A Report: County buprenorphine access in the United States

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

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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 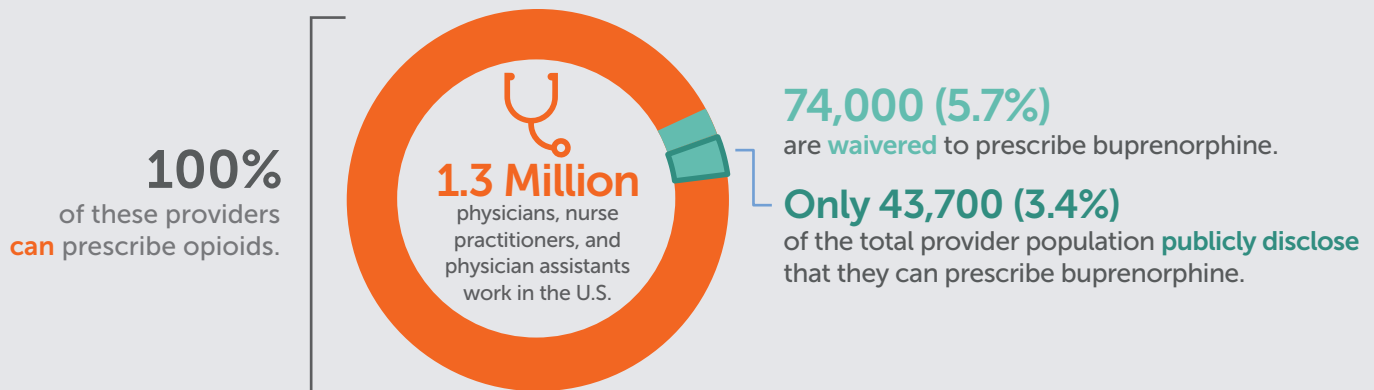cravings, but only the first two reduce withdrawal symptoms.[4] **Buprenorphine — the focus of this analysis — represents the largest opportunity for expanding access to MAT because it**:

- **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 basis[7] 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]
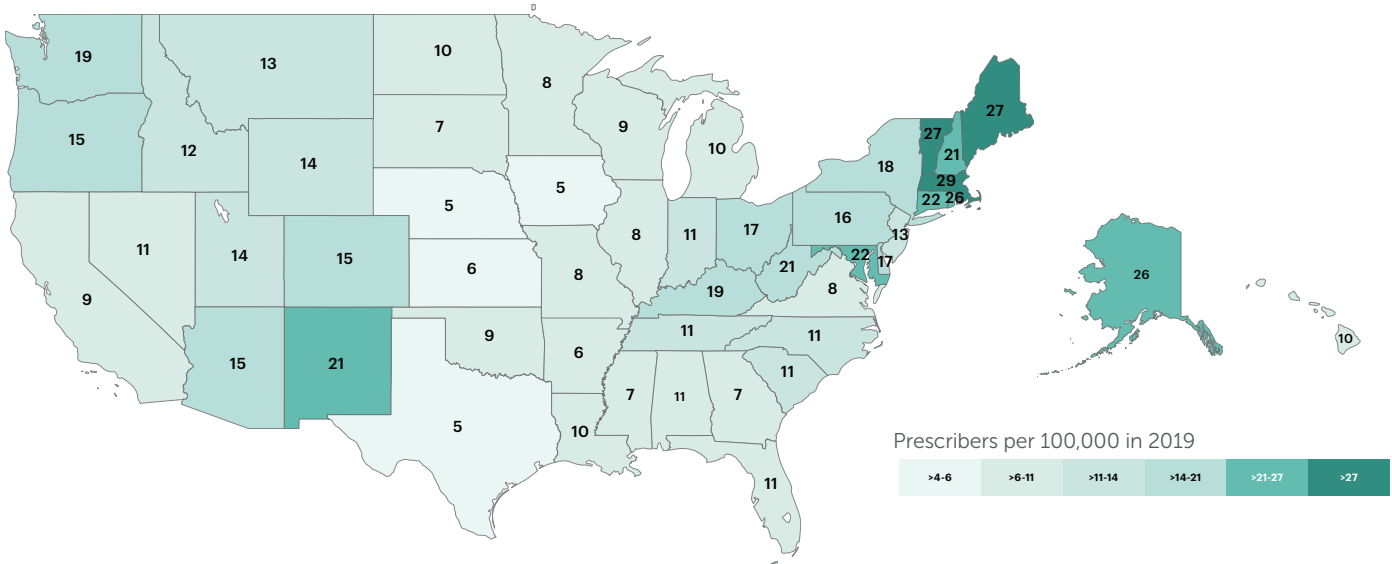
Despite the known effectiveness of MAT, it is vastly underused — fewer than half of people with OUD receive it.[10] To treat patients with buprenorphine, prescribers are required to complete special training and obtain a federal waiver.[a] Few prescribers are waivered, and only a small portion of those who are waivered 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]

