# **BIG IDEAS**—The Social Determinants of Addiction: Policies to Address **Health Care Access and Quality**

Traditional approaches to drug use and addiction have resulted in an addiction treatment system that exists separately and apart from the rest of health care. This siloed approach is partially responsible for inadequate care for the majority of Americans with substance use disorder (SUD) and exacerbates existing inequities for Black, Indigenous, and people of color (BIPOC) communities.

In the 12-month period ending in October 2021 (Ahmad et al., 2022), drug-related overdose deaths in the United States claimed 105,000 lives. In 2020, Black individuals in our country experienced the largest percentage increase in overdose mortality rates. And, for the first time since 1999, overdose death rates among Black people were higher than rates among White people. The highest rate of overdose mortality in 2020 was in American Indian and Alaska Natives (Friedman & Hansen, 2022).

Developing an effective response to addiction and to drug user health requires an integrated approach that includes health care, housing, education, and employment services. An effective response relies upon a range of strategies, one that includes preventing conditions that lead to the development of SUD, employing harm

Figure 1. The Amplification of Overdose Risks



reduction, and supporting services to sustain recovery. In this document, we will discuss three focus areas: (1) increasing access to health insurance coverage, (2) low-barrier treatment for SUD, and (3) evidence-based treatment in the criminal legal system when arrest cannot be avoided.

# **Health Insurance Expansion and Reducing Barriers to Coverage**

The Affordable Care Act (ACA), together with Medicaid expansion and parity requirements, increased However, as of February 2022, 12 states have not yet adopted Medicaid expansion (Kaiser Family Foundation, 2022). Expansion within these states would provide Medicaid coverage to 2 million Americans who are currently uninsured (Garfield & Orgera, 2021).

Medicaid is an important tool to expand access to quality health care (Center on Budget and Policy Priorities, 2020) and comprehensive SUD treatment (Bailey et al., 2021). However, even in the states where Medicaid expansion has occurred, racial disparities in access to health care (ASPE, 2022),

negative economic and health effects from the COVID-19 pandemic (ASPE, 2022), and barriers to accessing SUD treatment persist. Only 10% of people who needed treatment for an SUD in 2019 received it (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020a), and access to medications for opioid use disorder (MOUD) is even more limited. See Figure 2 for potential policy strategies for expanding health insurance and reducing barriers to coverage.

# **Expanding Low-Barrier Access to Treatment**

Accessing quality SUD treatment remains out of reach for too many people, yet regulatory revisions necessitated by the COVID-19 pandemic have allowed us to reimagine the future of addiction treatment. Flexibilities during the COVID-19 public health emergency include telehealth-initiated buprenorphine (Dooling & Stanley 2021a) and expanding eligibility for take-home methadone (Dooling & Stanley 2021b). These regulatory changes have shown positive outcomes for adherence in treatment (Amram et al., 2021; SAMHSA, 2022) and are an important illustration of the need for public policy to reflect research and best practices.

Providing quality, compassionate care is critical for people with SUD who have increased risk for other medical conditions such as arthritis, chronic pain, heart disease, diabetes, and hypertension (Scott et al., 2016). People who inject drugs are also at increased risk for HIV (CDC, n.d.) and Hepatitis C (Canzater, 2018). Furthermore, individuals often experience stigma when they seek and receive care within the health care system, resulting in a reluctance to obtain other needed services (Fong et al., 2021; Paquette et al., 2018).

Stigma, along with other structural legal issues and regulatory barriers, often makes access to treatment for opioid use disorder (OUD) difficult. Opioid agonist medications, methadone and buprenorphine, are safe and effective treatments for OUD and reduce the risk of death by up to 50%;

however, only about 11% of people with an OUD receive these medications (SAMHSA, 2021a).

Although buprenorphine is available in officebased settings, methadone treatment often requires daily trips to a licensed opioid treatment program (OTP) for supervised dosing (SAMHSA, 2021b). Barriers to methadone treatment include variability in state laws regulating OTPs (Jackson et al., 2020), state moratoriums on new OTPs, and a lack of Medicaid insurance coverage within OTPs (The Pew Charitable Trusts, 2021a).

