



Racial/ Ethnic Inequalities in Methadone Treatment for Opioid Use Disorder

Implications for Policy Formulation

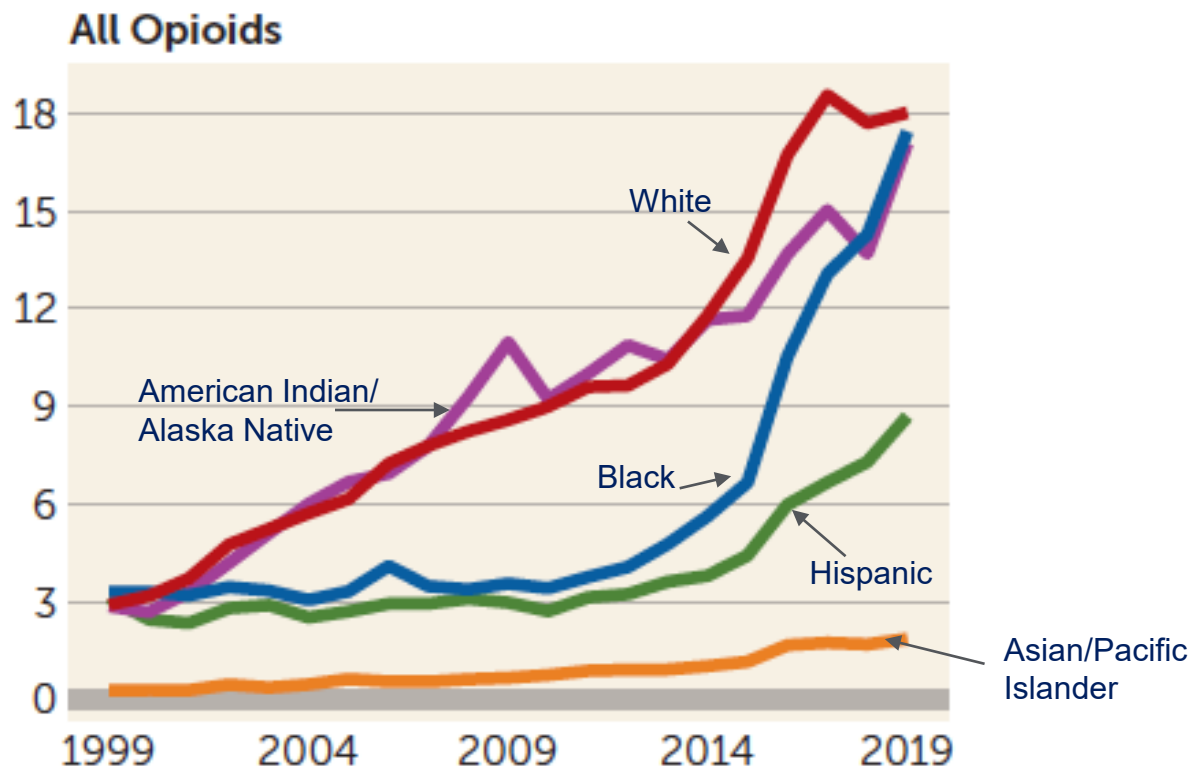
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Disclosures

