

**AVAILABILITY OF MEDICATION-ASSISTED
TREATMENT FOR OPIOID ADDICTION IN
RURAL AND URBAN PENNSYLVANIA**

WCU FACULTY FORUM: THE OPIOID CRISIS.

THE OPIOID CRISIS: NATIONAL PICTURE

- In October 2017, Donald J. Trump declared the opioid crisis- a public health emergency.
- In 2017:
 - 2.5 million¹
 - 467,000¹
- 6.1 to 16.3 deaths per thousand people²
- Number one cause of accidental deaths in the United States¹
- Hepatitis C (HCV): Estimates indicate that HCV has increased 90%³
- Only 20%- 40% of the nation's 2.5 million who have an opioid misuse disorder receive evidence-based treatment^{2,4}.

THE OPIOID CRISIS: PENNSYLVANIA

- 44.1% increase⁵
- In 2016: National opioid mortality rate = 13.3 deaths per 100,000
- Pennsylvania rate of opioid overdose deaths = 18.5 per 100,000 persons⁶.
- The incidence of disease associated with opioid use is also a concern within the state. In 2015, there were 11,988 new cases of chronic HCV and 1,170 cases of HIV reported, both of which were associated with opioid injection drug use⁵.

BARRIERS TO TREATMENT

| Theme Category | Theme Description |
|----------------|--|
| Barrier | Theme 1: Transportation to MAT clinics is a barrier to access for patients receiving treatment, especially in underserved rural areas. |
| Barrier | Theme 2: Stigma against MAT services represents a significant barrier for opioid abusers in receiving treatment with MAT services. |
| Barrier | Theme 4: Childcare: The lack of childcare represents a significant barrier for patients receiving the MAT services. |

