

Emergency Visits for Opioid Use Rose While Treatment for Illicit Drug Use Remained Unchanged



Opioid-related illness remains a costly and devastating public health issue for our Nation. In 2019, among people age 12 and over in the United States, 3.7%, or 10.1 million people, misused opioids in the past year, and 0.6%, or 1.6 million, had opioid use disorder (OUD) (Substance Abuse and Mental Health Services Administration [SAMHSA]).¹

OUD is associated with significantly increased rates of morbidity and mortality, including intoxication, withdrawal, and overdose requiring medical attention in the emergency department (ED), urgent care, or inpatient hospital setting.² Opioid-related overdose also makes up the highest percentage of drug [overdose deaths](#) in the United States.³ Treatment with medications, such as buprenorphine or methadone, effectively reduces opioid-related hospital use and mortality, but such treatments are often underused, and structural barriers disproportionately limit their access in communities of color.⁴

This data spotlight from the *2019 National Healthcare Quality and Disparities Report* highlights a growing gap between ED visits involving opioid use and treatment at a specialty facility for illicit drug use. The figures include stratification by location of residence, which is based on the [Urban-Rural Classification Scheme for Counties](#), developed by the National Center for Health Statistics.

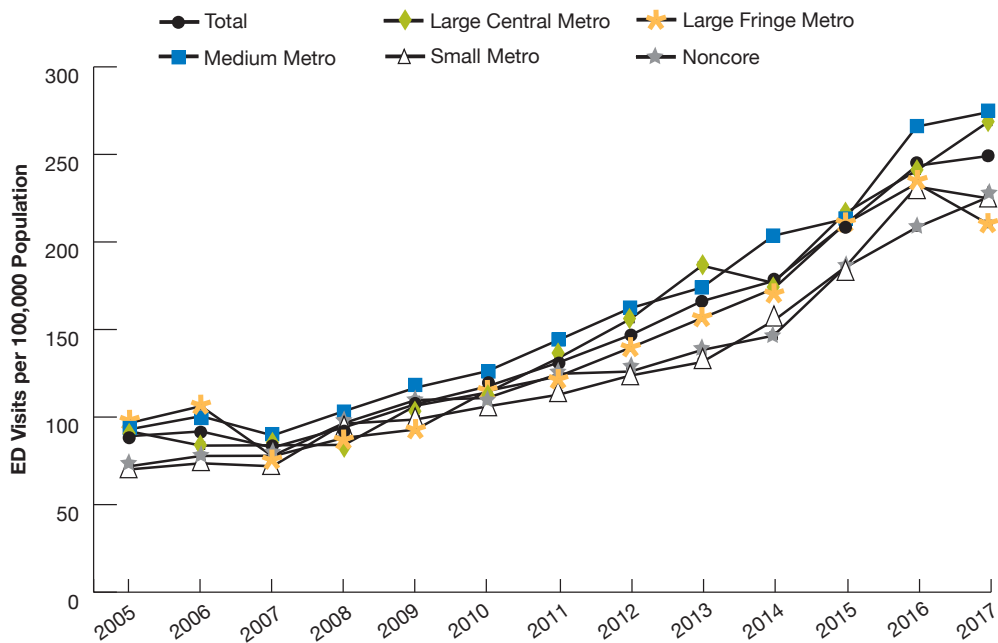
Opioid Use Visits in Emergency Departments

Figure 1 shows that total ED visits related to opioid use grew from 2005 to 2017, with the overall rate of ED visits increasing from 89.1 to 249.1 per 100,000 population.

This data spotlight was developed by AHRQ in collaboration with the Substance Abuse and Mental Health Services Administration's Office of Behavioral Health Equity and Center for Behavioral Health Statistics and Quality.



Figure 1. Emergency department visits related to opioid use per 100,000 population, by patient's location of residence, 2005-2017