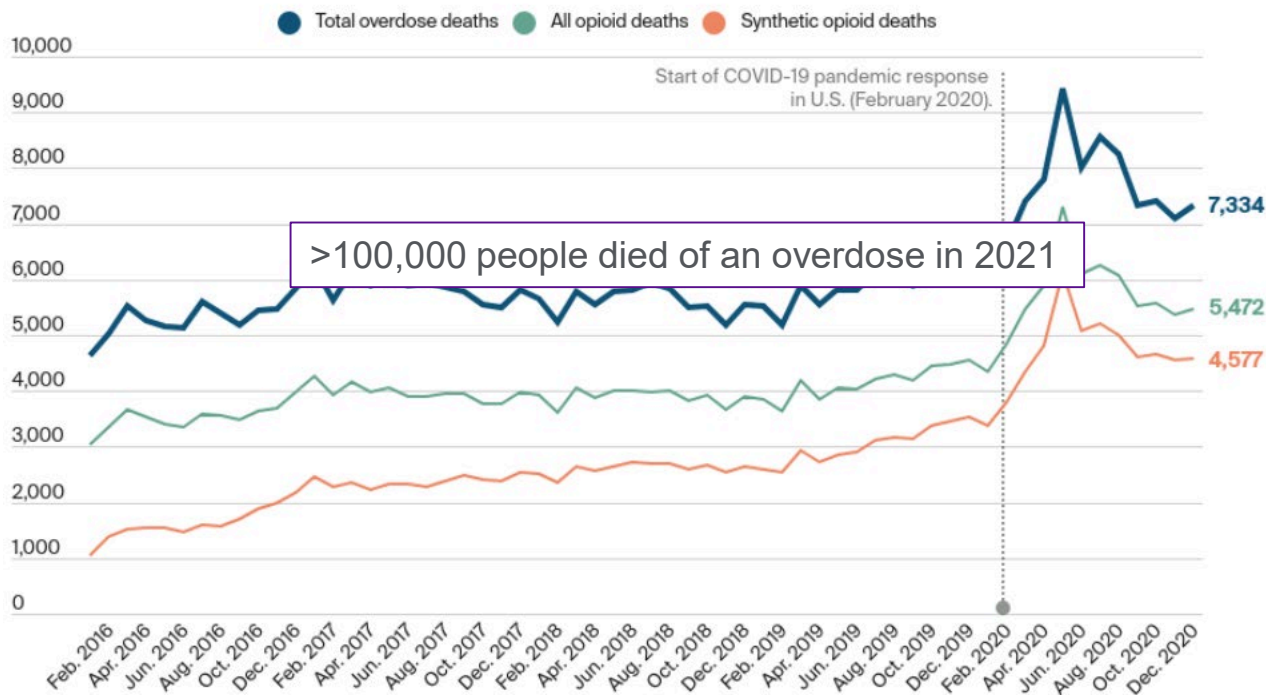
- Funding by the National Institute on Drug Abuse, Robert Wood Johnson Foundation, and the Centers for Disease Control and Prevention

Opioid overdose death rates by race/ethnicity, 1999-2019



Overdose deaths spiked at start of pandemic and have remained high

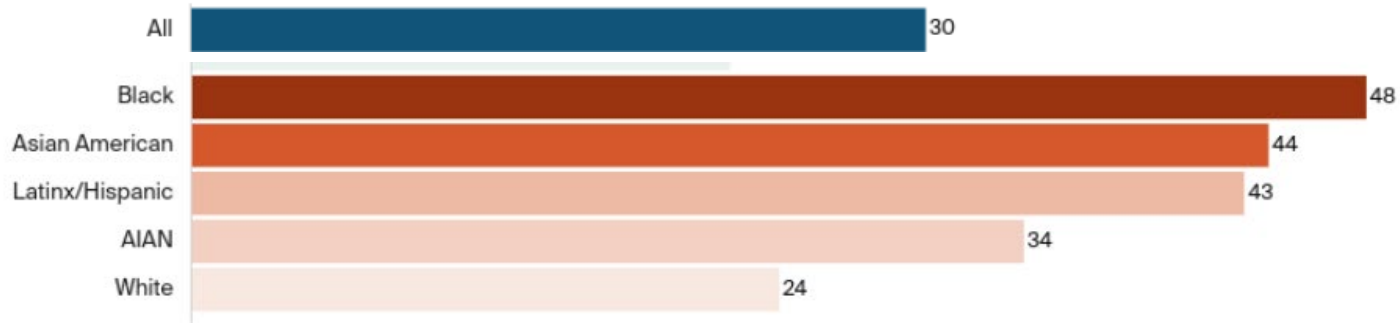
Monthly drug overdose deaths



Source: Jesse C. Baumgartner and David C. Radley, "The Drug Overdose Mortality Toll in 2020 and Near-Term Actions for Addressing It," *To the Point* (blog), Commonwealth Fund, July 15, 2021.

All groups experienced more overdose deaths in 2020, but particularly racially minoritized groups

