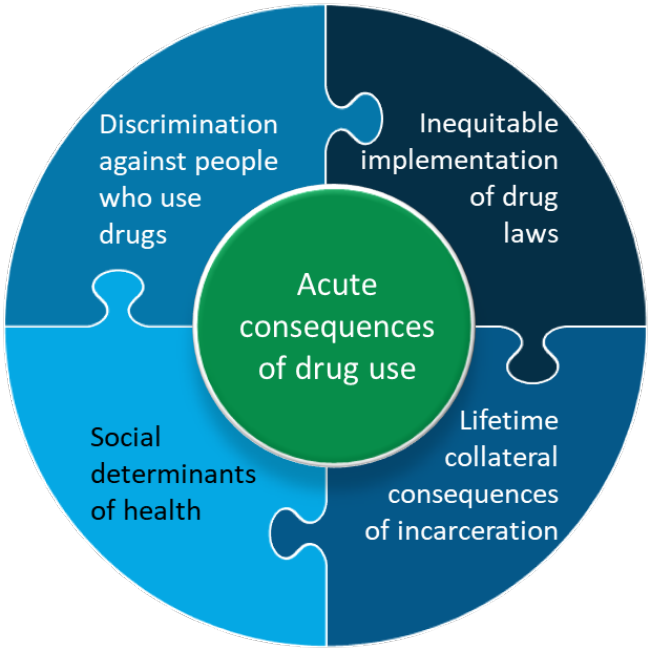
BIG IDEAS–The Social Determinants of Addiction: Policies to Address Health Care Access and Quality

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).

Figure 1. The Amplification of Overdose Risks



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 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 office-based 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.

Figure 2. Policy Strategies to Expand Health Insurance Expansion and Reducing Barriers to Coverage

