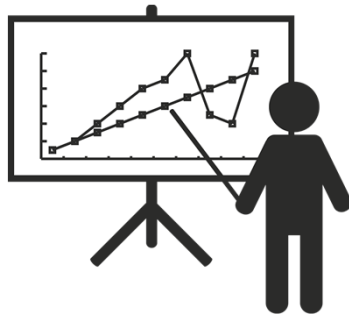




# CHAS

THE CENTER FOR HEALTH  
ADMINISTRATION STUDIES



*Thank you to everyone joining us for today's Michael M. Davis e-Lecture! We would like to allow a few minutes for attendees to join the webinar. Thank you for your patience and we will begin shortly!*

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## The Opioid Crisis and State and Federal Policies: It's More Complicated than you Think

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Opioid Policy Tools  
and Information Center

USC Schaeffer

Leonard D. Schaeffer Center  
for Health Policy & Economics

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## Funding and acknowledgements

### Funding

- NIDA P50DA046351
- NIDA R01DA045800
- NIDA R01DA045055

### Acknowledgements

- Rosalie Liccardo Pacula
- Beth Ann Griffin
- Rosanna Smart
- David Powell
- Rachel Landis
- Megan Schuler

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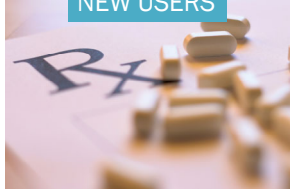
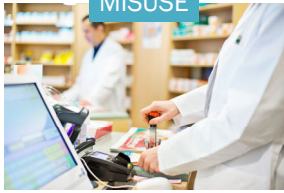


## Questions for participants

*What is the opioid crisis and what is driving it?*

*What policy solutions are being suggested to address the opioid crisis?*

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## Most descriptions of crisis and policy responses fall in one of these buckets

NEW USERS	MISUSE	TREATMENT & RECOVERY	HARM REDUCTION
 <ul style="list-style-type: none"> <li>• Prescription limits</li> <li>• Unused Rx disposal</li> <li>• Physician education</li> </ul>	 <ul style="list-style-type: none"> <li>• Drug reformulation</li> <li>• Pain clinic regulations</li> <li>• Insurance utilization review</li> <li>• Prescription drug monitoring programs</li> </ul>	 <ul style="list-style-type: none"> <li>• Better coverage for OUD treatment</li> <li>• More buprenorphine waived prescribers</li> <li>• Patient limits raised</li> </ul>	 <ul style="list-style-type: none"> <li>• Naloxone laws</li> <li>• Good Samaritan laws</li> <li>• Safe consumption spaces</li> <li>• Fentanyl test strips</li> </ul>

Getty/MillefioreImages

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## Policies may be too narrow or poorly specified

- Many narratives and policy responses focus on only one aspect of crisis
- Many neglect the historical and social context:
  - Stigma
  - Poverty
  - Systemic racism

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## Opioid crisis is a *Wicked Problem*, creating policy challenges

*Wicked Problems are particularly hard to solve because*

- Impose heavy social and economic burden
- Knowledge of problem is incomplete or contradictory
- Many perspectives and opinions about causes and solutions
- Success is hard to define because wicked problems interact with other social issues
- The problem is constantly evolving

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## Today's Talk

- How might the opioid crisis being a Wicked Problem lead well-intentioned policies to have negative consequences?
- How might effective policies leave existing problems unaddressed?
- How might well-intentioned effective policies actually widen disparities?
- How might these challenges change how we think about designing and studying opioid policies?

