Hospitals Less Likely to Offer Opioid Programs in Communities of Color

Significantly fewer programs are offered for opioid use disorder in communities with a high percentage of Black or Latino residents.

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A new study suggests that communities of color may be missing out on essential programs that not only increase access to substance use treatment but educate communities about opioid use specifically. The study was led by researchers at the New York University (NYU) School of Global Public Health and published in the Journal of Substance Use Treatment.

“Given the concentration of health care dollars in hospitals, more attention should be paid to the role that hospitals can play to address disparities in treatment for opioid use disorder—especially those that serve communities with a high concentration of residents of color,” said lead study author Ji Eun Chang, an assistant professor of public health policy and management at NYU’s School of Global Public Health, in a news release.

Access to outpatient treatment for opioid use disorder is marked by well-documented disparities. For example, Black and Latino people are less likely to be prescribed buprenorphine for the treatment of opioid use disorder. However, less is known about inequities in hospital-based services.

The NYU release notes that it is becoming increasingly evident that treating opioid use disorder in a hospital setting can lead to higher engagement, lower overdose risk and successful transitions to outpatient care.

Researchers analyzed a random sample of 446 nonprofit hospitals across the United States to understand the use of hospital-based opioid use disorder services and how they varied by community. The study also focused on whether hospitals prioritized substance use as an area of need and which of eight types of opioid use disorder programs (treatment, primary care, emergency department services, harm reduction and education, programs focusing on social determinants of health, efforts to improve prescribing practices, advocating for policy changes and community coalition approaches) they offered.

“Hospital programs that engage the community allow for culturally relevant approaches to

treatment that are informed by factors that are specific to certain communities," said Chang. "These approaches may be particularly valuable in neighborhoods with historical underinvestment in substance use services."

Researchers found that two thirds (67%) of hospitals offered at least one opioid-related program. The three most common programs were risk education and harm reduction (offered in 34% of hospitals), primary care (28%) and formal treatment (27%).

Researchers then examined the racial and ethnic makeup of the counties where the hospitals were located. After controlling for such factors as hospital size, the overdose burden and socioeconomics of the community, hospitals in communities with a high percentage of Black or Latino residents were significantly less likely to offer some of the most common programs to address opioid use disorder.

The study also found that states that expanded Medicaid had greater odds of adopting these life-saving opioid-related programs, suggesting that greater access to health care may help stanch the opioid epidemic.

Researchers noted that hospital-based programs for substance use may be even more critical during the COVID-19 pandemic, a time marked by a significant increase in overdose deaths and growing racial and ethnic disparities in overdoses.

"With COVID-19 causing significant disruptions to health care and social safety nets, hospital-based or hospital-initiated opioid treatment services are particularly important," said Chang. "Our study identifies gaps in hospital services that may contribute to continuing racial and ethnic health disparities, but addressing these gaps could play an outsized role in addressing health disparities in access to treatment in a post-pandemic landscape."

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