Policy as a Barrier and Facilitator

Supporting Providers Treating Opioid Disorder

Massachusetts Medical Society Leadership Summit on Opioid Addiction

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Overview

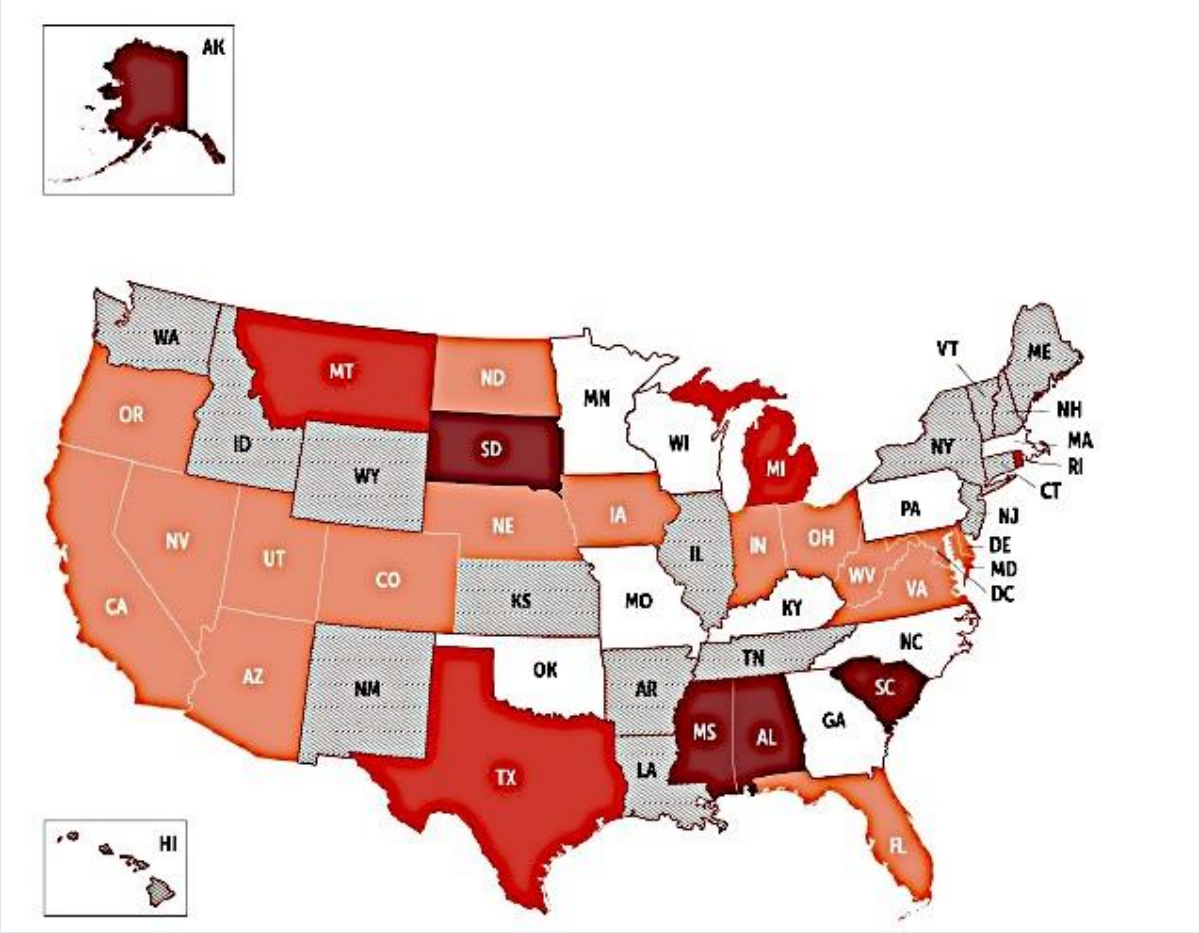
1. Regulatory architecture
2. Insurance barriers: theory vs. reality
3. Criminal justice as a gateway
4. Coercive modalities
5. Quality of services provided
   - Stigma

