



After the Fact | [States of Innovation—Expanding Treatment for Opioid Use Disorders](#)

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TRANSCRIPT

Jerome M. Adams, 20th surgeon general of the United States: Stigma keeps people in the shadows. Stigma keeps people from asking for help. Stigma keeps people from even recognizing that they have a problem.

Stigma is when we separate ourselves into us and them. We need to show people there is no us and them when it comes to the opioid epidemic and when it comes to health.

Music transition

Dan LeDuc, host: Last summer Surgeon General Jerome Adams was talking about the difficulties for many people needing treatment during the national opioid epidemic. And it's only gotten worse.

Welcome to "After the Fact." For the Pew Charitable Trusts, I'm Dan LeDuc. Amid the coronavirus pandemic, it might be easy to forget an epidemic that continues to grip the United States: opioid overdoses. Opioid use disorder knows no boundaries: not age, or race, or economic status—and it continues to cause deaths and wreak hardship for thousands of people in this country.

As Dr. Adams made clear, the unfortunate stigma attached to this disease can prevent many people from seeking treatment. During the pandemic, it's been even harder, especially for those seeking medication-assisted treatment—which research shows to be tremendously effective.

And that brings us to our data point for this episode: 18 percent. Only 18 percent of Americans with this disorder receive medication as part of their treatment.

But there are places trying to make things better. In this fourth episode of our "States of Innovation" season, we'll tell you about one of them, the first state to make sure at least two of the three medications for opioid use disorder are available in residential treatment centers.



But first: more about the problem from Beth Connolly, who leads Pew's efforts to reduce inappropriate use of prescription opioids and expand access to treatment for substance use disorders.

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Dan LeDuc: Beth Connolly, good to see you, thanks for joining us.

Beth Connolly, project director of Pew's substance use prevention and treatment initiative: Thank you.

Dan LeDuc: Of course, the whole world is living in the middle of a pandemic, but before that all happened, this country was facing—and still faces—an epidemic related to opioid use disorder. Could you just start by laying out the problem for listeners?

Beth Connolly: Substance use disorders are really a serious public health problem. And, as you said, they continue to grow in the United States. So, on average in 2018, 128 lives were lost every day due to opioid overdoses. In 2019, 1.6 million people aged 12 and older had an opioid use disorder. And provisional data from the CDC predicts that there were almost 72,000 drug overdose deaths in 2019, and that's a 10% increase over the 12 months prior. And of those 72,000 overdose deaths, almost 71% involved opioids.

Dan LeDuc: We realize we have this enormous grave situation, the response to that has primarily been handled at the state level, but with various approaches, right?

Beth Connolly: Yes.

Dan LeDuc: And, first of all, explain why that's so, why the states are taking the lead in this. And then why that actually gives room for maybe some innovative approaches?

Beth Connolly: States are really at the front lines in treating the opioid overdose epidemic because it involves people, and people are seeking treatment for this chronic disease. And, so, as we have state and local efforts around a lot of chronic diseases, the same thing has held true for opioids because people will seek treatment in their communities, in their states. And states have the opportunities, while guided by some federal rules, to really offer innovation in helping to get people to treatment, helping people access treatment, and making it available to them. Because we know when treatment is readily available, then people will engage in the treatment, and that will help to aid in their recovery.

Dan LeDuc: Can you talk to us a bit more about what those treatments are?

Beth Connolly: Treatment for opioid use disorder, unlike most substance use disorders, actually has medications that can be used to treat opioid use disorder. There are three FDA-approved



medications to treat opioid use disorder. There are methadone, buprenorphine, and naltrexone. And these three medications reduce the likelihood of dying from an overdose. They reduce the likelihood of using illicit opioids. And they also reduce the likelihood of contracting infectious diseases like HIV and hepatitis C. And people who utilize medications report really a better quality of life.

Dan LeDuc: Opioid use disorder—a severe and serious medical issue in and of itself—but this sort of started because people had other medical needs, right? And maybe they had to turn to opioids to relieve pain and other problems in their lives. Does that element complicate how you treat opioid use disorder?