These multiple regulatory barriers, along with existing racial inequities must be addressed in any plan to expand access to MOUD. Black



We hope to unpack the complexity, take the injustice out of the shadows, and make space for conversations that can lead to change. Finding common ground for change to bridge and connect our shared goals.

- Dr. Amanda Latimore

Social Determinants of Addiction 101



patients are 77% less likely to receive buprenorphine and are more likely to receive methadone, which poses significantly greater access issues (The Pew Charitable Trusts, 2020). Studies have found that OTPs are more commonly found in Black and Hispanic/Latino communities, while access to buprenorphine is more prevalent in White communities (Goedel et al., 2020). See Figure 3 for potential policy strategies for expanding access to low-threshold services.

# **Expanding Access to Treatment for People Involved in the Criminal Legal System**

The criminal legal system has long been a common, yet ineffective, means to address drug use in the United States. Despite the growth of the prison industrial system in the name of the war on drugs, access to evidence-based health care and treatment within this system is limited. Courts, probation, and parole systems often limit the types of treatment accessible to justice-involved individuals with SUD. The prohibition on federal health benefits (including Medicaid) while an individual is incarcerated exacerbates this lack of access to quality care (Rohde et al., 2022). Most correctional facilities do not provide MOUD despite evidence that it reduces risk of death, drug overdose, re-arrest, and reincarceration (Evans et al., 2022; Ranapurwala et al., 2018; Westerberg et al., 2016). Individuals leaving incarceration are between 10 and 40 times more likely to die of an overdose than the general population (Berg, 2019; Binswanger et al., 2007).

For as long as criminal legal responses are used to address a public health crisis, providing Medicaid within correctional facilities may improve outcomes for individuals with SUD by establishing quality care standards, improving the coordination of care post release (Khatri & Winkelman, 2022), and expanding access to SUD treatment (Legal Action Center, 2022a). Efforts to inform the judiciary branch (National Judicial Opioid Task Force, 2019) and litigation over (U.S. Department of Justice, 2022) access to quality health care and treatment in these settings has recently gained momentum. See Figure 4 for potential policy strategies to expand access to treatment in the criminal legal system.

# Conclusion

Given the severity in the number of overdose deaths, it is increasingly difficult to argue that the overdose crisis is not a societal issue. Moving beyond the individualistic approach requires structural solutions. Implementing policies that provide access to quality health care and evidence-based treatment for people who use drugs and people living with addiction must be prioritized. Scaling up innovative programs and best practices will help meet the needs of individuals most at risk for overdose and other negative health outcomes. Legislation, litigation, and regulation are powerful tools that we can use to craft a health care and treatment system that provides individualized, low-barrier, and evidence-based care to people who use drugs that centers the importance of quality outcomes and the social determinants of addiction.

## **Federal Medical Assistance** Percentage (FMAP)



The American Rescue Plan Act of 2021 increased health insurance Marketplace subsidies and provided FMAP incentives to states that have not expanded Medicaid if they elect to do so (ASPE, 2022).

# **Parity**



The Mental Health Parity and Addiction Equity Act of 2008 seeks to enact equitable insurance coverage for mental health and SUD care, but enforcement remains limited. To fulfill the promise of this act, federal and state governments must oversee and hold health insurance plans accountable (The Kennedy Forum, n.d.).

## Reimbursement Rates 🙃



The SUPPORT Act requires Medicaid benefits to include behavioral health and MOUD coverage, but this requirement only lasts through 2025. Low reimbursement rates remain a persistent barrier that may impact how these services are delivered (Goldman, 2021).

#### **Harm Reduction Is Healthcare**



Harm reduction is a key tool to providing health care to people who use drugs within syringe services programs (NYS Department of Health, 2021) and hospital settings (Perera et al., 2022; Rhode Island Department of Health, 2017; Samuels et al., 2021). The Harm Reduction Is Healthcare Toolkit provides harm reduction programs health care financing training to expand their access to sustainable funding (National Harm Reduction Coalition, 2021).

### **Recovery and Peer Supports**

Peer-delivered services provide the opportunity for people who use drugs to receive support rooted in lived expertise. These services are increasingly viewed as a critical component of comprehensive care; however, not all states provide this coverage despite CMS authorization. Standardization and further expansion of coverage are important steps toward mitigating reimbursement barriers for these services (Stack et al., 2022).

