



A Report: County buprenorphine access in the United States

Thirty-nine percent of
counties lack access to
effective OUD treatment

Over 1,200 U.S. Counties Lack Access to Buprenorphine to Treat Opioid Use Disorder

Over 2 million people in the United States have opioid use disorder (OUD).¹ The number of opioid-related overdose deaths reached an all-time high in 2017, despite efforts to reduce opioid prescribing.² Even though many people need treatment, access to evidence-based, medications for addiction treatment (MAT) is insufficient.³

The Effectiveness of Medication for Treating Opioid Use Disorder

Medications to treat OUD include buprenorphine, methadone, and naltrexone. All help to treat addiction by blocking the euphoric effects of opioids and relieving cravings, but only the first two reduce withdrawal symptoms.⁴

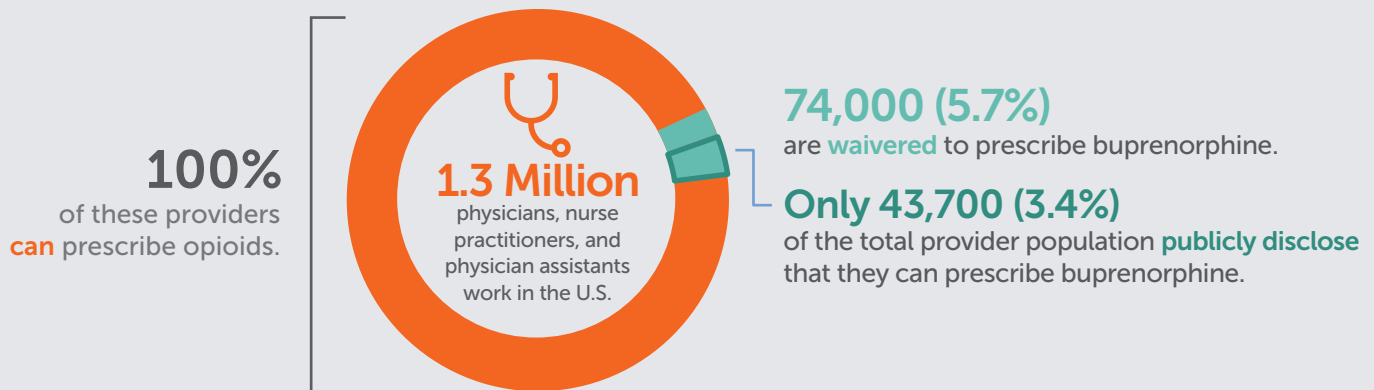
Buprenorphine — the focus of this analysis — represents the largest opportunity for expanding access to MAT because it:

- Can be prescribed in almost all clinical environments and taken orally at home, unlike methadone;
- Is less potent and less likely to result in adverse events compared to methadone;⁵ and
- Does not require full detoxification before treatment initiation like naltrexone.⁶

Treatment with buprenorphine is highly effective. People with OUD who take buprenorphine are up to 50% less likely to die when treated on a long-term basis⁷ and have a reduced risk of HIV infection (54%).⁸ Individuals who initiate buprenorphine or methadone were 59% less likely to overdose and 26% less likely to visit the emergency department in one year compared to individuals receiving no treatment.⁹