Beth Connolly: Opioid use disorder actually has been with us for a very long time. We've seen peaks and really a public recognition of the crisis, resulting from people who have been prescribed opioid painkillers and then developed an opioid use disorder. And this has really complicated their lives because they have, perhaps, other chronic conditions. Now they are having to work through their opioid use disorder. So, trying to find a doctor who can actually help to treat the opioid use disorder is very difficult for many people. There's lots of doctors out there who can help to treat pain, but providers of medications for opioid use disorder are very few.

We know that of the 1.6 million people who are estimated to have an opioid use disorder, only 18% of them are actually receiving treatment. And by “treatment,” we mean the most effective and evidence-based treatment, which are the medications that I mentioned earlier. There are a number of reasons why it is so difficult to actually have access to these medications. One is methadone is the most highly regulated controlled substance that we have in the United States. A person can only receive methadone from an opioid treatment program. Often this means that they have to go to the opiate treatment every single day in order to get the medication they need. In many states, there are very few opioid treatment programs, which means people may have to drive a very long distance, which makes it much more difficult to adhere to a medication regimen.

In terms of buprenorphine, buprenorphine is one of the three FDA-approved medications which you can actually receive from a physician. However, in order to receive this medication, your physician has to have a very special waiver from the federal government. And that means that there are very few doctors that actually have this waiver, and creating a barrier for people who would like to seek treatment right in their doctors' offices, the same place where they can receive treatment for other chronic diseases.

Dan LeDuc: You mentioned that there is a shortage of doctors. You mentioned the waiver of being able to prescribe some of these medications. Is there anything else that is contributing to this dearth of doctors in this area?



Beth Connolly: Stigma has long been one of the problems for people facing opioid use disorder and for finding treatment. And stigma happens in a number of levels. It can happen at the provider level, it can happen by friends and family who surround you, from the general public. People often feel stigmatized because so many around them look at them as having a moral failing. They look at them as making a choice to use opioids. Opioid use disorder is a chronic, relapsing brain disease, a chronic disease just like diabetes, just like hypertension. And just like both of those, there are medications that can be used to treat opioid use disorder. Yet, we often hear people say, “Oh, you’re just substituting one drug for another.” When, in fact, the treatment for opioid use disorder actually curbs the cravings. It does not create a high, and it actually stops the negative impacts of withdrawal on people who are receiving it.

Dan LeDuc: It’s such a shame that this stigma remains, given that so much news coverage shows just how widespread this problem is, that it’s all ages, all races, all locations in the country. Let’s talk about a couple places that you’ve identified that are showing some innovative approaches. What are some states that you can point to and what makes their approaches innovative?

Beth Connolly: In Wisconsin, they’re really embarking on a care coordination system. As you mentioned before, many people with opioid use disorder have other complex health needs. And a care coordination system means that there is someone coordinating the care and making sure that all your needs are addressed. And they do this with the help of a lot of partners. Some call it a “hub and spoke” system, where the hub is the coordinator and the spokes are all the folks that coordinate care. And they communicate across the system so that people have a holistic care plan for them. That means that they’re able to adhere to all the different types of care that they need, whether it’s the opiate use disorder or maybe their hypertension or other care needs that they might have.

Louisiana has used legislation as a mechanism to get people into treatment. And one way, which is very innovative, is that they are legislating that all residential treatment facilities within the state of Louisiana provide these medications that I have mentioned and make them accessible to people. All too often, residential treatment—which, for some, is really needed because it is a higher standard or a higher level of care—do not actually offer these evidence-based medications that research shows will actually help to get people into recovery and give all the quality of life back to them.

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Dan LeDuc: So how did Louisiana decide on that innovative approach? We asked the sponsor of the legislation, Representative Paula Davis.

Representative Paula Davis, thank you so much for joining us.



Paula Davis, Louisiana state representative of District 69: Thank you so much, Dan, for having me. I appreciate it.

Dan LeDuc: You are a member of the Louisiana State Legislature and represent East Baton Rouge. Can you tell us a little bit about your community?