#### **Contingency Management**

Increasing rates of overdose deaths involving methamphetamine suggests a need for expanding health care coverage for treatment of stimulant use disorders. Although still too limited, California recently received a waiver from CMS to launch the first federally approved contingency management program—and evidence -based treatment for stimulant use disorder (California DHCS, 2021; SAMHSA, 2020b).



#### **Prior Authorization**

Requiring patients to obtain approval for a prescribed health service or medication remains a significant barrier in accessing SUD treatment. Parity requirements prohibit the discriminatory use of prior authorization; however, not all patients with SUD are protected, and standards vary across state laws (Legal Action Center, 2020a).



#### **Step Therapy**

This cost reduction strategy requires patients to try a less expensive treatment option and "fail" first before their insurance plan authorizes a more expensive treatment or medication. This practice is permitted by Centers for Medicare & Medicaid Services (CMS) despite the risks for patients and conflicting evidence on cost savings. Prohibition, implementation of standards, and regulatory oversight for step therapy policies are state -level strategies to ensure patients have access to timely, quality health care (Legal Action Center, 2020b).

### **Person-Centered Treatment**



The Imani Breakthrough Project is a church -based recovery program centering the social determinants of health into a faith based, and culturally informed harm reduction SUD treatment that includes access to MOUD (Bellamy et al., 2021).

### Integrated Care



Certified Community Behavioral Health Clinics (CCBHCs) integrate mental health and SUD. There are currently more than 430 CCBHCs operating in 40 states, the District of Columbia, and Guam (National Council for Mental Wellbeing, n.d.)

#### **Evidence-Based Treatment**



The Addiction Treatment Locator, Assessment, and Standards Platform (ATLAS), created by Shatterproof, is a navigation platform connecting people with individualized, quality care for SUD. ATLAS currently operates in a select number of states but is planned to expand nationally (Shatterproof, 2022).

## **Low Barrier Buprenorphine**



Washington State's Low Barrier Buprenorphine program (The PEW Charitable Trusts, 2021b) and Missouri's Medication First models provide flexible access to buprenorphine. These models have been shown to be an effective strategy towards expanding access, improving retention, and reducing the costs of treatment (The PEW Charitable Trusts, 2021c). Providing access to buprenorphine in emergency departments is an emerging SAMHSA best practice currently being implemented across states (SAMHSA, 2021c).

## **Healthcare Provider Training**

Providing comprehensive training to health care providers on SUD prevention and treatment is an important strategy to support patients who use drugs, expand access to evidence -based treatments, and integrate substance use services with health care (SAMHSA & Office of the Surgeon General, 2016). The REACH (Recognizing and Eliminating disparities in Addiction through Culturally informed Healthcare) training program is working to increase the number of racial and ethnic underrepresented minority (URM) addiction specialists and the number of addiction specialists who trained to work with racial and ethnic URM patients with SUD (REACH, n.d.).

### Removing the X-Waiver

In 2021, 2021, SAMHSA revised its regulation to allow health care professionals to prescribe buprenorphine without the required waiver from the Drug Enforcement Administration (DEA) for 30 or fewer patients (SAMHSA, 2021d).



### Flexible Methadone

In 2021, the DEA released new rules reversing a moratorium on approval for new methadone vans that provide the opportunity for additional access to MOUD (EI -Sabawi et al., 2021). Recent guidance put out by SAMHSA, extending methadone take- home flexibilities, indicates the agency is considering regulatory strategies to make them permanent (SAMHSA, 2022). Legislative action can also be taken to make these flexibilities permanent and to expand access to methadone in pharmacies.

# Quality Health Care



Several states have proposed Section 1115 waivers requesting authority to waive the Inmate Exclusion Policy (Haldar & Guth, 2021) to use federal Medicaid funds during incarceration. Legislative action can also be taken to amend the Social Security Act that prohibits the use of federal funds within correctional facilities.



#### **MOUD Access**

A number of states have required or encouraged access to MOUD in correctional settings through executive action or legislation (Weizman et al., 2021) and a recently published model law provides an evidence-based framework for implementation (Legislative Analysis and Public Policy Association, 2020).