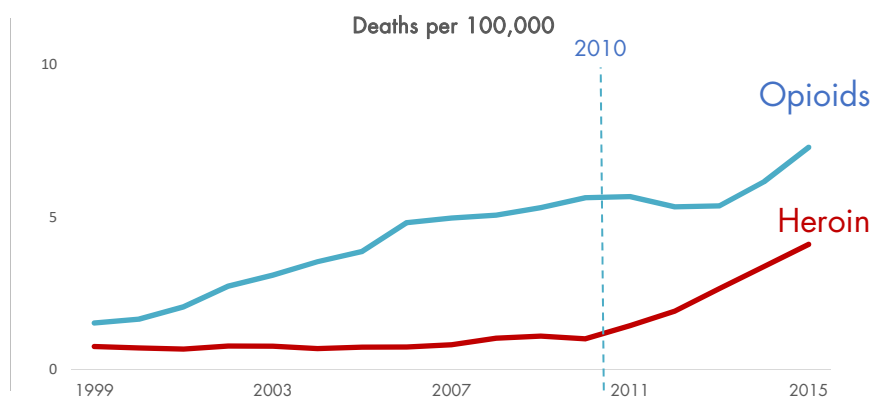
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## Well-intentioned policies can have unanticipated negative consequences

*How do we stop people from abusing prescribed opioids?*

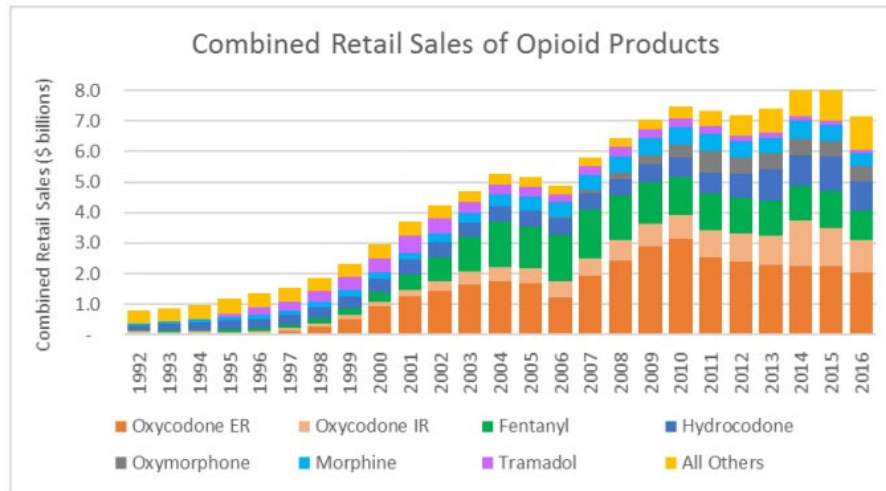
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Before 2010, overdose deaths were driven by misuse of prescription opioids.



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## Oxycontin was most commonly prescribed and misused opioid



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## Original OxyContin was easy to crush and abuse

Preserves  
medical benefits



Reduces non-  
medical abuse

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## New formula was more difficult to abuse

