

More Money for Treatment Alone Isn't Going to Solve the Opioid Epidemic

As the rate of opioid overdose deaths in the United States continues to rise, lawmakers and government leaders have used policies and laws to target what they see as a major contributor to the epidemic: lack of access to residential treatment for opioid users who wish to stop using.

From the passage of H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act by Congress last fall and in State of the State speeches by governors in the hard-hit Northeast, treatment is held up as the panacea to the opioid crisis. If we can just get users into treatment, the thinking goes, then we can solve the problem of opioid addiction.

In Massachusetts, substance misuse prevention specialist Gary Langis knows better. “Treatment is great, no question,” he said in his thick North Shore accent. “But you can’t go until you’re ready.”

Langis, who works for the Educational Development Center (EDC) in Waltham, has met hundreds of opioid users in the days after an overdose. “We want to believe that after an overdose, people are ready for treatment but that’s not always the case. This is a complicated disease and for lots of them, a life without dope is something they just can’t imagine.”

Instead, Langis and others around the country are expanding the reach of post-overdose intervention programs: in-person visits to opioid users in the days immediately after an overdose. Research has shown that surviving a non-fatal opioid overdose makes it more likely that a user will eventually die of a subsequent overdose. The goal of these programs is to provide much needed support to a population that is often isolated from society.

In a typical post-overdose intervention, a specially trained intervention counselor visits the home of an overdose survivor and their family. “The goal is to meet people where they’re at,” explained Carol Oliver, a certified prevention specialist at EDC who also has worked on these programs in Massachusetts. “If they want to go to treatment, great! If not, we want to make sure their safety is taken care of and to let them know we care. We also provide support to families, who often are living with the stigma of having a user in their homes.”

Counselors can connect families to social services and distribute nasal naloxone, an easily administered drug that can reverse an overdose and provide families with a measure of control over a disease that can be terrifying to watch. “After one post-overdose visit,” Oliver recalled. “We had a military father come around to the idea that he couldn’t make his child go to treatment but he could make him safer. He actually said to his son, ‘If you are going to use, please do it when I’m home so I can check in and help you if you need.’”

Solely focusing on increasing access to treatment also flies in the face of data from a McLean Hospital study that found between 60 and 80% of users who met criteria for substance misuse resolved the issue on their own as they got older. “The opioid use is just a symptom,” Langis explained. “We have to solve the underlying problems that got them to the place where opioids feel like the answer.”

“Post-overdose interventions aren’t as sexy as calling for more treatment options,” Oliver admitted. “But the reality is that addiction is messy and resolving it is messy. It’s not always linear but we don’t live in a society that likes gray. We want things solved immediately.”

Given the complexities of addiction, the key to solving the opioid crisis may lie in the compassion and respect that undergirds all post-overdose interventions. “There’s this idea out there that people who use drugs don’t care about themselves and that’s not true. They are more than their drug use,” Langis said. “And if we ever want to get them to treatment, we have to build relationships and trust first. We need to give them an idea of what life without dope will look like.”

Working with survivors of opioid overdose also means honoring their perspectives, and providing for the panoply of basic needs they may have, which increasingly feels like yet another divide in a country riven by politics. Of the 82 counties with the highest rates of opioid overdose deaths, 77 voted for Trump in 2016, whose Republican legislators have worked tirelessly to gut mental health care and social welfare programs, the very support that their constituents so desperately need.

Unlike what current legislative efforts would have us believe, the road to solving the opioid epidemic may lead to treatment for some users, but for vast majority, investments in education, job training, family support services and increasing access to mental health care would be more useful.

“There’s something happening right now in America. Life is hard. Opioids make people feel good,” Langis said. “Honestly, by the time someone is actually ready to come in for treatment, we should give them a standing ovation. It can take a long time. There’s a lot we can do in the meantime.”