

Press Release

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SAFE Glen Cove Coalition: Doctors are Reluctant to Treat Addiction due to “Lack of Institutional Support”

According to the National Institute on Drug Abuse (NIDA), new study has identified the top reasons why some physicians may be reluctant to intervene in addiction. The comprehensive review utilized 283 studies published on this topic within the last 61 years and showed that “institutional environment” was the reason most frequently reported in these studies. “Institutional environment” refers to factors like lack of support from a physician’s institution or employer; insufficient resources, such as staff and training; challenges in organizational culture; and competing demands. This reason for reluctance was cited in 81% of the studies reviewed, followed by insufficient skill (74%), lack of cognitive capacity to manage a certain level of care (74%), and inadequate knowledge (72%).

Around 66% of studies cited negative social influences or beliefs about public and community acceptance of addiction care while 56% of studies cited fear of harming the patient-physician relationship as deterrents for physicians to intervene in addiction. These may represent the manifestation of stigma associated with substance use disorder (SUD). Reimbursement concerns for the cost of delivering addiction interventions were also observed.

To better understand factors limiting treatment access, researchers reviewed studies from 1960 to 2021 focusing on physician-described barriers to adopting evidence-based practices for addiction. The researchers pulled studies from within this 61-year time frame to ensure data collection was comprehensive, though they note approximately 97% of studies were published in 2000 or later, with the number of studies increasing over time. Analyzed studies – most of which reported survey data – were taken from various science literature databases, and data included feedback from 66,732 physicians, primarily in general practice, internal medicine, and family medicine. Alcohol, nicotine, and opioids were the most often studied substances, and screening and treatment were the most often studied interventions.

The study also examined factors that facilitate physician intervention in addiction, and suggests potential benefits of community outreach efforts, educational materials for patients and families, and public health campaigns that promote non-stigmatizing language.

The study’s findings point to the need for institution-wide changes to improve the adoption and practice of evidence-based substance use disorder treatment among physicians. These changes

include increasing organizational support, leadership and staff buy-in, and education, training and policies.

Despite effective interventions for treating SUDs, including medications and behavioral therapies, adoption of these practices remains low and demand exceeds treatment capacity. In 2022, nearly 49 million people in the U.S. had at least one substance use disorder, though only around 13 million people received treatment in the past year. More than 9 million adults needed treatment for opioid use disorder in 2022, but fewer than half (around 46%) received any form of treatment, and only 25% received medications for OUD. Although recent federal policy changes have reduced barriers to addiction treatment, helping to boost the number of prescribers of the opioid use disorder medication buprenorphine, for example, this has not yet translated into more patients receiving treatment.

Survey results have helped to better understand the treatment landscape. The logical next step is to test ways to change behavior and attitudes around providing addiction treatment, to break down barriers to the addiction care that people seek.

As treatment practices evolve over time, the authors also recommend future studies closely examine the role of stigma on limiting treatment implementation, as well as explore the unintended impacts of increased physician intervention, such as strain on the physician-patient relationship, less opportunity for the physician to meet the patient's other healthcare needs due to focus on addiction, and the possibility of the patients facing stigmatizing interactions with other healthcare providers due to wider documentation of their substance use disorder diagnosis.

The National Institute on Drug Abuse (NIDA) is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world's research on the health aspects of drug use and addiction. The Institute carries out a large variety of programs to inform policy, improve practice, and advance addiction science. For more information about NIDA and its programs, visit www.nida.nih.gov.

The SAFE Glen Cove Coalition is conducting an opioid prevention awareness campaign entitled, "Keeping Glen Cove SAFE," to educate and update the community regarding opioid use and its consequences. To learn more about the SAFE Glen Cove Coalition please follow us on www.facebook.com/safeglencovecoalition or visit SAFE's website to learn more about the Opioid Epidemic at www.safeglencove.org.