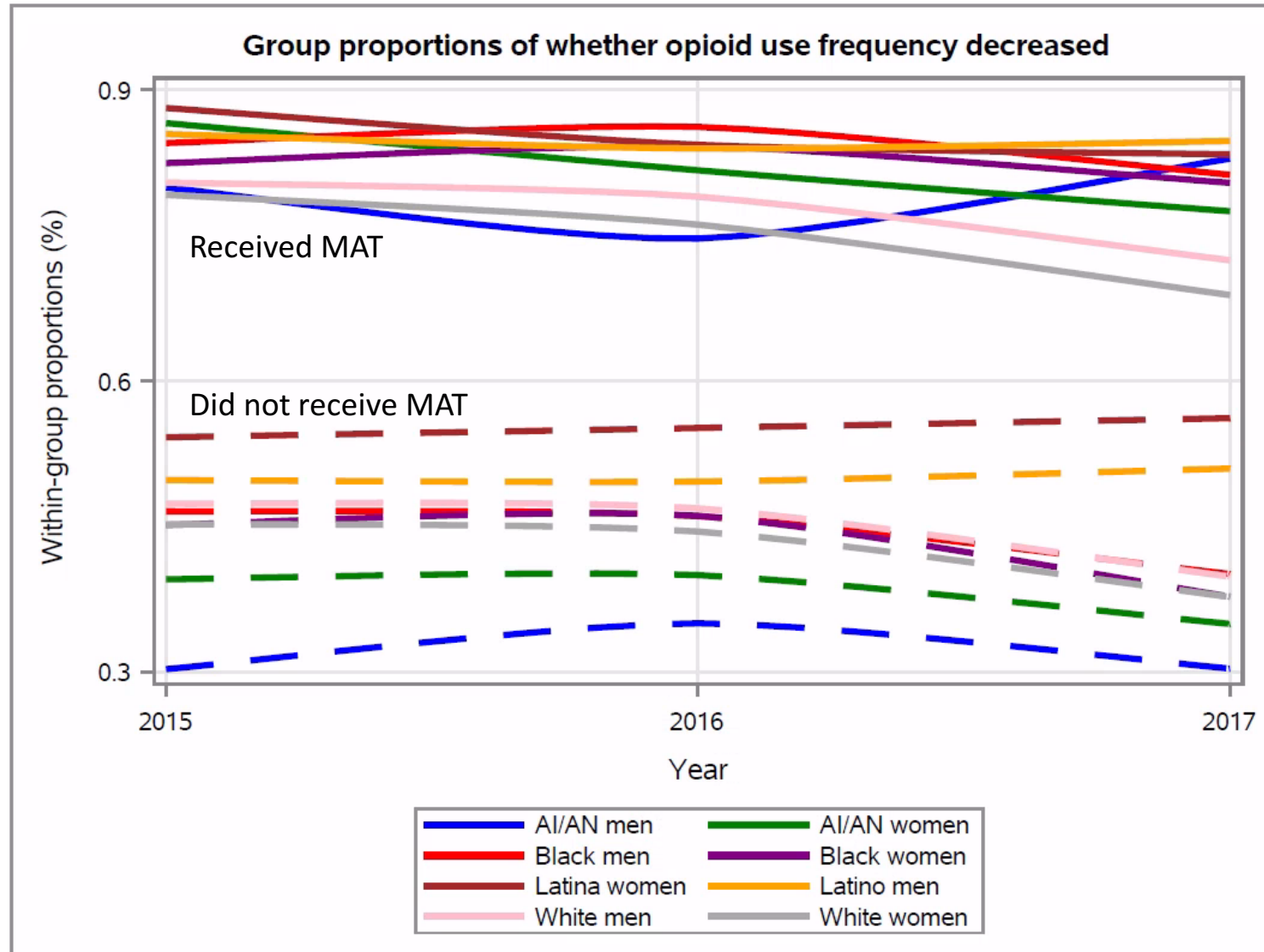
↓
Less
MAT receipt



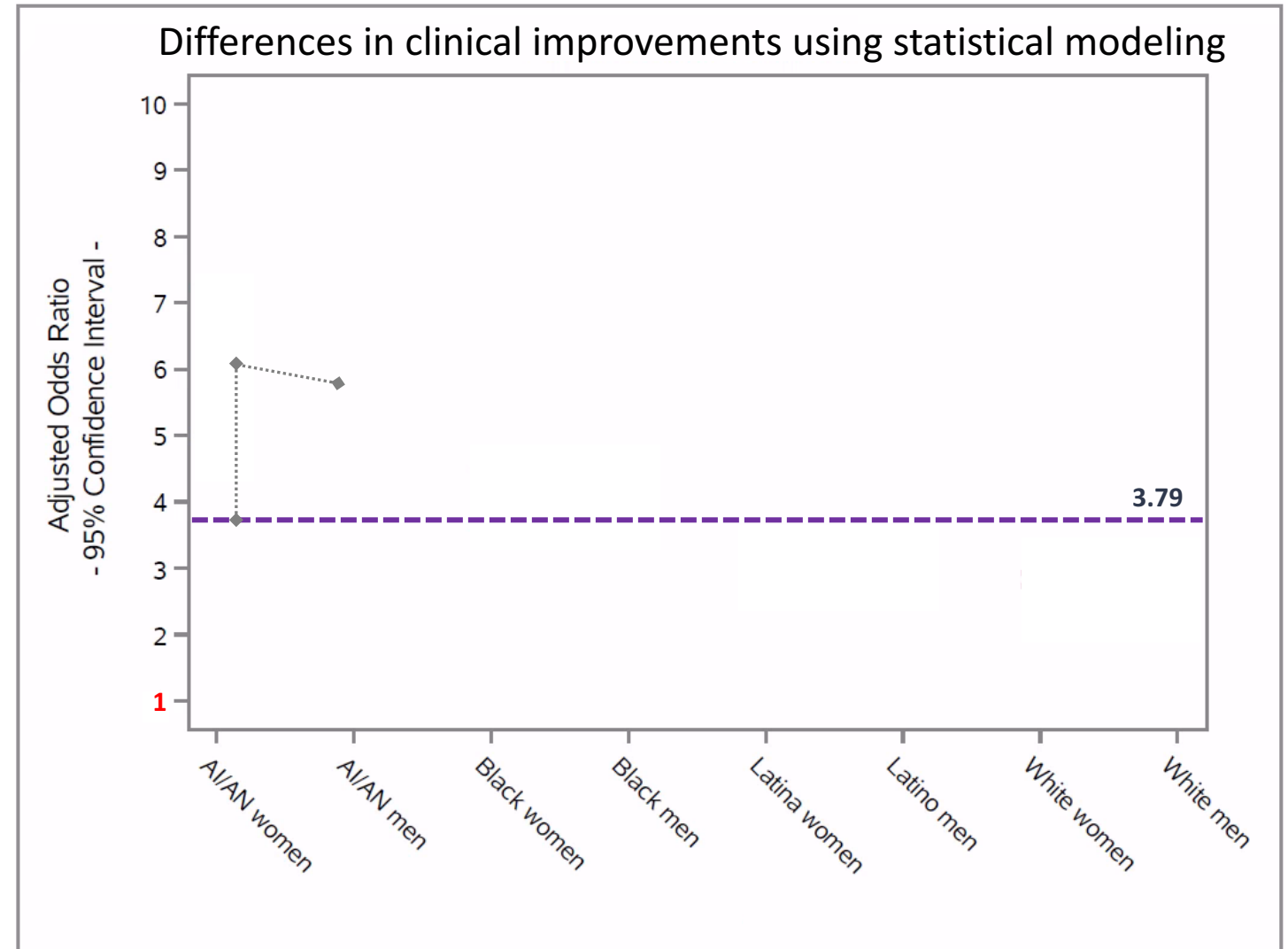
