

**Submission Id: 5417**

**Title**

*Assessing Colorado's Medication for Opioid Use Disorder (MOUD) Treatment Landscape, 2017-2021*

**Priority 1 (Research Category)**

Behavioral, psychosocial, and mental illness

**Presenters**

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**Abstract**

Context: Deaths from overdoses involving opioids continue to rise, with more than 80,000 Americans in 2021. 1,300 Coloradans died this way in 2021 and over 53,000 Coloradans (about 1.1%) had an opioid use disorder (OUD). Too few people have access to medication for opioid use disorder (MOUD). Policies and initiatives to increase such access have grown rapidly in response to the opioid epidemic; yet, significant gaps in access to treatment remain. Objective: To understand MOUD treatment gaps across Colorado counties; to assess how prescribing for buprenorphine has changed over five years, covering a time period that includes the COVID-19 pandemic; to assess differences in buprenorphine prescribing by geographical region (urban, rural, frontier) in Colorado; and to make recommendations for policies and interventions with the potential to generate increased access to MOUD. Study Design and Analysis: Secondary data analysis. Setting/Data Sets: Colorado; Colorado Prescription Drug Monitoring Program, SAMHSA Waivered Provider List, National Survey of Drug Use and Health, American Community Survey, Colorado State Demography Office. Population Studied: Individuals with opioid use disorder; waived providers; buprenorphine prescribers. Outcome Measures: treatment provision = patient received a prescription for buprenorphine in the last 12 months, provider prescribed prescription for buprenorphine in the last 12 months; treatment need = estimated population with OUD in a county. Results: Treatment rates vary in rural and urban county with a statewide buprenorphine treatment rate of 34% for the estimated population with OUD. The number of individuals receiving treatment has more than doubled since 2017. The number of prescribers has increased by 219% yet 20% of Colorado counties do not have a prescriber. Conclusions: In Colorado, nearly 2/3 of individuals with OUD are not receiving treatment with buprenorphine. Increasing access to this treatment will prevent overdoses and save lives. Programmatic and policy actions to close the treatment gap include: increase and sustain efforts to grow the primary care workforce who care for people with OUD; increase programs to support primary care providers and their staff in identifying and treating OUD; support behavioral health and primary care integration; and continue COVID-19 related federal policy changes to allow prescribers to initiate buprenorphine via telemedicine.