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CHARACTERIZING THE AVAILABILITY OF AFFORDABLE COMMUNITY SUBSTANCE USE DISORDER TREATMENT FACILITIES IN FLORIDA

Background: Substance use, substance misuse, and substance use disorders (SUD) are slowly becoming an epidemic among Latinos in the US. Despite growing substance use among Latinos, the availability, access, and utilization of SUD treatment services remain low. Access to SUD treatment facilities can be operationalized in different ways, such as facility availability and affordability of services. This study explored the availability of affordable substance use treatment services at the census-tract level and the sociodemographic characteristics associated with service availability.

Methods: We used SAMHSA's Behavioral Health Treatment Locator to calculate the density of affordable SUD treatment services throughout Florida, and linked these data to American Community Survey data by census tract. We fitted a spatial lag model of the relationship between census tract-level sociodemographic characteristics and our outcome variables, the density of 1) all substance use treatment facilities and 2) affordable SUD treatment facility availability.

Results: Census tracts higher in percentages Latino populations ($\beta = -0.027$, $p < 0.006$) and residents living below the poverty line ($\beta = -0.001$, $p < 0.001$) were negatively associated with availability of SUD treatment facilities. Census tracts higher in median household income ($\beta = 1.20e-11$, $p < 0.001$), urbanicity ($\beta = 0.04$, $p < 0.001$), percentage single family households ($\beta = 0.0003$, $p < 0.007$), and percentage foreign born ($\beta = 0.002$, $p < 0.001$) were positively associated with availability of SUD treatment facilities. These disparities are readily visible on figures of maps.

Discussion: Census tracts of populations disproportionately vulnerable to SUD such as those with higher Latino residents, people living in poverty, and increased rurality experience lower availability of SUD facilities. Future research should examine additional barriers to SUD facility utilization by these census tract populations such as acceptability through culturally informed services. Future policy measures should consider increasing funding to increase availability SUD facilities. Future interventions should consider accommodating these impacted census tracts with enhanced telehealth-delivered interventions.