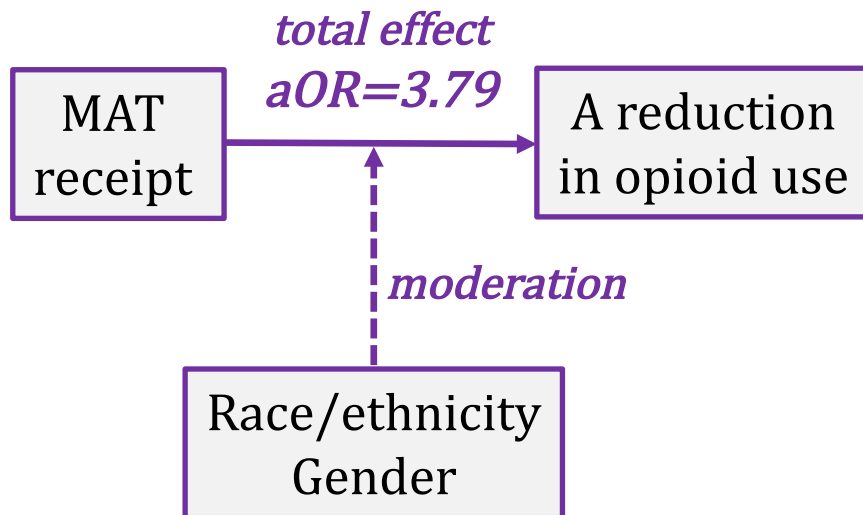
Descriptive findings