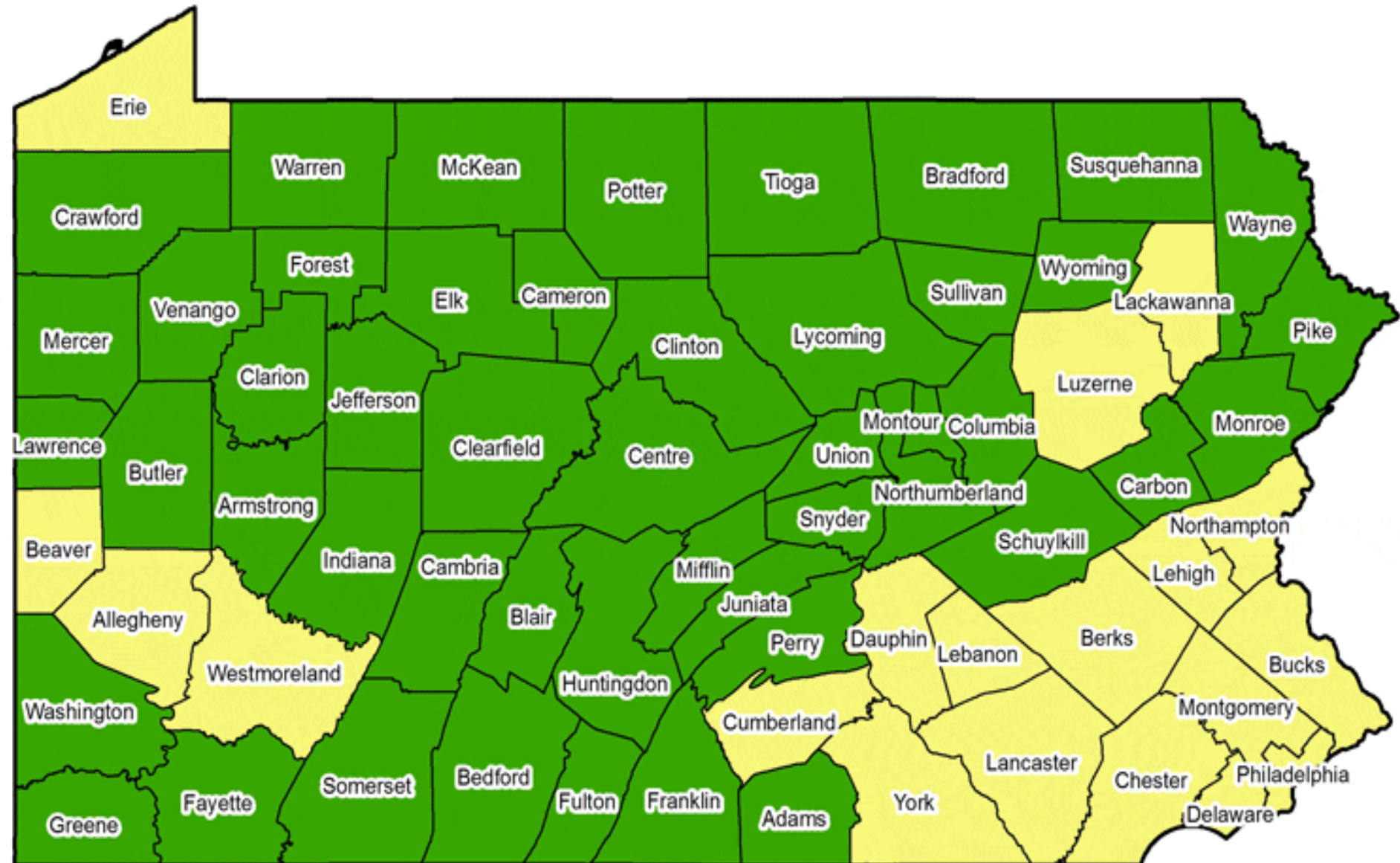
OPPORTUNITIES TO EXPAND TREATMENT

| Theme Category | Theme Description |
|----------------|--|
| Opportunity | Theme 4: Opportunity: Increase funding for Single County Authorities (SCAs) and indirectly the support of MAT clinics and their services. |
| Opportunity | Theme 5: Opportunity: Increase the number of satellite facilities that provide MAT services for patients even though counseling remains at the base narcotic treatment program (NTP) clinic. Increase the number of mobile clinics that provide MAT dosing services in underserved rural areas throughout the state. |
| Opportunity | Theme 6: Opportunity: Address and reduce the stigma against MAT services by educating the public and medical providers regarding the clinical efficiency of MAT services. |

BEST PRACTICES IN TREATMENT DELIVERY

| Theme Category | Theme Description |
|----------------|--|
| Best Practice | Theme 7. Best Practice: Centers of Excellence are the “gold standard” for treating patients with opioid abuse that should be supported and funded throughout the state in other facilities. |
| Best Practice | Theme 8: Best Practice: Clinic administrators should not just provide the minimal 2.5 hours of counseling required for patients receiving MAT services. Instead MAT clinics should provide as much professional counseling as necessary to enable patients to receive the maximum benefit from receiving MAT services. |
| Best Practice | Theme 9: Best Practice: MAT clinics should provide prescription management services along MAT services for the benefit and health of their patients. |