# The Right to Care

Litigation brought against jurisdictions has revealed that denying access to MOUD in correctional facilities constitutes violations of Title II of the Americans with Disabilities Act and the Rehabilitation Act (Legal Action Center, 2022b).

# References

- Ahmad, F. B., Rossen, L. M., & Sutton, P. (2022, February 16). *Provisional drug overdose death counts.*National Center for Health Statistics. <a href="https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm">https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm</a>
- Amram, O., Amiri, S., Panwala, V., Lutz, R., Joudrey, P. J., & Socias, E. (2021). The impact of relaxation of methadone take-home protocols on treatment outcomes in the COVID-19 era. *The American Journal of Drug and Alcohol Abuse*, 47(6), 722–729. https://doi.org/10.1080/00952990.2021.1979991
- Assistant Secretary for Planning and Evaluation. (2021, June 5). *Health coverage under the Affordable Care Act: Enrollment trends and state estimates*. <a href="https://aspe.hhs.gov/reports/health-coverage-under-affordable-care-act-enrollment-trends-state-estimates">https://aspe.hhs.gov/reports/health-coverage-under-affordable-care-act-enrollment-trends-state-estimates</a>
- Assistant Secretary for Planning and Evaluation. (2022, February 22). Health insurance coverage and access to care among Black Americans: Recent trends and key challenges.

  <a href="https://aspe.hhs.gov/reports/health-insurance-coverage-access-care-among-black-americans">https://aspe.hhs.gov/reports/health-insurance-coverage-access-care-among-black-americans</a>
- Bailey, A., Hayes, K., Katch, H., & Solomon, J. (2021, March 18). *Medicaid is key to building a system of comprehensive substance use care for low-income people.* Center on Budget and Policy Priorities. <a href="https://www.cbpp.org/research/health/medicaid-is-key-to-building-a-system-of-comprehensive-substance-use-care-for-low">https://www.cbpp.org/research/health/medicaid-is-key-to-building-a-system-of-comprehensive-substance-use-care-for-low</a>
- Bellamy, C. D., Costa, M., Wyatt, J., Mathis, M., Sloan, A., Budge, M., Blackman, K., Ocasio, L., Reis, G., Guy, K., Anderson, R. R., Stewart Copes, M., & Jordan, A. (2021). A collaborative culturally-centered and community-driven faith-based opioid recovery initiative: The Imani breakthrough project. *Social Work in Mental Health*, *19*(6), 558–567. <a href="https://doi.org/10.1080/15332985.2021.1930329">https://doi.org/10.1080/15332985.2021.1930329</a>
- Berg, J. (2019, March 15). Breaking the cycle: Medication assisted treatment (MAT) in the criminal justice system. *SAMHSA Blog.* <a href="https://www.samhsa.gov/blog/breaking-cycle-medication-assisted-treatment-mat-criminal-justice-system">https://www.samhsa.gov/blog/breaking-cycle-medication-assisted-treatment-mat-criminal-justice-system</a>
- Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from prison--a high risk of death for former inmates. *The New England Journal of Medicine*, 356(2), 157–165. <a href="https://doi.org/10.1056/NEJMsa064115">https://doi.org/10.1056/NEJMsa064115</a>
- California Department of Health Care Services. (2021, April). *California Advancing and Innovating Medi- Cal (CalAIM) 1915(b) Waiver Overview.*<a href="https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-1915-Waiver-Overview.pdf">https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-1915-Waiver-Overview.pdf</a>
- Canzater, S. (2018, June 22). *Hepatitis C and injection drug use*. O'Neill Institute. <a href="https://www.cdc.gov/hiv/basics/hiv-transmission/injection-drug-use.html">https://www.cdc.gov/hiv/basics/hiv-transmission/injection-drug-use.html</a> <a href="https://oneill.law.georgetown.edu/publications/hepatitis-c-and-injection-drug-use/">https://oneill.law.georgetown.edu/publications/hepatitis-c-and-injection-drug-use/</a>

- Center on Budget and Policy Priorities. (2020, October 21). *The far-reaching benefits of the Affordable Care Act's Medicaid expansion*. <a href="https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid-expansion">https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid-expansion</a>
- Centers for Disease Control and Prevention. (n.d.). *HIV and injection drug use*. https://www.cdc.gov/hiv/basics/hiv-transmission/injection-drug-use.html
- Dooling, B. C. E., & Stanley, L. E. (2021a). Extending pandemic flexibilities for opioid use disorder treatment: Telemedicine & initiating buprenorphine treatment. The George Washington University Regulatory Studies Center.

