After the Fact | Treating the Opioid Epidemic
Originally aired Oct. 27, 2017

Total runtime: 00:22:40

TRANSCRIPT

Linda: I knew from all those times trying to get clean on my own that my brain was definitely wired against me.

Dan LeDuc: That's a nurse in Minneapolis named Linda, who began taking opioids to treat her migraines and ended up addicted. Fortunately, she's now in recovery, and we'll hear from her later in this episode. She made it out of the darkness of her disease, but as the statistics show, many others have not. According to the Centers for Disease Control and Prevention, 91 people die each day from opioid overdoses. That eclipses the number who die daily from drunken driving accidents and the daily death rate before the advent of seat belts from auto accidents.

I'm Dan LeDuc, and welcome to "After the Fact," a podcast from The Pew Charitable Trusts that tells the stories behind the numbers shaping our world. In this episode, we talk about an issue that may hit close to home for many of our listeners. More than 20 million people in the United States have a substance use disorder. That means you likely know someone who is suffering, whether you know they have this disease or not.

Cindy Reilly: The crisis is affecting the full country, regardless of the size or type of community or the individuals. It knows no socioeconomic boundaries, nor does it know geographic boundaries. So we see individuals, both in urban areas, suburban, as well as rural communities who are affected. One difference that we do see is that in rural communities it can be more challenging for individuals to get treatment, because there may be fewer providers or transportation issues.

Dan LeDuc: Cindy Reilly directs the substance use prevention and treatment initiative at The Pew Charitable Trusts, which works to expand access to effective treatment. I spoke with her about our nation's opioid epidemic. It can be difficult to understand the nature of substance use disorders, which have historically been viewed as a moral failing, but which science unequivocally shows is a disease. She explains the profound effects they have on the brain.

Cindy Reilly: So opioid use disorder is actually a chronic brain disease that's caused by the recurrent use of opioids, including prescription opioids like oxycodone and hydrocodone, as well as illicit substances, such as heroin. When the brain is exposed to these substances, it can

create a dysfunction of the brain's reward system. It will start out with a change in the chemistry in the brain, causing an individual to seek out these drugs. But over time, the dependence develops, and individuals will actually develop symptoms of withdrawal if they do not have access to the stimulating effects of the opioids.

Dan LeDuc: News reports often tell the stories of communities in crisis from the opioid epidemic. Discussions about solutions to this crisis, though, are rare. Cindy told us there is a path forward.

Cindy Reilly: So medication-assisted treatment combines medications approved by the Food and Drug Administration with behavioral therapy, such as counseling and peer support. And medication-assisted treatment, we have found through evidence, is the most effective treatment that we can offer patients with a substance use disorder. Unfortunately, there are misconceptions out there that using these medications are simply exchanging one addictive substance for another. That is not the case. When you use these medications in conjunction with counseling, and we help individuals deal with the triggers that may have caused medication use or caused the drug use, then we can see great outcomes with patients.

Dan LeDuc: Medication-assisted treatment has been proven effective, but 90 percent of the people who need treatment aren't getting it. For some answers, we spoke with Dr. Shawn Ryan. He's president and chief medical officer of BrightView Health, and on the front lines of confronting this disease in Cincinnati, Ohio.

You know, slowly but surely, I think the scope of this problem is starting to echo in the American public, but it's different than a terrible crisis like we've seen with hurricanes, because we could sort of see the problem. When did you start to see it?

Dr. Shawn Ryan: Well, I've done all of my emergency medicine practice here in Cincinnati for over a decade now, and basically it felt like—earlier in my career we would see an occasional drug overdose, it wasn't always an opiate, and that might have happened once every couple of weeks or once a week. To your point, it slowly escalated and almost crept up on us to where it became eventually over years—once a week, once a day. And then a few months ago, I worked in an emergency department here in Cincinnati and on that shift we saw seven overdoses in six hours, all of which were opioid-related, and two of those patients ended up in the intensive care unit. I believe one of them actually died.

Dan LeDuc: You're one of those people who helped us identify that there's a problem, because you're at the receiving end of all these people coming through the door. What's it like when they come through the door and people are in trouble like that? What are your first instincts as a physician to do for them, and what is the protocol?

