Opioid Crisis Literature Review

Brianna B. Cheever, Nora Amador, & Allison Grady

School of Social Work, Southern Adventist University

The opioid crisis has caused devastation throughout the United States, and the focus of this literature review is to evaluate articles and research findings regarding barriers to and plans for substance abuse treatment. This review will discuss current literature findings regarding transportation to and from treatment as well as evaluate current programs that are similar.

The Center for Disease Control and Prevention (CDC) analyzed data through the National Syndromic Surveillance Program and Enhanced State Opioid Overdose Surveillance Program to track opioid overdoses in the United States (U.S.) throughout the year. The study found that there were over 142,557 overdoses in the U.S. from July 2016 – September 2017. This was a significant increase from the previous year, which reported a total of 63,632 overdoses. Over two thirds of the population of overdoses were related to opioids, prescribed and non-prescribed (CDC, 2016). The National Institute on Drug Abuse (NIDA) combined statistics from the CDC and other substance abuse reports to develop an overall perspective on the opioid crisis. The results showed that 20-30 percent of patients who are in chronic pain management misuse their prescriptions, and 4-6 percent of those patients transition to heroin (Opioid Overdose Crisis, 2019). The data collected is staggering and shows the severity and magnitude of the opioid crisis in the U.S.

Stuart, et al., evaluated multiple research studies to show that over 92 million American adults used prescription opioids in 2015, and approximately 2.4 million of those individuals have developed an opioid dependence or addiction to prescription opioids or heroin. The article focused on different populations that are high risk for opioid use including individuals with the human immunodeficiency virus (HIV) and pregnant women. Studies showed that the incidence of opioid use in pregnant women has steadily increased over the past 10 years (Stuart, et al.,

2018). The opioid crisis affects all walks of life, from newborns to geriatrics, although some populations are more at risk for starting opioids.

Five pathways to opioid abuse were evaluated and researched by Stumbo, et al. (2017), by utilizing open-ended and structured interviews that were focused on prior opioid treatment experiences and barriers to and knowledge of treatment options. The five themes they found when organizing the data was that there were three pathways that originated with pain control, one pathway where individuals started to utilize opioids to obtain relief from emotional distress, and one pathway where individuals used opioids recreationally (Stumbo, et al., 2017). It is discouraging to see that four out of the five pathways began with individuals trying to control their pain, whether emotionally or physically.

Physicians have played a major role in the opioid crisis as well, by nonchalantly prescribing opioids for minor pain problems in patients, and not monitoring their progress closely. Many physicians used to be able to receive "kickbacks" for referring patients for certain services or based on patient satisfaction. Thus, many of the physicians would provide opioids to help patients with pain to increase patient satisfaction, but it had detrimental cost in the long run. The Anti-Kickback Statute has been established to combat this issue, which declared providing care based on kickbacks is a felony and physicians are now prosecuted for corrupt decision-making (Tovino, 2019). There are many state and federal regulations that have been established over the past few years to help combat the opioid crisis, and many of those regulations target physicians and healthcare settings to increase awareness and make prescribers responsible for their decisions.

America is not the only country that is increasing the amount of laws regarding stringent regulation of opioids. Math, et al. (2018) pointed out that in India, the Narcotic Drugs and

Psychotropic Substances Act of 1985 has had many recent revisions to increase enforcement of tracking down and prosecuting illegal opioid manufacturers and traffickers. Many times, Americans do not evaluate and keep informed on what is happening in other countries, but sometimes it is important to know because what happens overseas can affect individuals in America as well. Many opioids are manufactured overseas and are brought to America, so in order to truly end the opioid crisis, the source must be cut off. Math, et al. also point out that there are many different types of treatments to help opioid dependence, including medical substitutions (Math, et al., 2018).