  <a href="https://regulatorystudies.columbian.gwu.edu/telemedicine-initiating-buprenorphine-treatment">https://regulatorystudies.columbian.gwu.edu/telemedicine-initiating-buprenorphine-treatment</a>
- Dooling, B. C. E., & Stanley, L. E. (2021b). Extending pandemic flexibilities for opioid use disorder treatment: Unsupervised use of opioid treatment medications. The George Washington University Regulatory Studies Center.

  <a href="https://regulatorystudies.columbian.gwu.edu/unsupervised-use-opioid-treatment-medications">https://regulatorystudies.columbian.gwu.edu/unsupervised-use-opioid-treatment-medications</a>
- El-Sabawi, T., Baney, M., Canzater, S., & Weizman, S. (2021, August 4). The new mobile methadone rules and what they mean for treatment access. *Health Affairs Blog*. https://www.healthaffairs.org/do/10.1377/hblog20210727.942168/full/
- Evans, E. A., Wilson, D., & Friedmann, P. D. (2022). Recidivism and mortality after in-jail buprenorphine treatment for opioid use disorder. *Drug and Alcohol Dependence, 231*, 109254. https://doi.org/10.1016/j.drugalcdep.2021.109254
- Fong, C., Mateu-Gelabert, P., Ciervo, C., Eckhardt, B., Aponte-Melendez, Y., Kapadia, S., & Marks, K. (2021). Medical provider stigma experienced by people who use drugs (MPS-PWUD):

  Development and validation of a scale among people who currently inject drugs in New York City. *Drug and Alcohol Dependence*, 221, 108589.

  <a href="https://doi.org/10.1016/j.drugalcdep.2021.108589">https://doi.org/10.1016/j.drugalcdep.2021.108589</a>
- Friedman, J. R., & Hansen, H. (2022). Evaluation of increases in drug overdose mortality rates in the US by race and ethnicity before and during the COVID-19 pandemic. *JAMA Psychiatry*, 79,(4), 379–381. Advance online publication. <a href="https://doi.org/10.1001/jamapsychiatry.2022.0004">https://doi.org/10.1001/jamapsychiatry.2022.0004</a>
- Goedel, W. C., Shapiro, A., Cerdá, M., Tsai, J. W., Hadland, S. E., & Marshall, B. D. L. (2020). Association of racial/ethnic segregation with treatment capacity for opioid use disorder in counties in the United States. *JAMA Network Open, 3*(4), e203711. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2764663
- Goldman, M. (2021). *Providers seek Medicaid reimbursement hike for opioid treatment.*InsideHealthPolicy.Com's Daily Brief. <a href="https://www.proquest.com/trade-journals/providers-seek-medicaid-reimbursement-hike-opioid/docview/2549646421/se-2?accountid=11091">https://www.proquest.com/trade-journals/providers-seek-medicaid-reimbursement-hike-opioid/docview/2549646421/se-2?accountid=11091</a>
- Garfield, R., & Orgera, K. (2021, January 21). *The coverage gap: Uninsured poor adults in states that do not expand Medicaid.* Kaiser Family Foundation. <a href="https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/">https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/</a>

- Haldar, S., & Guth, M. (2021, December 17). State policies connecting justice-involved populations to Medicaid coverage and care. Kaiser Family Foundation. <a href="https://www.kff.org/medicaid/issue-brief/state-policies-connecting-justice-involved-populations-to-medicaid-coverage-and-care/">https://www.kff.org/medicaid/issue-brief/state-policies-connecting-justice-involved-populations-to-medicaid-coverage-and-care/</a>
- Jackson, J. R. Harle, C. A., Silverman, R. D., Simon, K., & Menachemi, N. (2020). Characterizing variability in state-level regulations governing opioid treatment programs. *Journal of Substance Abuse Treatment*, 115, 108008. https://doi.org/10.1016/j.jsat.2020.108008
- Kaiser Family Foundation. (2022, February 23). Statues of state Medicaid expansion decisions:

