From Opioid Addiction to Recovery: Overcoming Barriers to Effective Treatment

By Shareh Ghani, MD

Deaths from prescription opioid abuse have more than quadrupled since 1999, prompting President Donald Trump to declare the opioid epidemic a national public health emergency.[1] But while discussions around opioid abuse prevention have intensified, numerous barriers to recovery continue to exist.

For example, one of the most effective ways to combat opioid addiction is through medication-assisted treatment (MAT), an evidence-based approach that combines medication with psychosocial intervention. MAT empowers those suffering from opioid use disorder (OUD) to recover from their addiction while rebuilding their lives.

However, the stigma often related to MAT — on the part of both the medical community and addiction support professionals, as well as patients' family members — continues to limit its use across the industry. Further, the need to educate communities and legislators about the complex issues surrounding addiction treatment cannot be overstated. Addiction should be considered a chronic condition, and such treatments need to be viewed the same way.

The Complexities of Opioid Recovery

Recognized to lower rates of opioid addiction and overdose as well as reduce the potential for relapse, MAT works by decreasing opioid cravings and mitigating the effects of withdrawal. In one study, more than half of patients treated with MAT reported opioid abstinence 18 months after beginning treatment. Further, abstinence rates rose to 61 percent three and a half years after beginning MAT.[2]

However, in spite of the value of MAT in supporting successful OUD recovery, it has not yet seen widespread adoption from the medical, mental health, and behavioral health communities. Across the nation, waitlists for MAT exist — not due to a shortage of MAT drugs, but rather a lack of professionals who are certified or willing to prescribe treatment.

For example, to prescribe buprenorphine, physicians must take an eight-hour course and then apply for a license supplement. As such, resistance to meeting these requirements is strong: while 900,000 U.S. physicians prescribe opioids, fewer than 35,000 physicians are certified to prescribe buprenorphine. Sixty percent of rural counties in the U.S. do not have a physician who is certified to prescribe buprenorphine.[3] And even among physicians who are licensed to prescribe buprenorphine, the majority do not prescribe buprenorphine.

The factors that limit access to MAT are complicated. Often, physicians who treat OUD patients cite a lack of care management staff, space and psychosocial support services.[4] Additionally, patients who suffer from opioid addiction can also be considered "difficult patients," and this stigma makes physicians reluctant to commit to prescribing MAT, which may require care for a year to 18 months or longer.

There is also the stigma that use of MAT simply enables patients to replace one addiction with another. It's a belief held not only by clinicians but also by peer support groups and family members of those suffering from addiction.

Additionally, lack of understanding around how to administer MAT contributes to low adoption rates. For example, some physicians mistakenly believe patients must withdraw from MAT before receiving treatment for other conditions.

Supporting a Successful Recovery

How can physicians, other medical professionals, and addiction professionals more effectively support patients suffering from OUD to increase their chances for a successful recovery? There are five strategies addiction professionals should consider.

- **Commit to MAT education and training.** In-depth education around evidence-based MAT protocols is critical to addressing preconceived notions about MAT, which impact both access to treatment and recovery outcomes. By providing MAT education for physicians, addiction professionals and the community, healthcare leaders not only will support improved outcomes for OUD patients, but also help to erase the stigma associated with prescribing such treatment. Consider lunch-and-learn sessions for physicians, nurses and staff, addiction professionals, community education programs offered at local centers, libraries and churches, and one-on-one education for loved ones supporting the patient's recovery journey.

- **Combine MAT with supportive psychosocial interventions.** Research shows that patients who receive MAT combined with psychosocial interventions have better outcomes than those who are treated with drugs or behavioral therapy alone. Additionally, treatment that includes individual counseling, family therapy and peer-to-peer support groups increases adherence to patient care plans.[5] Screening and treatment for behavioral health conditions such as depression and post-traumatic stress disorder — conditions that contribute to the experience of pain — also are essential.

  One approach to psychosocial intervention is contingency management, an evidence-based approach to therapy that rewards patients for positive behaviors such as submitting a clean urine sample, attending counseling sessions or meeting weekly goals. Another approach is motivational interviewing, a type of behavioral therapy in which counselors help patients understand how addiction is keeping them from achieving their life goals. These approaches help patients move from denial to acceptance and, ultimately, to action.

- **Actively address the stigma related to addictions treatment, including MAT, with patients, their families and their peers.** Removing the stigma associated with MAT requires ongoing dialogue and awareness not only within the medical community, but also among those who will support a patient's recovery — including addictions professionals and support groups. Often, use of MAT is viewed as replacing one drug with another. When any member of the patient support team questions the validity of MAT, this weakens the patient's access to or commitment toward this evidence-based, life-saving approach.

  Look for ways to leverage waiting room and lobby posters, brochures, and materials on your website to explain why MAT is the right approach for some patients with opioid use disorders. Seek opportunities for in-person dialogue with family members and support group leaders to dispel myths and solidify support for patients in need.

- **Look for ways to assess patients' risk for relapse in real time.** For example, some tools use comprehensive claims data to help identify individuals who face increased risk for persistent opioid use in real time, at the point of care. By analyzing prescription fill behaviors, such tools flag individuals who exhibit persistent use of opioids and help target interventions for inappropriate opioid use. Examine ways to leverage these tools to monitor MAT patients' risk of straying from their treatment plan and putting their recovery in jeopardy. Look for opportunities to actively collaborate with providers across the continuum of care in support of the patient's recovery.

Moving Past the Stigma

When it comes to opioid addiction recovery, the potential for relapse is high, especially in the early stages of recovery when patients' resolve is fragile.

Evidence-based approaches to opioid treatment, such as MAT, are critical to patients' successful transition toward becoming fully functional members of society. But MAT alone is not enough to aid this transition. Support from all key stakeholders in the recovery process — from physicians to addictions professionals to peer support specialists to family members and peers — is critical to achieving the best possible outcomes.

Take the time to dispel the myths about addictions treatments, including MAT, and to investigate their potential to make a difference for the communities you serve. Ultimately, an informed approach to treatment for patients suffering from opioid addiction will provide patients with the tools needed to live addiction-free lives.

(**Endnotes**)

[1]Opioid Overdose. (2017, August 30). Retrieved from https://www.cdc.gov/drugoverdose/epidemic/index.html

[2]Sarlin, E. (2015, November 20). *Long-Term Follow-Up of Medication-Assisted Treatment for Addiction to Pain Relievers Yields "Cause for Optimism".* Retrieved from https://www.drugabuse.gov/news-events/nida-notes/2015/11/long-term-follow-up-medication-assisted-treatment-addiction-to-pain-relievers-yields-cause-optimism

[3]Andrilla, C. H., Coulthard, C., & Larson, E. H. (2017). Barriers Rural Physicians Face Prescribing Buprenorphine for Opioid Use Disorder. The Annals of Family Medicine, 15(4), 359-362. doi:10.1370/afm.2099

[4]Andrilla, C. H., Coulthard, C., & Larson, E. H. (2017). Barriers Rural Physicians Face Prescribing Buprenorphine for Opioid Use Disorder. The Annals of Family Medicine, 15(4), 359-362. doi:10.1370/afm.2099

[5]Medication-Assisted Treatment Improves Outcomes for Patients With Opioid Use Disorder. (2016, November 22). Retrieved from http://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2016/11/medication-assisted-treatment-improves-outcomes-for-patients-with-opioid-use-disorder

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