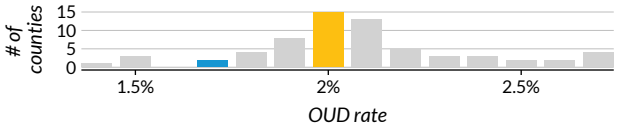
California Opioid Use Disorder and Treatment Needs

Alpine County, 2019 Fact Sheet

- **0** opioid-related overdose deaths
- **32** buprenorphine prescriptions; **32.3** per 1,000 people 12+
- **0** opioid treatment programs (OTPs)
- **4** county residents receive buprenorphine treatment; **0** receive buprenorphine treatment from a prescriber in their county

Number of people with opioid use disorder (OUD) = 17



Alpine county = 1.7% of residents 12+
Statewide average = 2.0% of residents 12+

Prescribers, July 2019

2 total prescribers in the county; 0.0% have a buprenorphine waiver

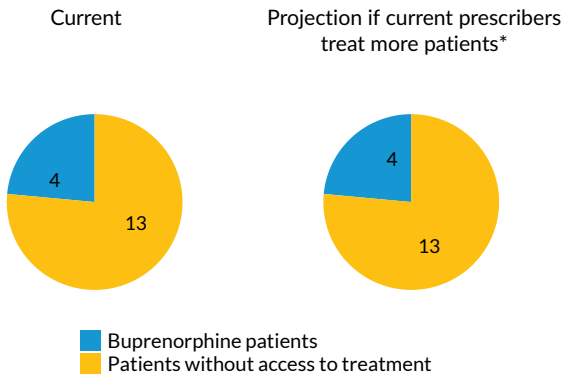
0 buprenorphine-waivered prescribers with a 30-patient limit (no change from Feb. 2018)

0 buprenorphine-waivered prescribers with a 100-patient limit (no change from Feb. 2018)

0 buprenorphine-waivered prescribers with a 275-patient limit (no change from Feb. 2018)

4 out-of-county buprenorphine prescribers prescribe to county residents

Patients with and without access to treatment



*Projection if 30-waiver buprenorphine prescribers treat 30 patients, those with higher waivers treat half their limit, and all methadone treatment slots are filled.

Strategies to Meet Demand for Treatment

- **Increase prescribers:** Adding **1** new waivered prescriber fills the current treatment gap of 13 people, if the new prescriber treats 16 to 30 patients on average.
- **Promising strategies:** Work with health plans for prescriber outreach; add medication-assisted treatment (MAT) in health centers, jails, emergency departments, hospitals, maternity practices, and existing addiction treatment programs; market MAT telehealth to the public; work with OTPs to add med units and spokes; work with county alcohol and drug departments to coordinate services; expand MAT services through the Drug Medi-Cal waiver; engage local opioid safety coalition.

Summary of Methods See the methodological appendix for more details.

Data sources. Estimates of opioid overdose deaths and buprenorphine prescriptions are from the California Opioid Overdose Surveillance Dashboard. Opioid treatment program (OTP) patient and slot counts from 2019 were obtained through a California Public Records Act data request. Buprenorphine prescriber counts are drawn from the Drug Enforcement Administration Active Controlled Substances Act Registrants Database, which includes all Drug Addiction Treatment Act–waived buprenorphine prescribers. Counts of patients being treated with buprenorphine are drawn from the California Controlled Substance Utilization Review and Evaluation System (CURES) prescription drug monitoring database.

Opioid use disorder (OUD) estimates. To estimate county OUD rates, we took the average of two substate estimates derived from the NSDUH and used regression models to allocate the counts across counties, as a function of observed variables that have an empirical relationship with OUD. For the first substate estimate, we started with past-year nonmedical use of prescription pain relievers for 26 substate regions in California from the National Survey on Drug Use and Health (2012-14 NSDUH). To estimate substate OUD rates, we adjusted the estimates of nonmedical use for recent trends and applied the share of prescription pain reliever OUD among those who misuse prescription pain relievers in California, as well as the share of those with heroin use disorder but no prescription pain reliever OUD. For the second substate estimates, we multiplied those estimated 2017 California substate estimates from the NSDUH by a ratio representing the relationship between an NSDUH-based OUD rate, known to be biased downwards, and an OUD rate for Massachusetts based on a capture-recapture analysis of seven administrative databases linked at the person level (Barocas et al. 2018). This ratio was computed as the ratio of the estimated OUD rate in Massachusetts in 2015 to the estimated 2015 rate from the NSDUH. We used the 2015 OUD rates from the Massachusetts study because fentanyl-related opioid deaths and the relationship between 2015 deaths and OUD rates in Massachusetts are similar to those in California in 2017.

Treatment capacity and gap estimates. We calculated lower- and upper-bound estimates of buprenorphine and methadone treatment capacity in each county. The lower-bound estimate was the number of patients currently receiving any buprenorphine treatment during the year (including patients who receive treatment out of county), based on CURES data, plus the number of current methadone and buprenorphine patients at OTPs, based on state data. The upper-bound estimate was based on projected increases in patient counts for in-county buprenorphine prescribers from the current annual average of 16 unique in-county patients per year per prescriber, based on CURES data, to 30 patients for 30-waivered prescribers and 50 and 137 patients for 100- and 275-waivered prescribers, respectively. The upper-bound estimate also includes total methadone slots and buprenorphine patients at OTPs in the county. No change was made to the number of buprenorphine patients who receive treatment out of county. To compute the treatment gap, or the number of people with OUD who do not have access to buprenorphine or methadone medication for addiction treatment (MAT) in their county, we assumed all people with OUD seek MAT. We calculated the treatment gap by subtracting the lower- and upper-bound treatment capacity estimates in each county from the estimated number of people with OUD in each county.

Strategies to meet demand for treatment. We computed the estimated number of additional 30-waivered buprenorphine prescribers per county necessary to achieve the capacity to fill the estimated treatment gap. We show a range using the lower- and upper-bound estimates of the treatment gap and the treatment capacity, assuming new prescribers treat an average of 16 patients for the lower estimate and an average of 30 patients for the upper estimate. When the number of new buprenorphine prescribers needed is more than double the current number of prescribers, we present the goal of doubling the number of prescribers, and the percentage of the treatment gap that would be filled.

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