

Barriers to addressing the opioid crisis

Pamela Petersen-Baston

TAKEAWAYS

No single approach can solve all the issues related to the misuse of opioids and other drugs.



**Institute for
Research on
Poverty**

UNIVERSITY OF WISCONSIN-MADISON

irp.wisc.edu

There are two types of barriers to addressing the opioid crisis:

those related to individuals, and those related to systems.

Although there is a considerable amount of research on the most effective ways to treat opioid use disorder, there are also many missed opportunities to apply common sense and compassion.

Individual barriers

While there is an extensive knowledge base about brain and behavioral science, the evidence does not always reach behavioral health professionals or other professionals who interact with people with substance use disorder. In particular, many such professionals have not received training about how opioid use disorder reduces an individual's ability to prioritize beneficial behaviors over destructive ones. They may also be unaware of the research that shows that those with substance use disorder have a limited ability to exert control over destructive behaviors, even when not dealing with these behaviors could lead to catastrophic results.

Lack of knowledge about brain and behavioral science findings on addiction may lead to stigmatization of opioid use disorder.

Lack of knowledge about brain and behavioral science findings on addiction may lead to stigmatization of opioid use disorder and other substance use disorders. When a provider inaccurately believes that a person has control over substance use disorder, they may blame the patient for developing the condition. In turn, people who experience this stigma may be less likely to seek out treatment services and access those services, and more likely to drop out of care early when they do access it.

While the initial decision to use substances may be voluntary (though coercion is sometimes a factor), the brain changes that occur in some substance users over time may challenge a person's self-control and ability to resist intense impulses to continue using substances.

Individuals struggling with opioid use disorder often have significant and complex histories of physical and sexual abuse, abandonment, loss, and associated trauma that adversely affect their ability to engage in and comply with treatment programs. Trauma-informed treatment has been shown to effectively address challenging behaviors exhibited by individuals with a history of trauma.

In addition, individuals often have complex family dynamics such as multi-generational substance use disorder, multi-age sibling groups who are themselves adversely affected by parental use, or drug-using partners who can sabotage recovery efforts. Failure to address these complex issues can result in

treatment failure for the individual, and missed opportunities to stabilize their family and environment.

Systems barriers

Punitive rather than therapeutic enrollment policies and excessive wait times contribute to a system that is extremely difficult to navigate, even for people who work in the field, let alone for people in need of treatment.

Punitive rather than therapeutic enrollment policies and excessive wait times contribute to a system that is extremely difficult to navigate

Only about 10 percent of people who need treatment get it, and treatment often begins years, and in some cases, decades, after the onset of drug dependence.¹ Overall, patients participating in addiction treatment programs have less than a 50 percent completion rate.² Some programs eject people for exhibiting behaviors that are the very symptoms of their substance use disorder, such as having a positive drug test. In the treatment of any other health condition—for example, diabetes or hypertension—a return of symptoms would lead to continuing or adjusting treatment rather than halting it. Further, treatment programs rarely accommodate families; only about 3 percent of residential programs allow mothers and children to stay together.³ We can and must do better.

The National Institute on Drug Abuse reports that for residential or outpatient treatment, participation for less than 90 days is of limited effectiveness, and a longer treatment period is recommended in order to maintain positive outcomes.⁴ For methadone maintenance, 12 months is considered the minimum, and some opioid-addicted individuals continue to benefit from methadone maintenance for many years, but many treatment programs are successful with a treatment period of less than one year.⁵ Similarly, while at least five years of continuing care is recommended to ensure that a person stays in recovery, few programs offer this.⁶

Medication assisted treatment, which combines behavioral therapy and medications, has proven to be a particularly effective treatment for substance use disorders.⁷ However, many programs do not offer this type of treatment. Finally, when substance use disorder recurs following treatment, this is generally attributed to a failure of the patient rather than a failure of the treatment method.

The combination of individual and systems barriers to addressing the opioid crisis suggests that no single approach can end the opioid crisis. However, it is possible to align and balance services, supports, and accountability with the challenges that individuals and families with opioid use disorder present to human services programs. Individuals directly and indirectly affected by opioid and other substance use disorders deserve nothing less. ■

Pamela Petersen-Baston is Technical Expert Lead on the opioid epidemic at JBS International.

¹E. Park-Lee, R. N. Lipari, S. L. Hedden, L. A. Kroutil, and J. D. Porter, “Receipt of Services for Substance Use and Mental Health Issues among Adults: Results from the 2016 National Survey on Drug Use and Health,” *CBHSQ Data Review*, Substance Abuse and Mental Health Services Administration, 2017.

²Substance Abuse and Mental Health Data Archive, Treatment Episode Data Set (TEDS), Discharges from Substance Abuse Treatment Services, November 21, 2018, accessed April 21, 2020 at <https://www.datafiles.samhsa.gov/study-series/treatment-episode-data-set-discharges-teds-d-nid13520>

³JBS International, Inc. and The Center for Children and Family Futures, Inc., “Family-Centered Treatment for Women with Substance Use Disorders—History, Key Elements, and Challenges,” Report submitted to the Substance Abuse and Mental Health Services Administration, 2007.

⁴National Institute on Drug Abuse, “Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition),” January 2018, available at <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition>

⁵National Institute of Drug Abuse, “Principles of Drug Addiction Treatment.”

⁶W. L. White, “Recovery Durability: The 5-year Set Point,” 2013, available at <http://www.williamwhitepapers.com/blog/2013/07/recovery-durability-the-5-year-set-point.html>

⁷National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy, Medication-Assisted Treatment for Opioid Use Disorder: Proceedings of a Workshop—in Brief, National Academies Press, Washington, D.C., 2018, available at <https://www.ncbi.nlm.nih.gov/books/NBK534504/>