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



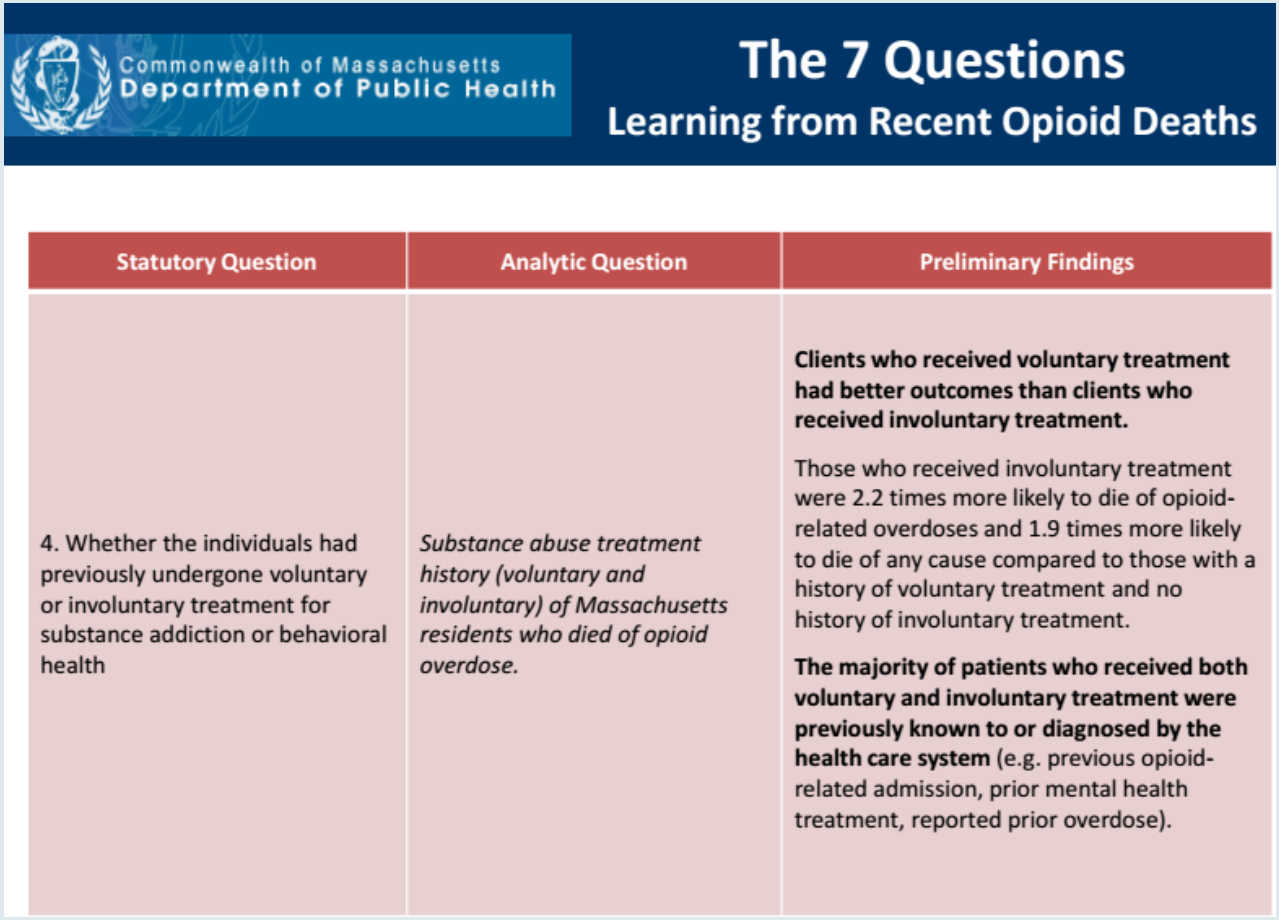
Criminal Justice as a Gateway

- 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



Commonwealth of Massachusetts
Department of Public Health

The 7 Questions
Learning from Recent Opioid Deaths

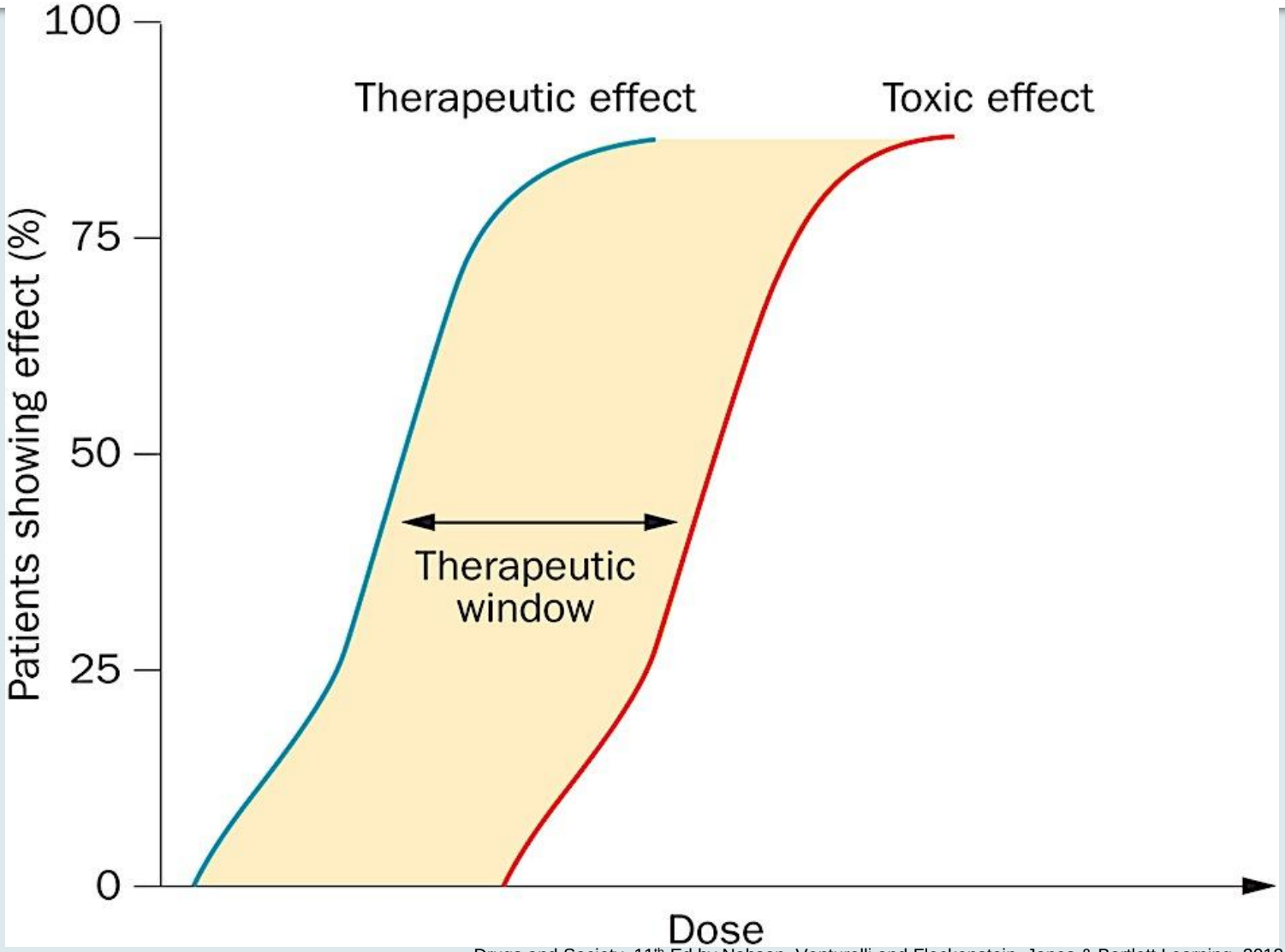
Statutory Question	Analytic Question	Preliminary Findings
4. Whether the individuals had previously undergone voluntary or involuntary treatment for substance addiction or behavioral health	*Substance abuse treatment history (voluntary and involuntary) of Massachusetts residents who died of opioid overdose.*	**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).

Quality of Services

- Many "treatment" programs do not provide quality, evidence-based care
- Regulation has failed
- Self-regulation has failed
- Tort system has failed

Stigma and Criminalization

Policy Remedies



Drugs and Society, 11th Ed by Nahson, Venturelli and Fleckenstein, Jones & Bartlett Learning, 2012

Thank You!

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