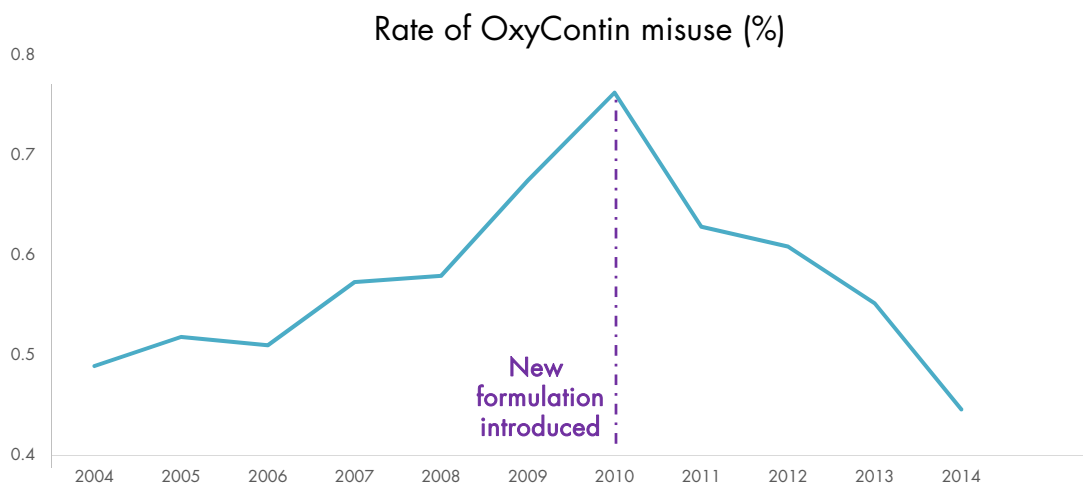


Preserves  
medical benefits

Reduces non-  
medical abuse

13

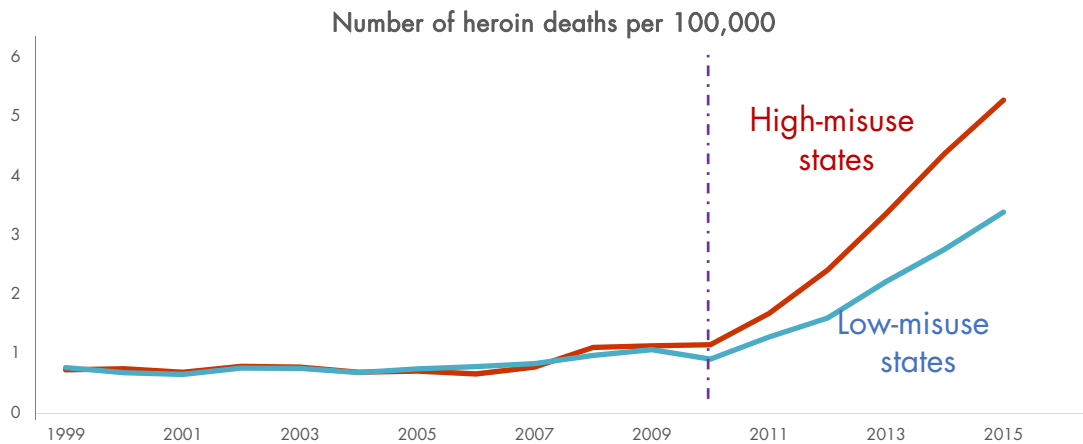
## OxyContin misuse declined after 2010 when new formulation was released



Alpert, *AEJ Econ Policy*. 2018

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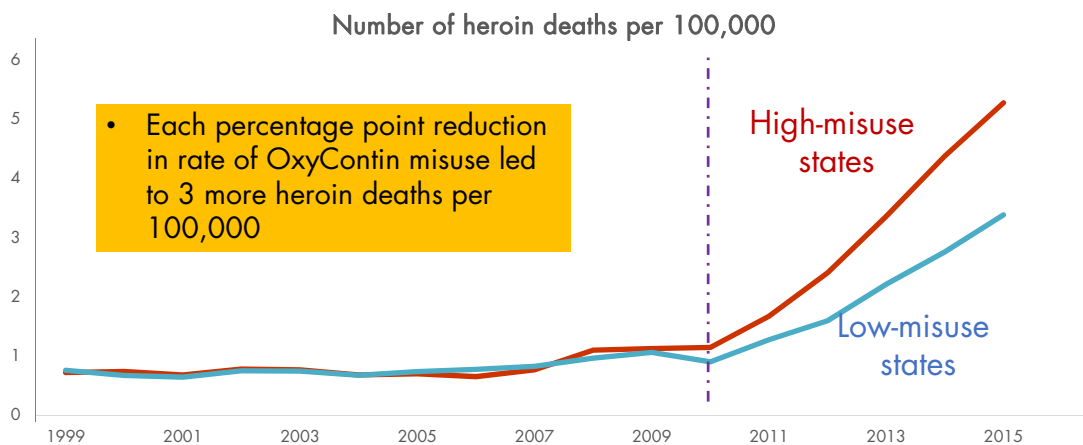
## States with highest initial rates of OxyContin misuse experienced largest increases in heroin overdoses



Alpert, *AEJ Econ Policy*. 2018

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## ~ 80% of increase in heroin mortality since 2010 may be due to reformulation



Alpert, *AEJ Econ Policy*. 2018

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## Policies don't always address existing problems

*Increasing available buprenorphine care*

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## Inadequate access to effective Opioid Use Disorder treatment

