The Relationship between Type of Opioid Use and Receipt of Opioid Agonist Treatment in a National Sample of Adults

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Introduction

The opioid crisis is a public health emergency based on findings that millions suffer from opioid use disorder, putting them at risk of significant impairment, overdose, and a plethora of other consequences. (American Psychiatric Association [APA], 2022).

Opioid agonist treatment is considered the gold standard for treating individuals with opioid use disorder, however, access to this type of treatment is highly restrictive (Drug Policy Alliance, 2021; Jones et al., 2015).

Given the restrictions and the gap in opioid use treatment research, further investigation is warranted to understand characteristics of individuals who may be more likely than others to receive opioid agonist treatment for opioid use disorder.

The purpose of the present study was to examine the relationship between type of opioid use (heroin, non-prescription methadone, or other opiates/synthetics) and receipt of opioid agonist treatment.

Methods

Participants were 564,682 adults with opioid use disorder who primarily used heroin, non-prescription methadone, or other opiates/synthetics and participated in SAMHSA's 2019 Treatment Episode Data Set-Admissions (TEDS-A).

Logistic regression was performed to assess associations between demographic variables, primary substance use, and whether participants would receive opioid agonist treatment.

Results

Results from the adjusted logistics regression analyses are presented in Table 1. The full model containing all predictors was statistically significant Wald X2 (17,209.37, N = 564,682) = 38435.37, p < .001. Results showed that primary substance use of non-prescription methadone was associated with increased odds of receiving OAT in the adjusted analyses (odds ratio [OR] = 1.45, respectively) compared to primary substance use of heroin. Primary substance use of other opiate and synthetics, when compared to heroin, was associated with lower odds of receiving OAT in the adjusted model (OR = 0.78). We also found that participants with certain demographic characteristics were associated with higher odds of OAT receipt.

Table 1. Odds ratios and 95% Confidence Intervals for Planned OAT

Variable	AOR	95% CI
Age		
18-24 years	-	-
25-29 years	1.25*	[1.20, 1.30]
30-39 years	1.51*	[1.46, 1.57]
40-49 years	1.68*	[1.62, 1.75]
50-64 years	2.04*	[1.96, 2.13]
65 years and older	3.00*	[2.76, 3.25]
Race/Ethnicity		
Non-Hispanic White	-	-
Black	0.64*	[0.63, 0.66]
Hispanic/Latino	1.03	[1.00, 1.06]
AI/AN	0.79*	[0.71, 0.88]
Asian/Hawaiian/PI	0.78*	[0.69, 0.88]
Multiracial	0.93	[0.85, 1.02]
Other	1.06	[0.95, 1.17]
Biological Sex		
Female	-	-
Male	1.15*	[1.13, 1.17]
Service Setting		
Detox	-	-
Rehab/residential	1.03	[1.00, 1.07]
Outpatient	5.25*	[5.11, 5.40]
Prior Treatment Episodes		
No prior treatment	-	-
One prior treatment	1.08*	[1.05, 1.11]
Two prior treatment	1.08*	[1.05, 1.11]
Three prior treatment	1.04*	[1.01, 1.08]
Four prior treatment	1.02	[0.98, 1.06]
Five prior treatment	1.13*	[1.10, 1.16]
Health Insurance		
None	-	-
Private	2.10*	[2.01, 2.20]
Medicaid	2.06*	[2.02, 2.11]
Medicare	1.72*	[1.65, 1.79]
Primary Substance		
Heroin	-	-
Non-prescription methadone	1.45*	[1.28, 1.64]
Other opiates or synthetics	0.78*	[0.77, 0.80]

Discussion

Individuals who primarily used non-prescription methadone as well as certain demographic variables were associated with greater odds of receiving opioid agonist treatment.

The stigmatization of OUDs and OAT may run deeper than a misunderstanding of individuals struggling with an OUD and could be a stigmatization between the different types of opioids being used among this population.

The present study highlights the need for more research on barriers to OAT and the stigmatization of specific types of drug use.

Future research should explore the benefits of presenting sympathetic narratives that illuminate the barriers that people with OUD face in access to treatment and OAT, in particular (Bachhuber et al., 2015; Kennedy-Hendricks et al., 2016; McGinty et a., 2017).

Increasing awareness of the benefits of OAT while also decreasing the stigma against this highly valuable form of treatment could allow programs to increase access.

References

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