



THE PEW CHARITABLE TRUSTS

**South Carolina House of  
Representatives Opioid Abuse  
Prevention Study Committee  
October 30, 2018**

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# Substance Use Prevention and Treatment Initiative

Through its Substance Use Prevention and Treatment Initiative, Pew works to advance state and federal policies that address the toll of substance misuse, including expanded access to evidence-based treatment.

# Substance Use Disorder in South Carolina

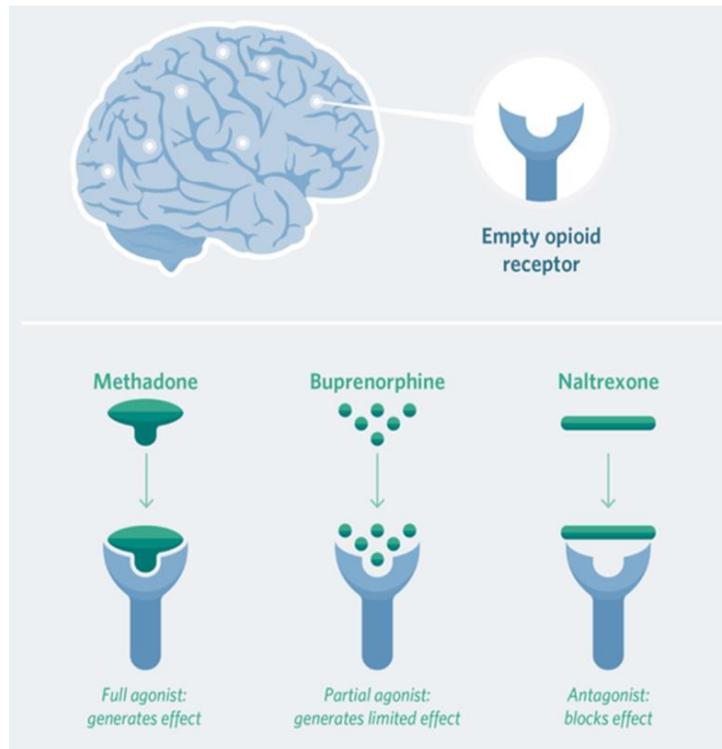
- Growth in drug-related overdose deaths from 572 to 782 over the past 4 years
  - Vast majority related to opioids
  - Increasingly driven by fentanyl
- Progress in specific areas
  - Significant decrease in Medicaid opioid prescriptions
- Increasing number of people in treatment, but still a significant gap
  - Nationwide, only 1 in 9 people with a substance use disorder receive any treatment at all.

# Evidence-Based Treatment for Opioid Use Disorder (OUD)

- Medication-assisted treatment (MAT) is the gold standard for the treatment of opioid use disorder (OUD)
  - Combination of counseling with one of the three FDA-approved drugs
    - Methadone
    - Buprenorphine
    - Naltrexone
- Growing awareness of OUD as a chronic disease