↑
Greater
reduction in use

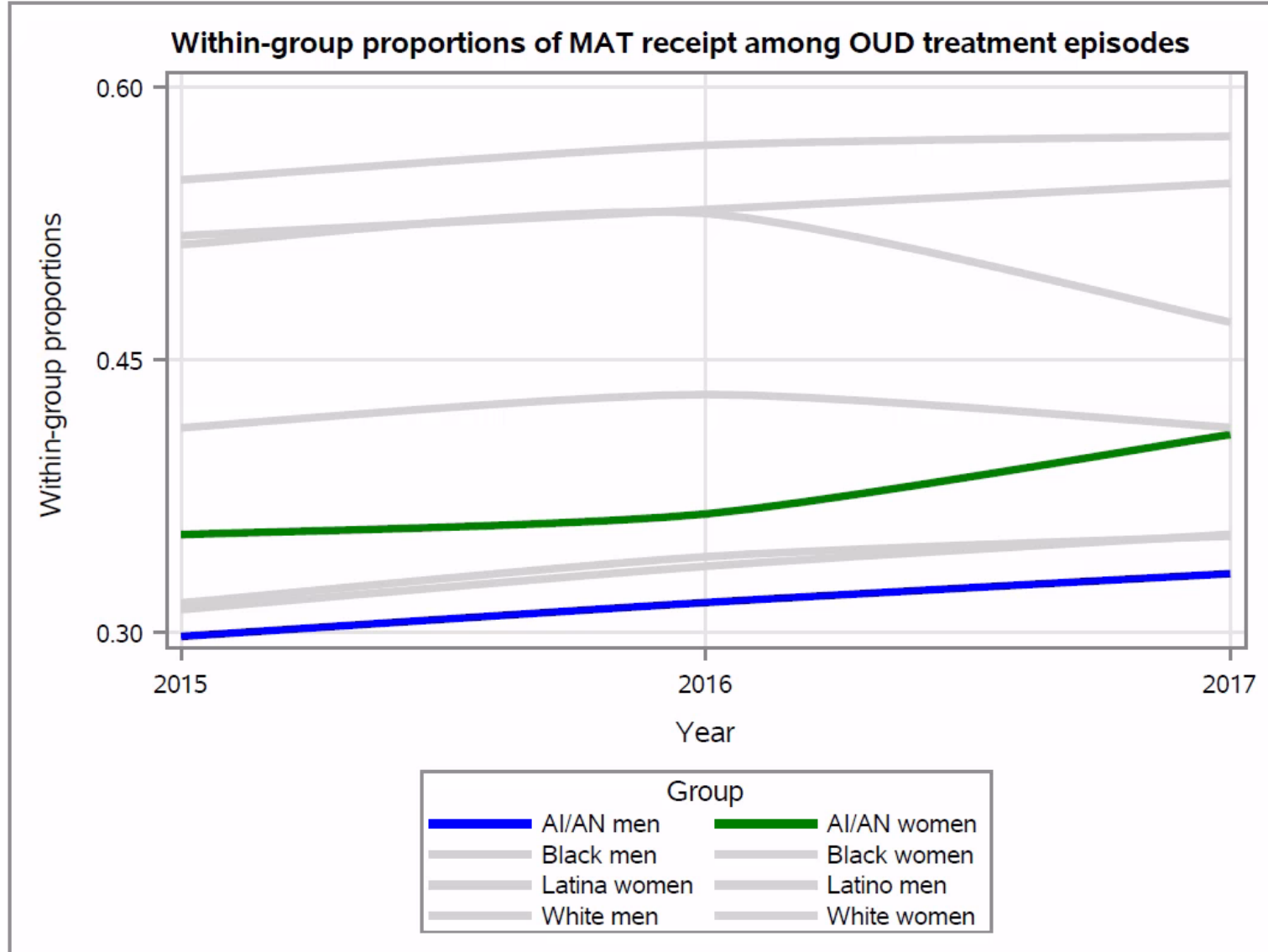
↓
Less
reduction in use



Measuring group differences using statistical models



Discussion



Future NAU research

MAT medications

Methadone, buprenorphine (Suboxone), and naltrexone (Vivitrol) have similar *efficacy*