Paula Davis: Baton Rouge is a great city. We are right on the banks of the mighty Mississippi River. We're home to LSU. We're home to Southern University. We have a lot of different cultures here because it is kind of the center of the state. We're about 80 miles northwest of New Orleans, so we have a lot of that flair. And we're also about 50 miles to the west of the Acadian area, which is known as Cajun Country. So, a great little town, great little city. We have about 250,000 people in Baton Rouge proper, in greater Baton Rouge area we have about 800,000. And I represent District 69, which is really in the heart of Baton Rouge. I represent about 44,000 people in my district.

Dan LeDuc: In some of the numbers I've been reading in your community, there were something like 1,845 paramedic overdose calls last year. It's just an astonishing number. And I'm sure it's echoed in many other communities throughout the country, but we're just grateful to be talking to you about your community.

Paula Davis: Thank you. And like you said, we are no different here in Baton Rouge. Unfortunately, the opioid epidemic and substance abuse issue knows no boundaries, no demographics, no race boundaries. So, it is a horrible, horrible statistic here in Baton Rouge. And we're combating it here, but it's difficult, especially during the coronavirus pandemic.

Dan LeDuc: If you could just tell us a little bit about your own personal interest in this, and how you got involved in it.

Paula Davis: My husband, John, has some disc issues. As we get older, we seem to have those issues, lower back issues. So, we went to an orthopedic surgeon, and they ordered an X-ray of his back, of his lower back. We did the X-rays. We went back to the surgeon. He said, I'm going to have to order an MRI in order to further see what exactly is going on with your back.

That is a diagnostic test, as we know, and the insurance company denied it. Instead, they said here, I want you to take this medication for six weeks and let's see what happens. Well, when we got home and got the medication, we realized it was an opioid. And we thought, well, that's just going to mask the symptoms and mask the ailments. Of course, we're always aware as legislators, just as human beings, what's going on in your community, and when you're involved in the community, you're hearing about these horrible statistics, especially with substance abuse, but when it really hits home, something goes off in your mind and you think, what's going on here? We were able to get an MRI, but that's when it kind of clicked.



Dan LeDuc: And, so, as you got interested in this subject and begin to dive into it, what surprised you the most?

Paula Davis: Probably the thing that surprised me the most is the number of opioid overdoses and heroin overdoses that are occurring around me and in my community. Probably once a week you see something on the news or you see in the newspaper or you hear about opioid-related deaths or heroin-related deaths, or now what's happening in East Baton Rouge Parish is the combination of heroin and fentanyl. That's one of our biggest problems here. I think it's just the sheer enormity of the problem here in my community. The more you get to know and you start talking about it with other people, just the general public or the DA or the coroner or the mayor, you start to hear personal stories, kind of like my story with my husband, and, you know, being prescribed the opioid. My daughter, she said yeah, I know someone who is in treatment right now in California.

Dan LeDuc: As a legislator, Paula Davis was in a position to do something about this problem and read research from Beth Connolly's team at Pew.

Paula Davis: One of the suggestions from Pew was the use of medication-assisted treatments, MATs, as a treatment for substance abuse and opioid use disorder.

And we came forth with the legislation, which I'm excited to say was the first legislation of its kind in the entire country. It requires that any facilities where you are treated for substance abuse or opioid use disorder must make available medication-assisted treatment within those facilities. So, you don't have to have the medication on site, but you have to have it available when that person comes to the treatment facility. I was very lucky in that I had the medical community behind me when I brought forth this legislation. Dr. Beau Clark, who is East Baton Rouge Parish coroner, is a good friend and also a medical doctor, an emergency room doctor, so he has seen this, not only in the emergency room, but in his role as coroner.

Dan LeDuc: As a legislator, you're also walking down the hallway with your fellow lawmakers and you're going to have constituents coming up and asking you. What's the simple-to-understand answer you would give those folks to say why this was a good idea?

Paula Davis: So, actually, I didn't get any pushback, luckily, from constituents. I did get a lot of questions from legislators just not understanding exactly how these treatments work. And, again, these treatments act differently in people with opioid use disorder. So, some of them act to block the receptors. Some of them block the cravings, and then later on, you can wean easier off of those medications than you can what may either be prescribed or what could be being bought off the street.