- Most people who need treatment don't get it
- Even fewer receive medication for opioid use disorder
- Access worse among Blacks and Hispanics
- Quality of treatment as important as access
- Policies have focused primarily on increasing treatment access, not:
  - Quality
  - Disparities

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## Quality of care for Medicaid enrollees receiving buprenorphine

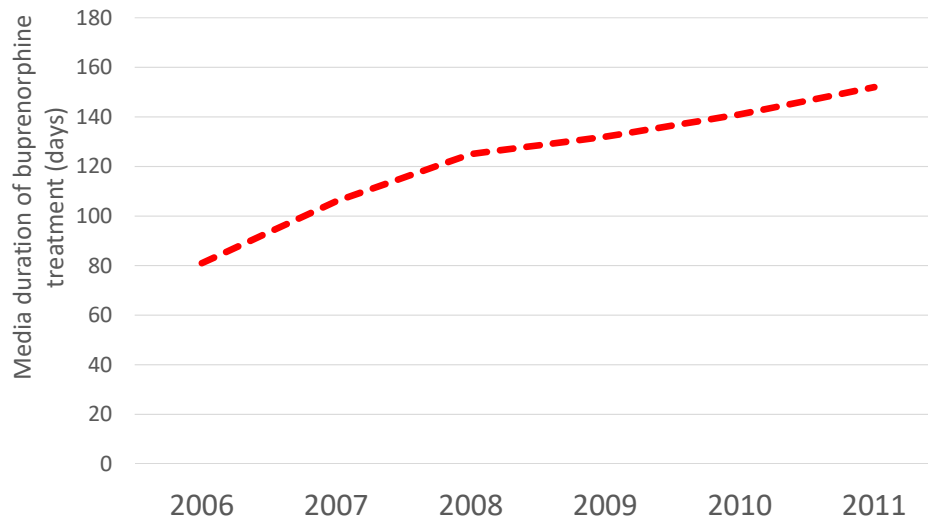
- Very effective treatment for OUD, prescribed only by trained clinicians
- Only effective with adequate dose and duration of treatment
- Using 2006-2014 multistate Medicaid claims examined 317K buprenorphine treatment episodes for 240K individuals
- Outcomes: indicators of buprenorphine treatment quality
  - Treatment duration
  - Adequate dosage
  - No concurrent opioid analgesics

*Did quality vary by race/ethnicity?*

Landis, under review

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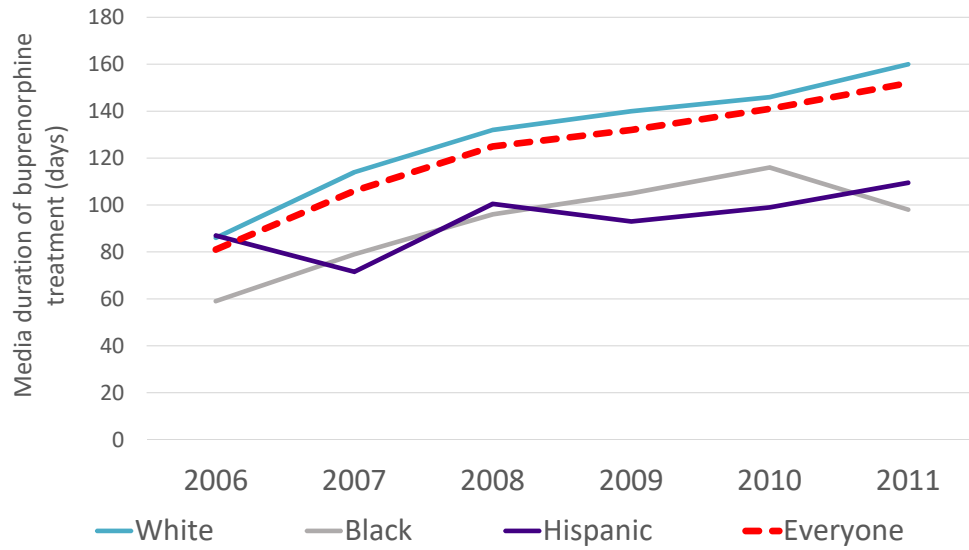
## Duration of buprenorphine treatment increased