Parker, et al., (2018) also discussed the benefits of medication-assisted therapy (MAT) in combating opioid dependence. They developed a broad survey of state policy approaches on the use of opioids provided by the National Governors Association and summarized their findings. The goal of the study was to find how accessible MAT facilities were including cost, state the treatment is in, and monitoring programs. Their findings projected that all 50 states have prescription drug monitoring programs, provide naloxone access laws, and allow the use of buprenorphine under Medicaid insurance, but only 34 states would cover methadone. They discussed how medication-based treatment is more expensive than other forms of substance abuse treatment, but it provides lower healthcare costs overall for individuals who receive the treatment (Parker, et al., 2018). The use of medications to help wean individuals off opioids is widespread, as seen by this study. Other studies have shown the effectiveness of MAT.

Lagisetty, et al. (2017) provided a study to analyze current evidence-based MAT in eight different countries. The goal of the study was to find what medication interventions were beneficial and if it would be beneficial to implement MAT into primary care settings. They provided a randomized control to evaluate the amount of primary care physicians who used

MAT in their patient care. They found that many countries have developed primary care-based treatment for individuals with substance abuse issues, which provides increased accessibility to treatment. Many individuals are afraid to self-administer MAT and find it more comforting to have the medication physician administered (Lagisetty, et al., 2017).

Alison Knopf (2015) published an article in Alcoholism & Drug Abuse Weekly which discussed how many substance abuse treatment centers are moving from inpatient to outpatient services to provide more accessibility and motivation for clients. The increase in community ties and connecting outpatient services with other organizations has strengthened the treatment methods and provides better care for clients. These outpatient clinics provide MAT to clients who are then able to go about their normal lives instead of putting their lives on hold to overcome their addictions (Knopf, 2015). Outpatient services are very important for individuals with substance abuse issues because instead of trying to help them heal in a separate setting, it helps them heal in the setting they are already living in.

MAT is not the only form of outpatient services that can be provided to clients with opioid dependence. Timko, et al. (2016) developed a qualitative study with a sample of 30 veterans administration provides to establish themes regarding transition facilitators from detoxification programs to substance abuse treatment facilities. They found six themes that showed transition promotors in treatment facilities including “the provision of evidence-based practice, patient-centered care, care coordination, aftercare, convenience, and well-trained staff” (Timko, et al., 2016). These themes show that the type of care that individuals receive during their treatment can positively or negatively affect them not only during their treatment, but also when they leave treatment. Many individuals struggle with going into outpatient substance abuse

treatment following inpatient detoxification, and the listed themes above are some things that help encourage patients to attend outpatient services.

A study performed by Klara Zierk (2019) showed that drug overdose is one of the leading causes of death in the United States, and many of the opioids that were overdosed on were legally prescribed. The article outlined other laws and programs that the U.S. has implemented, including the creation of drug court programs, which were created in resolution to overcrowding of jail and prison systems as well as in hopes of decreasing continuation of opioid use post-sentence. The statistics showed over 95% of convicted drug abusers continue to abuse drugs after they are released from jail/prison. Drug courts provide a way for eligible individuals who have been convicted of possession of illicit drugs to obtain substance abuse treatment rather than being incarcerated. Drug court programs are excellent sources of treatment for individuals with substance abuse issues, but the study outlines that it is difficult for individuals who live in rural areas to meet parole requirements due to inaccessibility (Zierk, 2019). Rural areas are designated as "rural" since the population is sparse and spread out, which can lead to issues with meeting legal requirements as well as individual treatment.

Individuals living in rural areas tend to have higher risk when it comes to opioid dependence and treatment options due to several different factors. Benson, et al. (2019) state that physicians are more likely to prescribe opioids in patient treatment for pain management due to increased distance and different occupations in rural areas, as opposed to urban areas. They also showed that because physicians are more likely to prescribe opioids, patients are less likely to seek other forms of treatment for their pain. The statistics showed that 87 percent higher chance of patients receiving opioids. Benson, et al. pointed out that several factors that contribute to the higher risk of opioid use in rural areas include: economic stress/poverty levels, tightknit

communities and families who may be able to provide opioids or accept the use of opioids, stigma of treatment, and lack of access to adequate healthcare and treatment for opioid dependence (Benson, et al., 2019). These factors can significantly increase the risks for individuals to develop opioid dependence or addiction, and many individuals living in rural areas must deal with most, if not all, the risk factors listed.