And so, now, treatment facilities have to provide the medication-assisted treatments. It doesn't mean that a doctor has to prescribe it. But what the legislation did, and it goes into effect now, is that treatment facilities must provide the access to those medications.

So, there was a lot of education as with anything, and it's ongoing. The education doesn't stop just because you pass the legislation. It's always an ongoing process, education and communication. But I was very, very fortunate in that I had a body that was willing to listen and willing to learn, and fortunately had enough trust in me as the author that I was bringing forth legislation that was good legislation and that was going to work and that was going to help people.

Music transition

Dan LeDuc: When states, like Louisiana, use science-backed research to create effective treatment programs for opioid use disorders, progress can happen, and lives improve. And while that progress may be hindered by the coronavirus outbreak, there are some effective strategies from federal and state governments that ease restrictions and get people treatment. More on that now from Beth Connolly.

The challenges that COVID is now presenting is going to require some new nimbleness on the part of the states on how to get care to people at a time when many of us are staying home, working from home. What are the challenges that the pandemic has created for this epidemic?

Beth Connolly: So, you're right, COVID really has exacerbated the opioid epidemic and substance abuse disorder writ large, the isolation that people are feeling. Research shows us that after natural disasters, such as Katrina and Superstorm Sandy, people coped with the stress of the disaster by turning to substance use. And for this, COVID-19 is no different. States are already reporting increases in substance use, in overdose, and overdose deaths. So, this is really another tragic consequence of the coronavirus.

Dan LeDuc: Are there ways states and the federal government are trying to help with the coronavirus's impact on the opioid epidemic?

Beth Connolly: Early in the pandemic, the federal government offered states some flexibility in how they can deliver services. So, as I mentioned before, methadone can only be provided at an opioid treatment program and you have to go every day. The federal government has said to states, people do not have to go every day anymore. People can take home medications for up to four weeks, thereby not having to come every day, stand in a line, and have this risk of exposure for the patient and for the provider. If a patient really has COVID symptoms and shouldn't be out, then the federal government has said to states, you can deliver the methadone to their homes. So, states are really trying to maximize that for folks who may be at high risk of



going out for exposure to coronavirus, or who may have symptoms of coronavirus, this makes them able to keep adhering to their medication.

Buprenorphine, the other medication that I spoke of earlier—before coronavirus, you had to see a doctor in person in order to be prescribed buprenorphine. In order to avoid these in-person encounters, the federal government has said, states—you can do this via Telehealth. The provider can use either a Zoom call, they can use FaceTime, they can use some kind of a computer connection, in order for people to be started on buprenorphine. Which is huge as we see the number of people with substance use disorder beginning to increase.

In addition, oftentimes people have counseling that goes with their use of medication. Prior to COVID, this use of counseling had to be done in person or was mostly done in person. Because of COVID, the federal government said, you can do this counseling via Telehealth. And, so, some states are really embracing this opportunity and allowing patients to actually receive these services via these remote methods. States are reporting that more people are actually using services, and they're seeing adherence to medication and adherence to their treatments, which is fantastic.

Dan LeDuc: Are these sorts of adjustments you just described in the states that the federal government are allowing are likely to continue once some of our pandemic restrictions are lifted?

Beth Connolly: Once the public health emergency has ceased, technically these flexibilities are reversed. States are really seeing some great outcomes, so research has started, and we're hoping that there is a good body of evidence to support keeping these relaxations in place. States are reporting that people are really utilizing these services, and we're hoping that the research bears out so that the federal government will really break down these barriers that we've been trying so hard to break down.

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Dan LeDuc: Thanks for joining us. If you want to learn more about innovative ways states are tackling big challenges like the opioid epidemic, visit pewtrusts.org/afterthefact.

And we would like to hear from you. Take our listener survey at pew.org/atfsurvey. If you complete it before Feb. 1, you can enter to win a \$50 Visa gift card. You can see the full official rules at the survey link.

We'll be back next week to continue our look at "States of Innovation." Until then, I'm Dan LeDuc, and you're listening to "After the Fact."