100%
of these providers **can** prescribe opioids.

1.3 Million
physicians, nurse practitioners, and physician assistants work in the U.S.

74,000 (5.7%)
are **waivered** to prescribe buprenorphine.

Only 43,700 (3.4%)
of the total provider population **publicly disclose** that they can prescribe buprenorphine.

The required training varies between eight and 24 hours depending on prescriber type, and prescribers are restricted in the number of patients they are allowed to treat.
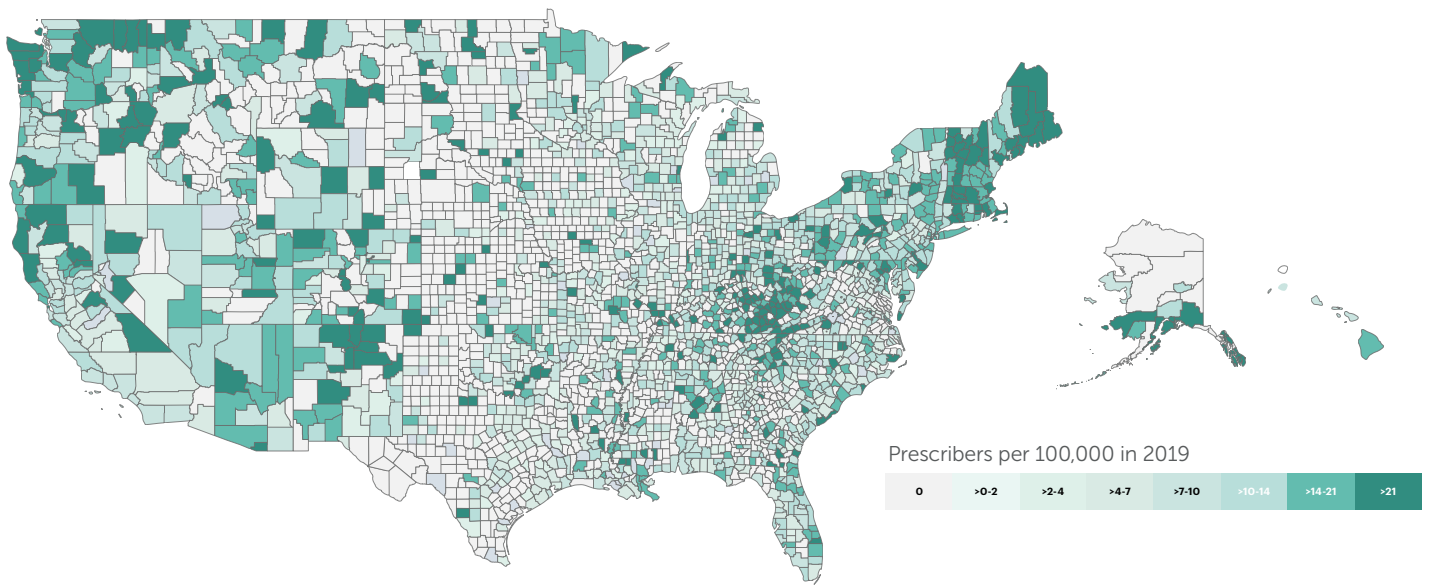
State-Level Waivered Prescriber Supply[14]

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.

Prescribers per 100,000 in 2019

>4-6	>6-11	>11-14	>14-21	>21-27	>27

County-Level Waivered Prescriber Supply[15]

- **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.

Prescribers per 100,000 in 2019

0	>0-2	>2-4	>4-7	>7-10	>10-14	>14-21	>21

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Citations and Methodology

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