

Physicians key to cutting stigma of opioid addiction

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Patients who struggle with a substance use disorder deserve stigma-free access to care similar to that available for other patients with chronic disease. This was the message conveyed by Patrice A. Harris, MD, chair of the AMA Board of Trustees, last week at an interdisciplinary symposium on opioids at Northwestern University's Pritzker School of Law. Though physician efforts have begun to change the landscape of the opioid epidemic, vigilance is still required to ensure patients with chronic pain maintain access to treatment they need.

Between 2013 and 2015, the number of prescriptions dispensed nationwide for opioid medications fell by over 20 million, Dr. Harris said. In Illinois, prescriptions dropped 10 percent over the same time period—and this occurred without a legislative or regulatory mandate.

Dr. Harris, who also chairs the AMA Task Force to Reduce Opioid Abuse, said the pattern, in part, likely reflects a more careful review of prescribing practices by physicians who recognize the potential for opioid-related harm and are doing what they can to ensure their patients' safety. But physicians also need to make sure patients with chronic pain are receiving the care that addresses their specific needs, she added.

The drop in opioid prescribing has helped reduce the supply of prescription opioids available for diversion. However, Dr. Harris said, it is important “that we continue to support comprehensive pain care and that we don't increase the stigma associated with patients with real pain.”

Dr. Harris recently spoke to a woman with chronic pain who said she felt like an outlaw the last time she visited her pharmacy. “We don't want patients who are suffering from chronic pain to feel like criminals,” Dr. Harris said. “We want to make sure that we do not reduce the access to care for these patients.”

80% of patients lack timely access to addiction treatment

Problems persist for individuals who develop an opioid use disorder and become addicted.

“Unfortunately, we still have a lot of people who think that people who have substance use disorders have character flaws, or that having an addiction is a moral failing. It is not,” Dr. Harris said. “It is a brain disorder resulting in a chronic medical condition analogous to other chronic diseases like type 2 diabetes and high blood pressure. We have to do whatever we can to reduce the stigma.”

Sadly, just two in 10 people who seek substance use disorder treatment have access at the time that they want it, Dr. Harris said.

When patients who need treatment can’t access care, we are doing them, and our community, a major disservice. We strongly support more physicians to take the training necessary to treat patients with substance use disorders, and we strongly urge payers to make sure that affordable access to care exists without burdensome administrative hurdles,” she added.

PDMPs help, but need improvement

Increasing prescription drug monitoring program (PDMP) registration and physician use is part of the solution, Dr. Harris said. Between 2014 and 2015, PDMP registration among prescribers rose by almost 150,000 and PDMP queries jumped by nearly 20 million.

Last fall, the AMA surveyed 2,130 active physicians to learn more about their needs and practices as they relate to the opioid epidemic. The results showed that physicians credit PDMPs with helping them understand a patient’s prescribing history and identify those at risk for substance misuse.

Effective PDMPs allow physicians to view a patient’s prescription history for opioids and other controlled substances, or allow a member of the physician’s staff to access it prior to an appointment. When connected with other states, a PDMP can inform a physician whether a patient has received opioids or any other controlled substances in or out of state. If the PDMP is updated when a controlled substance is dispensed, it can help identify when a patient may need special counsel, a change in the treatment plan, or is in need of treatment for substance use disorder. Not many PDMPs, however, have this level of functionality or technological capability.

Despite the flaws, said Dr. Harris, physicians are using the tools more than ever and taking steps to reduce the stigma that surrounds substance use disorder through a different approach to the patient-physician interaction that includes a forthright approach, the use of medication-assisted treatment and treating substance use disorder as a disease.

“Prescription opioid abuse touches every corner of society,” Dr. Harris said. “Millions of Americans now suffer from dependency and addiction, contributing to thousands of preventable deaths each

year. We must turn the tide in this opioid epidemic for people currently suffering and for all those at risk in the future. We will not be successful in this effort without a focused plan of attack that produces meaningful change in our practices and in our communities. This is our calling as physicians.”

More on physician efforts to reduce prescription opioid abuse and treat chronic pain:

- Physician efforts to reverse opioid epidemic quantified
- Treating substance use disorder as a family physician
- Neurosurgery makes pain management curricular breakthroughs
- Three things every physician should do when treating pain
- Physicians team up to treat addiction in rural areas
- The antidote: Three things to consider when co-prescribing naloxone
- How residents in one state gained access to their PDMP