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Your Turn

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Guest columnist

Addressing inequity key to end opioid crisis

We have been hearing for years that the nation is under siege from a powerful groups of drugs – opioids.

The headlines practically scream out with helplessness: CNN warned “Fentanyl is the deadliest drug in America, CDC confirms”; The Washington Post asked “Who is to blame for the opioid epidemic?”; while The New York Post showcased action, “Museums cut ties with Sacklers as outrage over opioid crisis grows.”

And while these publications shed light on this critical problem, they fail to address the heart of the issue – a socioeconomic divide that leaves hundreds of thousands of Americans addicted to opiates and other drugs. These individuals have limited access to treatment and, therefore, are more prone to overdose. The crippling stigma that comes with seeking treatment for addiction also does not help.

Drug overdose deaths have kept growing over the past several years and killed more than 70,000 Americans in 2017, causing life expectancy to decline two years in a row. The CDC reported that nearly 400,000 people died from drug overdoses between 1999 and 2017, with nearly 68% of those deaths linked to prescription medications. The American Society of Addiction Medicine reported that at least 80% of new heroin users started out misusing prescription painkillers. In a survey, 94% of heroin or fentanyl abusers stated that they turned to drugs because prescription opioids were “far more expensive and harder to obtain.”

While addiction has left no community in the country untouched, America's poor have been the hardest hit, as physicians prescribed opiate painkillers instead of more expensive knee, shoulder, or back surgery or physical therapy. In fact, as per the U.S. Department of Health and Human Services, among people living below the poverty line, past month misuse of opiates was nearly double as compared to people well above the poverty line, and people living below the poverty line were two-and-half times more likely to suffer from opioid use disorder.

Individuals from lower-income communities afflicted by the disease of addiction also find it much harder to access treatment. Unable to secure quality insurance, they often either opt out, or use government provided Medicaid. As the cost of addiction treatment continues to soar, these lower income individuals simply do not have the means to obtain the help that they need.

But there is hope.

Recently, New Jersey raised the average aggregate Medicaid reimbursement rates for different modalities of addiction treatment by over 100%. The move was meant to provide greater access to care for the poor, by enticing high-quality treatment providers to accept government insurance.

Besides increasing Medicaid reimbursement rates significantly, New Jersey also started paying for more modalities of addiction treatment. New Jersey Medicaid expanded coverage for Medication Assisted Treatment, recognizing the effectiveness of the approach, and for a new modality of treatment: Ambulatory (Outpatient) Detoxification for alcohol, benzodiazepines and opiates, by adding it to the Medicaid roster.

Ambulatory programs are critical for working Americans who do not have the luxury, income, or time to attend an inpatient treatment program. Further, the programs are often far more effective because they incorporate the patient's living environment into treatment.

Since increasing Medicaid reimbursement rates for addiction treatment, New Jersey has seen an increase in treatment providers accepting the state-provided health insurance, and overdose rates are likely to turn south in the ensuing years. The onus to do more is on all of us, and as a physician, here is what I am calling on others in the medical profession to do:

- Pause before writing a prescription for opiate pain medications, and consider alternatives, such as sending the patient to a specialist or alternate treatment.

- Lobby your state government to increase Medicaid reimbursement rates for addiction treatment, as it will make addiction treatment more accessible to the poor

- Educate patients about options that de-stigmatize addiction treatment, such as ambulatory (out-patient) detoxification, for those worried or apprehensive about the optics of checking into an inpatient facility

- Treat addiction like the disease it is, not as a behavioral problem – helping remove stigma from the disease will ease entry into treatment.

Indra Cidambi, M.D., medical director for the Center for Network Therapy, is recognized as a leading expert and pioneer in the field of Addiction Medicine. Under her leadership, the Center for Network Therapy started New Jersey's first state licensed Ambulatory (Outpatient) Detoxification program for all substances nearly three years ago.

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