  Interactive map. <a href="https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/">https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/</a>
- The Kennedy Forum (n.d.). Parity. <a href="https://www.thekennedyforum.org/vision/parity/">https://www.thekennedyforum.org/vision/parity/</a>
- Khatri, U. G., & Winkelman, T. (2022). Strengthening the Medicaid Reentry Act Supporting the health of people who are incarcerated. *The New England Journal of Medicine*. Advance online publication. https://doi.org/10.1056/NEJMp2119571
- Legal Action Center. (2020a, May). Spotlight on legislation limiting the use of prior authorization for substance use disorder services and medications. <a href="https://www.lac.org/resource/spotlight-on-legislation-limiting-the-use-of-prior-authorization-for-substance-use-disorder-services-and-medications">https://www.lac.org/resource/spotlight-on-legislation-limiting-the-use-of-prior-authorization-for-substance-use-disorder-services-and-medications</a>
- Legal Action Center. (2020b, January). *Health insurance for addiction & mental health care: A guide to the Federal Parity Law.* <a href="https://www.lac.org/resource/health-insurance-for-addiction-mental-health-care-a-guide-to-the-federal-parity-law">https://www.lac.org/resource/health-insurance-for-addiction-mental-health-care-a-guide-to-the-federal-parity-law</a>
- Legal Action Center. (2022a, February 8). *Utilizing Medicaid to strengthen access to opioid and other substance use disorder care throughout the criminal legal system*.

  <a href="https://www.lac.org/resource/utilizing-medicaid-to-strengthen-access-to-opioid-and-other-substance-use-disorder-care-throughout-the-criminal-legal-system">https://www.lac.org/resource/utilizing-medicaid-to-strengthen-access-to-opioid-and-other-substance-use-disorder-care-throughout-the-criminal-legal-system</a>
- Legal Action Center. (2022b, January 12). Cases involving discrimination based on treatment with medication for opioid use disorder (MOUD). <a href="https://www.lac.org/assets/files/Cases-involving-denial-of-access-to-MOUD.pdf">https://www.lac.org/assets/files/Cases-involving-denial-of-access-to-MOUD.pdf</a>
- Legislative Analysis and Public Policy Association. (2020, October). *Model Access to Medication for Addiction Treatment in Correctional Settings Act.* <a href="https://legislativeanalysis.org/model-access-to-medication-for-addiction-treatment-in-correctional-settings-act/">https://legislativeanalysis.org/model-access-to-medication-for-addiction-treatment-in-correctional-settings-act/</a>
- National Council for Mental Wellbeing. (n.d.). CCBHC Success Center. https://www.thenationalcouncil.org/ccbhc-success-center
- National Harm Reduction Coalition. (2020). *Principles of harm reduction*. <a href="https://harmreduction.org/wp-content/uploads/2020/08/NHRC-PDF-Principles">https://harmreduction.org/wp-content/uploads/2020/08/NHRC-PDF-Principles</a> Of Harm Reduction.pdf
- National Harm Reduction Coalition. (2021). *Harm reduction is healthcare: Sustainable funding for harm reduction programs*. <a href="https://harmreduction.org/issues/harm-reduction-is-healthcare-sustainable-funding-for-harm-reduction-programs/">https://harmreduction.org/issues/harm-reduction-is-healthcare-sustainable-funding-for-harm-reduction-programs/</a>