Effectiveness differs based on client characteristics and preferences

OUD treatment services that offer all three are optimal



MAT availability and utilization

The majority of treatment service providers do not offer MAT

≈ 1/3 of individuals with a need for MAT receive it

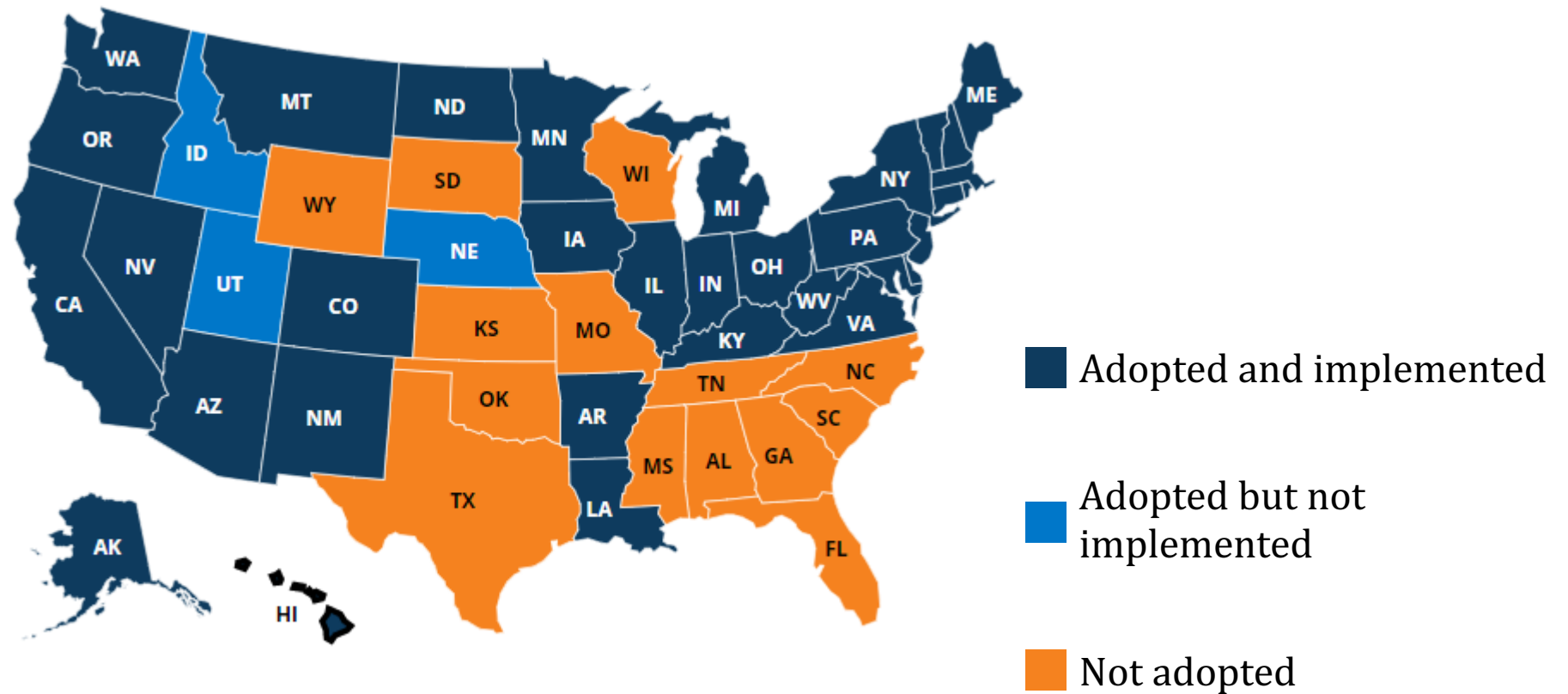
Insurance coverage for each medication varies widely

Fewer than 15% of addiction service physicians
have applied for a license to prescribe buprenorphine

