

Characterizing Opioid Treatment Program (OTP) Access Barriers During Disasters



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Objective

The adaptive capacity of OTP programs to disasters is not well understood. Gaps must be identified to increase resilience to disasters among people who use drugs.

Background

Disasters have inequitable impacts on socially vulnerable populations, compounding existing inequities through damages to social and infrastructure systems. In 2017, the U.S. declared the opioid epidemic a public health emergency. That same year, the U.S. experienced a “historic year for climate and weather disasters” with 16 billion-dollar disasters. However, by 2024, the total number of billion-dollar weather and climate disasters had reached 27. These concurrent emergencies highlight the barriers that people face when receiving medication treatments, particularly people who use drugs.

Methods

An interview guide was developed to assess the impact of disasters on opioid treatment services. Key informant interviews were conducted with advocates, state government officials, community health workers, and OTP leaders in Delaware. Interviews were scheduled via email and conducted via Zoom. All materials were reviewed and approved by the University’s Institutional Review Board (IRB #2234207).

Results

Eleven interviews were conducted during September and October 2024. Transcripts were hand coded to inductively identify themes relating to barriers in receiving opioid treatment and related services during disasters. Four themes were identified. These include stigma, communication barriers, challenges to secure housing and transportation, and issues regarding policies and practices of OTPs, for instance, insurance coverage. The ways in which each theme relate to disaster preparedness and response will be identified to inform the development of policies and practices to address gaps.

1

Stigma

Many people with behavioral and mental health conditions, including substance use disorder, face tremendous stigma when seeking help. “Our clients are ridiculed and degraded” as they try to get sober.
“Stigma is a big issue- with the wounds you have to get medical clearance before you can go to treatment. People are then treated poorly at the hospital. Because of the way they were made to feel, people refuse to go.”

2

Communication barriers

While many people can rely on receiving emergency information via mobile phone alerts, many clients of OTPs do not have cell phones, or, if they do, the numbers change frequently.
“In Sussex, especially in Western Sussex there are language barriers. We got to figure it out and put more materials in Spanish and Haitian Creole. Much of this is cultural.”

3

Challenges to secure housing and transportation

Housing and transportation are always a challenge for clients receiving treatment of opioid use disorder – one respondent called them “a blanket issue” – and these challenges would be intensified during a disaster.
“Clients don’t have reliable transportation. If the clinic is unable to open due to a flood, there is no universal electronic health record, the ER may not be able to pull up and find out their dosage or their derivative.”

4

Issues regarding policies and practices of OTPs

OTPs are highly regulated by both federal and state authorities. However, the ways regulations are operationalized make it difficult for clients to take protective actions, like evacuating.
“For an evacuee, I would need to identify a clinic that will do guest dosing, fax and give them time to review the materials. Paperwork is inconsistent. It just depends. In a perfect world, a guest dosing facility would just take you. But a disaster that lasts longer than 2 or 3 days would leave patients struggling, with the impacts of a disaster introducing a new wave of desperation.”

Conclusions

Disasters and emergencies disrupt OTPs, which operate in a highly regulated environment that prevents adaptive capacity during disasters. It is critically important to include OTPs in program and policy adaptations in pre-disaster and preparedness training.

References

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