Landis, under review

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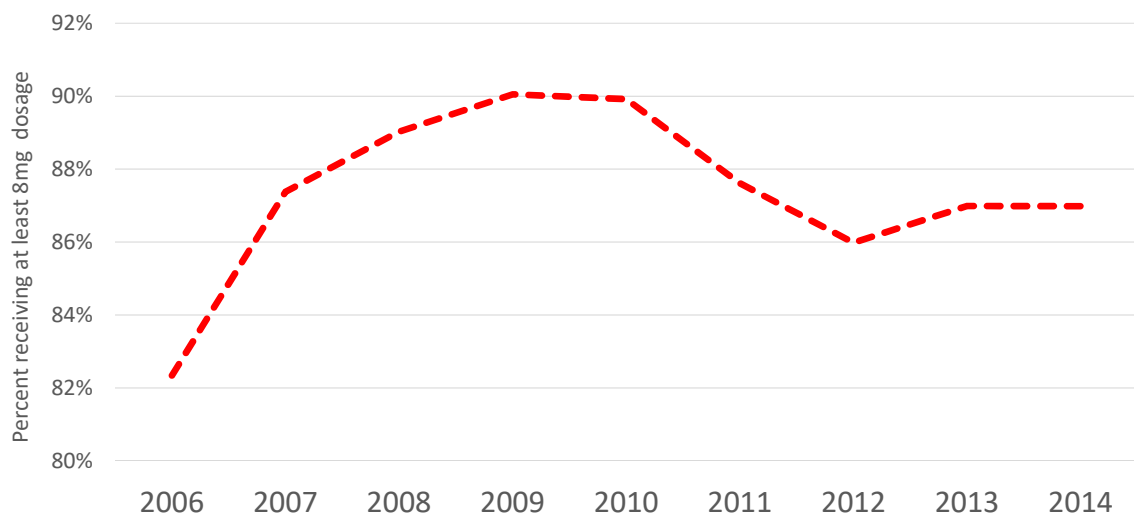
## Treatment duration for Blacks and Hispanics lower



Landis, under review

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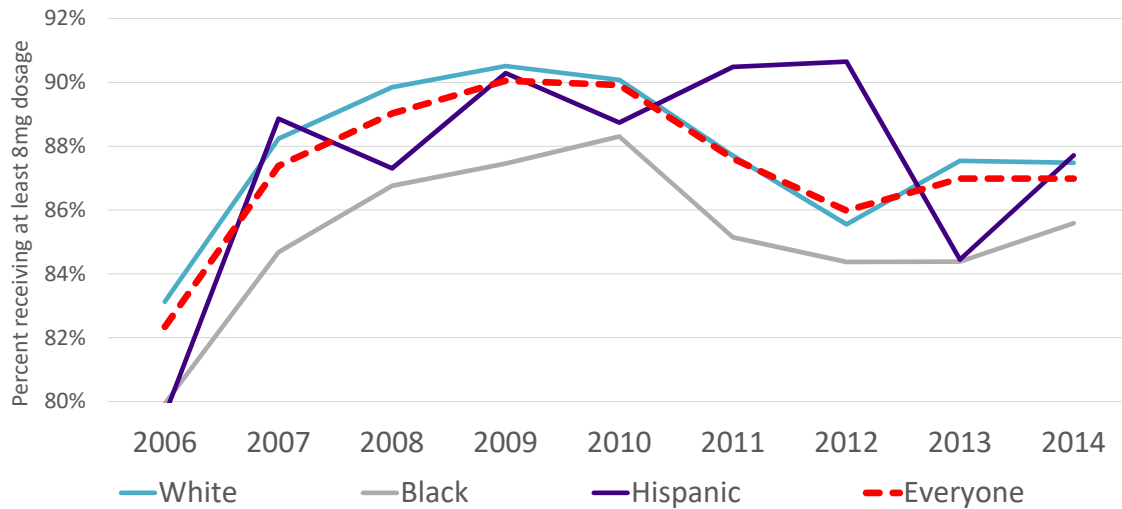
## Most patients received adequate buprenorphine dose