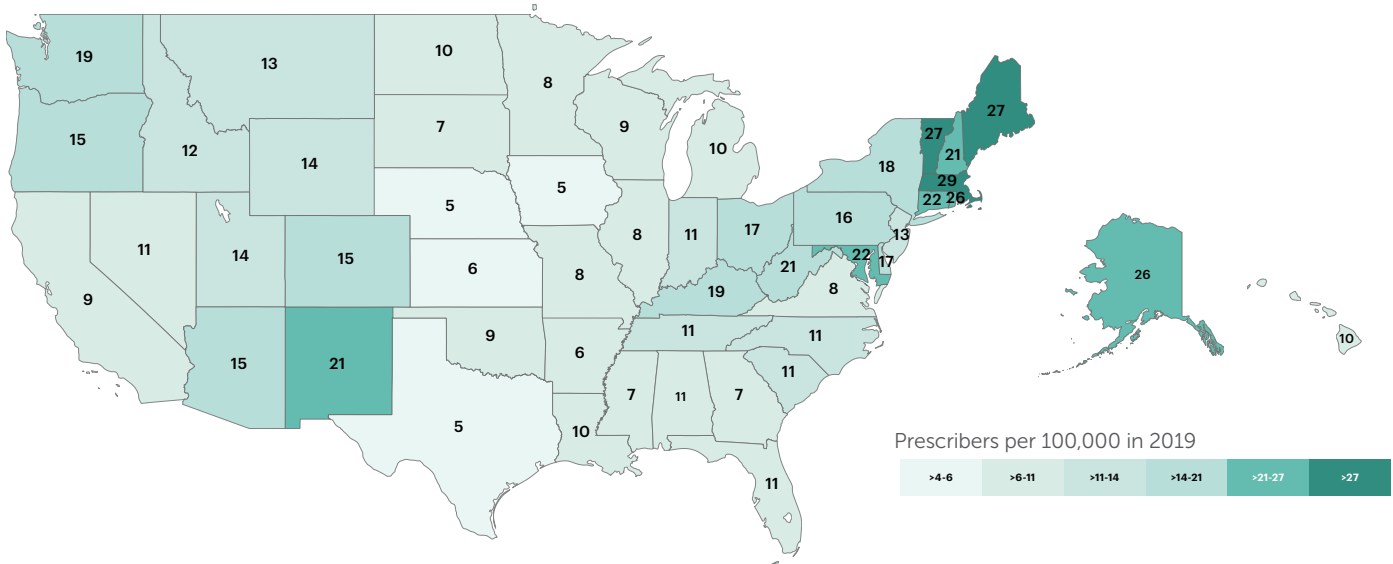
Despite the known effectiveness of MAT, it is vastly underused — fewer than half of people with OUD receive it.¹⁰ To treat patients with buprenorphine, prescribers are required to complete special training and obtain a federal waiver.^a Few prescribers are waived, and only a small portion of those who are waived treat at full capacity.¹¹ Many prescribers do not pursue a waiver because of limited time, inadequate education about addiction medicine, and/or concern about OUD-related stigma.¹²

The Supply of Buprenorphine Prescribers Across the U.S.¹³



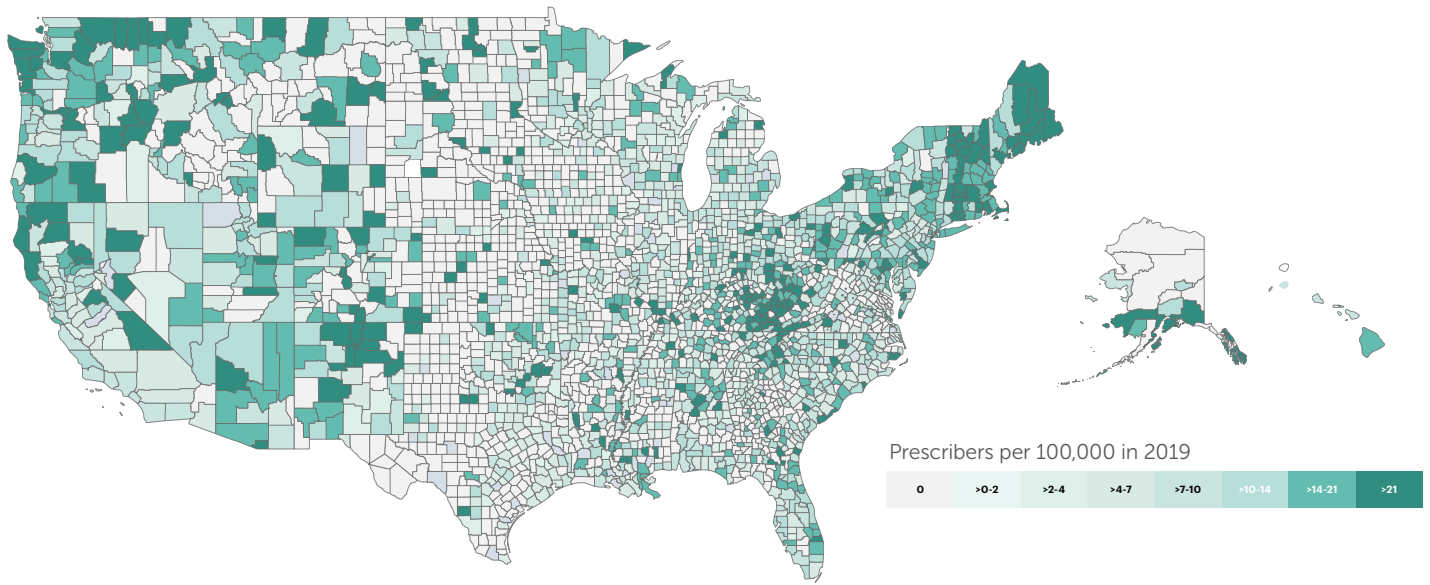
State-Level Waivered Prescriber Supply¹⁴

