

Descriptive Analysis of People Utilizing Medication for Opioid Use Disorder Treatment in Texas

Elena Penedo, MPH¹, Heather Mayfield, MS¹, and Vanora Davila, MPH¹

1. Texas Department of State Health Services, Austin, TX

Background

Medications for opioid use disorder (MOUD), a treatment to address opioid use disorder (OUD), combines medications, such as methadone, buprenorphine, or naltrexone with counseling and other therapies. This treatment aims to span at least 12 months and can extend indefinitely due to the chronic nature of OUD. Using data from the Health and Human Services Commission Texas Targeted Opioid Response treatment services reporting system, the authors provide demographic and clinical characteristics of the population receiving MOUD in Texas.

Study Population

The study population was limited to people under 65 years old with an opioid-related primary diagnosis, a length of stay of up to six years, and an initial admission between June 2010 and June 2022 among Texas residents. The final sample consisted of 18,326 admissions, predominately Non-Hispanic (NH) White and male people.

Results

Table 1: Percentage of Medication Received by Age and Medication Type

Age	Methadone	Buprenorphine	Naltrexone
<18	16.7	83.3	—
18-24	74.1	25.8	0.1
25-34	72.1	27.4	0.4
35-44	73.2	26.5	0.3
45-54	80.3	19.3	0.4
55-64	82.2	17.3	0.4

- Buprenorphine was the most commonly received medication among individuals less than 18 years old (83.3%).

- Methadone was the most commonly received medication for both men and women, and each race and ethnicity group.
- The average length of stay was 480 days, with a median of 294 days.
- Public Health Regions 8 and 4/5N had the highest percentage of admissions with one-year treatment retention.

Figure 1: Percentage of Medication Types

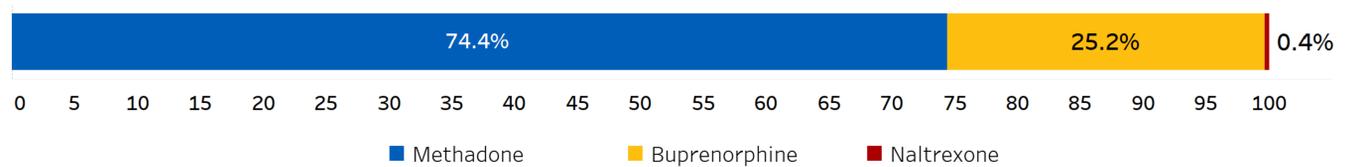


Figure 2: Percentage of Consecutive Admissions

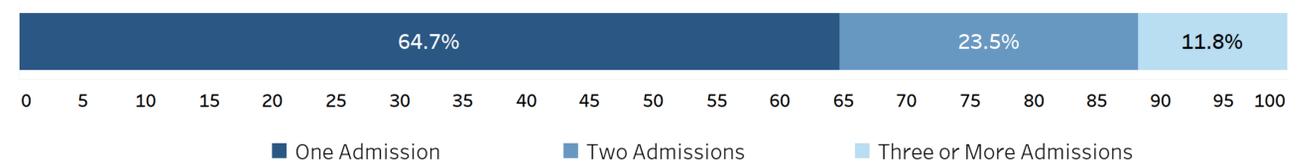


Figure 3: Percentage of Admissions in Treatment For At Least One Year by Client Public Health Region

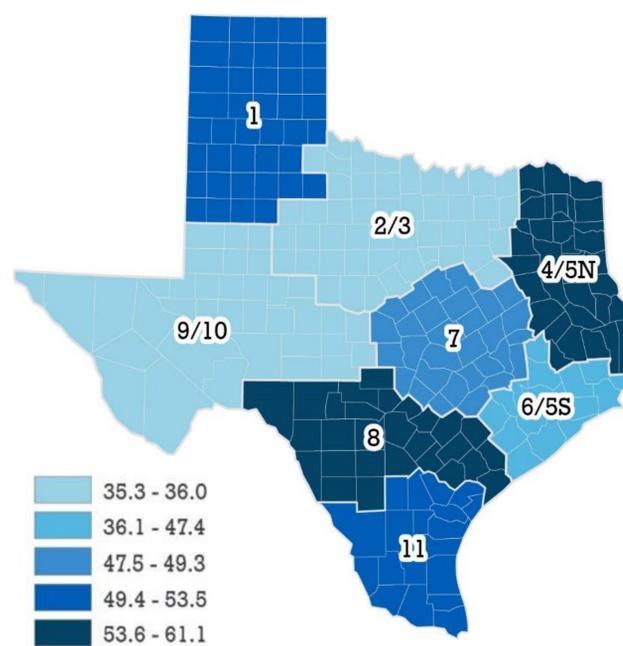
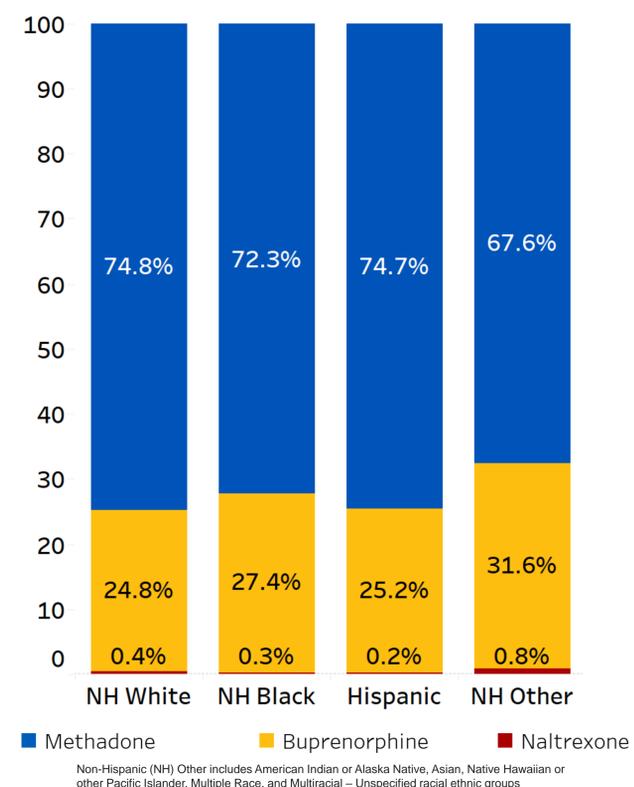


Figure 4: Percentage of Medication Types by Race and Ethnicity



Conclusions

These findings highlight the distribution of MOUD services across demographics, suggesting potential considerations for culturally sensitive interventions. It also emphasizes the importance of monitoring shifts in types of MOUD among different groups, guiding future strategies in addressing OUD effectively.



Texas Department of State Health Services

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