# Differences Between Medications

- Methadone
- Buprenorphine
- Naltrexone



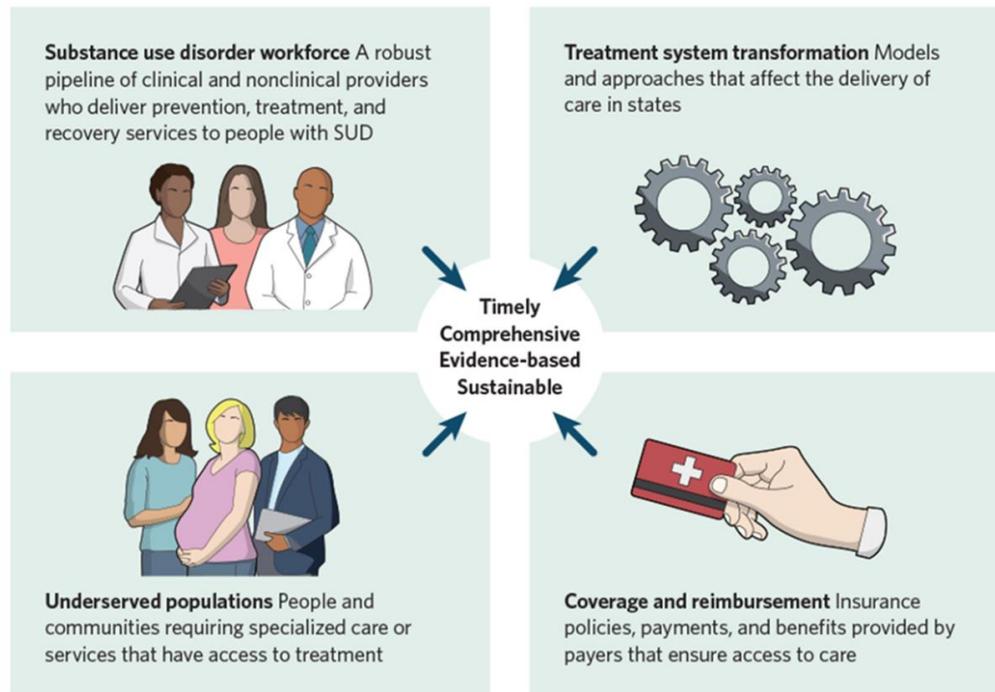
# Evidence for MAT

- Overdose and death
  - Best evidence for methadone and buprenorphine
- Adherence to treatment
  - MAT significantly increases a patient's chance to remain in a treatment program

# Evidence for MAT, 2

- Improvements in quality of life
- Criminal activity
- Use of other opioids
  - A National Institute on Drug Abuse funded study found that 3.5 years after being treated with MAT for opioid use disorder, 61% of participants reported maintained abstinence from opioid pain relievers.<sup>3</sup>
  - Reduces illicit opioid use by 27%, when compared with nondrug approaches.<sup>1,2</sup>

# Four Pillars of Our Work



# Workforce

- Inadequate number of providers in the space, nationally and in South Carolina.
- Barriers include:
  - Payment
  - Licensing requirements
  - Scope of practice
  - Stigma
  - Lack of support
- Care coordination as one approach

# Treatment System Transformation

- What models work to deliver the medications to patients?
  - Initiation
    - Emergency departments
    - First responders
  - Ongoing treatment
    - Hub-and-spoke

# Building Local Capacity

Setting	Strength/Advantage	Financing Barriers
<b>Opioid Treatment Programs</b>	<ul style="list-style-type: none"> <li>• Already staffed and structured to provide MAT</li> <li>• Advantageous for rural communities</li> </ul>	<ul style="list-style-type: none"> <li>• Buprenorphine typically not covered</li> <li>• Complex regulations prevents new program entry</li> </ul>
<b>Federally Qualified Health Centers</b>	<ul style="list-style-type: none"> <li>• Able to provide integrated care</li> <li>• Serves all patient, regardless of ability to pay</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage of MAT</li> <li>• Reimbursement levels</li> </ul>
<b>Office-Based Physicians</b>	<ul style="list-style-type: none"> <li>• Potential for integrated SUD and physical health care</li> <li>• Advantageous for rural communities</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage of MAT</li> <li>• Lack of payment coverage for BH staff</li> </ul>
<b>Emergency Departments</b>	<ul style="list-style-type: none"> <li>• Opportunity to intervene at time of overdose</li> <li>• Integration with primary care practices</li> </ul>	<ul style="list-style-type: none"> <li>• Limited course offerings for MAT</li> <li>• Needs a long-term referral option</li> </ul>
<b>Outpatient Behavioral Health Organizations</b>	<ul style="list-style-type: none"> <li>• Linked to behavioral health funding</li> <li>• Staffed to support mental health services</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage of MAT</li> <li>• Reimbursement levels</li> </ul>

# Underserved Populations

## Criminal Justice Populations:

- In-facility Delivery
  - Providing all 3 forms of medication-assisted treatment can significantly reduce overdose death rates among recently released inmates.
    - Rhode Island: 61% reduction in overdose deaths
- Transition from Incarceration
  - Key opportunity to connect people leaving criminal justice settings with care as they transition to the community

# Coverage and Reimbursement

- Public and private payers
  - Education
  - Coverage policies
  - Robust provider network
- Examples:
  - Coverage of medications
  - Prior authorization
  - Conducting a standardized assessment

# Collaboration

- Value of cross-sector collaboration
  - Across government agencies
  - Public and private sector
  - Law enforcement, public health, social services, child welfare, patient care



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