Dr. Shawn Ryan: Well, to be clear, obviously we took an oath as physicians to save lives, and so when they come in the door, there's no question that we're going to do everything we can to make sure that that occurs. But I'll tell you my own mindset across time has changed. I've been involved in this at the ground level, but also at the policy level and looking at the epidemiology and the statistics. And when we really started seeing the prescription drug abuse and prescription opiate abuse epidemic tick up, I was looking at numbers on a spreadsheet. And then every day or every other day when I was in the emergency department, I would have to have a conversation, sometimes a confrontation, with a patient and say, “Hey, you don't really need that Percocet or whatever else for your minor injury. We need to talk about alternative pain methods.”

Emergency physicians are generally frustrated with that part of the epidemic, which can sometimes unfortunately translate to when you have these overwhelming numbers of repeated near-death overdoses. And so I would say that physicians, emergency physicians, and other emergency providers, including EMS, right now are quite frustrated, because we don't have a lot of good answers in the emergency department. There is not a good linkage to treatment at this time in many emergency departments across the United States—in fact, very, very few.

Dan LeDuc: How did we get to this position? I mean, a lot of what's going on as I understand it just began because patients received opioid pain relief medicine from their physicians that we sort of think was common if you had a back ailment or a severe injury. But something happened in the last 15 years that changed that dynamic. What was it?

Dr. Shawn Ryan: Well, we'd have to do an entire show if we were to really dig into it. The most extensive review of the history of the situation and the complex social factors involved is in Sam Quinones' book *Dreamland*. For the sake of this conversation, we'll talk about the three factors of addiction, and so those are the biology or genetics; those are the exposure, or how you grew up; and then the last is the exposure to the medication or the drug. The exposure part is really where, unfortunately, medical professionals, as well as many other individuals involved in this epidemic—I will say that we basically all had a hand in it—the manufacturers of the drugs, the pharmaceutical companies, the pharmacies, the physicians—I mean, anyone and everyone that had a touch point on a patient that could influence whether they got a pain medication such as an opioid or not, we inundated the U.S. population with opioids. You don't choose your genetics or biology. Secondarily, so far as the environment, you don't choose your environment when you're growing up, not a whole lot. You might be able to influence a little bit, but generally if you are born into a very challenging environment—foster care, whatnot—that's not really a choice. Then lastly, exposure, where people think, “Oh, there's the most choice.” I agree there's some choice there, but by and large, if you fell off a roof and broke your back and you were taken to the emergency department, you definitely were going to get some opioids

for that broken spine, and you should. And so again, in a situation where I think probably most of the public considers this to be a choice, when you break it down, there's not a whole lot of choice involved, although there are choices made, to be clear.

Dan LeDuc: You know, so much of this I think—some people who may not have the sympathy that might be necessary to deal with this problem—can be dismissive of some of the people in this situation. You know some of these people personally yourselves and can relate to this in a personal way beyond your own role as a physician.

Dr. Shawn Ryan: Yeah, absolutely. I was a physician seeing it on the front lines. And then as I began to look at the overwhelming statistics and what was ramping up into what was—is now the worst public health crisis to knowledge, I was confronted with some personal exposures. So not me, but I had a colleague and a mentor who suffered from opioid addiction, and no one knew it for many, many years.

And he's—he's doing great, and he's in recovery now. I also had unfortunately in 2013 a friend die, a very functional well-to-do business person who was an amazing individual, relapsed and died on prescription opioids, and it really caught me completely off guard. It was just a feeling I can't ever forget. I sat down and said, “I don't understand, he's 41 years old. How did that happen?” As I looked around, as I was paying more attention, if you talk to people long enough, everyone knows somebody. At last count, I believe, it was 64,000 drug overdoses last year and so—which has surpassed the number of individuals that died in Vietnam. And so there's the sheer just number of the population that's affected.

Dan LeDuc: As Dr. Ryan’s friend’s experience shows, not even the medical community is immune from this disease. Now we talk with a nurse who became a patient. Linda is 28, lives in Minneapolis, has a fiance and a good job. But when her migraine headaches wouldn’t stop, she turned to a doctor who prescribed opioids.

Linda: I started and ended basically with Percocet. That was the opiate of choice for me. I was starting to get really bad migraine headaches. And a co-worker of mine had the same issue and said that she was going to a doctor that helped her so much with this and that I should come see that doctor.

Dan LeDuc: And your migraines must have been pretty intense that you needed to seek out some help.

