SUCCESSFUL INTERVENTIONS FOR OPIOID ADDICTION: VIEWS FROM U.S. MEDICAL PRACTITIONERS, COMMUNITY MEMBERS AND VETERANS
The Economist Intelligence Unit has conducted a research program, sponsored by Cigna, exploring the views of medical and addiction-treatment practitioners and the American general population, including a deeper look at veterans, about what's really working around the country to address opioid addiction.

The core of the research is a survey conducted in June and July, 2017, of:

- 304 medical and addiction practitioners—99% of whom have treated patients taking opioids or suffering from opioid addiction and 70% of whom have treated veterans
- 2800 Americans, from all 50 states—40% of whom have suffered from addiction themselves or have friends, family or co-workers who have done so and 21% of whom are veterans

Additional findings and deeper analysis will be available in early September 2017.
KEY FINDINGS

• Only 47% of Americans think opioid addiction is treatable, whether they have personal experience with it or not: **Americans in general are far less optimistic than practitioners**, 70% of whom think opioid addiction can be treated.

• 43% of practitioners cite overprescribing as a cause of addiction, yet when treating patients, 58% focus more on treating the current condition than the potential for opioid abuse—**in other words, practitioners see the problem but don’t always focus on it in the moment of prescribing**.

• Majorities of both groups say that treating veterans who suffer from opioid addiction is more complex than treating other sufferers—**and more than a third of practitioners aren’t very confident they have the right resources and training to treat veterans living with opioid addiction**.

• Both groups agree on the effectiveness of psychiatric counseling for those with opioid addiction and their families and cite encouraging medication-assisted treatment as one of the most effective responses to help people stop using opioids permanently. There’s less agreement on treatment options that should be added or expanded in local communities—and practitioners are more focused on community-based options than other Americans.
A NATIONAL PROBLEM—AND AMERICANS HAVE LITTLE CONFIDENCE IN TREATMENT

• Majorities of practitioners and other Americans agree that the opioid problem is out of control and about half of both groups indicate that opioid addiction is a national problem—saying either that the whole country suffers most from it, or that no one group suffers most.

• Yet Americans in general more often say “no one” is leading efforts to address addiction in their community than choose any group as a leader.

• That may relate to the finding that only 47% of Americans in general think opioid addiction is treatable, compared with 70% of practitioners.

Percentage who selected "is treatable" from a list of potential characteristics of opioid addiction:

- Practitioners: 70%
- Americans in general: 47%
When asked how they view people with opioid use addiction, members of both groups said they **largely see them as a lot like everyone else**.

Most don’t see people with opioid addiction as rejecting treatment; only 16% of Americans in general and 24% of practitioners do so.

Few see opioid addiction as the result of a moral or personal weakness; 12% of Americans in general and 5% of practitioners say so.

How practitioners (blue) and Americans in general (orange) describe people who suffer from opioid addiction:

- **A lot like everyone else**: 64% for practitioners, 47% for Americans.
- **Needing treatment**: 61% for practitioners, 49% for Americans.
- **Addicted because of medical practitioners' overprescribing**: 43% for practitioners, 33% for Americans.
PEOPLE IN CHRONIC PAIN SUFFER MOST

• Practitioners (blue) and Americans in general (orange) most often cite people in chronic pain as the community that suffers most from opioid addiction

• About a fifth of both groups cite veterans as suffering most from opioid addiction
COMPETING PRIORITIES IN TREATMENT

• 43% of practitioners say that opioid addiction is caused by overprescribing
• Half of them say encouraging the medical community to recommend non-pharmaceutical ways to reduce pain is one of the best ways to reduce the supply of opioids to the general
• Nonetheless more than half of practitioners agree that treating a patient’s current condition is a higher priority than potential opioid abuse
• That is, practitioners see the problem but don’t always focus on it in the moment of prescribing

Level of practitioners’ agreement with the statement “when treating a patient with opioids, I need to prioritize the patient’s current condition over potential opioid abuse/addiction”

- 33% Completely
- 25% Somewhat
- 31% Mostly
- 11% Not at all
VETERANS ARE MORE COMPLEX TO TREAT...

