

Opioid use disorder is a chronic lifelong disorder, with serious potential consequences including disability, relapses, and death. The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition describes opioid use disorder as a problematic pattern of opioid use leading to problems or distress.¹

There were an estimated 20.4 million people living with a SUD in the United States in 2019, with an estimated 10.1 million living with Opioid Use Disorder (OUD).² In 2020, there were 68,630 opioid-related overdose deaths in the United States at a rate of 21.4 deaths per 100,000 Americans.³

Racial Disparities

Black Americans are disproportionately impacted by opioid-related overdose deaths, with a rate of 25.7 deaths per 100k persons. This rate is followed by White Americans, with an opioid-related overdose death rate of 22.9. Of particular concern, as well, are American Indian/Alaska Native Americans, with an opioid-related overdose death rate of 17.5.³

Sex/Gender Disparities

Across every racial demographic group, Males are significantly likelier to die of an opioid-related overdose than Females, with the starkest differences occurring in Black and White Females and Males: Black Females died at a rate of 13.1 (per 100k) compared to Black Males, with a rate of 39.8; White Females died at a rate of 13.5 (per 100k) compared to White Males, with a rate of 32.0.

Income Disparities

While OUD can and does impact people of all incomes, three Social Determinants of Health are identified as having a significant association with the frequency of opioid use: level of education, housing stability, and employment status.⁴ Areas of the country that are economically depressed or where industries are leaving—such as Appalachian coal mining regions—have a higher incidence of OUD, but a dearth of accessible treatment options.

These disparities are further exacerbated by the cost of treatment. Treatment of OUD can cost between \$5,980/year for suboxone and \$6,552/year for methadone treatments. Naltrexone treatments can cost up to \$14,112/year.

Treatments and Treatment Disparities

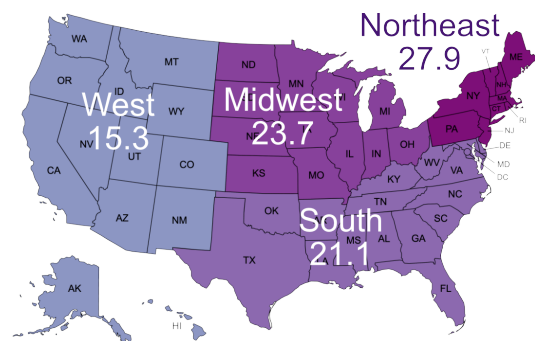
OUD is a complex disease and treatments for the disease are not one-size-fits-all. Treatment methods may include drug discontinuation, drug detoxification, counseling, opioid replacement therapy, and Medication-Assisted Treatment (MAT). MAT is a combination of medications (methadone, buprenorphine, or naltrexone), counseling, and behavioral therapies. However, not every medication used to treat OUD is right for every patient, nor does treatment guarantee a successful or long-term outcome

Access to treatment is also problematic. There are a total of 1,936 certified opioid treatment programs in the United States⁴, but access to those treatment programs is highly centralized in and around urban centers, meaning that treatment options in rural parts of the country—areas that already face numerous barriers to accessing any kind of healthcare services—are extremely limited. With MAT therapies that require daily dosages, persons living with OUD in rural areas face significant barriers to accessing care. Moreover, while a state may have a high number of treatment programs, these programs may not be accessible, may have long waiting lists in order to access treatment services, or be outside of payor networks.

Further concerns exist with naltrexone used as MAT. Studies have found that the loss of tolerance to opioid drugs’ effects may lead to overdoses as persons who use opioid drugs attempt to use the drugs in the same amounts they used prior to initiating treatment. This leads to overdoses that are difficult to predict.⁵

Regional Disparities

Opioid overdose death rates are highest in the American Northeast, with a rate of 27.9 deaths (per 100k), followed by the Midwest (23.7), Southeast (21.1), and West (15.3). This, however, does not tell the whole story: when looking at individual state opioid-related overdose death rates, of the ten states with the highest rates, 6 of the 10 states—West Virginia (70.0), District of Columbia (45.3), Delaware (43.9), Maryland (40.4), Kentucky (40.2), and Tennessee (36.7)—are located in the Southeast census region.



References

¹ American Psychiatric Association. (2018, November). <https://psychiatry.org/patients-families/opioid-use-disorder>

² Substance Abuse and Mental Health Services Administration. (2020, September). <https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFR1P2FW090120.pdf>

³ Centers for Disease Control and Prevention. (2022, June 02). <https://www.cdc.gov/drugoverdose/deaths/index.html>

⁴ Albright, D. L., Johnson, K., Laha-Walsh, K., McDaniel, J., & McIntosh, S. (2021). <https://doi.org/10.1080/19371918.2021.1939831>

⁵ Substance Abuse and Mental Health Services Administration. (2022). <https://dpt2.samhsa.gov/treatment/>

⁶ Binswanger, I. A., & Glanz, J. M. (2018). Potential Risk Window for Opioid Overdose Related to Treatment with Extended-Release Injectable Naltrexone. *Drug safety*, 41(10), 979–980. <https://doi.org/10.1007/s40264-018-0705-8>