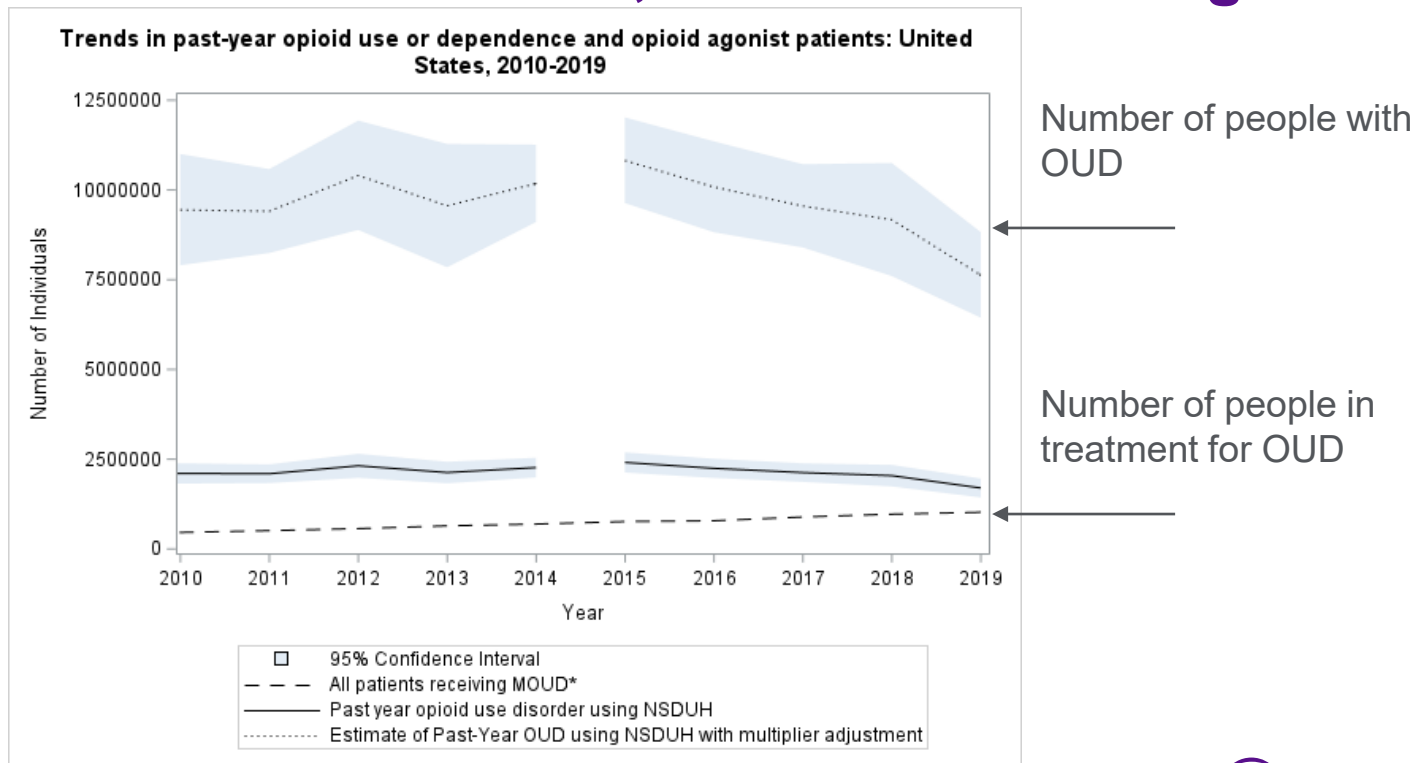
Estimated % increase in overdose deaths, Jan-Sept 2020 vs. Jan-Sept 2019



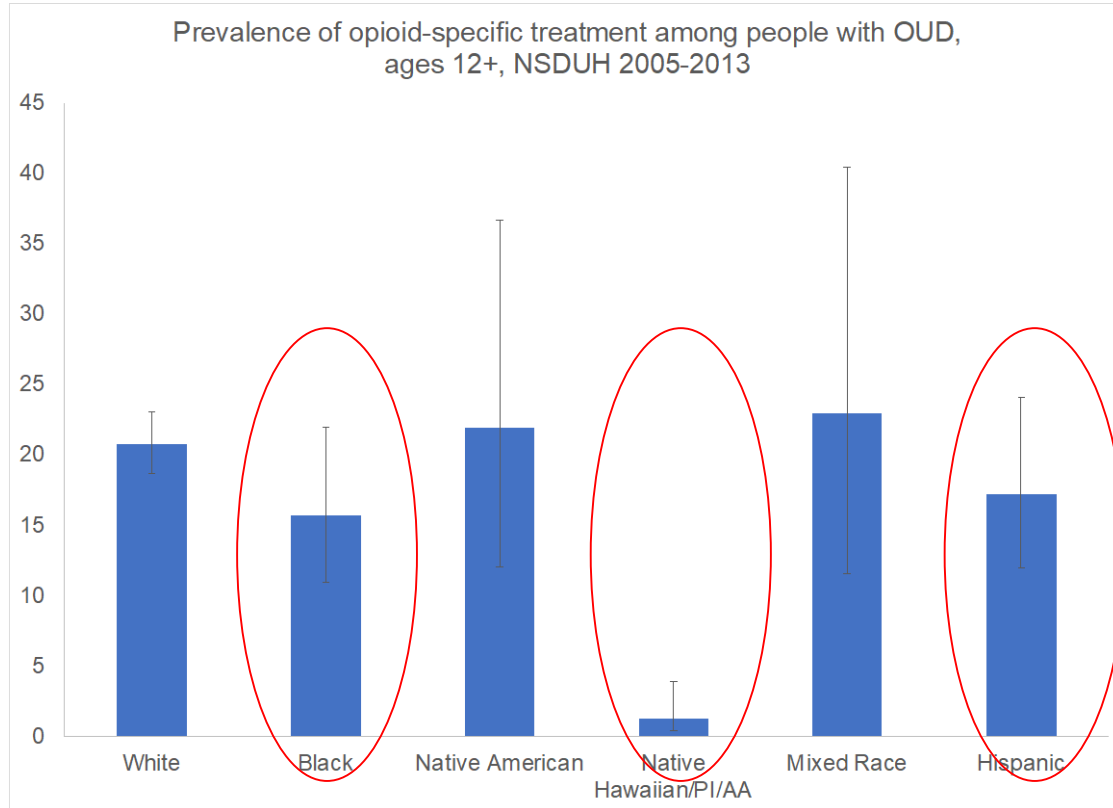
Increasing access to medication for opioid use disorder (MOUD) could substantially reduce overdose rates

