



How to Win America's Fight against the Opioid Epidemic

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Every day, an astonishing 115 Americans die from opioid overdoses, according to a 2017 report from the Center for Disease Control and Prevention. Approximately half of these deaths are due to the misuse or abuse of prescription opioid painkillers (such as Vicodin, Oxycontin, and morphine). Beyond that, increasingly, deaths come from overdoses of the illicit drugs heroin and fentanyl, which are often used after people become addicted to or misuse prescription opioids.

Each day, more than 1000 people are sent to the emergency room for prescription opioid misuse. In many of these cases, opioids were used along with alcohol or medications meant to treat anxiety or seizures (such as Xanax, Ativan, and Valium). When people ingest such mixtures, they face a heightened risk of injury or death as their breathing slows or stops.

Effective treatments exist. But as treatment for over-dosing is increasingly available, treatment for addiction is still not accessible to many of those who need it. Access to effective treatments for opioid addiction is the missing piece in America's unsteady fight against the opioid epidemic.

Success in Fighting the Opioid Epidemic

Gains in the fight against the opioid epidemic have been made on several fronts. The physicians and nurse practitioners who prescribe America's medications are being trained to be more judicious in their use of opioids to treat pain. They are also learning to consider, whenever possible, non-opioid medications and other treatments that don't come from a pharmacy at all. National guidelines have been established for methods of relieving surgical, cancer-related, and chronic pain without opioids. Taken together, all these efforts are saving lives and reducing the volume of prescription opioids that can be diverted to illicit uses.

Similarly, emergency first responders and trained laypeople now have tools to help prevent deaths from opioid overdoses. Lives have been saved in many communities by the administration of naloxone – a medication which blocks the effects of opioids on breathing centers and reverses overdoses.

But what happens after emergencies – or to prevent them? Treatments for addiction can reduce the likelihood that people addicted to opioids will overdose and die. And such treatments are vital because, like any other chronic illness such as diabetes or heart disease, untreated addiction becomes more severe and resistant to treatment over time.

The Missing Piece – Access

What most of America is sorely missing, however, is sufficient access to the addiction treatments that are the most effective – and not enough efforts are currently underway to increase such access. Currently, the best estimates suggest that *only one out of every ten patients seeking drug abuse treatment can actually get into a program*. To sharply reduce U.S. opioid deaths, proven forms of treatment should be readily available, on demand, to all who need them. Policymakers, civic leaders, patient advocates, and journalists, should consider the following steps:

- **Treatment and reimbursements should be evidence-based.** Research shows that the most effective approach is medication-assisted therapy (MAT), where patients are given methadone, buprenorphine, or naltrexone, alongside therapy to combat addiction. Too many private payers pay for treatments based on mistaken ideas. For example, detoxification is known to be highly ineffective against opioid addiction, yet it is widely practiced and reimbursed.
- **Insurance and other reimbursement systems need to acknowledge that addiction is a chronic disease** that almost never goes into remission after a one-time treatment. Treatment for addiction needs to be ongoing and long-term, just like treatments for diabetes or heart disease. But currently most health insurance companies will only cover one treatment episode or a fixed number of treatment days per year.
- **Early, intensive treatment is the most effective and less costly over time.** Currently, most insurance companies will only cover outpatient treatment for opioid addiction, and will only reimburse intensive inpatient treatment if the first effort fails. Evidence shows that in many cases, the opposite approach would work better: start with intensive treatment rather than with minor steps that allow time for the disease to progress.
- **Many opioid addicts could be treated within America's current primary care systems.** Two effective medications, buprenorphine and naltrexone, can be prescribed by primary care providers. With appropriate waivers, for instance, a physician can treat up to 100 patients with buprenorphine.
- **Medications need to be supplemented with therapy.** Because most primary care clinicians do not have the resources or practice partners to provide the therapies patients need in addition to medications, they often limit the number of addicts they treat or avoid treating them altogether. The answer lies in making behavioral health providers more readily available to work with primary care providers, who could then prescribe effective medications more readily.
- **Patients brought to hospitals for opioid addiction and overdose should be enrolled in therapy and other treatment on the spot.** Many patients with opioid addiction end up in hospitals and emergency rooms. The current approach is to stabilize them medically and then tell them, as they are discharged, to seek further treatments. But many do not follow up or have adequate access to the help they need. A better approach would be to start treatment while addicts in crisis are at the hospital – and directly transfer them to an addiction treatment facility upon discharge.
- **Jails and prisons are other places where opioid addicts need treatment.** Efforts to bring medication-assisted therapy to the incarcerated could mitigate the larger opioid crisis – and also reduce the rate at which ex-inmates commit new offenses and cycle back to prison.

The bottom line is clear: Increasing access to proven treatments for all addicts who need them would save and improve countless lives, and effectively counter America's current opioid crisis.

Read more in Peggy Compton and Andrew B. Kanouse, "The Epidemic of Prescription Opioid Abuse, the Subsequent Rising Prevalence of Heroin Use, and the Federal Response" *Journal of Pain and Palliative Care Pharmacotherapy* 29, no. 2 (2015): 102-114.