Policy as a Barrier and Facilitator
Supporting Providers Treating Opioid Disorder

Massachusetts Medical Society Leadership Summit on Opioid Addiction

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Overview

1. Regulatory architecture
2. Insurance barriers: theory vs. reality
3. Criminal justice as a gateway
4. Coercive modalities
5. Quality of services provided

Stigma
Regulatory Architecture

- OTP & Primary Care: two ships passing in the night
  - Two separate systems
  - No information, referral linkage (PDMPs, etc.)
- Schedule II and III prescription vs. treatment
- Training, incentives, and enforcement
Insurance Barriers

- Parity: theory vs. reality
- Preauthorization and other barriers
- “beds” vs. access to care
Criminal Justice as a Gateway

- Criminal justice attitudes especially averse to MAT
- Access points are increasingly through criminal justice institutions and professionals
  - Drug courts
  - Angel programs
  - Knock-and-talk programs
  - Other diversion schemes
- Criminal justice knowledge and attitudes about MAT shape access and scope of care
- Police first respondents
  - Is this structure trauma-informed and cost-effective?
Coercive Modalities

- Civil commitment (Chapter 35)
- STEP proposal on 72-hour holds
- Transport protocols

### The 7 Questions
Learning from Recent Opioid Deaths

<table>
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<tr>
<th>Statutory Question</th>
<th>Analytic Question</th>
<th>Preliminary Findings</th>
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<td>4. Whether the individuals had previously undergone voluntary or involuntary treatment for substance addiction or behavioral health</td>
<td>Substance abuse treatment history (voluntary and involuntary) of Massachusetts residents who died of opioid overdose.</td>
<td>Clients who received voluntary treatment had better outcomes than clients who received involuntary treatment. Those who received involuntary treatment were 2.2 times more likely to die of opioid-related overdoses and 1.9 times more likely to die of any cause compared to those with a history of voluntary treatment and no history of involuntary treatment. The majority of patients who received both voluntary and involuntary treatment were previously known to or diagnosed by the health care system (e.g. previous opioid-related admission, prior mental health treatment, reported prior overdose).</td>
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Many “treatment” programs do not provide quality, evidence-based care
- Regulation has failed
- Self-regulation has failed
- Tort system has failed
Stigma and Criminalization

FOR HELP: 1-800-327-5050 (tty: 1-800-439-2370)

#StateWithoutStigMA
Thank You!

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