Racially minoritized individuals have less access to MOUD

Access to medication for opioid use disorder, a key lever to reduce overdose deaths, remains a challenge



Use of opioid treatment is lower among racially minoritized populations



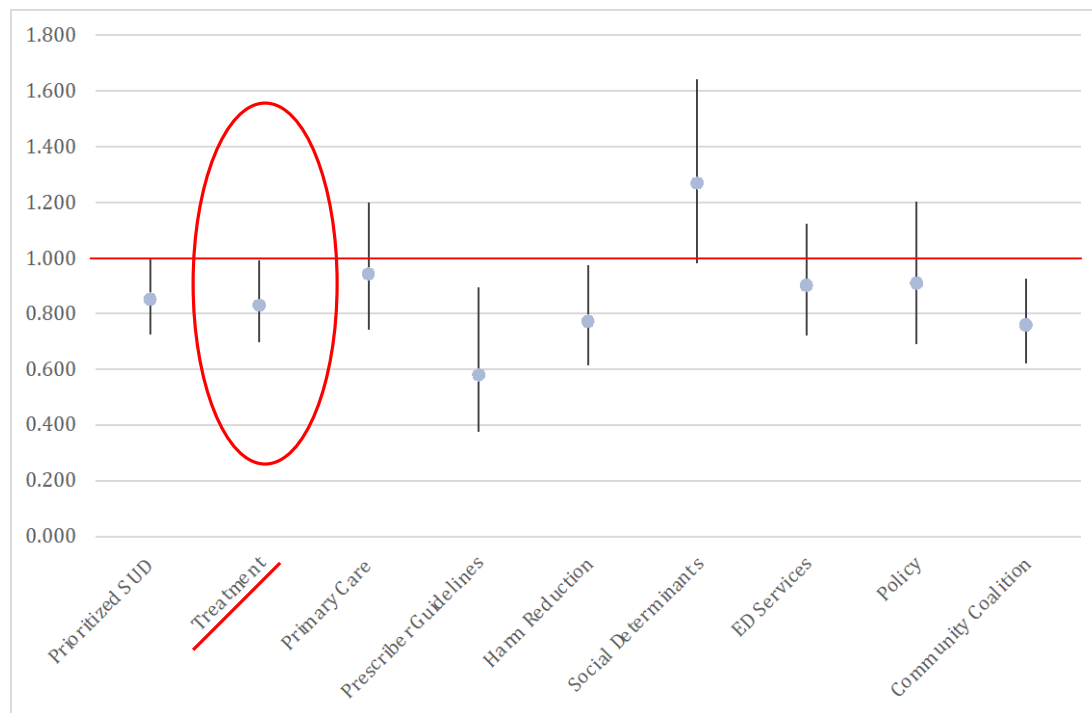
White patients more likely to receive evidence-based treatment throughout treatment cascade

- White patients (compared to nonwhite patients):

- ↑ 1.52 times more likely to be referred by a medical professional
- ↑ 1.31 times more likely to receive medication for OUD as part of treatment plan
- ↓ 0.72 times less likely to leave against medical advice or terminated by facility

Hospital-based OUD treatment less available in areas with more Black and Hispanic residents

