



After the Fact | [Bonus: Responding to the Opioid Crisis](#)
Originally aired Nov. 2, 2017

Total runtime: 00:10:34

TRANSCRIPT

Dan LeDuc: Welcome to “After the Fact” from The Pew Charitable Trusts. I’m Dan LeDuc, and we’re continuing our conversation about the opioid crisis gripping our nation. President Trump has just declared it a public health emergency. One proven way to help those struggling with substance use disorder is with medication-assisted treatment. Not long ago, Food and Drug Administration Commissioner Scott Gottlieb called for expanded use of this treatment. And there’s plenty of room for that expansion. Studies show that only about 10 percent of patients who need help have access to treatment now. We’ve been talking with Dr. Shawn Ryan from BrightView Health in Cincinnati. He uses medication-assisted treatment with his patients. But Dr. Ryan says there are challenges in getting patients the help they need.

So once you get someone maybe past the critical phase of an overdose, is it hard to get them into treatment? And I ask that really from two perspectives. One, is their support system and is the medical community prepared for them? But second, what about them and their willingness to undertake treatment?

Dr. Shawn Ryan: No, the medical system is not ready to deal with the massive epidemic that's currently happening. Importantly, I think also the variance of what a treatment means is too broad at this time. We need to work very hard in the medical system to standardize treatment so people know what they're getting when they go to get it.

Dan LeDuc: So if you can get a patient into your office who is at least willing to talk to you initially, what do they tell you? How did they get started? What are their desires? And what do you tell them about the road they have in front of them?

Dr. Shawn Ryan: Their desires are to not be doing what they're doing. I think that when we're talking to them, we got to give them the real story, which is this is going to be some work, this is a fairly long journey. But it's the same discussion you have with anybody with another complex chronic illness. So if somebody has cancer or diabetes, you can't or shouldn't sit them down for a minute and a half and say, “As long as you take these meds, you'll be perfectly fine,” because that's not accurate.



Dan LeDuc: There's something called medication-assisted treatment that we hear about sometimes in relation to all of this. How does that work?

Dr. Shawn Ryan: Currently there are three FDA-approved medication-assisted treatments, which are methadone, buprenorphine, and long-acting naltrexone. They are all very good medications and substantially increase the success of a patient being sober and getting to recovery. I spent a lot of time lecturing in different environments on the evidence and the science behind medication-assisted treatment. But if you review it as a medical professional or other scientist and look at the absolutely clear statistics that medication-assisted treatment is the best for patients with opiate use disorder.

Dan LeDuc: It's not just a matter of giving folks these medications; there's a lot more that goes with it. There's behavioral therapy and a lot of other, sort of, lifestyle structured things that you try to help them with, right?

Dr. Shawn Ryan: Yeah, so patients come to us in all manner of severity. I mean, they may have just started to slip down the slope of addiction and are using too many Percocet they're buying off their friend, or they may come in completely distraught and homeless, et cetera, all else. And those are not exactly the same patient. By and large, almost every one of our patients has some need for psychosocial intervention and some need for further support, whether that be cognitive, behavioral therapy, or other structured therapies, and almost everyone can use some case management or social support.

Now, that being said, if you're in the area of the country where those sort of other interventions are not available—you don't have a competent licensed therapist—we should still advocate for medication-assisted treatment alone. Today we have a public health epidemic of death, so we have to know when we have to put the message out that medication-assisted treatment will save lives.

You know, when you look at the statistics, 1 out of 10 people get treatment for a substance use disorder at any time. But we know that as many as 3 out of 10 people are actively seeking treatment, so we already have 200 percent more people that are actively seeking it, then we have many more people who probably would if it wasn't so stigmatized. So I think we can't lose sight of the prevention aspect. We have to stop the funnel. So we're making strides, I think, in most states around prescription drug monitoring and guidelines of pain treatment with things other than opioids, but we have a long way to go on that.

Dan LeDuc: Well, Shawn, in addition to the stigma that's associated with all of this that we've talked about, there are those other challenges too for some of these patients. What are they?



Dr. Shawn Ryan: Well, I think one of them is that people believe that an individual can just stop using opioids. And so people need to understand the drive that this chemical specifically, even more so than some of the other drugs of abuse like cocaine and alcohol, that this drug really has what I would describe as the most profound grip on people that I can ever imagine.

Dan LeDuc: Let's turn now to Cindy Reilly from The Pew Charitable Trusts. She explains the broad reach of this health crisis and says there is a path forward to helping those in need.