Medicaid expansions under the ACA

Medicaid Expansion Decisions

– as of Nov. 2019 –



Substance abuse and mental health parity

Mental Health Parity and Addiction Equity Act

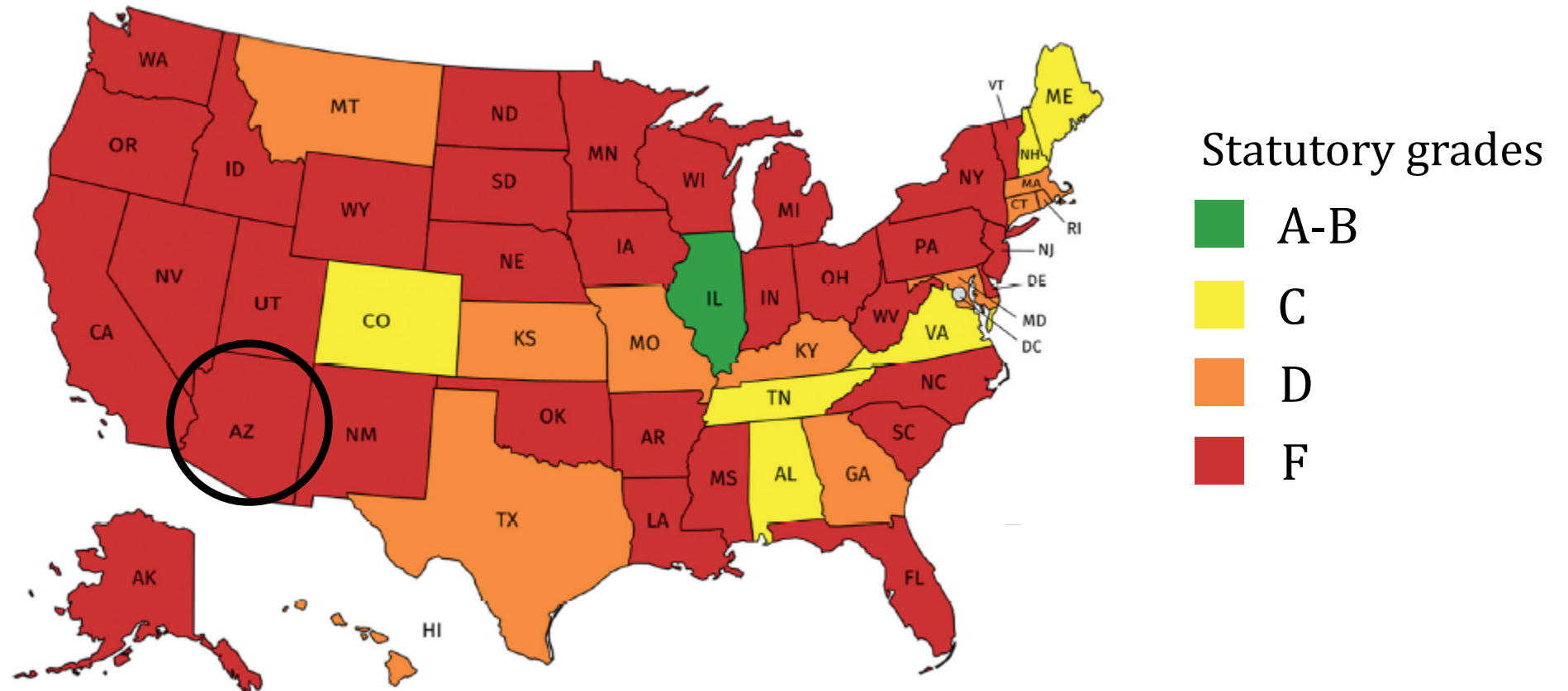


