

# Georgians in 71 counties lack methadone clinic access within 15-minute drive

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The gold standard of opioid addiction treatments, methadone is a lifeline for millions of people addicted to narcotics like heroin, oxycodone and fentanyl.

But for many Georgians, accessing medication-assisted treatment is next to impossible.

New research from the University of Georgia found four of the five Georgia counties with the highest [opioid overdose](#) death rates don't have a [methadone](#) clinic accessible within a 15-minute drive.

More than 30 people per 100,000 died from an opioid overdose in Webster, Hancock, Glascock, Talbot and Irwin counties in 2019. (The state of Georgia reports an opioid overdose death rate of about 8 per 100,000 people statewide.) Only Irwin County has a methadone clinic accessible within a 15-minute drive of some of its residents.

In total, 71 counties out of Georgia's 159 don't have a methadone clinic within a 15-minute drive to their residents, the researchers found. And 50 of the 51 Georgia counties with methadone clinics are non-rural counties, located around places like Atlanta and Augusta.

## **Access to opioid treatment lacking in rural communities**

While incredibly effective at weaning people off opioid drugs, methadone is administered daily under strict regulations and supervision for the first three months of use.

But accessing that care means taking time off work and possibly having to find someone to drive you to your appointment each day for several months. People in [rural communities](#) without clinics, low-income patients and those without reliable transportation often fall out of treatment because of these hurdles.

"That's a pretty long commitment," said Jayani Jayawardhana,

corresponding author of the study and an associate professor in UGA's College of Pharmacy. "You can't expect people to drive an hour or two daily for three months. That's not possible for most."

After those first few months, patients are typically able to continue taking the drug at home. The Food and Drug Administration recommends patients keep taking methadone for at least a year, but many people addicted to opioids will need medication-assisted treatment for even longer.

## **FQHCs offer possible solution to improving access to opioid treatment programs**

While many rural residents are far from methadone clinics, at least two out of three of the people living in the counties with the highest opioid overdose death rates are within 15 minutes of a federally qualified health center (FQHC), the study found. That makes these centers a viable option for expanding access to lifesaving medical care, said Jayawardhana.

"There are only 85 methadone clinics in Georgia, and almost all of them are in non-rural counties," Jayawardhana said. "The purpose of federally qualified health centers is to improve access to care in rural communities. If these centers can deliver methadone, you could increase access with minimal cost and training and without having to build new facilities, hire personnel or buy major equipment."

When the researchers expanded their analysis to the nine counties with the highest opioid overdose death rates, they found seven didn't have a methadone clinic accessible within 15-minute drive. But they all had easier access to an FQHC.

"Rural counties across the country have difficulty accessing health care in general, not just opioid treatment," she said. "We have a disparity in terms of access to care when it comes to opioid treatment in this state, but in the South and especially in Appalachian states, drug overdoses are also a big concern.

"Policymakers in Congress need to take this information to create policies that can reduce the disparities in access to care."

## **117 Georgia counties reported opioid overdose deaths in 2019**

The researchers relied on data from the Substance Abuse and Mental Health Services Administration to locate all the clinics in Georgia. That information was cross-checked with other [data sources](#) and logged to map the 85 methadone clinic locations. The study used 2019 opioid overdose deaths recorded by the Georgia Department of Public Health. In part due to the COVID-19 pandemic, it's likely that more current overdose data would show an increased rate.

Of Georgia's 159 counties, only 42 had opioid [overdose](#) death rates of 0 per 100,000 people.

Jayawardhana and her colleagues used data from the Health Resources and Services Administration to locate and plot the state's 116 federally qualified health centers.

They then used geographical information system mapping and a descriptive analysis to determine how much of a county's population was within 15 minutes of a methadone clinic and within 30 minutes. The researchers compared that data with how close county populations were to FQHCs.

"Most of the policies we have currently are policies that restrict supply of opioids, like pill mill legislation and prescription drug monitoring programs," Jayawardhana said. "Those policies have been effective in restricting supply. But now the question is how can we help the people who still are suffering from [opioid](#) use disorder access treatment? We have to do something to make treatment more accessible as well."

The study was published in *Drug and Alcohol Dependence*.

**More information:** Tahiya Anwar et al, Access to methadone clinics and opioid overdose deaths in Georgia: A geospatial analysis, *Drug and Alcohol Dependence* (2022). [DOI: 10.1016/j.drugalcdep.2022.109565](https://doi.org/10.1016/j.drugalcdep.2022.109565)

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