

## State policies can influence access to heroin treatment, study finds

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State policies can influence the number of physicians licensed to prescribe buprenorphine, a drug that can treat addiction to heroin and other opioids in outpatient settings, according to a new RAND Corporation study.

Examining county-level numbers of physicians approved to prescribe [buprenorphine](#), researchers found a significant link between the number of approved physicians and both specific state guidance regarding the use of buprenorphine and the distribution of [clinical guidelines](#) for buprenorphine treatment. The findings were published online by the *Journal of Substance Abuse Treatment*.

"State officials who are concerned about increasing opportunities for people to receive treatment for addiction to heroin and other opioids should know that there are policies they can adopt that appear to increase access to these services," said Dr. Bradley D. Stein, the study's lead author, a practicing psychiatrist and a senior scientist at RAND, a nonprofit research organization.

Buprenorphine is an effective pharmaceutical alternative to methadone for treating opioid dependence. Unlike methadone, which commonly requires patients to report daily to a licensed clinic to receive their medication, buprenorphine can be taken at home like other prescription drugs.

However, the treatment is currently available to only a small minority of

patients in need of help. This is because buprenorphine only can be prescribed by physicians who obtain a waiver after completing special training and very few physicians have received such training.

Abuse of heroin and illicit use of clinically prescribed opioid drugs is skyrocketing across all parts of the nation. The federal Substance Abuse and Mental Health Services Administration estimates that more than 1 million Americans used illicit opioids in the past year.

In the new study, researchers calculated the number of waived physicians in each of the nation's counties during 2008 through 2011, considering the population of each in increments of 100,000, using data from the Buprenorphine Waiver Notification System. The analysis showed that the number of waived physicians depended on certain county characteristics, state policies and efforts to promote buprenorphine use.

In 2011, 43 percent of U.S. counties had no waived physicians and just 7 percent had 20 waived physicians or more. There are more physicians with waivers in counties where heroin problems are worse.

Medicaid funding for buprenorphine treatment, opioid overdose deaths and specific state guidance for office-based buprenorphine programs were associated with an increase in buprenorphine-waived physicians, according to the study. In contrast, encouraging methadone programs to promote buprenorphine use had no impact.

"There was a significant positive association between the number of waived physicians and both specific state guidance on the use on buprenorphine and the distribution of clinical guidelines for buprenorphine treatment," Stein said. "Policies with more-detailed guidance were associated with regions having more waived [physicians](#)."

Provided by RAND Corporation

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