Rogers, et al. (2018) also developed an ecological study to evaluate opioid use in rural areas. They created a massive literature study by assessing multiple extant empirical literature regarding the opioid crisis in America and found multiple risks. The risks included "availability and access [of opioids'], lower perceptions of harm, self-medicating for pain, more increased availability in rural rather than urban areas, out-migration of young people (rural economic declines, and via selection effect, young adults remaining in economically depressed areas may have a greater number or risk factors), differences in urban and rural social and kinship networks (importance of community investment, family ties, work over education, and local social capital in rural areas), and structural stressors of modern rural living (unemployment and economic deprivation)" (Rogers, et al., 2018). These multiple stressors outlined again demonstrate the increased issues that individuals living in rural areas face regarding opioids and access to treatment. The study shows that the mentality of individuals in society is different in rural areas, and people are more likely to attempt "do-it-yourself" methods regarding treatment for pain or emotional stressors, which may include utilizing opioids whether prescribed or not.

In a study of young adults who use prescription opioids recreationally, Liebling, et al. (2016) surveyed multiple eligible individuals in a randomized-selection process via computer-assisted interviews. Their study showed that non-medical prescription opioid (NMPO) use seems to be higher in young adults ages 18-25 years old, but they are more likely to transition to heroin

use after the age of 18 years old. The study also showed that only one out of 10 youth receive treatment for their opioid dependence/addiction in the U.S., which is contributed to multiple barriers. Some of the barriers for youth include the attitude that they feel they can handle any problems on their own (increased ego among teens and young adults), the lack of knowledge of treatment options available to them, stigma of society towards treatment, prescribing practices of physicians, waiting lists for MAT treatments, fear of confidentiality not being kept (afraid their parents will find out), fear of police and government (or incarceration), and less access to services (Liebling, et al., 2016). Taking the information from this study and previous studies evaluated in this literature review, it can be assumed that since young adults are more at risk for opioid use, young adults who live in rural areas have even higher risk based on geography.

Bunting, et al. (2018) developed a study providing semi-structured qualitative interviews with 15 social service clinicians in the Department of Corrections to determine barriers to opioid treatment at individual, interpersonal, organization/institutional, community, and system levels. By combining the themes from their interviews with the social service clinicians, they found that there were multiple barriers at the different levels, and among those barriers was the systematic barrier of transportation to and from treatment. The researchers found that individuals tend to rely on family and friends for rides, and that can deter individuals from receiving treatment due to the stigma or fear of what their family and friends will think. Clients may also have their drivers' licenses revoked/suspended due to their incarceration and DUIs. Transportation can cause significant stress on not only the client, but also their family. Due to economic strain, many households share one vehicle, and the client may not be able to have access to the vehicle regularly to attend treatment appointments (Bunting, et al., 2018). The lack of transportation to

and from appointments can cause individuals to relapse due to not being able to attend necessary appointments, or it can cause the individual to lose motivation in attending treatment at all.

A qualitative study done by Browne, et al (2016) also outlined barriers of substance abuse treatment, especially as it relates to rural regions. The barriers included lack of services available, inability to access or use current technology, cost of services, and stigma. The article also stated that treatment in rural regions is mostly just "shuffling people around instead of providing substantive care". It was noted that 17 percent of individuals surveyed mentioned transportation as a barrier. They reported that although some transportation services are available, they are limited in the number of trips they can make in one day, and many individuals end up walking or paying a lot of money for transportation (Browne, et al., 2016).

Research shows that the opioid crisis is a significant issue in the United States today, and although there are many treatment options available to individuals with substance abuse issues, there are still many barriers that keep individuals from receiving the treatment. People who live in rural areas seem to be higher risk for developing opioid dependence/addiction, especially young adults. Many barriers have been addressed by other agencies, but transportation continues to be a consequential obstacle to treatment, specifically in rural areas.

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