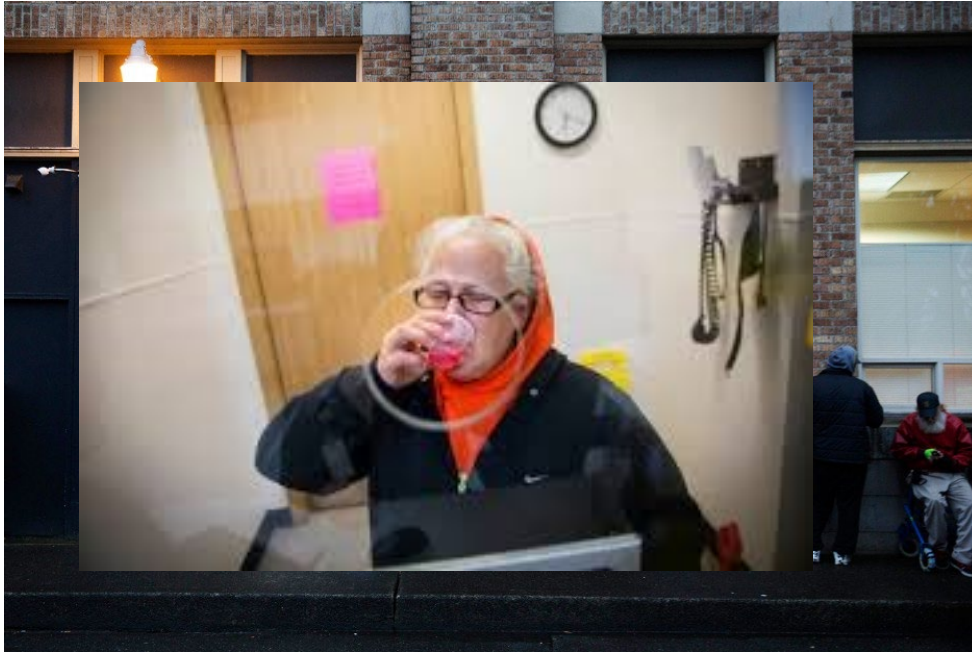
Odds ratios of % Black/Hispanic population in county and hospital adoption of OUD strategies



Access to methadone versus buprenorphine is racially patterned

Racially minoritized individuals have lower access to flexible forms of care

Methadone

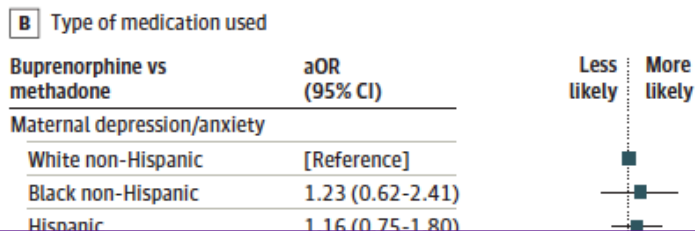


Buprenorphine



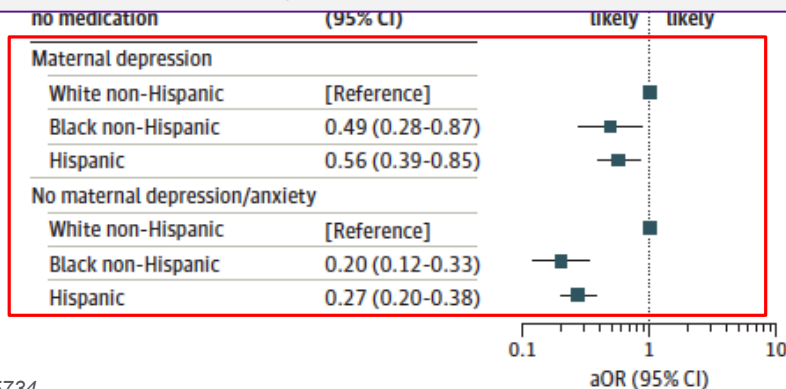
Use of MOUD among pregnant women by race/ethnicity