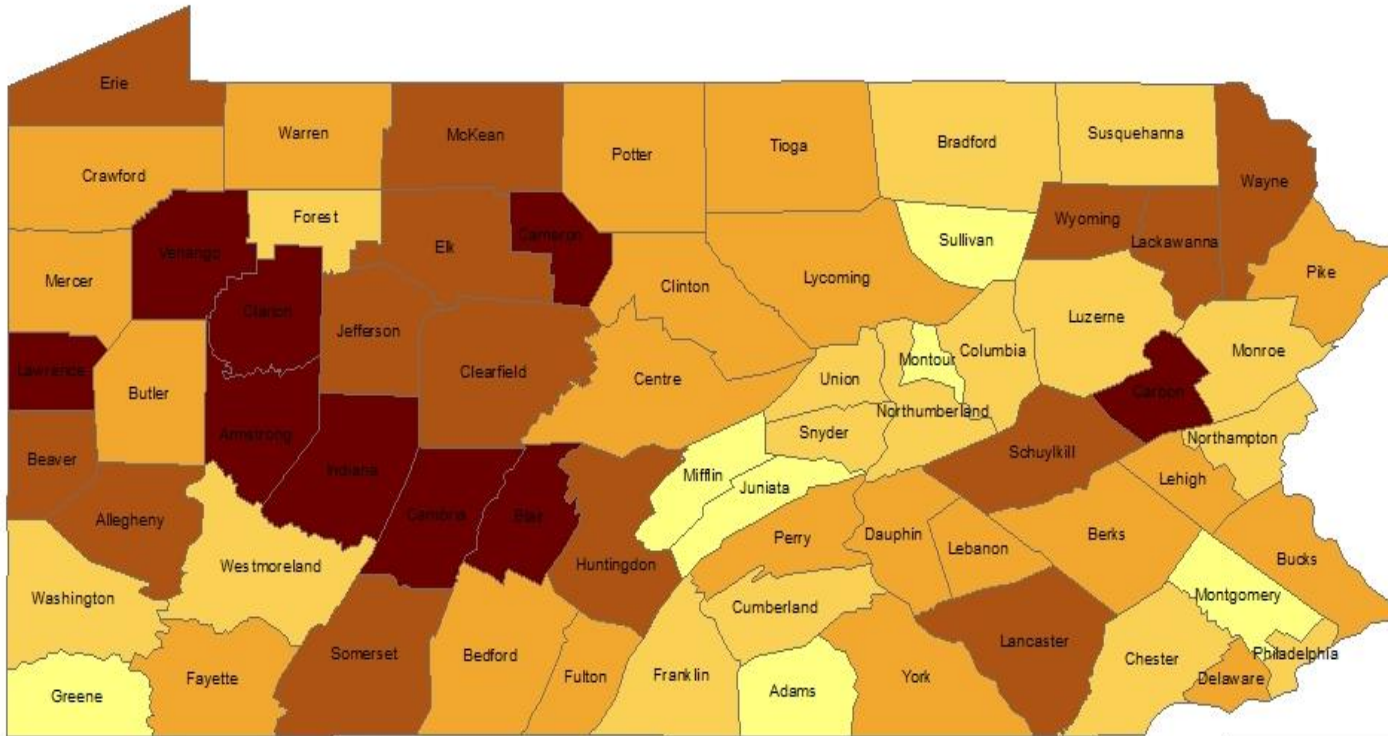
Rural Pennsylvania Counties



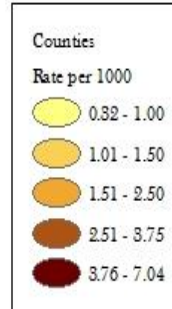
Source: U.S. Census Bureau, 2010 Census

Urban Rural

Pennsylvania Rate of Drug Treatment Admission by County of Residence (7/13 - 6/14)



Data Source: Pennsylvania and County Health Profiles 2016 Report - Pennsylvania Department of Health

