# Investigating the Impact of Self-Help Groups on Opioid Use Disorder Treatment Retention

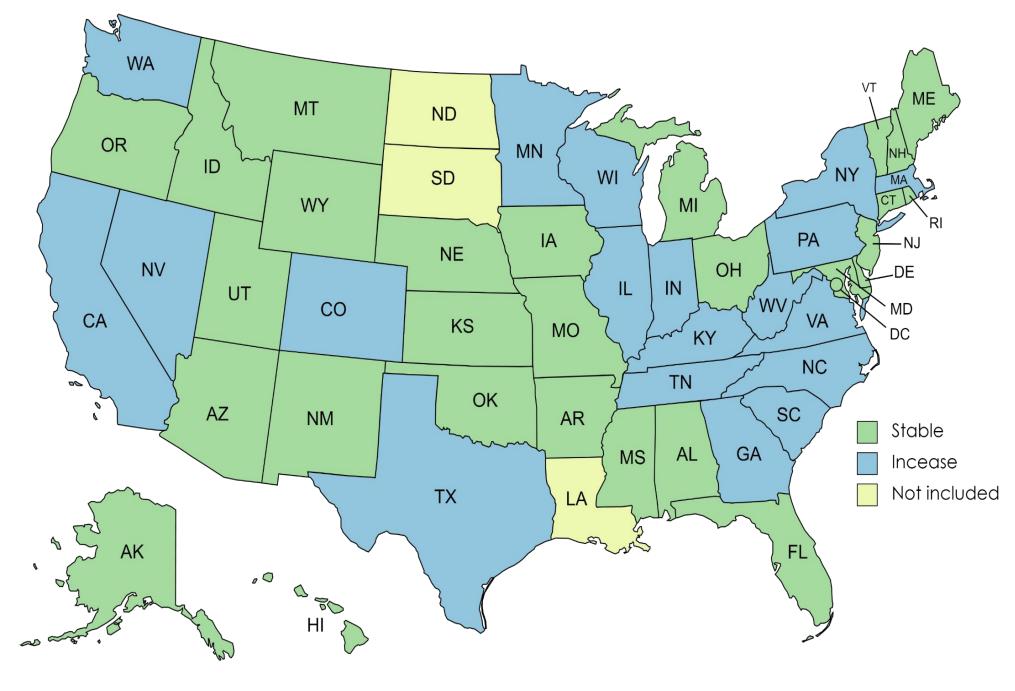
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# Background:

- An estimated 2.7 million people were reported suffering from Opioid Use Disorder (OUD) in the year 2020
- Nearly 75% of drug overdose-related deaths were attributed to opioids, killing nearly 69,000 in 2020
- Medication for Opioid Use Disorder (MOUD), like buprenorphine, methadone, and naltrexone are currently the gold standard for treatment
- Longer-term treatment retention on MOUD is associated with improved mortality; however, a large proportion of patients discontinue prematurely within the first few months



