

STATEWIDE TRENDS IN MEDICATIONS FOR OPIOID USE DISORDER UTILIZATION IN RHODE ISLAND, UNITED STATES, 2017-2023

Authors:

Shaw LC¹, Hallowell BD², Rebecca Lebeau³, Borden S⁴, Goulet J⁴, Samuels EA^{1,2,5}, Cerdá M⁶, Marshall BDL¹

¹Department of Epidemiology, School of Public Health, Brown University, Providence, Rhode Island, USA,

²Substance Use Epidemiology Program, Rhode Island Department of Health, Providence, Rhode Island, USA, ³Rhode Island Executive Office of Health and Human Services, Cranston, Rhode Island, USA, ⁴Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals, Cranston, Rhode Island, USA, ⁵Department of Emergency Medicine, UCLA David Geffen School of Medicine, Los Angeles, CA, USA; Department of Emergency Medicine, Alpert Medical School of Brown University, Providence, RI, USA, ⁶Center for Opioid Epidemiology and Policy, Department of Population Health, NYU Grossman School of Medicine, New York University, New York City, New York, USA.

Background:

Buprenorphine and methadone are FDA-approved medications for opioid use disorder (MOUD), and increasing access is a key component of Rhode Island's (RI's) efforts to reduce overdose deaths. Although utilization of MOUD in RI was increasing before COVID-19, it is not well understood how MOUD trends shifted during and "after" the COVID-19 pandemic, and how changes in MOUD utilization may differ across sociodemographic groups.

Methods:

We conducted a retrospective cohort study of people receiving MOUD treatment from 2017 to 2023 in RI, USA. We utilized data from two statewide databases to examine counts of unique persons receiving buprenorphine and methadone by quarter. Data was stratified by age, sex at birth, and race/ethnicity. Counts were stratified into pre-COVID-19 (Q1 2017 - Q1 2020), COVID-19 (Q2 2020 - Q4 2022), and post-COVID-19 (2023) time periods. Averages and annualized percent change for each period were calculated.

Results:

Before COVID-19, buprenorphine and methadone utilization was increasing 1.95% and 1.15% annually. During COVID-19, utilization declined by approximately 0.5% annually. In the post-COVID-19 time period, utilization of buprenorphine and methadone declined more rapidly at 2.59% and 1.77%, respectively. Declines are differential by sociodemographic characteristics. There was a substantial decline in the number of patients aged 18 to 34 actively receiving buprenorphine and methadone in the peri- and post-COVID eras (see Figure).

Conclusions:

Despite increasing utilization of MOUD prior to the COVID-19 pandemic in all socio-demographic groups, some sub-groups such as young people, females, and those who identify as white non-Hispanic are not accessing MOUD at the same levels as before COVID-19. Increasing access to and utilization of MOUD through policy changes such as removal of the X-waiver, expansion of the "72-hour rule" for take-home dosing, and expansion of Medicare and Medicaid services are important components of ongoing efforts to increase access and utilization of MOUD.

Disclosure of interest statement:

Magdalena Cerdá serves as an expert witness in opioid litigation. No other authors have any interests to disclose.

This work was supported by grant 3R01DA046620-02S1 to investigators B.D.L.M. and M.C. from the National Institute on Drug Abuse. This work also was supported by grant T32DA007233 from the National Institute on Drug Abuse

Figure 1. Annualized percent change of outcomes by era and by age groups.