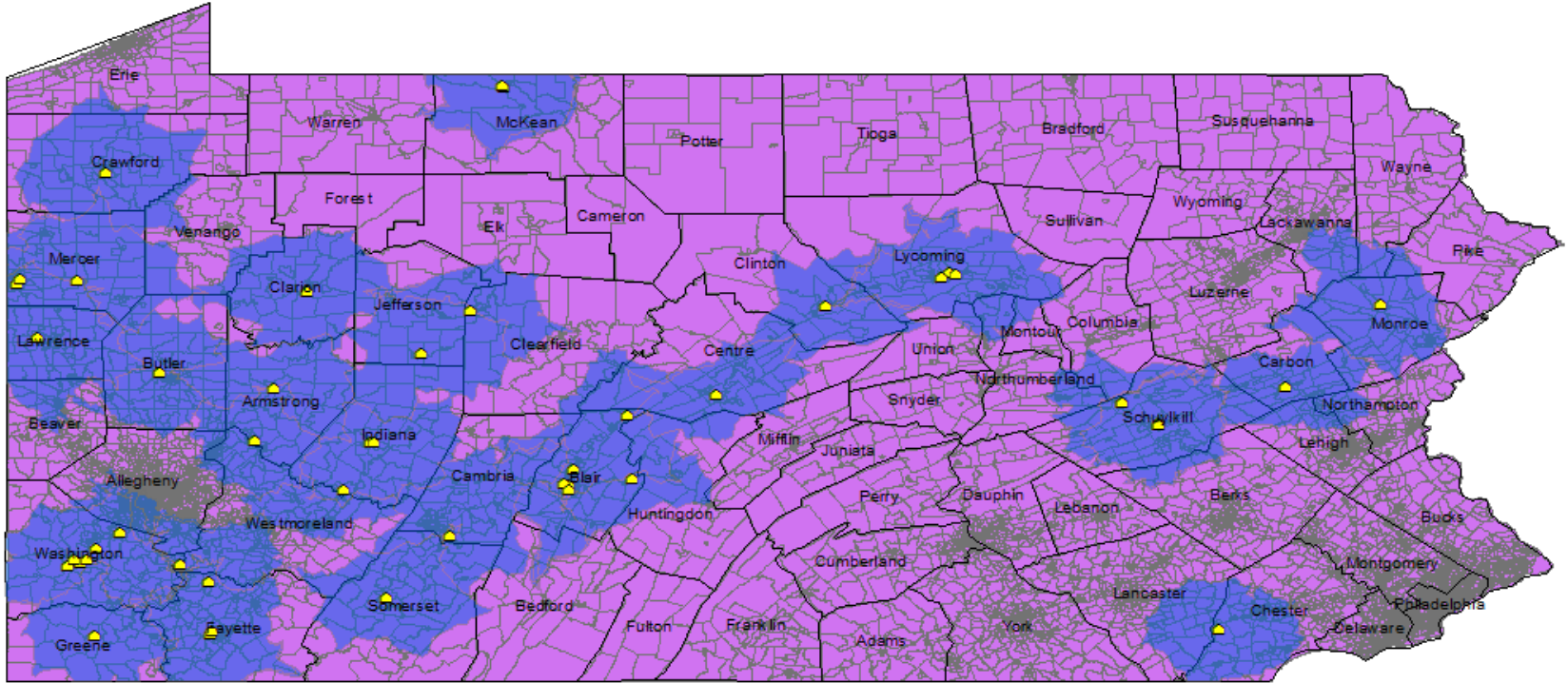


- Nine of the Counties with the highest rates of drug treatment admission were in Western PA (rural)
- Cameron (7.04 - 37)
- Venango (4.77 - 263)
- Indiana (4.67 - 411)
- Cambria (4.67 - 677)
- (rate per 1,000 - # of admissions)
- 24,990 Primary Diagnosis was drug overdose

