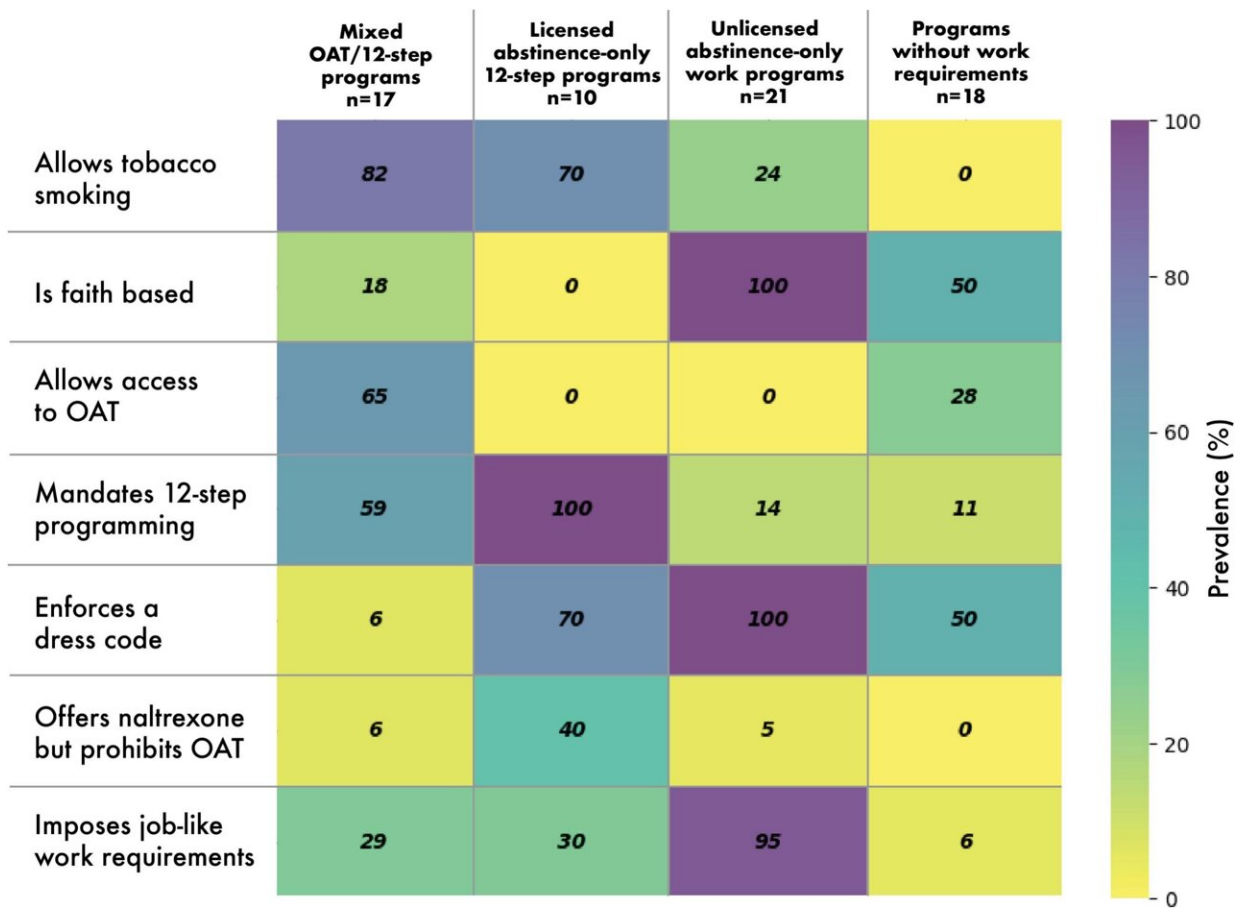


Study raises concerns about residential opioid treatment providers in N.C.

August 28 2024, by Matt Shipman



Percent prevalence of provider characteristics by cluster. Credit: *Journal of Substance Use and Addiction Treatment* (2024). DOI: 10.1016/j.josat.2024.209474

A new study of organizations that claim to provide residential opioid substance use services in North Carolina found that only 12% of the organizations were licensed by the state to provide residential substance use treatment. What's more, only about a quarter of the organizations even allowed patients to access the only treatment for opioid use disorder proven to reduce overdose deaths.

The study, "[Evidence-based treatment for opioid use disorder is widely unavailable and often discouraged by providers of residential substance use services in North Carolina](#)," is published in the *Journal of Substance Use and Addiction Treatment*.

"We wanted to know how many organizations in North Carolina that purport to provide residential opioid substance use services actually provide patients with evidence-based treatment or allow patients to access evidence-based treatment services," says Jennifer Carroll, lead author of the study and an associate professor of anthropology at North Carolina State University. "Specifically, we wanted to know how many of these organizations allowed patients to access opioid agonist treatment (OAT)."

OAT refers to treatment services that use FDA-approved opioid medications, such as methadone or buprenorphine, to treat addiction and help patients cease illicit substance use.

"We focused on OAT because OAT programs have better outcomes than other treatments by virtually every measure—and have also been proven to cut the risk of overdose deaths in half," Carroll says.

For the study, researchers conducted a statewide inventory of residential substance use service providers in North Carolina. The researchers then had "secret shoppers" pose as people seeking help for [heroin addiction](#) and call every organization that claimed to provide residential services

for opioid use disorder, with the goal of learning more about what services the different programs offered. The researchers identified 82 providers. Sixteen of the providers declined to answer any questions when contacted. The remaining 66 answered some or all of the questions from the researchers.

The study found that only seven of the organizations provided OAT to patients on site, while an additional nine organizations allowed patients to access OAT through an outside or community-based prescriber. In addition, only eight of the providers were licensed to provide residential substance use treatment.

"Thousands of North Carolinians die of opioid overdoses every year," Carroll says. "And most of the places in North Carolina that people might turn to for help don't allow patients to access the treatment that is most likely to help them stay alive and treat their [opioid use disorder](#)."

"What's more, we found that 33—fully half—of the organizations we talked with were dismissive of OAT services."

The researchers also found that 20 of the service providers fit a very specific profile: they were faith-based organizations that were not licensed to provide any form of substance use-related services, barred access to OAT, and required patients to work without pay—often for businesses that were owned and operated by the organization itself.

"The fact that the most common residential substance use service providers in the state are not licensed in any way, do not allow patients to access OAT, and frequently profit from the unpaid labor of the patients they serve is deeply troubling," says Carroll.

"These findings suggest that public health would benefit from a rigorous assessment of the substance use [treatment](#) services being provided in

North Carolina and the regulations that govern those services."

The paper was co-authored by Sarah Dixon, a former graduate student at NC State; Brandon Morrissey, a Ph.D. student at NC State; Nabarun Dasgupta of the University of North Carolina Chapel Hill; Bayla Ostrach of Boston University and Fruit of Labor Action Research and Technical Assistance, LLC; Taleed El-Sabawi of Florida International University; and Roxanne Saucier of the Open Society Foundations.

More information: Jennifer J. Carroll et al, Evidence-based treatment for opioid use disorder is widely unavailable and often discouraged by providers of residential substance use services in North Carolina, *Journal of Substance Use and Addiction Treatment* (2024). [DOI: 10.1016/j.josat.2024.209474](https://doi.org/10.1016/j.josat.2024.209474)

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