Odds Ratios for type of medication used for OUD treatment in pregnant women

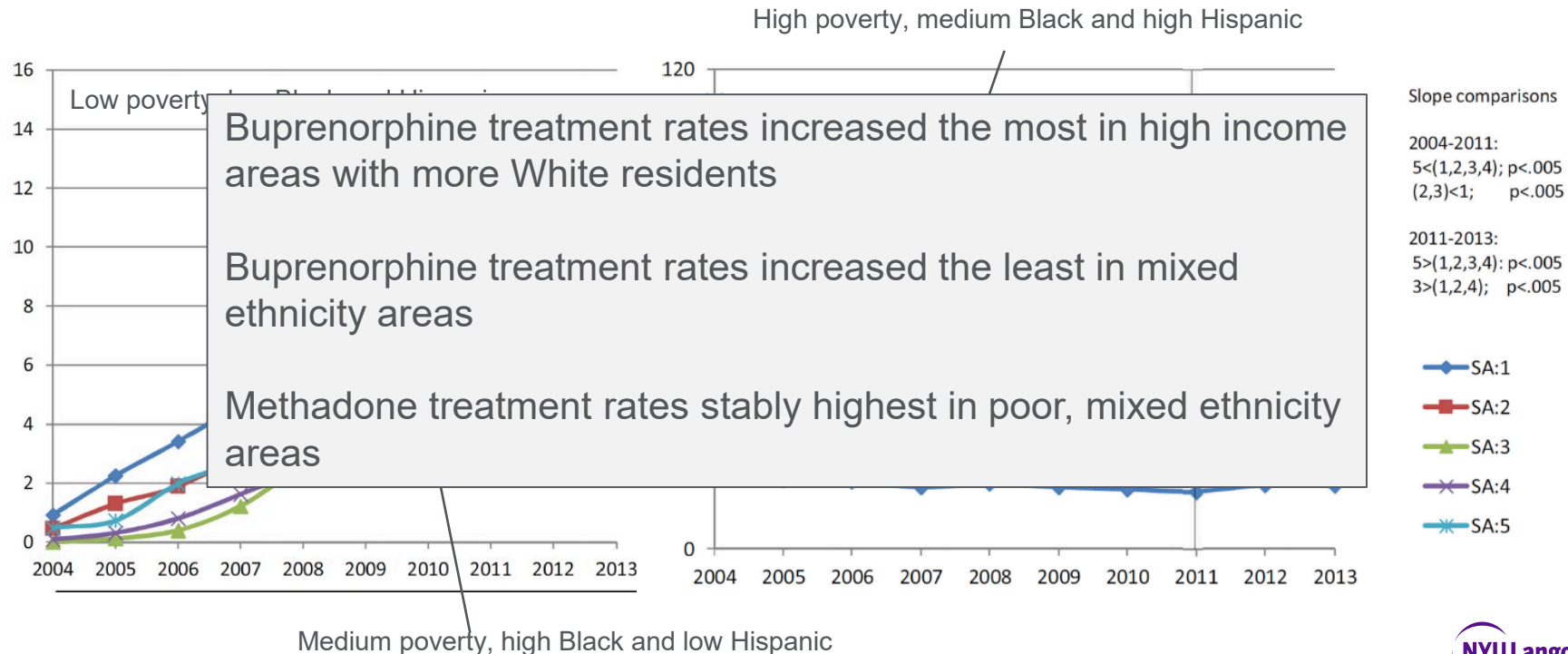


Black and Hispanic women with OUD less likely to use any medication before and during pregnancy