- Does not include those seeking treatment for alcohol abuse

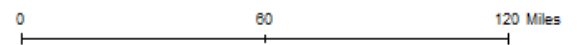


Physical Sites Offering MAT Services with 30 Minute Drive Time

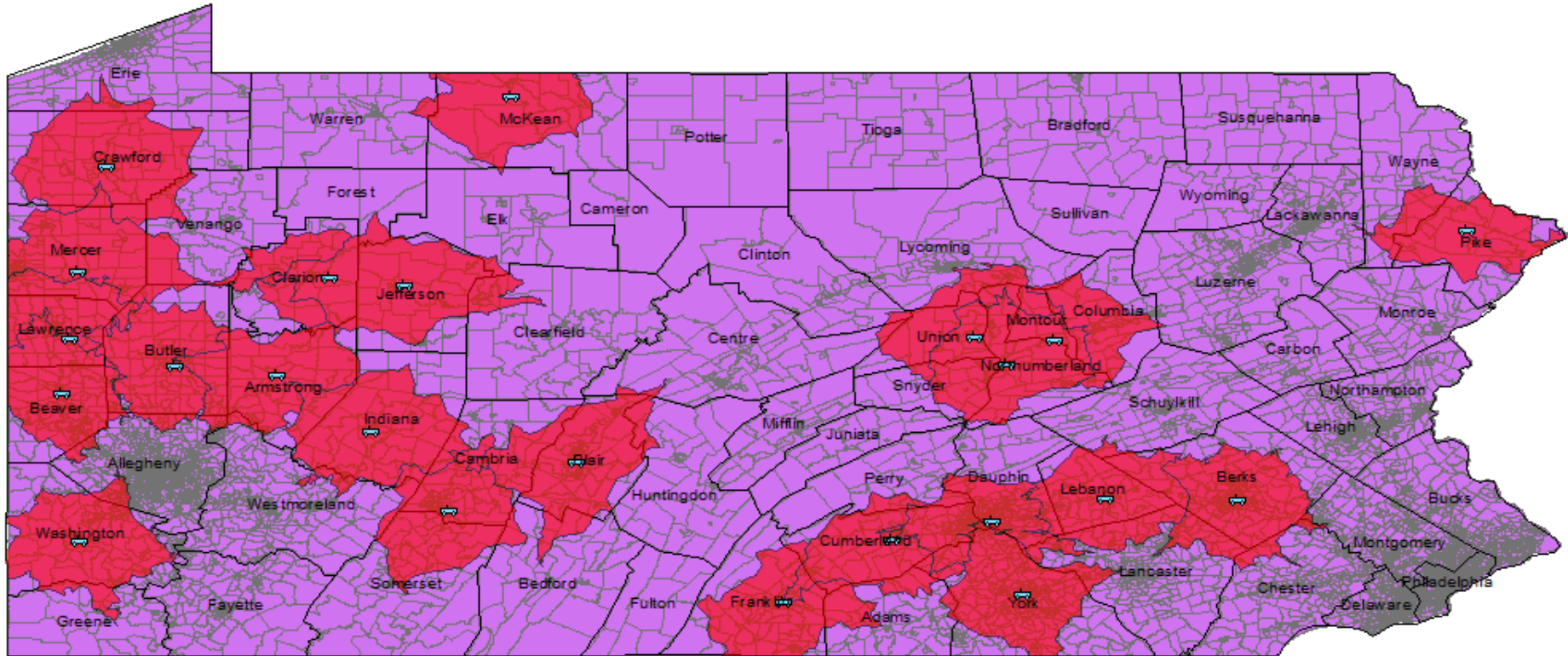


Legend

-  MAT Facilities
-  Physical Site 30 Minute Drive Time
-  Counties
-  Census Block Groups