Linda: Yes, they were. They were debilitating. And you know, I couldn't find anything else that really helped me. And the first visit with that doctor, I just told them exactly what was going on, how my migraines were, how often they were happening, what I tried. And I didn't even seek

out pain meds. But that was clearly a huge thing that they prescribed there and what they thought was the correct regimen. So my first visit there, I left there with a script for five milligram Percocet, and it was 60 of them. Which is a pretty big amount, I think, to start a young girl in her early 20s on.

Dan LeDuc: So the first thing, right out of the box, was not to try any other therapies but to simply give you medicine.

Linda: Mm-hm. Initially I felt great and I thought, “Wow, this is awesome. I feel so much better and I can function and I'm not getting these migraines.” It definitely didn't give me that kind of sleepy, tired, don't want to do anything feeling that most people that take opiates feel like. I quickly realized that not only did it take my migraines away, it kind of made me feel like superwoman. I felt like I could do anything, and I had all the energy I wanted or needed to do it.

So it just went from, wow, I can do everything that I want to do, and I can go to work, I can go to college, I can stay up late, I can study, I can get good grades, I can do everything that I want to do, to now not feeling like I can do those things without the opiate. I became so dependent on it that over time I needed it just to function.

Dan LeDuc: So what were you feeling like?

Linda: I felt awful. So I would say my addiction probably spanned about six years. And the last two of those were really bad and really dark and really desperate. I felt like there was no way out. I was angry, embarrassed, ashamed of what I had allowed to happen to me.

I think that there was definitely a voice in the back of my head that knew better. But I also didn't know what I was getting into. And I think by the time I realized what I was getting myself into, it was too late. And I tried many times to quit on my own. And I just felt like I would never be able to get better and there was no hope.

As time went on, I couldn't even function without them. It was no longer taking them to feel better and get things accomplished. It was taking them just not to be sick, because over time of getting addicted to it, you need the drug just to not be sick. And you'll do anything to make that not happen to you. And that's how the cycle of addiction is just so hard and just insurmountable to try to overcome on your own, because I tried and tried and tried and failed so many times to get clean on my own. But when you feel that sick, and there's no light at the end of the tunnel, you don't start feeling better. It's just so hard to do it.

Dan LeDuc: You weren't going to be running out of the Percocets, because any time you went back to the doctor you would get more.

Linda: Oh, yes, absolutely. It was not unusual at all if I were to say, I'm having some more migraines than last time. Or my neck is hurting from being slumped over studying. Whatever, the meds increased like crazy with them. All I had to say was that I'm having pain and next thing I know, they wouldn't even actually discuss the script with me.

Dan LeDuc: So what happened for you to hit bottom?

Linda: I feel like I was at my rock bottom for a long time. I feel like I was there for almost a year. I think the best way to describe how I felt was, I felt like I was a puppet. I felt like the opiate was my puppet master and I was the puppet. And I had no control over my own life anymore. I was just kind of a shell of who I am. I was so depressed. I was so hopeless. Trying and failing to get sober on your own really, really wears you down. And to also be so isolated and, you know, so ashamed of your addiction that nobody knows your struggle.

Dan LeDuc: So Linda, as you were going through all of this, you were suffering from a disease. But did you ever have interactions with the medical community that, you know, made you feel like maybe people were treating you differently?

Linda: Yes, absolutely. I did feel that way. I felt like I was the biggest burden slash failure to any doctor who knew what I was struggling with. And I was very oftentimes open with these doctors about what I was going through. I was met with a lot of harsh, rude, mean comments from some doctors that just absolutely floored me, because I have myself worked with many doctors for many years and never heard some of the things that I heard from these other doctors.

Dan LeDuc: So what did you do?

Linda: I finally was able to put myself in inpatient. I just realized through so much trial and failure of trying to get better on my own that I had to get professional help, that I had to get to treatment and have someone that knew how to help me help me.

Dan LeDuc: That's a very brave decision, because that meant you had to tell your boss and your friends, because you were going to disappear for a while and they weren't going to necessarily know where you were.

Linda: Thank you. Honestly, I think that if it hadn't been for my job change, that I don't know if I would have got sober when I did. But I was so horrified at the thought of having to tell my work, my co-workers, my boss. So thankfully I switched jobs. I had only been there for three months when I finally decided enough was enough. And I went to my supervisor. And I sat down and I

just told her the truth after thinking about it so much and being so worried how I was going to tell her, and should I just say that it's—I need a leave of absence but don't tell her why.