KENNEDY-SATCHER CENTER FOR
MENTAL HEALTH EQUITY
at Morehouse School of Medicine

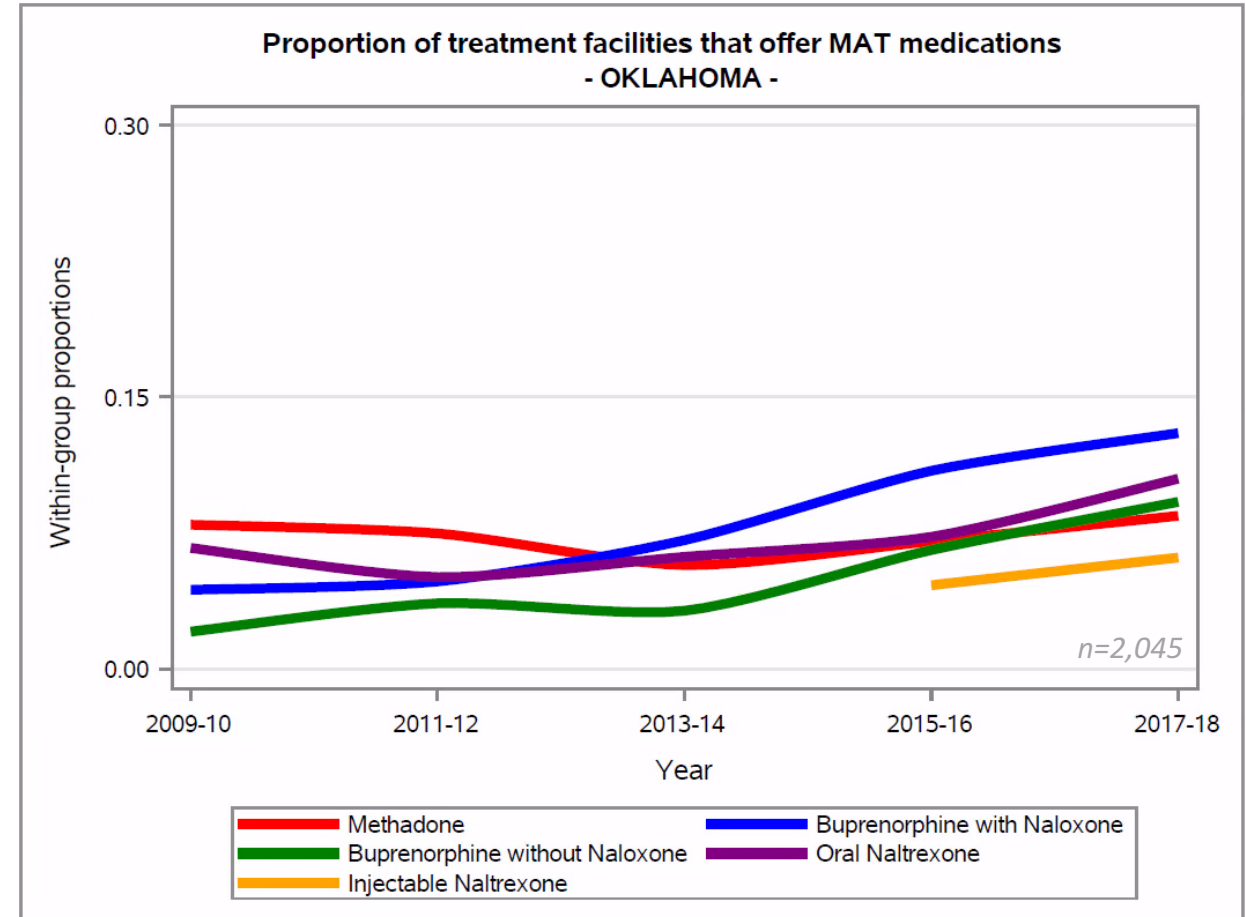
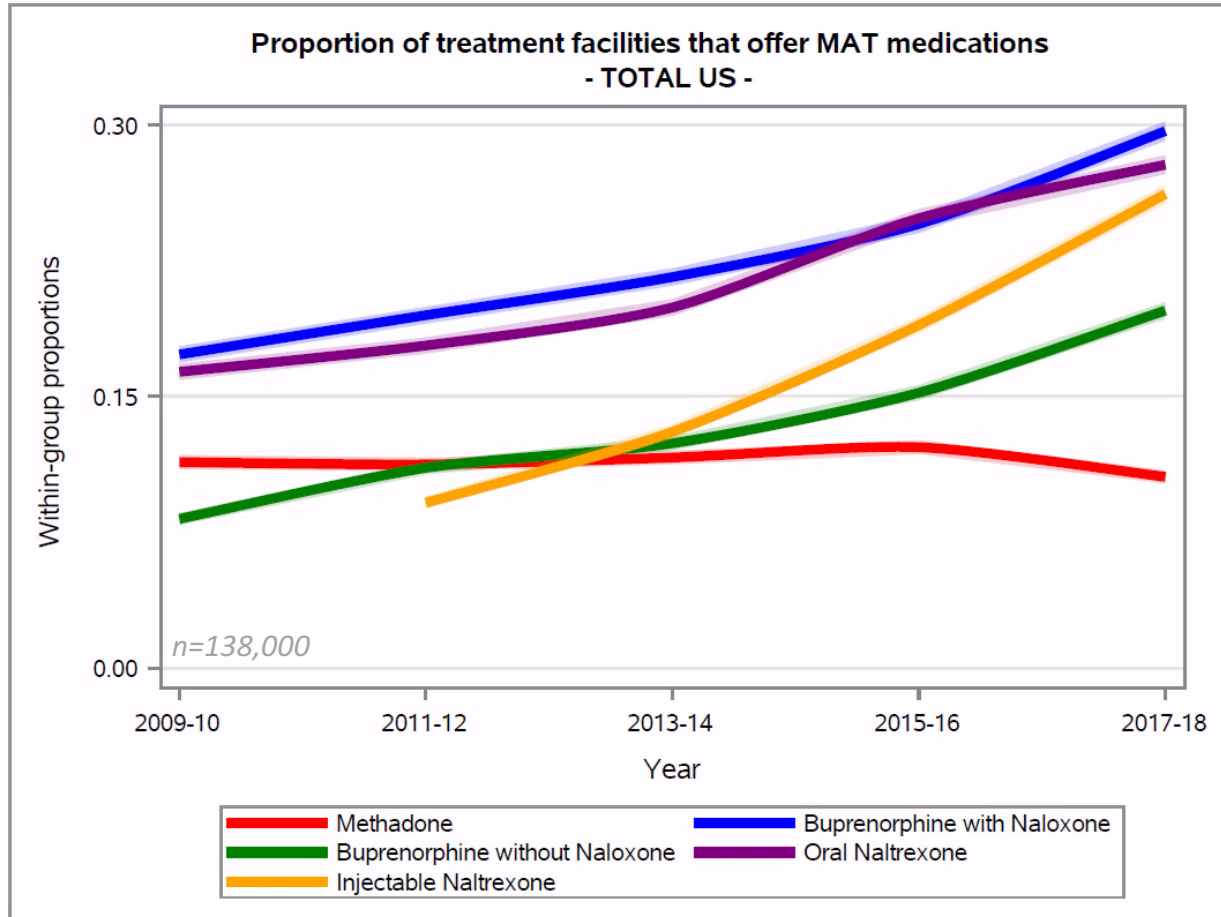
Evaluating State Mental Health and Addiction Parity Statutes: A Technical Report