Cindy Reilly: Right now the country is in the midst of an epidemic. We are facing the loss of a number of lives of Americans. In fact, 91 Americans die every day due to an opioid overdose. We see more deaths now from opioid overdoses than we do from car accidents in this country.

Dan LeDuc: That's an amazing comparison for us. A generation or two ago, we started figuring out seat belts, airbags. We knew we had a problem there. Now we're having a situation where we're facing more people dying from opioid misuse. What can we do next?

Cindy Reilly: The parallels are interesting. In terms of with car accidents, we took a multifaceted approach, looking at speed limits and seat belts and car redesign. Similar to that, with the opioid epidemic, states and at the federal level, we're taking a multifaceted approach, both prevention and treatment to help address this crisis. And it's important that we look to the evidence, which is where Pew has focused its efforts to identify areas where we know what works and we simply need to get those solutions out and more widely adopted.

Dan LeDuc: Tell us about some of the solutions that your research has identified.

Cindy Reilly: So on the front end, on the prevention side, one of the things we want to do is prevent the misuse of prescription opioids. So how do we ensure that these therapies, which can be very helpful in the treatment of acute pain, aren't used on a chronic nature to treat pain, where there is less evidence that they're effective and there is a significant potential for harm?

So evidence has shown that there are prevention strategies, such as the use of prescription drug monitoring programs. These are the databases at the state level that prescribers can check, and they can use these databases to determine what other controlled substances or opioids a patient may be taking. So they can see the patient's overall exposure, as well as their risk of harm. And they can use this information to make a better prescribing decision, even determine if a patient might need an opioid or if they're already receiving that therapy. So we know that those databases, and that if doctors consult them, and we remove barriers to their use, that we can improve prescribing practices. That's one strategy that has been demonstrated to be effective.



We're also seeing use of the drug naloxone, which is an antidote to an overdose. And we've seen states broadly adopt the use of this drug, getting it in the hands of emergency personnel or even family members, so that if someone should overdose that the antidote to save this individual is the cure.

Dan LeDuc: This is the stuff we've heard so much about in the news recently, right? That the police officers carry it, first responders carry it. As you say, even family members might be able to get it now. And it has great impact.

Cindy Reilly: We can save a life immediately with these therapies. What's important, however, those interventions are largely on the prevention as well as the immediate intervention side. It's really important at this time that we focus our efforts as well on expanding access to treatment for the underlying disease that causes the overdose.

We know that treatment for substance use disorders is effective. But there are a number of barriers that prevent individuals from getting it, in terms of there being enough providers. There's also a large issue with stigma, in terms of individuals gaining access to treatment. One of the other things we need to do is remove some of the system barriers. For instance, when it comes to insurance, we want patients to have access to all three of the medications. The FDA has approved three medications that are available to treat opioid use disorder. And we want individuals to have the option to work with their prescriber to determine which of those three medications is best for them.

And the selection can depend on therapies the patient has tried before, as well as their setting of care. Are they going to be treated in an inpatient or an outpatient basis? Are they available to go to a clinic on a daily basis? Or do they need a little bit more flexibility in order to maintain their family or to maintain their employment?

Dan LeDuc: You've talked about databases that states could establish to help patients and doctors track medication use. What are some of the other practices happening out there in the states, where so much of this problem is being addressed, that are working?

Cindy Reilly: States are doing great work in terms of expanding access to treatment and coming up with very innovative approaches in order to help individuals who are affected by this disease. In many states, we're seeing care provided directly in the emergency room, in terms of connecting those individuals who come in after an overdose, bringing in peer counselors—those who themselves have gone through having a substance use disorder—bringing those individuals into the emergency room to talk with overdose victims to help them engage in treatment. Again, to help knock down those stigmas and to get individuals into treatment sooner.



The speed in which we can get individuals into treatment is just so critical, especially as we look at the more potent illicit substances that are available these days. One exposure can result in death, so it's really important that we work to get people in the treatment as quickly as possible. In other states, we have seen providers who are experts in this field work to help primary care providers build their skills and become more comfortable treating individuals with a substance use disorder, thereby expanding the number of providers who are available to help patients.

Dan LeDuc: As news of this epidemic continues to make headlines, it's clear it won't be fixed overnight. But as more people learn about what can be done, there can be help for those who need it. If you'd like to find out more and missed our previous episode on the opioid crisis, please download it from Apple Podcasts or your favorite streaming service, or go to pewstrusts.org/afterthefact. For The Pew Charitable Trusts, I'm Dan LeDuc and this is "After the Fact."