Landis, under review

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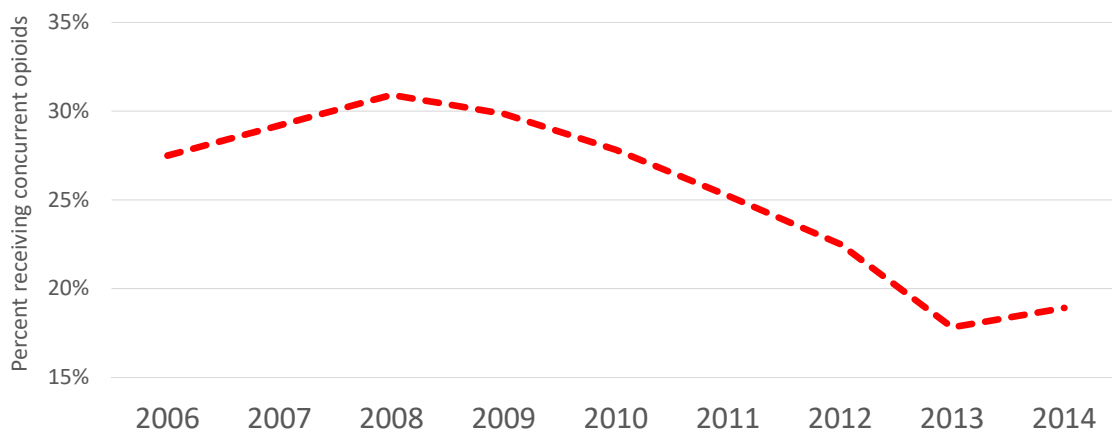
### Percentage of Blacks receiving adequate dose was lower



Landis, under review

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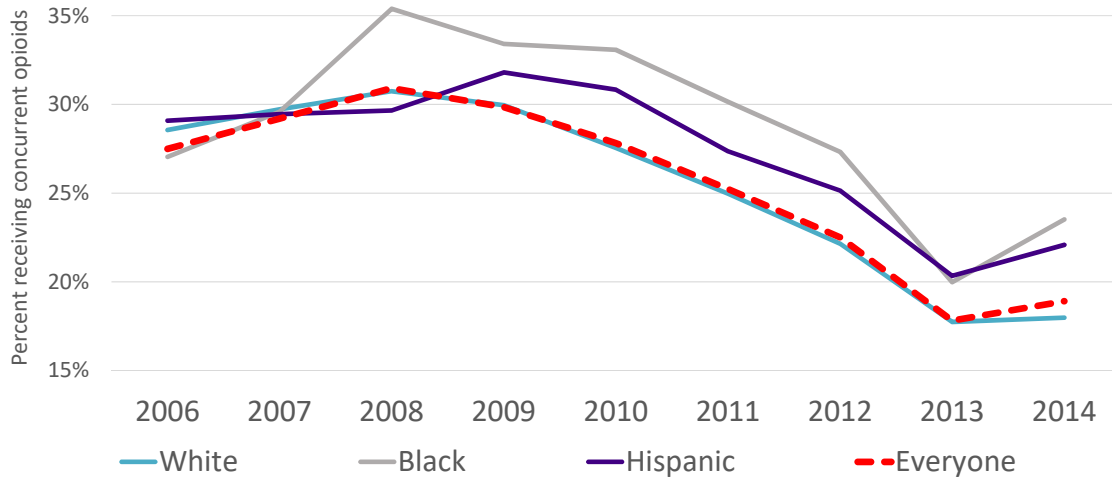
### Percentage of patients receiving concurrent opioids declined



Landis, under review

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## But was generally higher in Black and Hispanic patients



Landis, under review

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**Effective policies may  
inadvertently worsen disparities  
if that is not their focus**

