

The Availability of Medication-Assisted Treatment for Opioid Addiction in Pennsylvania

By:

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March 2019

This study assessed the barriers and opportunities that exist in expanding Medication-Assisted Treatment (MAT) services in Pennsylvania. It identified areas in Pennsylvania, particularly rural areas, that are underserved by MAT services, identified salient themes from MAT clinic administrators regarding barriers and opportunities, and assessed state and federal policies for their impact on MAT services.

MAT includes the use of methadone, buprenorphine, Suboxone, naloxone, and naltrexone in residential, behavioral, or outpatient programs, hospitals, and jails and prisons to help individuals suffering from opioid addiction to overcome withdrawal symptoms, cravings, and potential overdose.

The researchers used secondary data from the Pennsylvania Department of Drug and Alcohol Programs, a literature review, Geographic Information Systems (GIS), and surveys and interviews with MAT clinic administrators to complete the research, which was conducted in 2017-2018.

The research findings indicated there is substantial coverage for MAT services in the western portion of Pennsylvania. There is only some cover-

age in the central and eastern portions of the state, and a lack of MAT services along the northern and southern portions of Pennsylvania.

The research also found that those who seek emergency care and long-term treatment for opioids and who live in rural areas of Pennsylvania have limited access to care. Mobile clinics and outreach teams that provide MAT services could potentially be a major source of care in Pennsylvania given the state's rural nature.

Other barriers to accessing MAT services are lack of childcare and housing, lack of transportation, limited private insurance coverage, and limited funding for MAT services.

Another barrier faced by patients is the stigma against those with opioid use disorder and the use of MAT services.

The research found that many opportunities for expanding MAT services exist. These include directing additional funding from SCAs to MAT services, addressing stigma through education, and increasing childcare and public transportation services. The number and hours of operation for MAT clinics could also be increased. Pennsylvania county drug courts should allow MAT services to

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Rural Pennsylvania
A Legislative Agency of the Pennsylvania General Assembly



This project was sponsored by a grant from the Center for Rural Pennsylvania, a legislative agency of the Pennsylvania General Assembly.

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be provided to those drug court participants who have medically prescribed and monitored MAT plans.

Finally, strict enforcement of insurance regulations by the state could increase coverage for MAT services.

Combating heroin and opioid use disorders requires an “all-in” commitment. Pennsylvania has taken positive steps in the past few years to address the opioid epidemic and the increased need for addiction treatment services. It should continue to enforce laws and regulations enacted to provide coverage for mental health services for patients suffering from addiction and direct additional state and federal funding to support MAT services throughout Pennsylvania.

For a copy of the report, *The Availability of Medication-Assisted Treatment for Opioid Addiction in Pennsylvania*, visit the Center’s website at www.rural.palegislature.us.

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