- 72% of practitioners and 62% of Americans in general say that treating veterans who suffer from opioid addiction is more complex than treating other sufferers.

- Both groups also agree that chronic pain, PTSD and lack of sufficient support to transition back to civilian life are the factors that most influence veterans' addiction.

Which factors have the greatest influence on veterans developing or maintaining an opioid addiction, as cited by practitioners (blue) and Americans in general (orange):

- Chronic pain: Practitioners - 47%, Americans - 38%
- PTSD: Practitioners - 44%, Americans - 42%
- Lack of sufficient support to transition back to civilian life: Practitioners - 36%, Americans - 33%
AND PRACTITIONERS WANT EXPERIENCED SUPPORT TO TREAT THEM

- More than a third of practitioners say they’re not very or not at all confident they have the right resources and training to treat veterans suffering from opioid addiction effectively.
- Sixty percent say access to more medical support staff with extensive experience treating veterans would help the most.

Percentage of practitioners saying each option would increase their confidence in treating veterans with opioid addiction:

- Access to more medical support staff who have extensive experience treating veterans: 60%
- New evidence-based guidelines issued by the federal government and/or medical: 34%
- More experience treating veterans with and without opioid addiction: 34%
For all people suffering from opioid addiction, practitioners and other Americans agree on the three most effective responses to help people stop using opioids permanently.
• There's also overall agreement among practitioners and Americans in general on which options combine make a full treatment program most effective.
• Notably, practitioners are generally more enthusiastic about community-focused options than other Americans.

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<thead>
<tr>
<th>Element</th>
<th>Practitioners (%)</th>
<th>Americans in general (%)</th>
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<tbody>
<tr>
<td>Enrollment in a community based program offering support in many areas of life</td>
<td>57%</td>
<td>40%</td>
</tr>
<tr>
<td>Psychiatric counselling for addict and family</td>
<td>30%</td>
<td>32%</td>
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<tr>
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<td>44%</td>
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<td>Peer counselling</td>
<td>31%</td>
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<tr>
<td>Outpatient treatment</td>
<td>38%</td>
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<tr>
<td>Outpatient treatment</td>
<td>21%</td>
<td>40%</td>
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Elements to include in a treatment program to make it most effective, as cited by practitioners (blue) and Americans in general (orange).
Furthermore, practitioners and Americans in general agree on the whole about **which resources to address opioid addiction are most accessible in their community**—and **some of aspects of treatment programs they cite as most effective aren't among them**.

This mismatch may be why strong majorities of both groups say **resources in the community today are at best "somewhat adequate"**—92% of practitioners say so and 58% of other Americans.
MORE EFFECTIVE OPTIONS AHEAD?

- Looking ahead, the options to address opioid addiction that both groups most often want to add to or expand in their community are on the whole aligned with what they see as effective.

### Options practitioners want most in their community

- **Enrollment in a community based program offering support in many areas of:** 50%
- **Psychiatric counselling for addict and family:** 47%
- **Outpatient treatment:** 37%
- **Medical treatment with traditional and alternative practices:** 31%

### Options Americans in general want most in their community

- **Psychiatric counselling for addict and family:** 34%
- **Medical treatment with traditional and alternative practices:** 31%
- **Inpatient treatment:** 26%
- **Enrollment in a community based program offering support in many areas of:** 22%
LOOKING AHEAD

- The notable mismatches between practitioners' and other Americans' views on how best to address the opioid crisis—such as the finding that Americans in general value community-based options less than practitioners do—indicate that better communication between the groups and mutual support could yield more cohesive efforts to combat and prevent opioid addiction.
- Practitioners have an opportunity to do more to encourage their peers to focus on the potential for addiction when treating patients—and since many see overprescribing as a cause of opioid addiction, they have impetus to do so to prevent addiction from becoming even more of a crisis.
- Treating veterans suffering from opioid addiction is seen as particularly complex. Since a third of practitioners don't feel confident in treating them, finding ways to share the knowledge of practitioners with experience treating veterans and increasing training and hiring of those practitioners would likely help.