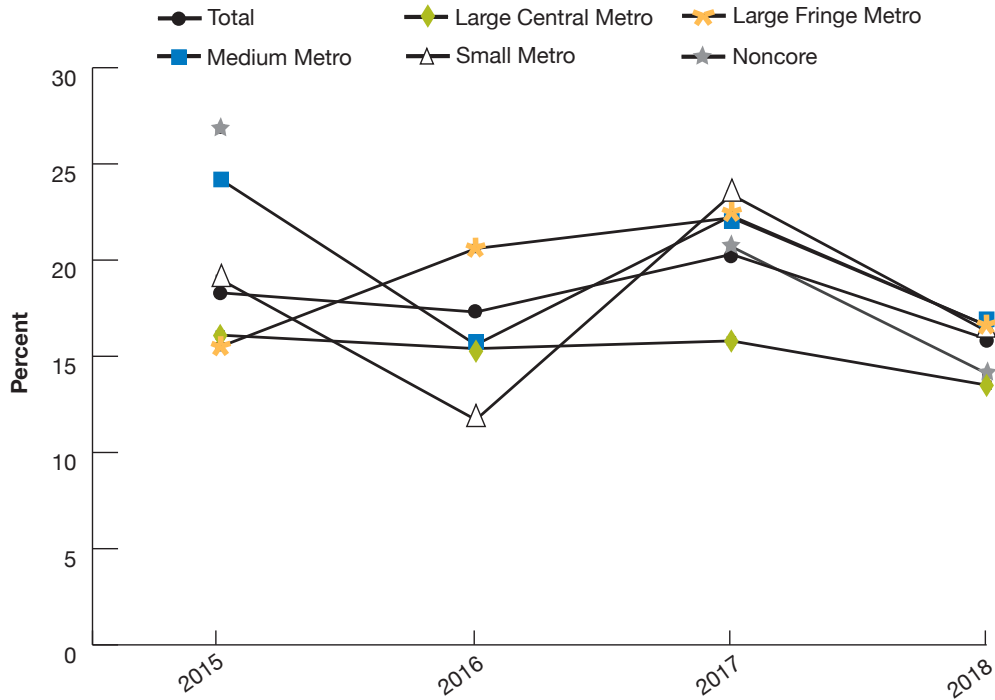
Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample and Nationwide Emergency Department Sample, 2005-2017.

- ◆ This trend occurred in all urban-rural locations. In 2017, rates of ED visits related to opioid use were greater for patients residing in large central metropolitan counties (268.6 per 100,000 population) and medium metropolitan counties (274.1 per 100,000 population) compared with large fringe metropolitan counties (210.3 per 100,000 population).
- ◆ Rates of opioid-related visits similarly increased among all [gender and income groups](#) (data not shown).

Treatment for Illicit Drug Use at a Specialty Facility Among Those Who Needed Treatment

SAMHSA's National Survey on Drug Use and Health data showed no statistically significant changes in access to specialty facilities for substance use treatment.

Figure 2. People age 12 and over who needed treatment for illicit drug use and who received such treatment at a specialty facility in the last 12 months, by patient's location of residence, 2015-2018

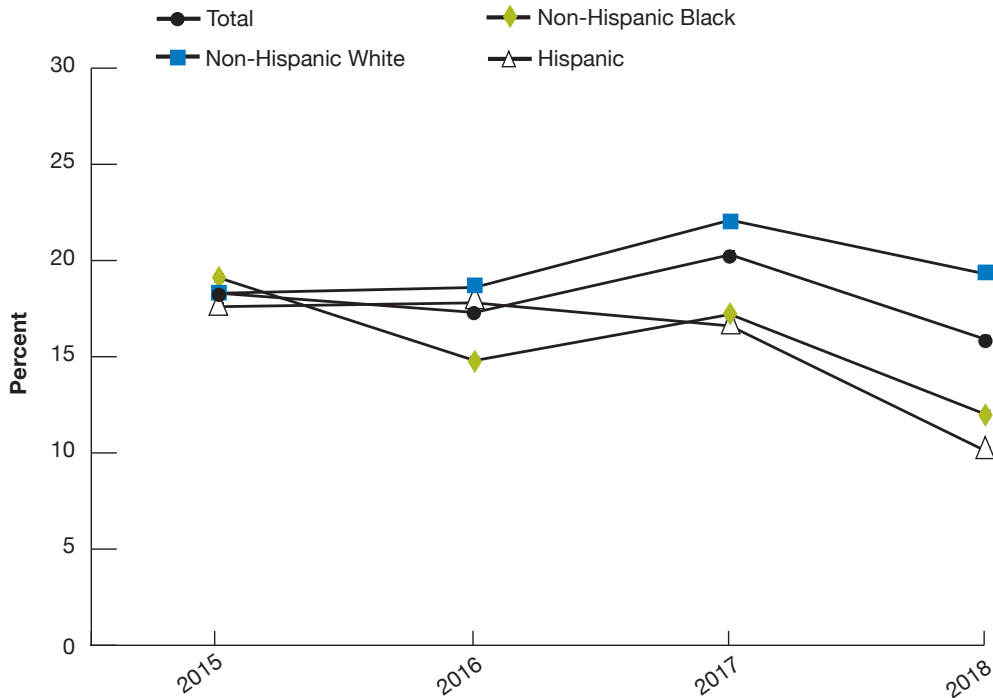


Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015-2018.

Note: The 2016 data for noncore areas could not be calculated with sufficient precision and are therefore not shown.

- ◆ From 2015 to 2018, there were no statistically significant differences by patient's [location of residence](#) in the percentage of people age 12 and over who needed treatment for illicit drug use and received such treatment at a specialty facility.
- ◆ The overall percentage of [people age 12 and over who needed treatment for illicit drug use and who received such treatment at a specialty facility](#) was 18.3% in 2015 and 15.9% in 2018.