*Medicaid expansion  
under Affordable Care Act*

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## Under ACA, states could expand Medicaid eligibility for those with incomes <138 of federal poverty level

- In 2014, 25 states expanded Medicaid; 37 states by 2020
- Individuals with substance use disorders disproportionately gained eligibility
- Medicaid paid for more SUD treatment, including treatment for opioid use disorder

*Did Medicaid expansion help all populations equally?*

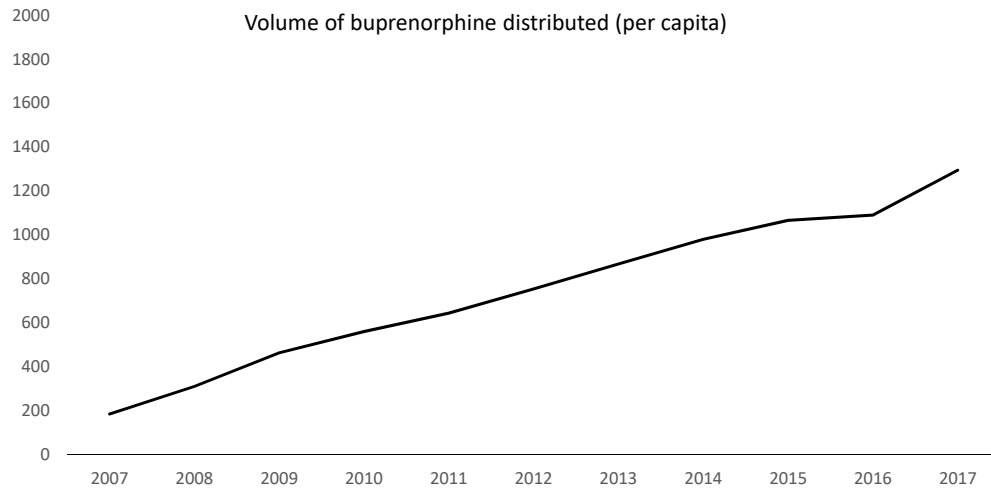
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## Did ACA affect disparities in buprenorphine access?

- Used 2007-17 ARCOS data, which tracks buprenorphine shipped to communities nationwide
- At 3-digit ZIP code level, examined per-capita distribution of buprenorphine
- Categorized ZIP 3 into quintiles, based on % of population that was racial/ethnic minority
- Regression controlled for other factors likely to be associated with buprenorphine use (% under 18, with high school diploma, with college degree, households below poverty line, unemployed, under 65 uninsured, urbanicity, fatal overdose rate)

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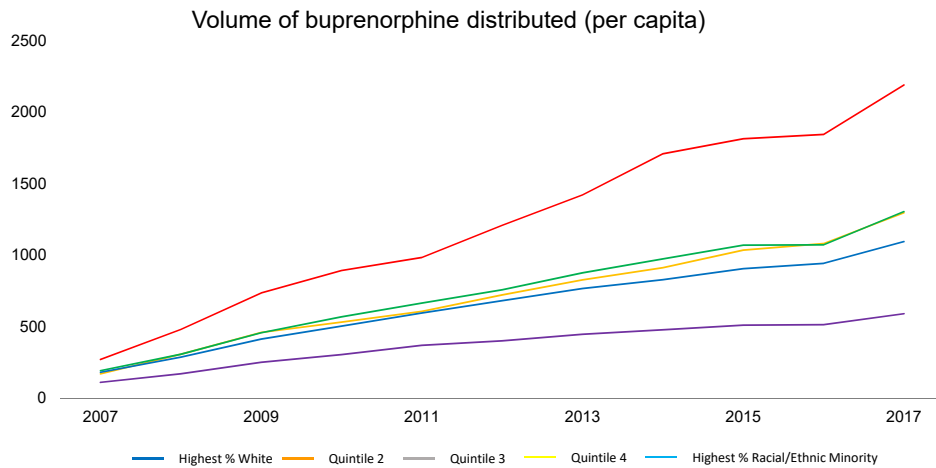
## Buprenorphine distribution over time



