A Multi-Level Analysis of MOUD Use Among Pregnant Individuals in Substance Use Treatment
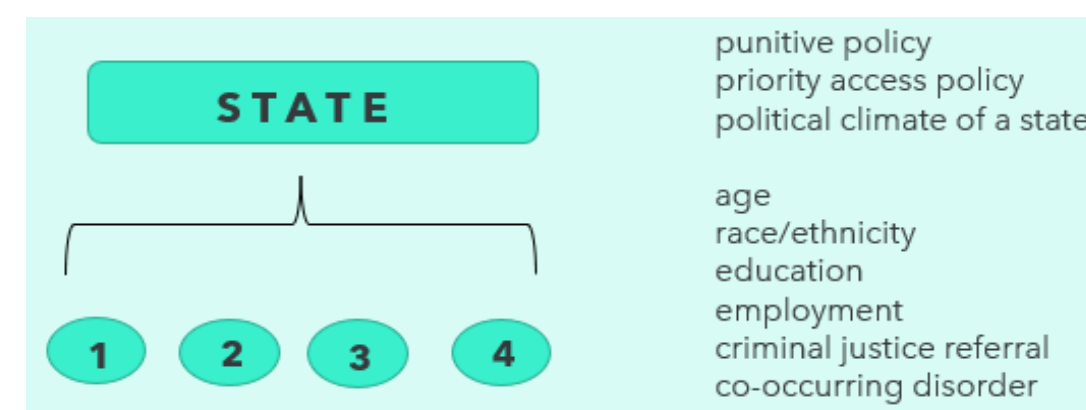
INTRODUCTION

- Opioid related diagnoses increased 131% from 2010 to 2017 (Hirai et al., 2021)
- Medication for Opioid Use Disorder (MOUD) is the recommended treatment, but remains underutilized at around 50% (SAMHSA, 2018)
- 24 states consider prenatal substance use to be child abuse under state statutes (Guttmacher Institute, 2022)
- Between 2000 and 2015, more states adopted punitive policies that criminalize prenatal substance use than ones that facilitate treatment (Carroll et al., 2021)
- **PURPOSE: to identify individual and state-level predictors of MOUD receipt among pregnant people in treatment settings**

