

Rural North Coast Community Access to Opioid Treatment Services

Medication for opioid use disorder (MOUD) is an established treatment modality for patients with opioid use disorder (OUD). MOUD can consist of Buprenorphine, naloxone, or Methadone. The administration of Methadone for opiate use disorder is tightly regulated and must be administered via sites approved by the Substance Abuse and Mental Health Services Administration (SAMHSA, n.d.). Patients treated with Methadone typically cannot take their doses home; they take them under supervision at a medication unit. In contrast, Buprenorphine can be self-administered at home and prescribed by their primary care provider. Starting in 2019, the illicit use of opioids shifted away from use of heroin and toward the use of Fentanyl and its analogs. This shift was significant because while both Methadone and Buprenorphine treat opioid dependence, Buprenorphine may not be as effective at treating dependence to Fentanyl as Methadone. (Centers for Disease Control and Prevention, 2022). Individuals in rural communities with OUD face significant barriers to methadone treatment in the U.S. Probably the most significant barrier to treatment with Methadone is the fact that only 4% of medication units are in rural communities in the United States (Calcaterra et al., 2019; Lister & Lister, 2021).

CODA operates the only medication unit in the North Coast region of Oregon, which includes Clatsop, Columbia, and Tillamook Counties. They seek to increase access to treatment by partnering with a local organization to open an additional medication unit.

Background

In Seaside, Oregon, CODA established a medication unit early in 2020 intending to help more than 300 people struggling with OUD. However, the program has only managed to reach a maximum of 120 patients. The COVID-19 pandemic initially forced sessions online before the ideal peer support group size could be achieved. To expand its patient base and improve access to treatment, CODA plans to partner with a local organization to establish another medication unit in the North Coast region. By collaborating with an established organization, CODA hopes to make the new unit economically feasible as opposed to setting up a separate facility. The organization also plans to increase its referral base by participating in relevant community events and identifying its community partners.

Methods

We used stakeholder interviews and population-based data to find the best location for an extra Medication Unit. We interviewed local organizations to gather their opinions on which areas in the North Coast Region could benefit from an additional medication unit. We also accessed the Oregon Health Authority Opioid Prescribing Dashboard, which provided data on rates of opioid-related overdose and deaths and rates of EMS calls requiring multiple doses of Narcan to revive a patient.

Recommendations

Based on the partner interviews and the Oregon Health Authority (OHA) substance use data reviewed, the recommended location for an OTP Medication Unit is Astoria in Clatsop County, Oregon. There are three primary reasons this is the recommended location: 1) strong partner interview input on this location; 2) community need supported by OHA data; and 3) proximity to Seaside CODA location for cross-referrals and ease of staffing.

3 of the 4 community partners that recommended Astoria also mentioned Clatsop Behavioral Healthcare as a good potential partner for CODA when trying to identify an organization to share space within Astoria for a Medication Unit.

Next Steps

Recommended next steps for CODA to achieve their goals for increased Seaside patient volumes and an additional OTP Medication Unit include three key activities: 1) a financial feasibility analysis with the Astoria location options in consideration; 2) strengthen collaboration with community partners to increase Seaside referrals and patient volumes based on the ideas and recommendations shared during interviews; and 3) leverage data from CPCCO on substance use across the North Coast region to inform final decisions on Medication Unit location.

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References

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