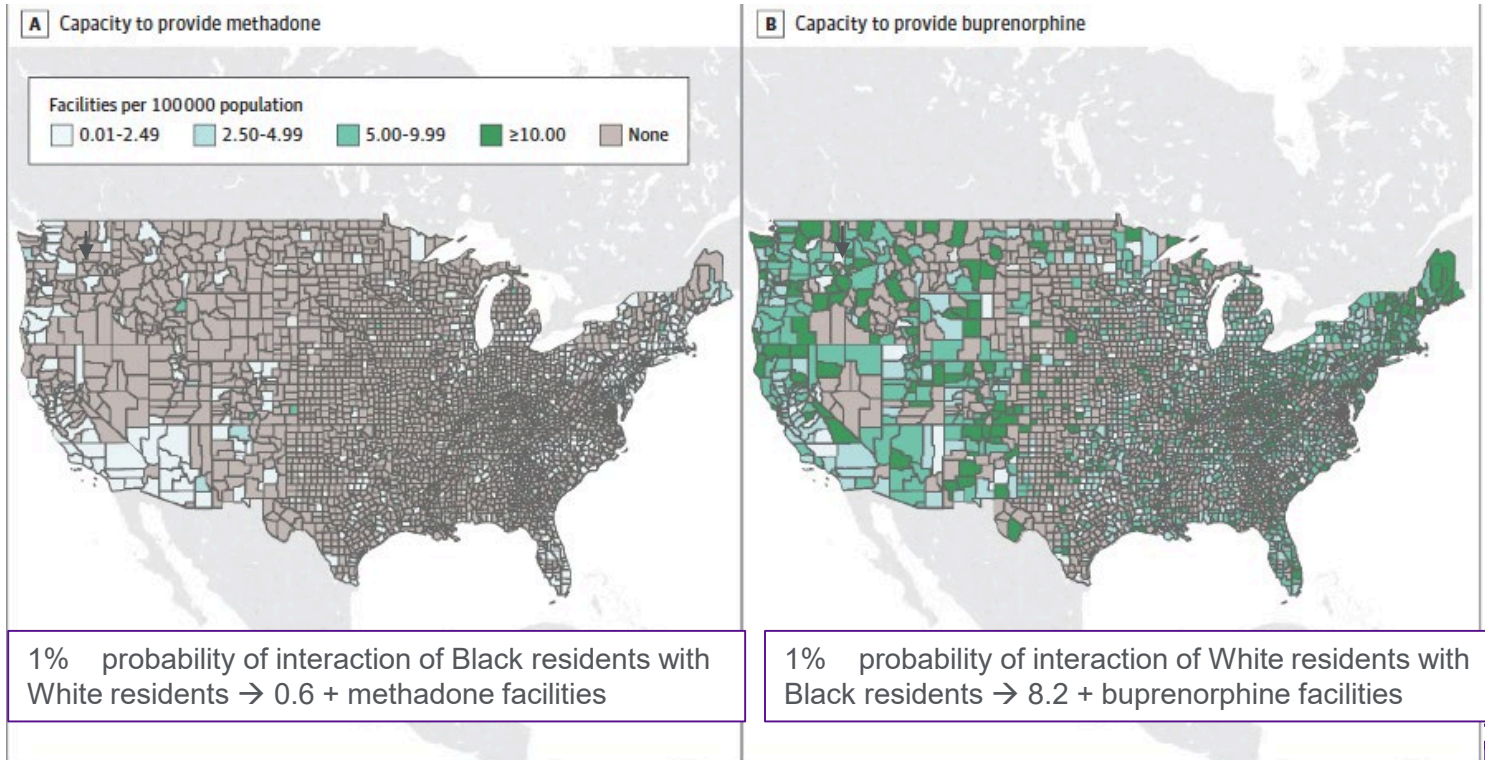
Black and Hispanic women less likely to use buprenorphine compared to methadone



Mean buprenorphine and methadone treatment use rates per 100,000 by social area, New York City



Segregated Black communities have more methadone & segregated White communities have more buprenorphine



**To reduce racial/ethnic inequalities in access to MOUD,
we need to reduce barriers to methadone access**

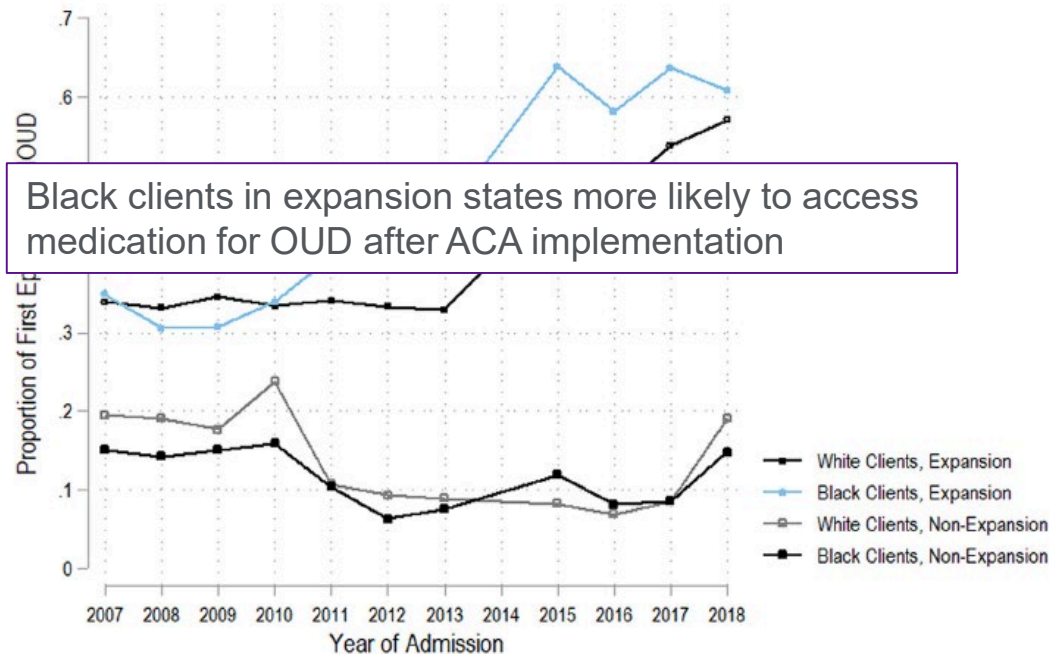
Regulatory barriers to methadone treatment