Substance abuse and mental health parity

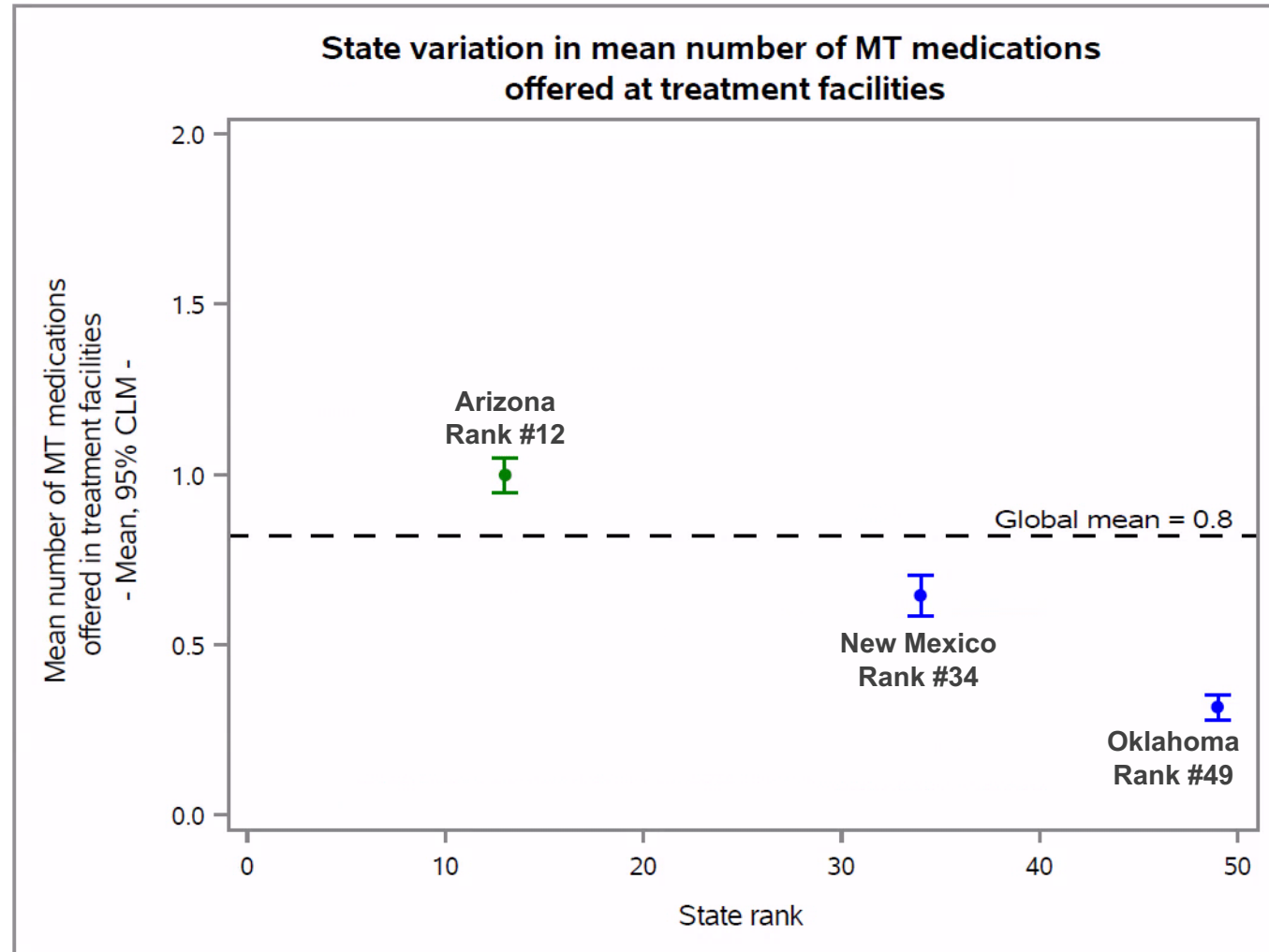
United States, Color Coded by Statutory Grades



