

# Key to curbing opioid crisis is better education and treatment, say experts



Health experts address opioid crisis at KC provider forum held Aug. 25.

What must we do to stem the opioid epidemic and help the 2.1 million Americans addicted to prescription pain medications? That was the question five health care experts discussed with nearly 100 providers at New Directions' Quarterly Provider Forum held in August.

Eric Petersen, DO, a specialist in emergency medicine, explained how we got to this crisis. Part of the reason, Petersen said, is that up until recently, ED doctors were heavily evaluated on patient satisfaction scores, especially on how well patients said their pain was treated.

Unfortunately, the incentive for doctors was to satisfy the patient more than to appropriately treat the pain. The result? Petersen now sees more people being treated for opioid overdoses in emergency rooms across the city than at any other time during his 20 years of practice.

"We must turn this frightening tide by doing two things: better educate patients on the dangers of misusing prescription pain medication, and make safe and appropriate medication treatment the goal when treating patients for pain," he said.

For people with opioid addiction, the panelists discussed how to best help them. Dr. Charles Freed, medical director for New Directions Behavioral Health, who also maintains a small private practice, and Heather Gotham, Ph.D., Research Associate Professor and Senior Manager of Evaluation with the Mid-America Addiction Technology and Transfer Center (ATTC), spoke about the importance of medication-assisted treatment (MAT).

Both speakers reiterated that opioid addiction is a chronic disease of the brain. Medication-assisted therapy is considered the gold standard treatment to help patients enter recovery.

"Although the benefits of medication-assisted treatment for opioid use disorders have strong scientific evidence, the treatment remains underutilized in the delivery system," Freed said. Many question why substituting one drug with another is the right way to treat opioid addiction. The issue, he said, is that opioids and buprenorphine, the drug often utilized in MAT, are slightly different agents.

Opioids are full opioid receptor agonists, while buprenorphine is a partial opioid agonist. Unlike opioids, buprenorphine does not result in development of tolerance and dose escalation. Buprenorphine blocks the cravings that traditional opioids create. Once we address cravings, the impulsive and compulsive pursuit of opioids decreases, making it possible for the patient to be receptive to counseling and self-help activities.

As the forum ended, everyone on the panel agreed: The country's opioid addiction problem didn't happen overnight, nor will it be fixed quickly. Together – doctors, social workers, counselors, patients, community advocates – all must play a part to reverse course.

That message was similar to what the U.S. Surgeon General wrote to America's 2.3 million health care professionals the same day of the forum. Read the letter and his call to action [here](#).

Upcoming New Directions' provider events include the Substance Abuse and Mental Health Symposium in Saint Augustine, Florida, on Dec. 2 and a substance use disorder lunch 'n learn workshop on Dec. 20 in Kansas City.

For questions or to attend, please contact Garth Smith at [816-994-1441](tel:816-994-1441) or [gsmith@ndbh.com](mailto:gsmith@ndbh.com).