Mobile Sites Offering MAT Services with 30 Minute Drive Time

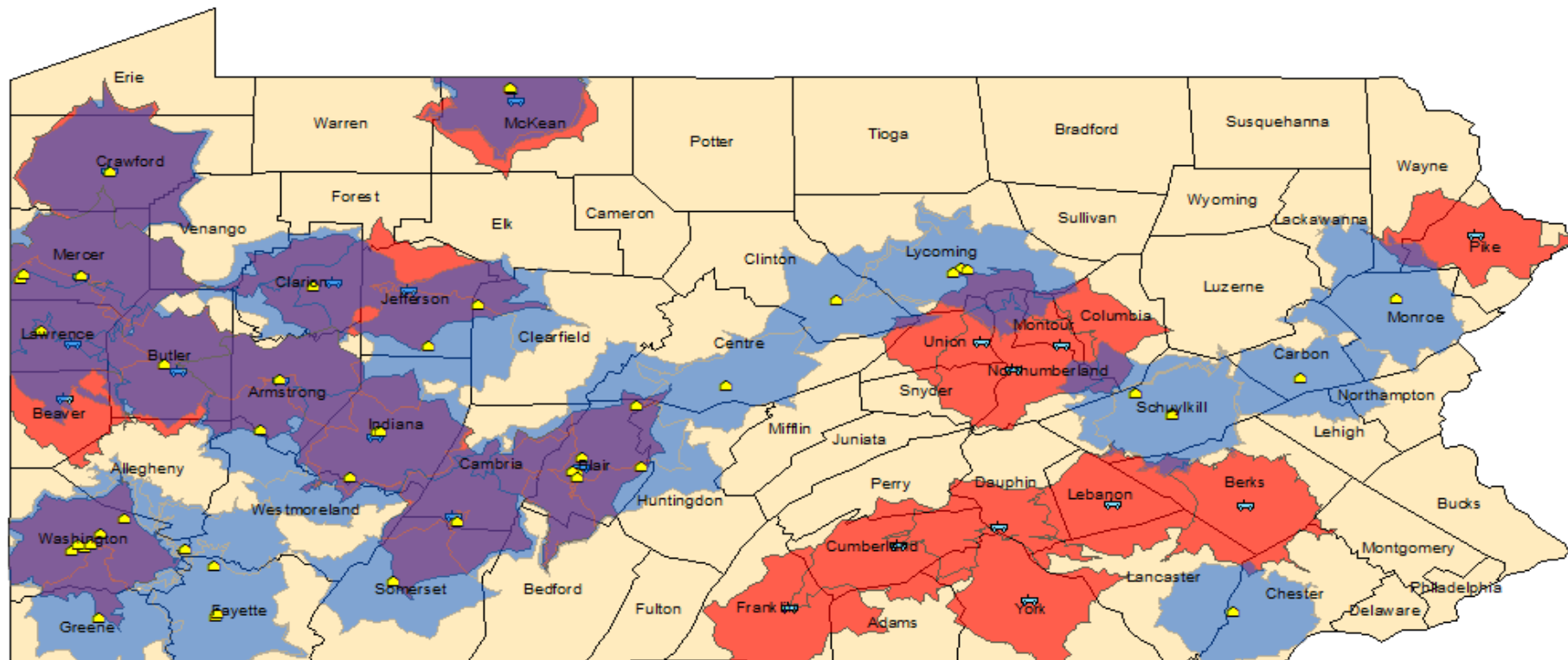


Legend

-  Mobile MAT Facilities
-  Mobile Site 30 Minute Drive Time
-  Counties
-  Census Block Groups

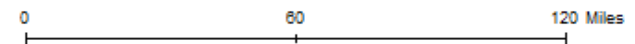


Physical and Mobile Sites Offering MAT Services with 30 Minute Drive Times



Legend

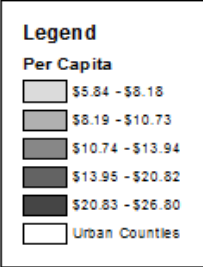
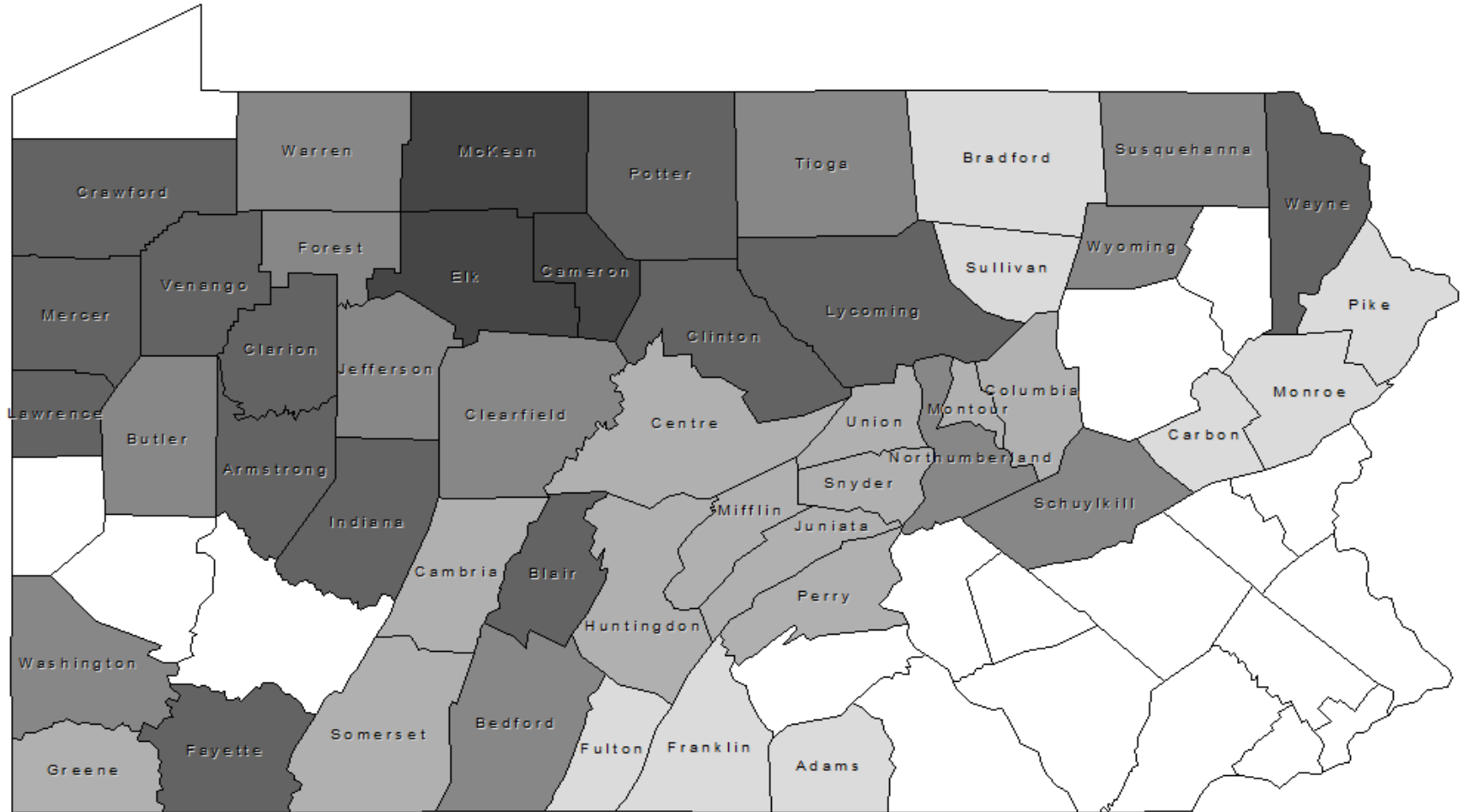
-  MAT Facilities
-  Mobile MAT Facilities
-  Physical Site 30 Minute Drive Time
-  Mobile Site 30 Minute Drive Time
-  Counties




