The opioid crisis has devastated families and communities across the nation. As a result, the federal government has begun drafting potential policy solutions that could help mitigate the effects of widespread opioid use. While Congress debates their options, they would do well to look to the states for guidance on the matter.

Several states have adopted innovative strategies that have allowed them to expand access to medication-assisted treatment, or MAT. MAT combines Food and Drug Administration-approved medication—methadone, buprenorphine and naltrexone—with behavioral therapies such as counseling. Rhode Island, Virginia and Wisconsin have all successfully deployed MAT policies and can offer insight into this complex policy issue.

In Rhode Island, Gov. Gina Raimondo established the Overdose Prevention and Intervention Task Force to inform actions taken by the state and to ensure that resources go where they’re needed the most. The task force uses publicly available data analytics to track state initiatives in their quest to reduce overdose rates. In addition to the task force, Rhode Island also established two programs focused on connecting overdose patients to treatment at critical times. The AnchorED program utilizes peer recovery specialists to connect people who have overdosed to addiction treatment when they are admitted to the emergency room. The state corrections system also offers all three FDA-approved medications for opioid use disorder to affected inmates and refers them to treatment upon their release.

In Virginia, policymakers have tried to equip the state’s Medicaid system to make it more responsive to opioid use disorder and the people affected by it. The Addiction Recovery and Treatment Services program expanded coverage to services and medications associated with MAT. Furthermore, state reimbursement rates on MAT services rose to the average of commercial insurance. As a result, MAT is now more readily available in more medical offices and more than 3,500 Medicaid beneficiaries now have access to MAT, a 48 percent increase from the previous year.

In Wisconsin, opioid treatment facilities and behavioral health clinics have faced major challenges in filling positions for substance use counselors due to their restrictive licensing requirements. According to the 2017 Wisconsin Needs Assessment, the state only had 1.7 substance use counselors per 10,000 people. This shortage was due, in part, to the clinical requirements placed on would-be counselors. The licensing process for counselors wishing to administer substance abuse counseling was regarded as restrictive by Pew Charitable Trusts when analyzing substance abuse treatment in the state. Following recommendations made by Pew, state policymakers passed legislation that amended the criteria to be more similar to the requirements of other states. In addition, policymakers are also trying to improve treatment delivery by adopting a “hub and spoke” model. Patients would begin treatment in regional “hubs” but would transition into community-based “spokes” to focus on long-term treatment.

Experts agree that MAT is the most effective strategy to manage opioid abuse, however the way in
which these strategies are deployed can vary. Any state, or federal, policymaker looking to mitigate
the effects of opioid abuse should analyze the evidence-based treatment plans listed above so that
the best practices may be identified and then replicated across the nation.

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