- National Judicial Opioid Task Force. (2019, November 20). *Convening, collaborating, connecting: Courts as leaders in the crisis of addiction.* <a href="https://www.ncsc.org/information-and-resources/resource-centers/resource-centers-items/opioids-and-the-courts/resource-center">https://www.ncsc.org/information-and-resources/resource-centers-items/opioids-and-the-courts/resource-center</a>
- NYS Department of Health. (2021, August). Drug User Health. <a href="https://www.health.ny.gov/diseases/aids/consumers/prevention/">https://www.health.ny.gov/diseases/aids/consumers/prevention/</a>
- Paquette, C. E., Syvertsen, J. L., & Pollini, R. A. (2018). Stigma at every turn: Health services experiences among people who inject drugs. *The International Journal on Drug Policy*, *57*, 104–110. <a href="https://doi.org/10.1016/j.drugpo.2018.04.004">https://doi.org/10.1016/j.drugpo.2018.04.004</a>
- Perera, R., Stephan, L., Appa, A., Giuliano, R., Hoffman, R., Lum, P., & Martin, M. (2022). Meeting people where they are: implementing hospital-based substance use harm reduction. *Harm reduction journal*, 19(1), 14-14. <a href="https://doi.org/10.1186/s12954-022-00594-9">https://doi.org/10.1186/s12954-022-00594-9</a>
- The Pew Charitable Trusts. (2020, March 26). *African Americans often face challenges accessing substance use treatment*. <a href="https://www.pewtrusts.org/en/research-and-analysis/articles/2020/03/26/african-americans-often-face-challenges-accessing-substance-use-treatment">https://www.pewtrusts.org/en/research-and-analysis/articles/2020/03/26/african-americans-often-face-challenges-accessing-substance-use-treatment</a>
- The Pew Charitable Trusts. (2021a, July 16). *Opioid treatment programs: A key treatment system component*. <a href="https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/07/opioid-treatment-programs-a-key-treatment-system-component">https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/07/opioid-treatment-programs-a-key-treatment-system-component</a>
- The Pew Charitable Trusts. (2021b, June 14). Washington state program lowers barriers to treatment for opioid use disorder patients. <a href="https://www.pewtrusts.org/en/research-and-analysis/articles/2021/06/14/washington-state-program-lowers-barriers-to-treatment-for-opioid-use-disorder-patients">https://www.pewtrusts.org/en/research-and-analysis/articles/2021/06/14/washington-state-program-lowers-barriers-to-treatment-for-opioid-use-disorder-patients</a>
- The Pew Charitable Trusts. (2021c, May 24). *Policies should promote access to buprenorphine for opioid use disorder*. <a href="https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/05/policies-should-promote-access-to-buprenorphine-for-opioid-use-disorder">https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/05/policies-should-promote-access-to-buprenorphine-for-opioid-use-disorder</a>
- Ranapurwala, S. I., Shanahan, M. E., Alexandridis, A. A., Proescholdbell, S. K., Naumann, R. B., Edwards, D., Jr, & Marshall, S. W. (2018). Opioid overdose mortality among former North Carolina inmates: 2000–2015. *American Journal of Public Health, 108*(9), 1207–1213. <a href="https://doi.org/10.2105/AJPH.2018.304514">https://doi.org/10.2105/AJPH.2018.304514</a>
- REACH. (n.d.). <a href="https://reachgrant.org/">https://reachgrant.org/</a>
- Rhode Island Department of Health. (2017, March). Levels of Care for Rhode Island Emergency
  Departments and Hospitals for Treating Overdose and Opioid Use Disorder.

  <a href="https://health.ri.gov/publications/guides/LevelsOfCareForTreatingOverdoseAndOpioidUseDisorder.pdf">https://health.ri.gov/publications/guides/LevelsOfCareForTreatingOverdoseAndOpioidUseDisorder.pdf</a>
- Rohde, K., Ross, T., & Kim, C. (2022, February 12). Reforming health care for patients in prison. *The Regulatory Review*. <a href="https://www.theregreview.org/2022/02/12/saturday-seminar-reforming-health-care-patients-prison/">https://www.theregreview.org/2022/02/12/saturday-seminar-reforming-health-care-patients-prison/</a>