COUNTIES WITH LIMITED ACCESS TO MAT

| County | Number of People | % of Population Not in 30 Min Access to MAT |
|---------------|-------------------------|--|
| Adams | 82,497 | 80% |
| Bradford | 61,966 | 100% |
| Mifflin | 46,313 | 100% |
| Venango | 44,477 | 81% |
| Susquehanna | 41,231 | 100% |
| Tioga | 40,779 | 100% |
| Warren | 40,631 | 100% |
| Bedford | 39,560 | 79% |
| Wayne | 37,469 | 70% |
| Clearfield | 35,483 | 43% |

Single County Authority Expenditures Per Capita in Rural Pennsylvania



TAKE AWAY FROM OUR GIS ANALYSIS

- MAT Facilities are mainly absent in northwest, north central, and central Pennsylvania.
 - Reinforces the lack of access in the “T” region of the state.
 - This study clearly indicates many areas in rural Pennsylvania that were not within 30 minute service area – indicating lack of service availability.
 - Approximately 304,648 people live in areas of rural Pennsylvania where they have no access to MAT treatment facility within 30 minutes of their home.
 - Approximately 215,663 people live in areas of rural Pennsylvania where only 1-25% of the population lives within 30 minutes of a MAT facility.
- 

REFERENCES

1. Hancock C., Mennenga, H., King, N., Andrilla, H., Larson, E. and Schou, P. (2017). Treating the Rural Opioid Epidemic. National Rural Health Association Policy Brief
2. Haffajee, R. L., Bohnert, A. S., & Lagisetty, P. A. (2018). Policy pathways to address provider workforce barriers to buprenorphine treatment. *American Journal of Preventive Medicine*, 54(6), S230-S242.
3. Connery, H. S. (2015). Medication-assisted treatment of opioid use disorder: review of the evidence and future directions. *Harvard Review of Psychiatry*, 23(2), 63-75.
4. Winstanley, E. L., Brigham, G. S., Babcock, D., & Winhusen, T. (2014). Improving treatment for opioid dependence: A perspective from the Ohio Valley Node of the NIDA Clinical Trials Network. *Progress in Community Health Partnerships : Research, Education, and Action*, 8(1), 99–107. <http://doi.org/10.1353/cpr.2014.0002>
5. Center for Disease Control and Prevention. (2017). Drug Overdose Death Data. Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>
6. National Institute on Drug Abuse (2018). Pennsylvania Opioid Summary. Accessed from: <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/pennsylvania-opioid-summary>

CONTACT INFORMATION

Harry D. Holt
Department of Health
West Chester University
Sturzebecker HSC
West Chester, PA 19382
Email: hholt@wcupa.edu
Phone: 610-436-2142

Matin Katirai
Department of Geography
and Regional Planning
West Chester University
Business and Public
Administration Building
West Chester, PA 19382
Email: mkatirai@wcupa.edu
Phone: 610-436-2393

Whitney Katirai
Department of Health
West Chester University
Sturzebecker HSC
West Chester, PA 19382
Email: wkatirai@wcupa.edu
Phone: 610-436-2173