METHODS

- Nationwide treatment admissions data from TEDS-A (Treatment Episode Dataset- Admissions) and policy data from the Guttmacher Institute were analyzed for the year 2018
- Sample: pregnant admissions to treatment, age 18 to 44, who met criteria for an opioid use disorder (OUD)
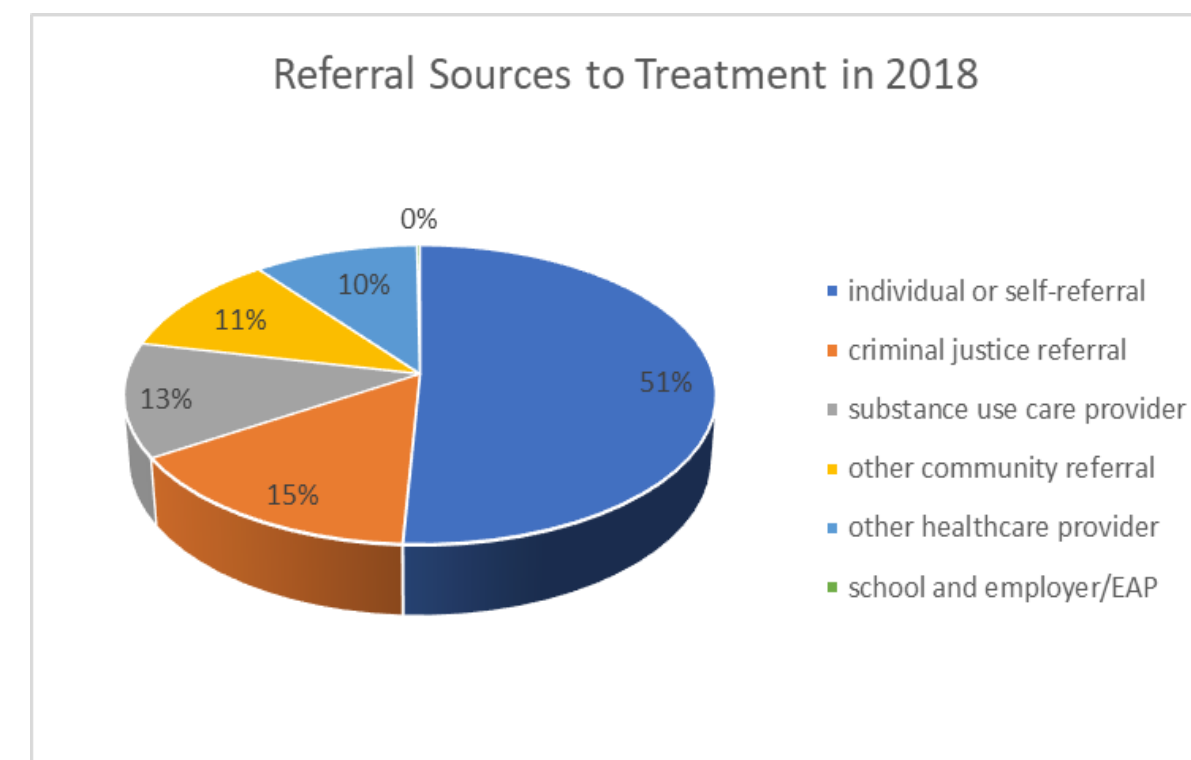 - Associations between MOUD receipt and individual level variables (referral source to treatment, mental health, and sociodemographics) were examined
  - Due to the nested nature of the data, a multi-level binary logistic regression was conducted to identify effects of state-level features on individual MOUD receipt

SAMHSA
Substance Abuse and Mental Health Services Administration

GUTTMACHER INSTITUTE

GALLUP

STATE

punitive policy
priority access policy
political climate of a state

age
race/ethnicity
education
employment
criminal justice referral
co-occurring disorder

1 2 3 4

RESULTS

N= 8,790
56.1% of pregnant admissions with OUD received MOUD in 2018

Referral Sources to Treatment in 2018

- individual or self-referral — 51%
- criminal justice referral — 15%
- substance use care provider — 13%
- other community referral — 11%
- other healthcare provider — 10%
- school and employer/EAP — 0%

Of those who received MOUD, the majority were:

- Ages 25 to 29 (38.09%)
- White (81.4%)
- Were educated at HS or GED (47.29%)
- Unemployed (39.36%)
- Had a co-occurring mental health disorder (47.21%)
- And reported daily opioid misuse (58.85%)

Admissions who were referred from the criminal legal system were significantly **less** likely to receive MOUD *(p< .001, [-1.567, -1.248])*

Admissions with a co-occurring mental health disorder were significantly **less** likely to receive MOUD *(p< .001, [-0.361, -0.119])*

Regional MOUD Rates Among Pregnant Admissions (2018)