Figure 3. People age 12 and over who needed treatment for illicit drug use and who received such treatment at a specialty facility in the last 12 months by race/ethnicity, 2015-2018



Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015-2018.

- ◆ From 2015 to 2018, [non-Hispanic Black people and Hispanic people](#) experienced worsening access to illicit drug use treatment compared with White people.

These data complement a recent study of commercially insured adults, which reported that use of medication-assisted treatment (MAT) declined between 2008 and 2017 despite the rising prevalence of opioid-related illness and death.⁵ They also show that racial and ethnic disparities in access to treatment widened.

The decline is notable for occurring even as comparative effectiveness trials have established MAT as a highly effective approach to treating OUD and reducing healthcare costs.^{6,7} In addition, recent laws expanded health insurance coverage and required parity for treating OUD.

The trends suggest that simply having effective treatment and providing insurance coverage for it will not fully address the opioid epidemic unless communities can establish systems that reliably link people with OUD to [culturally respectful, tailored treatment](#), such as MAT. They also point to EDs' potential as an important entry point for such a system.

Addressing Opioid Use Disorder in Emergency Departments

Opioid-related causes account for 1 in 80 ED visits and nearly \$5 billion in annual ED charges in the United States.⁸ Early reports suggest that overall rates of opioid-related ED visits grew during the COVID-19 pandemic,⁹ while access to OUD treatment tightened.¹⁰ At the same time, disparities

increased between White and Black communities in rates of financial instability, mental health concerns, and nonfatal overdoses.^{11,12} Thus, systems that can reliably link ED patients with OUD to long-term MAT have the potential to advance equity, as well as improve care, reduce ED crowding, and lower costs.

Studies highlight four key factors to consider:

- ◆ First, EDs must be able to **identify individuals who would benefit from treatment**. Current approaches range from universal screening for OUD to disseminating materials that inform individuals and their families about treatment options in a way that encourages them to self-identify for treatment. The features common to the various approaches are that they approach patients even when they come to the ED for other reasons, place few or no restrictions on who can be referred, and apply protocols that automatically alert providers and expedite initial treatment and referral as part of a seamless workflow.¹³
- ◆ Second, EDs must have **community partners who can reliably receive referrals**. Like diabetes mellitus and atrial fibrillation, OUD is a chronic health condition that requires treatment and monitoring over the course of a lifetime. Although EDs are well positioned to start MAT, they cannot easily provide the long-term followup that is needed. Thus, it is important that EDs partner with opioid treatment programs (OTPs) and office-based opioid treatment (OBOT) programs that can provide affordable, reliable, long-term treatment and monitoring. Ideally, partner OTPs and OBOTs would be geographically and financially accessible to patients. In addition, they would have established communication channels for “closing the loop” on whether patients referred by EDs entered treatment. They also would adhere to the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care ([National CLAS Standards](#)) that address social and cultural barriers, which can hinder engagement and retention in treatment. Ensuring that health and [behavioral health providers are equipped](#) to provide culturally and linguistically appropriate care along the continuum of care is critical to reducing disparities in treatment.
- ◆ Third, EDs should **expand capacity for prescribing buprenorphine**. Buprenorphine is a safe, effective OUD treatment that any licensed clinician who has received a

Key Definitions

Opioid misuse is any misuse of prescription opioids (also called prescription pain relievers) or use of heroin (some data sources include synthetic opioids). Misuse of prescription opioids is the use of a prescription opioid in any way not directed by a doctor, including without a prescription; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. It is sometimes also called “nonmedical prescription opioid use” or “misuse of prescription pain relievers,” depending on the data source, and refers only to misuse of prescription opioids.

Opioid use disorder (OUD) is classified as meeting criteria in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV), for heroin use disorder, prescription pain reliever use disorder, or both in the past year.

Medication-assisted treatment (MAT) is the use of [Food and Drug Administration \(FDA\)-approved medications](#), such as buprenorphine or methadone, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.

waiver under the Drug Addiction Treatment Act of 2000 may prescribe.¹⁴ Clinical trials have shown that starting buprenorphine in the ED instead of waiting for patients to enter an outpatient treatment program significantly reduces treatment failure,¹⁵ yet this treatment remains underused.