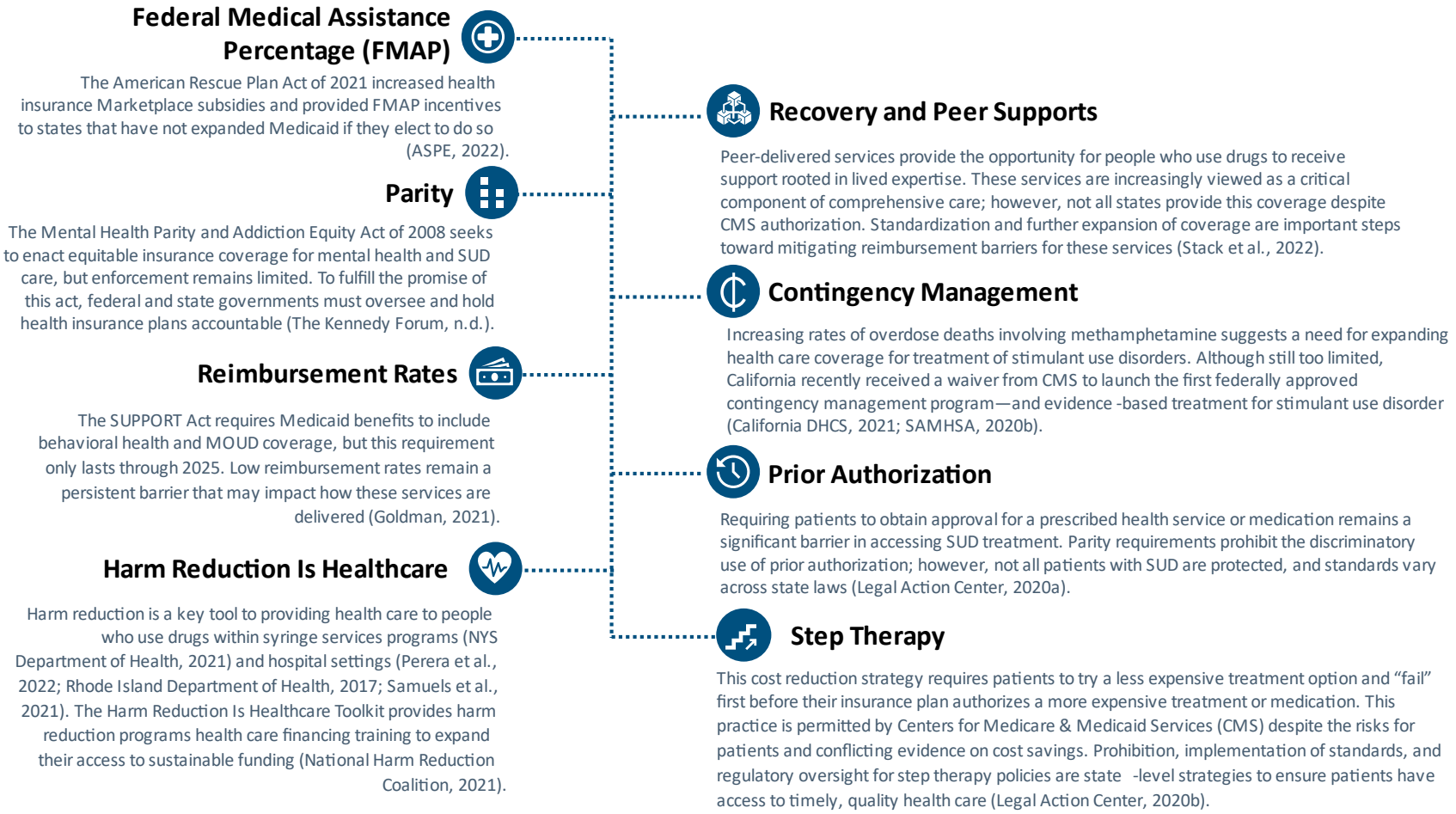
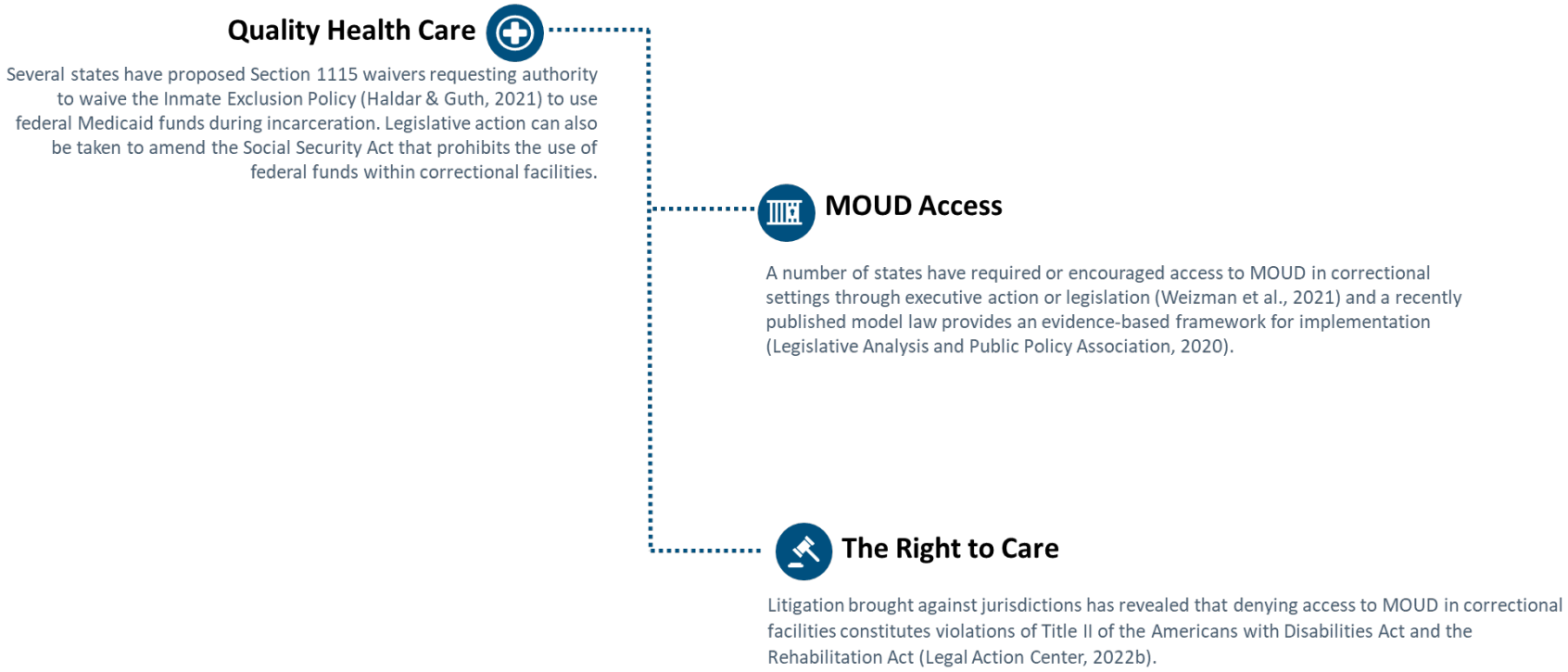


Figure 3. Policy Strategies to Expanding Access to Low-Threshold Services

Figure 4. Policy Strategies to Expanding Access to Treatment in the Criminal Legal System



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