- Restriction to specialized programs
- Requirements for facility attendance to access care
- Counseling requirements

Social barriers to methadone treatment

- Insurance constraints on affordability:
 - Limits on duration and dose of treatment
 - Prior authorization requirements and costly copays
- Rigid programs: refusal to continue treatment for people who still use other drugs
- Racial/ethnic inequalities in criminal justice involvement
- Discrimination in health care settings
- Lack of culturally responsive and respectful care
- Stigma associated with having to go to an addiction treatment center (rather than primary care or psychiatrist)

Increased access to health care is an effective policy lever to reduce racial/ethnic inequalities



Black clients in expansion states more likely to access medication for OUD after ACA implementation

Source: 2007-2013, 2015-2018 TEDS-A. SAMHDA, 2021.

Policy implications: we need to broaden access to methadone to reduce racial/ethnic inequalities in MOUD access

- Policies to address regulatory barriers
 - Integration of methadone into office-based treatment
 - Telehealth prescribing of methadone
 - Allowing pharmacy dispensing of methadone (Opioid Treatment Access Act)
 - Community settings to dispense methadone, including harm reduction programs and mobile units
- Policies to address social barriers
 - Increase Medicaid coverage for methadone
 - Lower copays and prior authorization requirements by commercial insurance

Conclusions

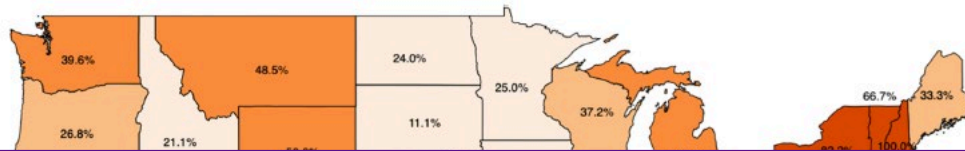
- Racially minoritized populations have lower access to medications to treat opioid use disorder
- Methadone is more prevalent than buprenorphine in areas with high concentrations of racially minoritized populations
- Lowering policy barriers to methadone access will be critical to reduce racial/ethnic inequalities in evidence-based treatment for people with opioid use disorder

Thank you

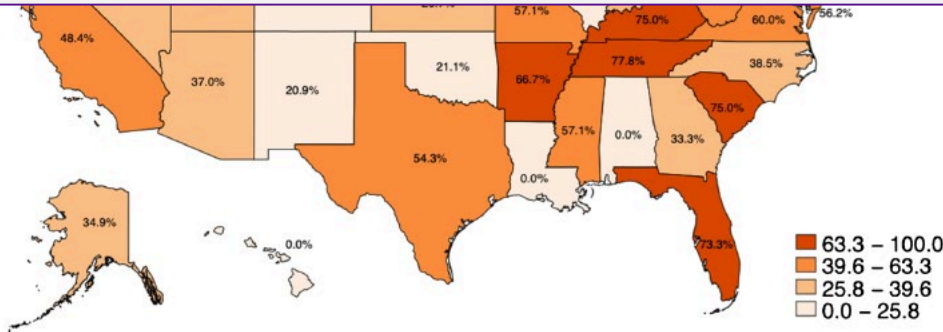
- Bianca Rivera, MPH
- Noa Krawczyk, PhD
- Jennifer McNeely, MD
- Center for Opioid Epidemiology and Policy

Access to medications for opioid use disorder remains limited for American Indians/Alaska Natives, as for other groups

Proportion of facilities serving American Indians/Alaska Natives offering any medications for OUD, 2018



Most American Indian/Alaska Native clients do not receive medications for OUD
Facilities offer medications at similar rates as other facilities, but less likely to offer standard of care



Small variations in retention by race/ethnicity

- Study of 6+ month MOUD retention in a national sample seeking care in outpatient specialty treatment programs
 - Only 36% treated for > 6 months
 - Black clients 9% higher odds of retention
 - Hispanic clients 18% higher odds
 - Asian American, American Indian, Native Hawaiian and Pacific Islander clients 9% lower odds