LAWS RESTRICTING ACCESS TO OPIOID TREATMENT PROGRAMS – A TYPOLOGY IN THE UNITED STATES

Authors: <u>Conway A^{1,2}</u>, Krawczyk N³, McGaffey F⁴, Doyle S⁴, Baaklini V⁴, Marshall AD^{1,2}, Treloar C², Davis C⁵, Colledge-Frisby S^{6,7}, Grebely J¹, Cerdá M³

¹The Kirby Institute, UNSW Sydney, Sydney, Australia, ²Centre for Social Research in Health, UNSW Sydney, Sydney, Australia, ³Center for Opioid Epidemiology and Policy, Department of Population Health, NYU Grossman School of Medicine, New York, NY, United States, ⁴The Pew Charitable Trusts, Philadelphia, United States, ⁵Network for Public Health Law, Los Angeles, United States, ⁶National Drug Research Institute, Curtin University, Melbourne, Australia, ⁷National Drug and Alcohol Research Centre, Burnet Institute, Melbourne, Australia

Background:

In the United States, states with more restrictive opioid treatment program (OTP) regulations could experience worse opioid-related outcomes by restricting access to medication for opioid use disorder. We aimed to define a typology of states according to restrictiveness of OTP regulations and examine population characteristics associated with typology.

Methods:

A set of regulations was extracted from a database of statutes and administrative codes governing OTPs in 49 states and the District of Columbia as of June 2021, collected by The Pew Charitable Trusts (Wyoming was excluded because it has no OTPs). A latent class analysis of the regulations was followed by a class-weighted multinomial logistic regression analysis to assess correlates of class membership. Relative Risk Ratio (RRR) and 95% confidence intervals (95%CI) were generated for correlates.

Results:

The 11 OTP regulations included those which restricted patient experience (e.g. regulating drug testing frequency) or access to service (e.g. requiring OTPs to have pharmacy licences). States (n=50) were defined by three classes; 1) High restrictiveness on patient experience, low restrictiveness on access to service (n=14); 2) Medium restrictiveness on patient experience, high restrictiveness on access to service (n=14); 3) Low restrictiveness on patient experience, low restrictiveness on access to service (n=22). In the unadjusted analysis with Class 3 as the reference, states with a high probability of membership in Class 1 had higher rates of unemployment (RRR:1.29; 95%Cl:1.14-1.47), poverty (1.29; 1.09-1.53), opioid dispensing (1.07;1.03-1.11), and HIV diagnoses attributed to injection (4.89; 1.65-14.48), while states with a higher probability of membership in Class 2 had higher rates of unemployment (1.25;1.11-1.42), poverty (1.24;1.05-1.46), opioid dispensing (1.08;1.04-1.12), and lack of medical insurance (1.22;1.06-1.40).

Conclusions:

This US typology of OTP restrictiveness is helpful to interpret the complex landscape of OTP regulation. States with higher levels of poverty and unemployment tend to place more restrictions on OTP operations.

Disclosure of Interest Statement:

The conference collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.