Background

In the past 20 years, the United States has experienced a dramatic increase in the use of opioid drugs, resulting in a 380% rise in the number of drug-related poisoning deaths from 1999 to 2017. As access to opioid prescriptions has declined, the rate of heroin-related deaths has increased by 620% from 2000 to 2015. This shift toward heroin is likely to be accompanied by increasing prevalence of drug injection. A recent analysis identified 220 counties as being highly vulnerable to HIV or hepatitis C (HCV) outbreaks among people who inject drugs (Fig. 1).

The high risk in these counties can be mitigated by two public health measures:
- The delivery of effective treatment programs to reduce drug injection, and
- The provision of clean injection equipment to reduce exposure to blood-borne pathogens.

This analysis assesses geographic access to treatment and harm reduction in counties that are highly vulnerable to infectious disease outbreaks. In so doing, it both describes the state of access to harm reduction and addiction treatment in the U.S. and builds a framework to guide the future expansion of addiction treatment and syringe services programs (SSPs).

Distance to travel to services

- The average distance required to travel to an outpatient substance use disorder treatment facility is 11.2 miles, 20.7 miles for a facility providing at least one form of MAT and accepting Medicaid, and 109.5 miles for a SSP (Fig. 4).
- Coastal states with higher population density had the shortest distances to travel, with an average of 6.5 miles in the District of Columbia, Rhode Island, New Jersey, and Massachusetts. The average distance was 50 miles in Arkansas, Nevada, Montana, and Alaska.
- More than half of all SSPs are located in five states (California, New Mexico, Washington, New York, and Kentucky) and twelve states do not report any.

Access to treatment and syringe services program

- 11,928 facilities in the U.S. reported providing treatment for substance use disorders and 327 SSPs were operating in 2017.
- 41.3% of facilities report providing at least one form of medication-assisted treatment (MAT), 62.6% accept Medicaid, and 28.0% both provide any MAT and accept Medicaid (Fig. 2).
- 67.1% of counties contain a treatment facility, 32.8% contain a facility providing MAT and accepting Medicaid, and 6.7% contain a SSP (Fig. 3).

Access to services and vulnerable counties

- Historically, counties with high vulnerability have had limited access to substance use treatment. The percentage of counties containing at least one facility that accepts Medicaid and provides MAT rose from 1.8% in 2005 to 35.0% in 2017 in the most vulnerable counties, and from 7.2% in 2005 to 32.6% in 2017 for the rest of the country (Fig. 5).
- In 2017, the average distance to travel to an facility providing MAT and accepting Medicaid was shorter in vulnerable counties than in the rest of the country (32.0 vs. 20.5 miles), and also shorter for SSPs (113.7 vs. 53.5 miles).

Conclusion

- Access to MAT in the U.S. is limited, particularly for Medicaid recipients, but has increased considerably since 2005.
- Counties that are vulnerable to HIV and/or HCV outbreaks among people who inject drugs have historically had less access to treatment and harm reduction services than the rest of the country.
- Nationally, access to syringe services programs is extremely low, with the average distances to travel to facilities prohibitively high.
- Progress has been made in increasing access to services in vulnerable counties, with county-level access in vulnerable counties surpassing the rest of the country in 2017.
- Reducing opioid-related harm and disease outbreaks will require ongoing efforts to increase access to services, particularly in states in the West, Midwest, and Southeast.

Limitations

- Geographic distance is just one metric of access. This analysis does not measure other facets such as the capacity of treatment and harm reduction programs, the affordability of services, or the acceptability of services. As such, geographic proximity to a facility should not be interpreted in isolation or as a guarantee of access to services.