33.2%   34.91%   71.52%
21.15%
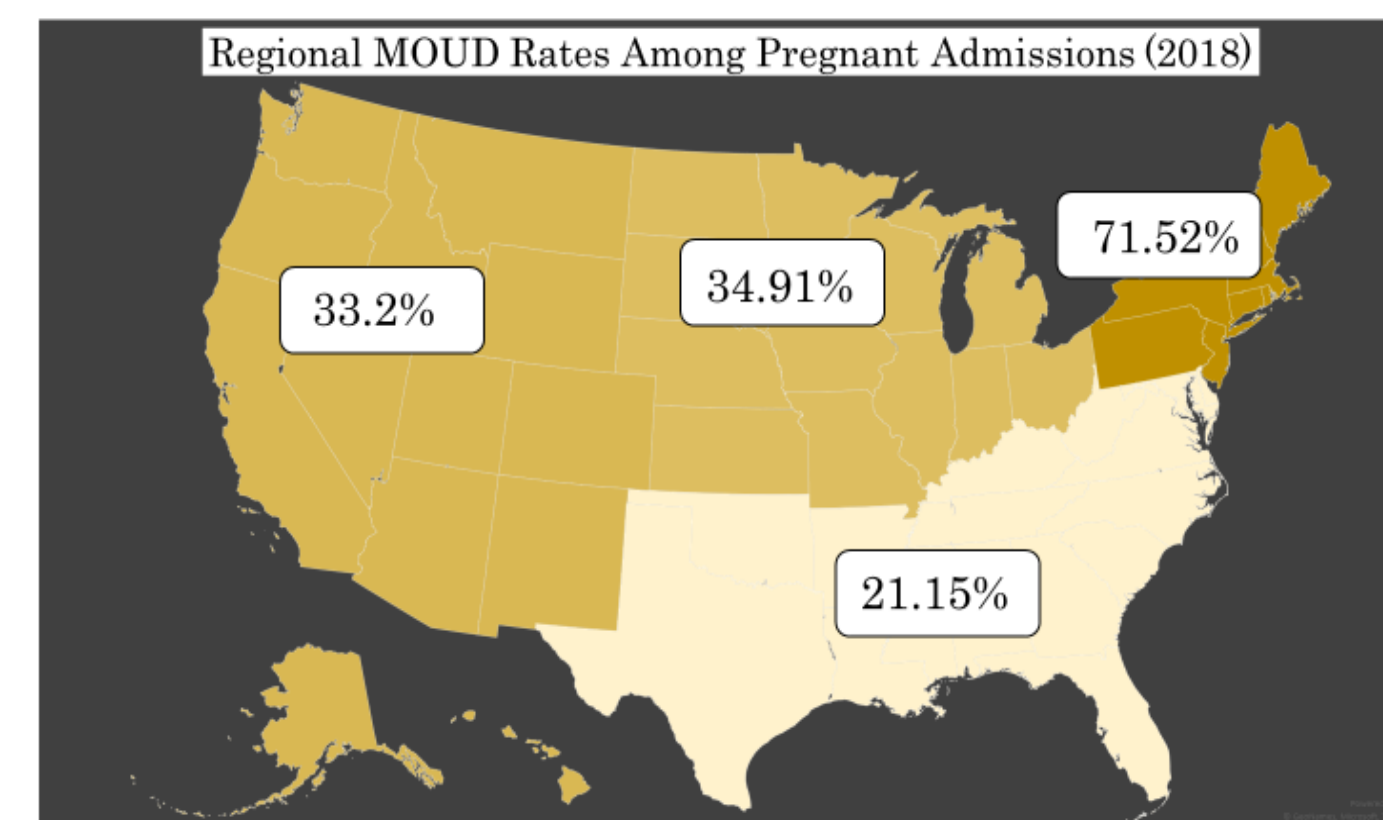
Neither prenatal substance use policy (punitive or facilitative) were significantly associated with MOUD receipt

A state's political affiliation was also a significant predictor of MOUD.
If a state was Democratic leaning *(p= .003, [0.757, 3.716])* or a solid Democrat state *(p< .001, [1.024, 3.497])*, it was significantly **more** likely to be associated with MOUD receipt.

CONCLUSION

➤ **Prenatal substance use policies were not the primary predictors of MOUD**
➤ **Criminal justice referrals and mental health were significant factors**
➤ **Political affiliation of a state was significant**

Implications

- Policymakers can strengthen ties between legal and healthcare systems
- Clinicians can address logistical challenges of medication access
- Social workers can link legally-involved clients with MOUD, address stigma and discrimination, and help clients to understand the laws and policies in their state

Limitations

- A state-level analysis may not account for other community-level or social factors influencing MOUD access
- TEDS-A data includes only people who have already entered a treatment facility, therefore it may not represent the true scope of need for opioid treatment

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*** The authors declare no relevant financial or non-financial competing interests**

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