

Geographic disparities in access to addiction treatment medication may be linked to race, ethnicity

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Buprenorphine. Credit: Pixabay/CC0 Public Domain

Buprenorphine, a life-saving medication for opioid use disorder, is far less accessible in geographic areas of the United States with racially and

ethnically diverse populations than in predominantly white areas, according to a new study of pre-pandemic data led by health policy scientists at the University of Pittsburgh School of Public Health [published](#) in *Journal of Addiction Medicine*.

The study is among the first to examine buprenorphine access at the local, sub-county level, and the findings point to lack of access to medications for [opioid use disorder](#) as a potential contributing reason why overdose deaths are rising most rapidly among Black Americans and Native Americans.

"The degree is rather striking," said lead author Coleman Drake, Ph.D., assistant professor in the Department of Health Policy and Management at Pitt Public Health.

"Access is substantially better in areas that are very white. When you move to areas with even some racial or [ethnic diversity](#), there is a large decline in the geographic availability of buprenorphine prescribers and prescription fills. In areas that are less than 95 % white, for example, there's a 45 to 50 % drop."

The team examined the numbers of buprenorphine prescribers and dispensed buprenorphine prescriptions within geographic regions—ZIP codes and surrounding areas within a 30-minute drive—in 2018.

The more ethnically and racially diverse ZIP codes had 45% to 55% fewer buprenorphine prescribers in [urban areas](#) and 62% to 79% fewer prescribers in [rural areas](#). Dispensed prescriptions reflected these inequities, as well, with 51% to 76% fewer dispensed in diverse urban areas and 68% to 87% fewer in diverse rural areas.

Unfortunately, said Drake, efforts leading up to 2018 to increase the number of buprenorphine prescribers have not resulted in equitable

access to this treatment. Addressing these disparities will require a two-fold strategy: increasing the number of buprenorphine prescribers in diverse communities and, particularly in urban areas, promoting increased prescribing among those already prescribing the treatment, he said.

Additional studies are also needed to determine how more recent changes in provider requirements for prescribing [buprenorphine](#), as well as an increase in telehealth flexibilities, have impacted these health disparities.

More information: Geographic Disparities in Access to Addiction Treatment Medication May Be Linked to Race, Ethnicity, *Journal of Addiction Medicine* (2024). [DOI: 10.1097/ADM.0000000000001287](https://doi.org/10.1097/ADM.0000000000001287)

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