Widening the Lens on the Opioid Crisis

Posted by TBNDavid On 07/18/2017

People who experience problems using prescription painkillers, heroin and other opioids tend to have other substance use issues as well, a fact that has important implications for how America addresses its devastating epidemic of drug overdose deaths.

The latest edition of the Hazelden Betty Ford Institute for Recovery Advocacy’s Emerging Drug Trends report, produced in collaboration with the University of Maryland School of Public Health, points to a variety of recent studies that widen the lens on the national addiction crisis.

Highlights include:

- Half of opioid overdose survivors interviewed for a 2016 study had either current or past problems with alcohol or other drugs, and the majority (75 percent) of the accidental overdoses they experienced involved poly-substance use.

- Among a 2016 national sample of young adults who had used heroin in the past month, 97 percent also had used cigarettes, 89 percent also had used alcohol and 82 percent also had used marijuana.

- Roughly 90 percent of people admitted to treatment with a primary opioid problem in 2014 also had another type of drug problem at the time they were admitted.

- The rate of cocaine overdose deaths involving opioids has more than doubled since 2010, and opioid-related overdose deaths from 2010 to 2014 involved the use of two other drugs on average – most prevalently, alcohol and benzodiazepines (anti-anxiety medications).

- People with pre-existing substance use disorders, though more likely to misuse opioids, are prescribed opioids at higher doses than those without a substance use history.

The June 2017 report on the overlap between opioid problems and other drug problems is the third edition of the new monthly Emerging Drug Trends report designed to provide front-line treatment and research perspectives on America’s No. 1 public health problem—addiction.

“This research reinforces my strong belief that our nation’s approach to addiction must be more focused on people, and less on specific drugs,” said Dr. Joseph Lee, medical director of the Hazelden Betty Ford Foundation’s Youth Continuum. “People who are prone to misusing substances generally have a wider vulnerability to all substances. But our tendency is to concentrate on one drug today, another drug tomorrow. All the while, the problem of risk has always been within us and not outside us.”

“Everyone who is prescribed an opioid does not have the same risk for developing problematic use,” explained Dr. Lee. “We seem to have realized that point about alcohol and even substances like gluten, but we’ve been slow to accept the same reality for more taboo substances. As a result, we see the pendulum swing back and forth on what society thinks about various substances while missing out on the bigger opportunity, which is to identify and mitigate individuals’ risk and tailor prevention and treatment interventions accordingly. For example, we overprescribed opioids, and now we vilify opioids and look at anyone who takes opioids with great suspicion, when in reality the underlying problem is that some people are at high risk for misusing substances.”

“So, when we think about the opioid crisis,” he continued, “let’s avoid focusing too much on specific drugs and make sure we prepare ourselves for the future by zeroing in on the real problem—the heightened vulnerability that some people have to substance misuse and addiction.”

“The research shows that most people who have problems with heroin, prescription painkillers, and other opioids also have had problems with other substances, and opioid-related overdoses often involve the use of other drugs at the same time,” explains Dr. Amelia Arria, associate professor in the UMD School of Public Health and director of the Center on Young Adult Health and Development. “In the end, our nation’s approach to addiction must be more focused on providing appropriate and effective care to people, and less on specific drugs. Otherwise, we’ll find ourselves battling a new drug crisis just as soon as we get out of this one.”

Dr. Marvin Seppala, chief medical officer of the Hazelden Betty Ford Foundation, added that it’s most often a combination of drugs that leads to overdose. And when looking at solutions, he said, it’s critical that public health, safety and policy officials address the underlying problem.

“An important takeaway from this body of research is that we must treat the disease of addiction, not just dependence on a specific drug,” he said. “With poly-drug use and addiction, which is more the norm than the exception, we cannot rely solely on medications or any other one therapy, but must approach treatment comprehensively.”

The report highlights several recommendations that could help put the brakes on the opioid crisis:

- Our education systems should develop the capacity to identify adolescents and young adults who engage in any form of substance use and route them to intervention programs.

- Physicians who prescribe opioids should comprehensively screen for patients’ drug histories and carefully monitor for signs of addiction in all patients.
People with opioid use disorders should be provided comprehensive long-term addiction treatment that addresses all forms of substance use.

Data systems should be developed to enable real-time surveillance of opioid overdose deaths so that programs and policies put into place to combat the epidemic can be evaluated. (Today, there is typically a two- to three-year lag between when an opioid-related death occurs and when it is published in national data systems.)

“One pressing implication of this research is the urgent need to educate youth, families and the public about the risks of adolescent substance use—including alcohol and marijuana use—and its relationship to health problems like addiction, other drug use, and death,” added Kiersten Hewitt, executive director of FCD Prevention Works. “Young people must be provided age-appropriate, evidence-based education and skill-building opportunities while they are still healthy and free from all substances. To protect against later opioid misuse and addiction, prevention must target entire populations and must start from the earliest years of a child’s education, both in the home and in school, continuing into young adulthood.”

Nick Motu, vice president of the Hazelden Betty Ford Institute for Recovery Advocacy, said the nation’s tragic opioid crisis should not be looked at in isolation but as part of a wider issue.

“One day, when the opioid crisis is behind us, I hope we have not simply moved on to the next drug crisis and instead have decided once and for all to address addiction as the longstanding public health problem that it is,” Motu said. “Substance use disorders are, unfortunately, a part of the human condition and represent one of the most prevalent and devastating health and social problems in our country. We cannot afford for it to be marginalized within our health care system now—amid the tragedy of our opioid overdose epidemic—or later.”