Among the publicly-listed prescribers, by state, the supply per 100,000 people varies by more than sixfold; from a low of 4.6 in Nebraska to a high of 29.4 in Massachusetts.



County-Level Waivered Prescriber Supply¹⁵

- The median buprenorphine capacity by county is 4 prescribers per 100,000 people.
- Thirty-nine percent (1,228) of counties do not have a waivered buprenorphine prescriber, creating an access challenge for any of these counties' 18 million residents.
 - Two-thirds (11.9 million) of these individuals live in rural areas.
 - One-third (6.1 million) of these individuals live in urban and suburban areas.



Citations and Methodology

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- ⁵ David Marteau, Rebecca McDonald, and Kamlesh Patel, "The relative risk of fatal poisoning by methadone or buprenorphine within the wider population of England and Wales," *BMJ*, 2015, 5. www.bmjopen.bmj.com/content/5/5/e007629
Substance Abuse and Mental Health Services Administration (SAMHSA), "Buprenorphine," May 2019. www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine
- ⁶ National Institute on Drug Abuse, "Medications to Treat Opioid Use Disorder," June 2019. www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/efficacy-medications-opioid-use-disorder
- ⁷ National Academies, 2019.
- ⁸ Silvia Minozzi, Natasha Martin, Peter Vickerman, Sherry Deren, Julie Bruneau, Louisa Degenhardt, and Matthew Hickman, "Opiate substitution treatment and HIV transmission in people who inject drugs: systematic review and meta-analysis," *BMJ*, October 2012, 345: e5945. www.bmj.com/content/345/bmj.e5945
- ⁹ Sarah E. Wakeman, Marc R. Larochelle, Omid Ameli, Christine E. Chaisson, Jeffrey Thomas McPheeters, William H. Crown, Francisca Azocar, and Darshak M. Sanghavi, "Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder," *JAMA*, February 2020, 3(2):e1920622. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2760032>
- ¹⁰ Nora D. Volkow, Thomas R. Frieden, Pamela S. Hyde, and Stephen S. Cha, "Medication-Assisted Therapies," *New England Journal of Medicine*, May 2014, 370:2063-2066. www.nejm.org/doi/10.1056/NEJMp1402780?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dwww.ncbi.nlm.nih.gov
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- ¹¹ National Academies, 2019.
- ¹² National Academies, 2019.
- ¹³ Analysis of 2019 SAMSHA Buprenorphine practitioner data available at www.samhsa.gov/medication-assisted-treatment/training-materials-resources/practitioner-program-data and www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator
Data accessed October 17, 2019.
- ¹⁴ Analysis of SAMSHA data, 2019. Data accessed May 14, 2019.
- ¹⁵ Analysis of SAMSHA data, 2019. Data accessed May 14, 2019.