Variations in prescription opioid related overdose deaths in 2019-2020

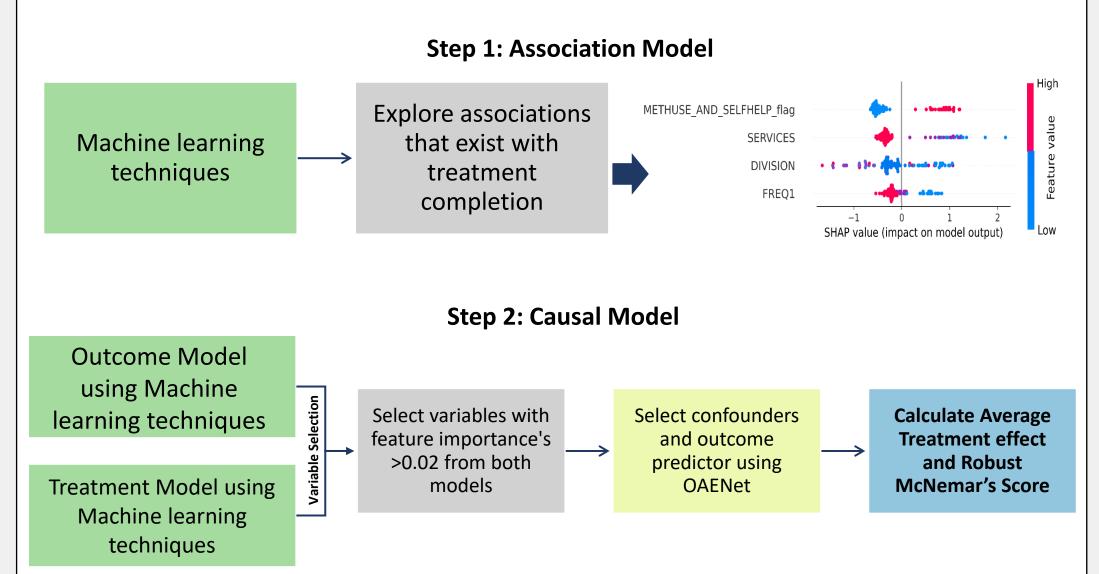
## **Objective:**

To investigate if self-help group improves **MOUD** treatment retention

# **Study Design:**

- DATA: Treatment Episode Dataset Discharges (2015-17)
- Treatment: MOUD methadone, buprenorphine, or naltrexone as part of the treatment plan
- Outcome: Completion of treatment All parts of the treatment plan or program were completed
- Attendance at self-help groups: use of self-help groups within 30 days before discharge (any attendance frequency counts)

#### **ML Assisted Causal Inference Framework:**



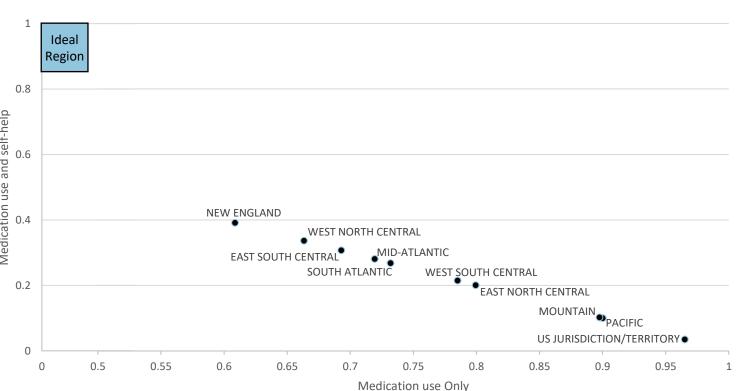
#### **Result:**

- ML models for predicting treatment retention show that the selfhelp group is a strong predictor, and it is positively associated with improving treatment retention
- We selected confounders using Outcome Adaptive Elastic Net and used propensity score based Nearest Neighbor matching technique, which provided ATT = 0.202
- Robust McNemars test p-value = 0.0105, which suggested selfhelp groups causes improvement of MOUD treatment retention

#### **Conclusion:**

- Our finding informs a critical policy for MOUD treatment retention
- Self-help group utilization rates are low and vary across census divisions, ranging from 3% to 40%
- Policymakers should take necessary action to integrate bimodal treatment (MOUD + self-help groups) to ensure improvement in treatment retention

Percent of people who used MOUD or MOUD + self-help groups as treatment by census division, 2015-17



#### **Limitation:**

- Data lacked detailed information about specific types of self-help groups being used as a part of recovery programs
- Data also lacked information about the severity of the patient's condition and about the specific MOUD received by them

#### **References:**

- Data Overview | Opioids | CDC. Retrieved April 17, 2023, https://www.cdc.gov/opioids/data/index.html
- Islam, M. S., Morshed, M. S., Young, G. J., & Noor-E-Alam, M. (2019). Robust policy evaluation from large-scale observational studies. PLoS ONE, 14(10). https://doi.org/10.1371/journal.pone.0223360
- Islam, M. S., & Noor-E-Alam, Md. (2021). Feature Selection for Causal Inference from High Dimensional Observational Data with Outcome Adaptive Elastic Net. http://arxiv.org/abs/2111.13800
- TEDS-D-2017-DS0001 (TEDS-D-2017-DS0001) | SAMHDA. (n.d.). Retrieved April 17, 2023, from https://www.datafiles.samhsa.gov/dataset/teds-d-2017-ds0001-teds-d-2017-ds0001

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