Recent regulatory changes have reduced the administrative burdens associated with obtaining a buprenorphine prescribing waiver and have expanded the scope of professions who can prescribe it. Still, EDs face many barriers, including clinicians' lack of time and skill in talking to patients about treatment options.¹⁶

- ◆ Finally, EDs should **deploy lay people skilled in engaging with patients in culturally and linguistically appropriate ways**. Research suggests that the growing disparity in use of MAT results both from stigma and strict requirements within OTPs, limited access to OBOTs by racial and ethnic minorities, and heightened mistrust of healthcare providers' intentions.¹⁷

While studies of cultural competency training for clinicians have produced mixed results, research indicates that lay peer counselors can be particularly effective in enrolling racial and ethnic minorities into treatment. (Peer counselors are also called peer recovery specialists, patient navigators, and community health workers/promotoras).

Peer counselors often have similar backgrounds and lived experiences as people from marginalized communities. Therefore, these counselors often have insights that allow them to better address barriers that may prevent patients from entering treatment. For example, peer counselors may respond to patient's concerns in a culturally and linguistically-appropriate way or help them navigate issues such as lack of health insurance or transportation.¹⁸

Conclusion

Opioid-related illness remains an important problem. Although effective treatments exist, they often do not reach the people who need them, imposing unnecessary suffering and costs on everyone. ED-based programs that connect individuals with OUD to long-term treatment have the potential to close this gap. However, research and policies are needed to address key questions, including:

Specialty facility for substance use treatment is a drug or alcohol rehabilitation facility (inpatient or outpatient), a hospital (inpatient only), or a mental health center that provides treatment for substance use disorders.

Office-based opioid treatment (OBOT) is the dispensing or prescribing of any Controlled Substances Act (CSA) scheduled III, IV, or V medication approved by FDA for the treatment of OUD under 21 CFR §1306.07 by a primary care or general healthcare prescriber with a DATA waiver. The medications (buprenorphine, buprenorphine/naloxone and/or naltrexone) are available for treatment of OUD and are allowed to be prescribed in an OBOT setting. Naltrexone is not a controlled substance and is not subject to DATA 2000 regulations.

Opioid treatment program (OTP) is a certified and accredited program that provides MAT, counseling, and other behavioral therapies for people diagnosed with an OUD. OTPs must be certified by SAMHSA and accredited by an independent, SAMHSA-approved accrediting body. For SAMHSA certification, OTPs must comply with all pertinent State laws and regulations and all regulations enforced by the Drug Enforcement Administration.

- ◆ Identifying effective ways to increase buprenorphine use;
- ◆ Ensuring equitable access to OBOTs and more flexibility within OTPs, especially within socioeconomically disadvantaged communities;
- ◆ Establishing best practices for ED-OBOT/OTP communication;
- ◆ Developing best practices for training and integrating peer counselors into ED settings; and
- ◆ Codifying reimbursement mechanisms to pay for peer counselors' services.

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Selected Resources

SAMHSA Opioid Treatment Grants and Technical Assistance

- » [First Responders-Comprehensive Addiction and Recovery Act Grants](#)
- » [Emergency Department Alternatives to Opioids Demonstration Program](#) grant
- » [Comprehensive Opioid Recovery Centers](#) grant
- » [Opioid Response Network](#)
- » [Providers Clinical Support System \(PCSS\)](#) and [PCSS-Universities grant](#)

- » [Medication-assisted Treatment- Prescription Drug and Opioid Addiction \(MAT-PDOA\)](#)
- » [Rural Opioid Technical Assistance \(ROTA\)](#) grant
- » [State Opioid Response Grants](#) and [State Opioid Response \(SOR\) Technical Assistance](#) grant
- » [Tribal Opioid Response Grants](#)
- » [Substance Abuse Prevention and Treatment Block Grant](#)

SAMHSA Opioid Publications

- » [Use of Medicated-Assisted Treatment in Emergency Departments](#) (Evidence-based Program Resource Guidebook)
- » Opioid Overdose Prevention Toolkit—[English](#) and [Spanish](#)
- » The Opioid Crisis and the Hispanic/Latino Population: An Urgent Issue—[English](#) and [Spanish](#) (Issue Briefs)
- » [The Opioid Crisis and the Black/African American Population: An Urgent Issue](#) (Issue Brief)

Data Resources

- » SAMHSA [Drug Abuse Warning Network \(DAWN\)](#) (Data Surveillance System)
- » [Black Experiencing Fast-Rising Rates of Overdose Deaths Involving Synthetic Opioids Other Than Methadone](#) (AHRQ Data Spotlight) and related [infographic](#)
- » SAMHSA [National Survey on Drug Use and Health](#)

Community Engagement in Behavioral Health Resources

- » SAMHSA [National Network to Eliminate Disparities in Behavioral Health \(NNED\)](#)
- » SAMHSA [Prevention Technology Transfer Center Network \(PTTC\)](#)
- » SAMHSA [Addiction Technology Transfer Center Network \(ATTC\)](#)
- » HHS Office of Minority Health [Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care](#)
- » [Improving Cultural Competency for Behavioral Health Professionals](#)

