

“Race & MOUD”

Study Overview

This study examines how race impacts the initiation of medication for opioid use disorder (MOUD) and how that relationship is mediated by health, human service, and/or criminal legal system interactions.



Black Medicaid enrollees were 21% less likely to **initiate** MOUD. This decreased to 18% when gender, age, and Medicaid eligibility were included as control variables.



Mediating factors such as a non-OD SUD diagnosis, days in the county jail, lack of housing support, time in the emergency department, and the use of intensive non-MOUD SUD treatment further decreased the likelihood of initiating MOUD treatment by 14%.

TAKEAWAYS

- ✓ MOUD is not equally initiated by individuals from different races/ethnicities. Individuals who are Black are significantly less likely to initiate MOUD treatment.
- ✓ There is *no clinical reason* for this racial difference. As such, there is a need to focus on acute-care facilities to close this gap.
- ✓ Warm handoffs between emergency departments and outpatient providers should be done to help lessen the burden on patients.
- ✓ People who spend time incarcerated are also less likely to initiate MOUD. Initiating MOUD in carceral facilities would reduce an individual’s risk of using illicit opioids after their release.
- ✓ The implementation of MOUD in jails and prisons can help limit racial inequities.