Relevance to Arizona and neighboring states



Relevance to Arizona and Native American states



- Significantly lower than global mean
- Significantly higher than global mean
- Not significantly different than global mean

Conclusion

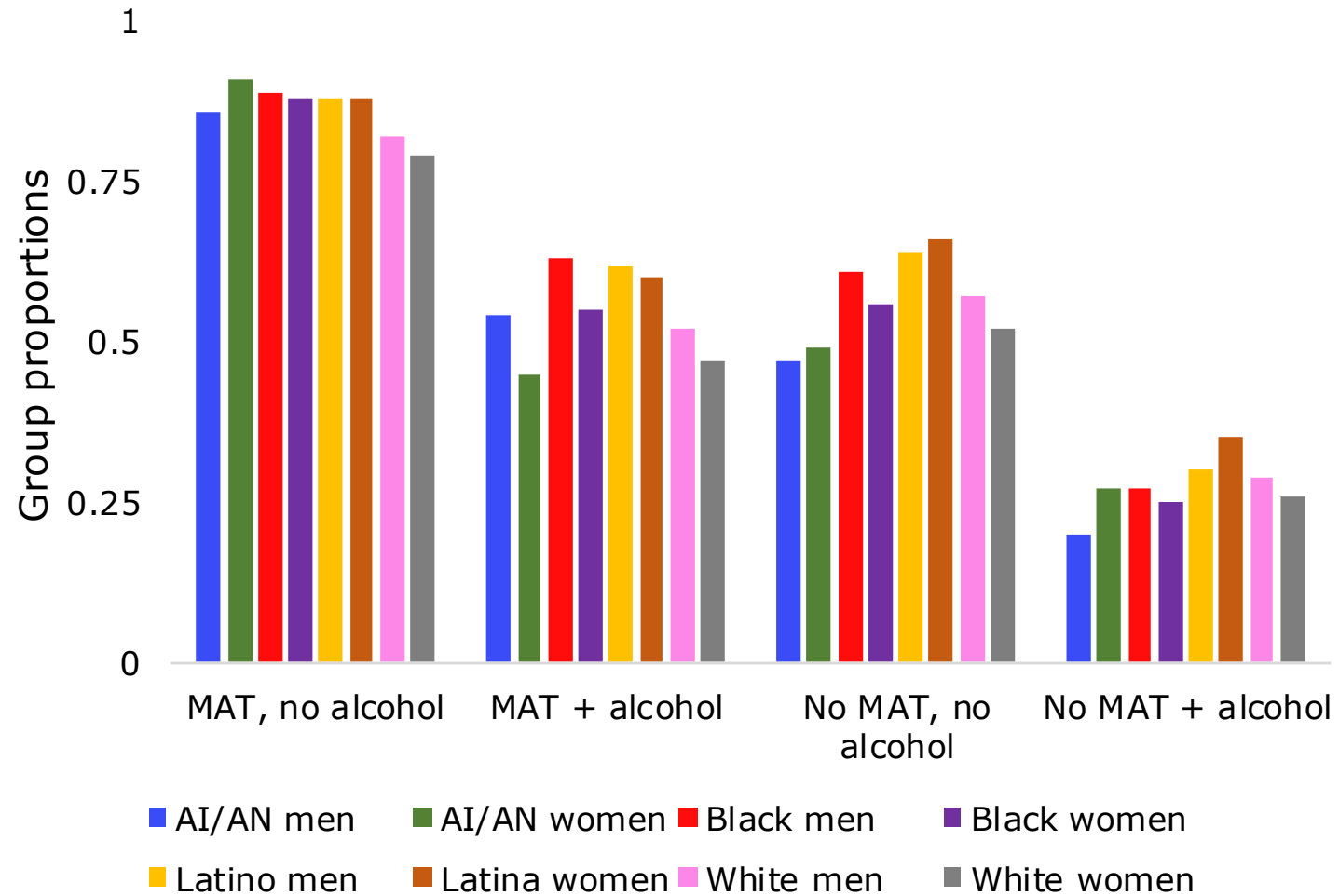
Conclusion

- Prevention + MAT
- A complex issue with many intersecting parts
- Progress will be driven by interdisciplinary efforts
- Importance of interprofessional education

Thank you

Extra slides

Group differences in reduced opioid use between outpatient admission and discharge



References

Slide – Opioid types

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Slide – Racial/ethnic disparities

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Slide – Difference by state and region

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Slide – Study Background

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Slide – MAT Medications

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Slide – MAT Availability and Utilization

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Slide – Medicaid Expansions under the ACA

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Slide – Substance Abuse and Mental Health Parity

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