Schuler, under review

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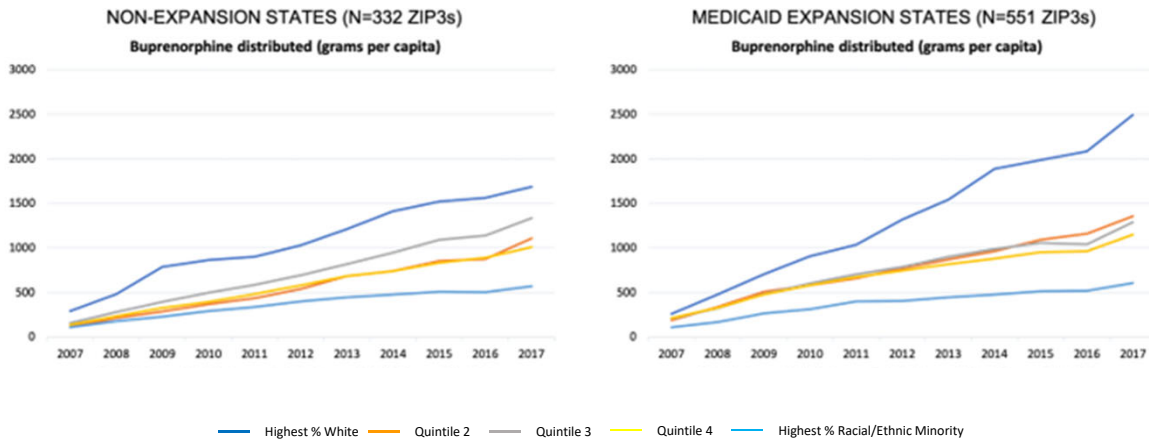
## Buprenorphine distribution over time



Schuler, under review

30

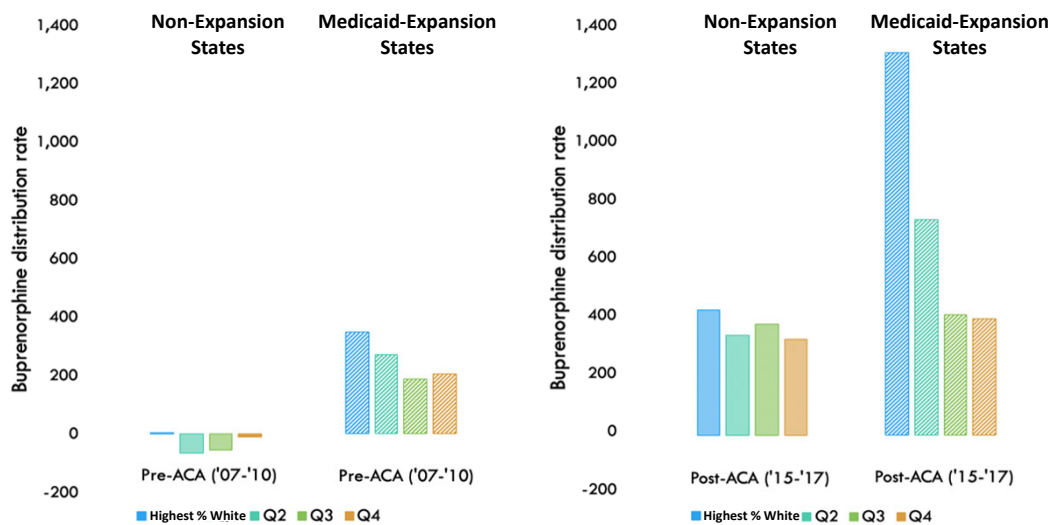
## Magnitude of change in growth of buprenorphine much greater in expansion states



Schuler, under review

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## ACA widened disparities



Schuler, under review

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## Implications as we consider policies to address *Wicked Problems*

- Remember other social issues interact with Wicked Problems
- Beware of simple answers
- Don't assume policies will produce change if not focused on desired outcomes
- Disadvantage populations most at risk for not benefitting
- Even effective policies can widen disparities
- No silver bullets

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## Thank you Questions?

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