- Samuels, E. A., Wentz, A., McCormick, M., McDonald, J. V., Marshall, B., Friedman, C., Koziol, J., & Alexander-Scott, N. E. (2021). Rhode Island's Opioid Overdose Hospital Standards and Emergency Department Naloxone Distribution, Behavioral Counseling, and Referral to Treatment. *Annals of emergency medicine*, 78(1), 68–79. https://doi.org/10.1016/j.annemergmed.2021.02.004 Shatterproof. (2022). *Using ATLAS to find high-quality addiction treatment*. https://www.shatterproof.org/find-help/locate-a-high-quality-provider
- Scott, K. M., Lim, C., Al-Hamzawi, A., Alonso, J., Bruffaerts, R., Caldas-de-Almeida, J. M., Florescu, S., de Girolamo, G., Hu, C., de Jonge, P., Kawakami, N., Medina-Mora, M. E., Moskalewicz, J., Navarro-Mateu, F., O'Neill, S., Piazza, M., Posada-Villa, J., Torres, Y., & Kessler, R. C. (2016). Association of Mental Disorders with Subsequent Chronic Physical Conditions: World Mental Health Surveys From 17 Countries. JAMA psychiatry, 73(2), 150–158. <a href="https://doi.org/10.1001/jamapsychiatry.2015.2688">https://doi.org/10.1001/jamapsychiatry.2015.2688</a>
- Shatterproof. (2022). *Using ATLAS to find high-quality addiction treatment.*<a href="https://www.shatterproof.org/find-help/locate-a-high-quality-provider">https://www.shatterproof.org/find-help/locate-a-high-quality-provider</a>
- Substance Abuse and Mental Health Services Administration. (2020a, September). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health.

  <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf">https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf</a>
- Substance Abuse and Mental Health Services Administration. (2020b, June). *Treatment of stimulant use disorders*. <a href="https://store.samhsa.gov/product/Treatment-of-Stimulant-Use-Disorder/PEP20-06-01-001">https://store.samhsa.gov/product/Treatment-of-Stimulant-Use-Disorder/PEP20-06-01-001</a>
- Substance Abuse and Mental Health Services Administration. (2021a, October 25). 2020 NSDUH annual national report. <a href="https://www.samhsa.gov/data/report/2020-nsduh-annual-national-report">https://www.samhsa.gov/data/report/2020-nsduh-annual-national-report</a>
- Substance Abuse and Mental Health Services Administration. (2021b, November 18). *Statutes, regulations, and guidelines*. <a href="https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines">https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines</a>
- Substance Abuse and Mental Health Services Administration. (2021c). *Use of medication-assisted treatment in emergency departments*. <a href="https://store.samhsa.gov/product/use-of-mat-in-emergency-departments/pep21-pl-guide-5">https://store.samhsa.gov/product/use-of-mat-in-emergency-departments/pep21-pl-guide-5</a>
- Substance Abuse and Mental Health Services Administration. (2022, March 3). *Methadone take-home flexibilities extension guidance*. <a href="https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/methadone-guidance">https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/methadone-guidance</a>

- Substance Abuse and Mental Health Services Administration; Office of the Surgeon General. (2016, November). Chapter 6, Health care systems and substance use disorders. In Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health. U.S. Department of Health and Human Services. <a href="https://www.ncbi.nlm.nih.gov/books/NBK424848/">https://www.ncbi.nlm.nih.gov/books/NBK424848/</a>
- U.S. Department of Health and Human Services Office of Inspector General. (2020, January). Geographic disparities affect access to buprenorphine services for opioid use disorder. https://oig.hhs.gov/oei/reports/oei-12-17-00240.asp
- U.S. Department of Justice. (2022, February 7). *Justice Department finds that Pennsylvania courts discriminated against people with opioid use disorder*. <a href="https://www.justice.gov/opa/pr/justice-department-finds-pennsylvania-courts-discriminated-against-people-opioid-use-disorder">https://www.justice.gov/opa/pr/justice-department-finds-pennsylvania-courts-discriminated-against-people-opioid-use-disorder</a>
- Weizman, S., El-Sabawi, T., Perez. J., Baney, M., & Manoff, I., (2021, July 28). *National snapshot: Access to medications for opioid use disorder in U.S. jails and prisons*. O'Neill Institute.

  <a href="https://oneill.law.georgetown.edu/publications/national-snapshot-access-to-medications-for-opioid-use-disorder-in-u-s-jails-and-prisons/">https://oneill.law.georgetown.edu/publications/national-snapshot-access-to-medications-for-opioid-use-disorder-in-u-s-jails-and-prisons/</a>
- Westerberg, V. S., McCrady, B. S., Owens, M., & Guerin, P. (2016). Community-based methadone maintenance in a large detention center is associated with decreases in inmate recidivism. *Journal of Substance Abuse Treatment, 70,* 1–6. https://doi.org/10.1016/j.jsat.2016.07.007

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