But then I finally decided I've been living in basically the lies and the shadows for so long with this addiction, and if I really want to change, I have to start just telling the truth and being honest about what's going on. And she was so amazing. As soon as basically the words came out of my mouth that I needed to go get help, she said, say no more. We will get you what you need. You tell me what you need. We'll work with you, absolutely. All the things I never thought she would say to me. So that was huge for me, to have that support.

Dan LeDuc: Did it help you to know that you truly had a disease that needed treatment, just like a lot of us have to go to doctors for various things? Did that help relieve some of the burden you were feeling?

Linda: Absolutely, yeah. I really don't even have the words to describe how bad it made me feel about myself. I just felt so flawed and not really worthy of love and not worthy of a lot of things. But they are really amazing about educating you on addiction as a disease and not a moral failure. And that was so huge to really start to tell myself and believe that I'm not just this awful addict, that I'm a good person with a crappy disease.

Dan LeDuc: So you got some counseling. And you were there for a long time. And being in that residential setting must have made you part of a community of others going through what you were going through. You were receiving medication-assisted treatment, I think you have told me before. Tell us how that works, and how it worked for you.

Linda: Basically once I was in kind of that area of inpatient where you get the drugs out of your system and you go through your withdrawals and everything, you meet with a physician after you've been there a little bit. And I did that. And he kind of told me my options for getting some comfort from the withdrawal symptoms, and kind of long-term options as well.

And I basically just told him that I was putting my trust in him and that I wanted to know what he, if I was his daughter, what would you have me do, is what I said to him. And I just want to know what's going to give me the best shot at kicking this long term. And he told me how studies are showing that Suboxone is a really good addition to all the other work that you put in inpatient, and going to your meetings and groups, and meeting with counselors and therapists, all of that. That Suboxone is just an additional tool we can add. I think that it was a huge component of my recovery. I honestly don't know where I would be today had medication-assisted treatment not been implemented in my care plan during my inpatient right away.

It just makes you feel like all the noise in your head of that addiction and the cravings and all that, are just quieted. And you're able to focus on what you need to do and the hard work you need to put in to actually get better and help get to the root cause of why you started using. And I have to remind myself to take my medication now, because my cravings are so nonexistent that I don't even think about it.

Dan LeDuc: Some people who don't maybe understand the data that has shown how helpful it is, that it's sort of substituting one drug for another. But it didn't work that way for you, right?

Linda: Right, yeah. And I have definitely come across that same type of criticism even with friends and family members that know that I'm on it. It still has quite a stigma around it, which I think is unfortunate, because medication-assisted treatment is just one small component of treatment all together, and sobriety, and there's just so, so many factors that go in and so many different tools. You know, getting to a mental health counselor, going to meetings, keeping a strong group of sober friends, relearning how to live life sober—there's just so much more than just giving you one medication to get you off another.

Dan LeDuc: Because your whole chemistry of your brain sort of gets changed by what you went through. And that's got to be really hard to think about, something that sort of is happening in your head and you know you've got to undo it.

Linda: Yeah, exactly. I knew from all those times trying to get clean on my own that yeah, my brain was definitely kind of wired against me for the time being. And so Suboxone has just been a really good tool to—it's used to basically help you learn how to live this new life of sobriety without, obviously, the opiate and without the constant cravings on your back. It was a lot of hard work. And I definitely struggled in the beginning. And it was hard. But it gets so much easier.

Dan LeDuc: So for those people who are trying to just learn more about all this, who may be facing some of their own issues, any advice?

Linda: Yeah. I suppose my advice would be not to give up. Life gets so much better than how you're feeling right now. And I know that it's dark, and it's scary, and it's sad, and it feels hopeless. But if you try, if you really want it, your life does not have to be like that anymore. There's so much hope on the other side.

Dan LeDuc: Well welcome to the other side, Linda.

Only 1 out of every 10 people who need treatment like Linda are getting it now. But stories like hers and the hard work of medical professionals like Dr. Ryan offer hope. You can learn more in our bonus episode. For The Pew Charitable Trusts, I'm Dan LeDuc and this is "After the Fact."