

# The Need for More Substance Use Treatment



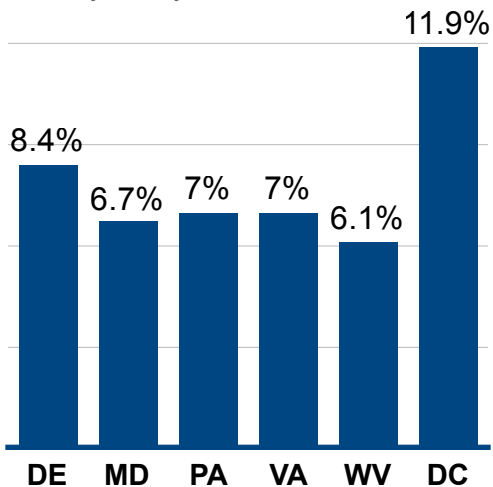
Central East (HHS Region 3)

# ATTC

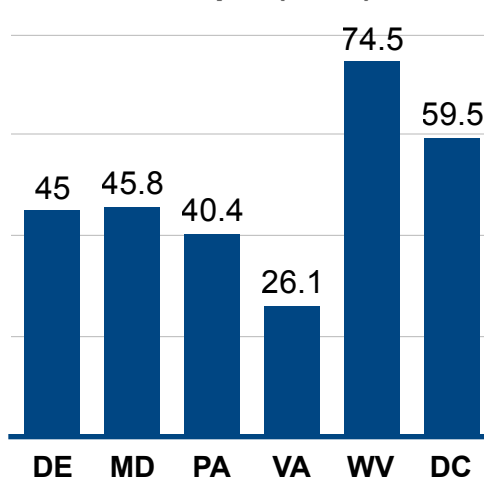
Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

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.<sup>1</sup> Rates of substance use and SUD are persistently elevated.<sup>2</sup> 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)**



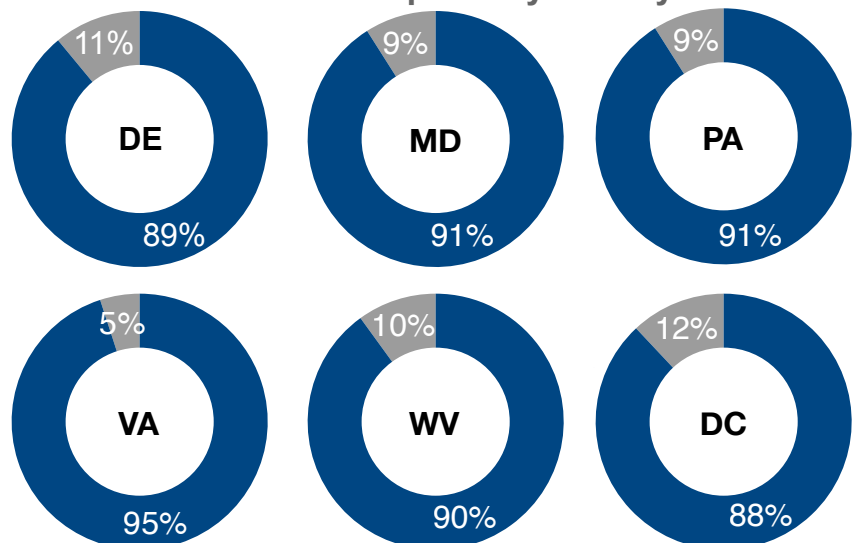
## UNMET NEED FOR TREATMENT

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.<sup>3</sup> 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.<sup>4</sup> Best practice for MOUD is to provide it in conjunction with counseling and other behavioral health therapies.<sup>5</sup>

## A Large Majority of Those With an SUD Do Not Receive Treatment at a Speciality Facility



● Percent of People with an SUD who did **NOT** Receive Treatment at a Specialty Facility

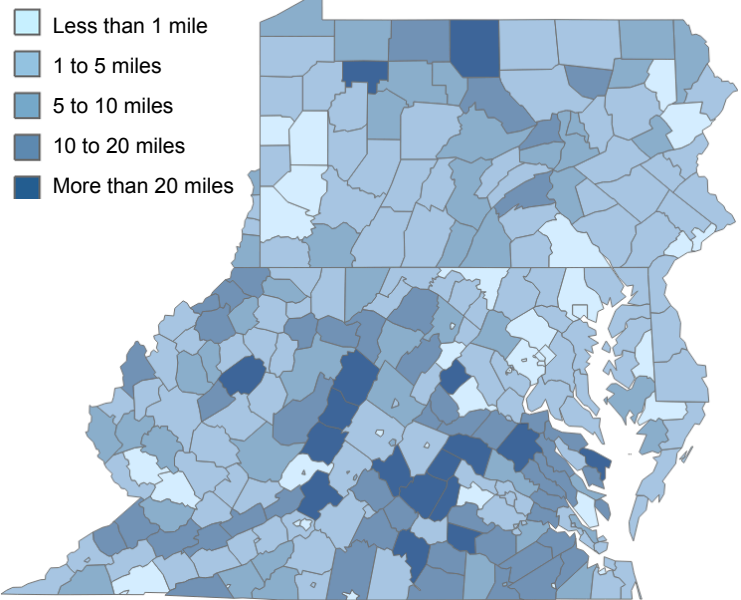
● Percent of People with an SUD who **DID** Receive Treatment at a Specialty Facility

## ACCESS TO MOUD PROVIDERS

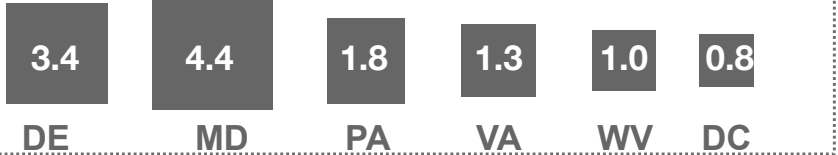
More than half the counties in the Central East have an MOUD provider within five miles of their main population center. In fact, the average distance to the nearest MOUD provider is only seven miles. But the nearest provider may not offer all forms of MOUD. The average distance to the nearest methadone provider is 23 miles, compared with 8 miles for buprenorphine and 12 miles for naltrexone.<sup>6</sup> 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.<sup>7</sup> Many people with OUD prefer methadone, which is only dispensed at Opioid Treatment Programs (OTPs).<sup>8</sup> 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.

## Distance to Nearest MOUD Provider



### Certified OTPs<sup>9</sup> Per 1,000 People With Pain Reliever Use Disorder<sup>10</sup> (2019)



## 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

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