

Barriers to accessing treatment and rehabilitation for opioid misuse in Worcester, Massachusetts

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What are opioids?

- ▶ Central nervous system depressants, synthesized from the opium poppy plant.
- ▶ Used to manage moderate to severe pain (post-op pain, chronic pain, osteoarthritis).
- ▶ Also known as narcotics.
- ▶ Include Oxycodone, hydrocodone, morphine, codeine, and fentanyl .
- ▶ Heroin is an opioid illegally made from morphine, it is injected, snorted, smoked, or sniffed. It is also mixed with cocaine.



Adverse effects of opioid medications

- ▶ Psychological and physical dependence.
- ▶ Withdrawal symptoms after stopping use (Agitation, anxiety, nausea, and vomiting).
- ▶ Tolerance, causing the need of higher dose to achieve the high and increasing the risk of overdose.
- ▶ Overdose, caused by consuming a high dose of opioids leading to paralysis of the respiratory muscles, loss of consciousness, and death if no treatment is administered.
- ▶ Overdosing can be accidental or intentional (suicide attempt).
- ▶ Overdose can occur at smaller doses if opioids are consumed with other central nervous system depressants like alcohol, or diazepam.
- ▶ Sharing needles, or using contaminated needles to inject opioids can lead to bloodborne infections including HIV, Hepatitis B, C, and D.

Management of opioid misuse

- ▶ Methadone, and buprenorphine to manage withdrawal symptoms and craving
- ▶ Naloxone to reverse overdosing.
- ▶ Behavioral and psychological therapy.
- ▶ Individual, family, or group counseling.



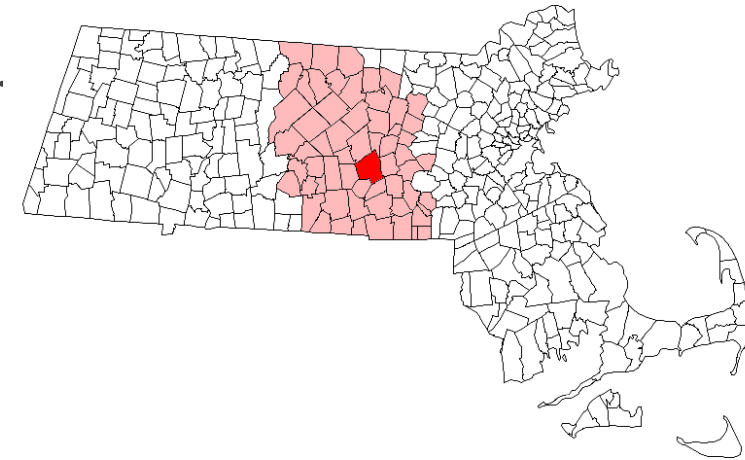
Epidemiology of opioid misuse

▶ Massachusetts:

- More than two times the national opioid related mortality rates.
- About 30 per 100,000 in 2020 during the COVID-19 pandemic.

▶ Worcester:

- 97 fatal overdoses in 2019.
- Second highest number of deaths in the state.
- According to the Worcester police department overdose report, in the period between May 2021 to April 2022 there were approximately 780 reported heroin/opiate overdoses, and approximately 43 fatal overdoses.



City of Worcester Department of Health and Human Services

- ▶ Responsible for many services for the city of Worcester.
- ▶ Connects people to services such as:
 - Detox services.
 - Methadone treatment.
 - Suboxone treatment.
 - Narcan distribution
 - Rehabilitation.
 - Services for youth suffering from addiction



Objectives of the ALE project

- ▶ Interviewing health care providers, and members of organizations that work closely with patients of opioid misuse regarding:
 - ❖ **Barriers or factors that affect:**
 - PATIENTS' ABILITY TO ACCESS TREATMENT.
 - PATIENTS' ABILITY TO SUCCESSFULLY COMPLETE THE ORGANIZATION'S TREATMENT PROGRAM.
 - PATIENTS' RELAPSING INTO OPIOID MISUSE AFTER COMPLETING TREATMENT.
 - ❖ **Their suggestions or ideas on how to remove or lessen the effects of these barriers on the patients.**

Activities

- ▶ Obtained contact information of potential interviewees from my preceptors.
- ▶ Created an interview guide that was reviewed by my professor and preceptors.
- ▶ An email that gives a brief explanation of the ALE and its objectives were sent to schedule the interviews.
- ▶ Nine individuals from 8 organizations were interviewed, eight via zoom, and one in person.
- ▶ Interviews were recorded after obtaining permission from the interviewees.
- ▶ Recordings were analyzed to find the barriers that were repeated by multiple interviewees. And what intervention suggestions were mentioned the most.

Most mentioned barriers

- ❖ Stigma against opioid misuse patients.

“People don’t understand that this {opioid misuse} affects all different people.”

- ❖ Insurance barriers.

“People of color, I see it too often, with generic insurance are told that there are no available beds and to call again tomorrow”.

- ❖ Lack of resources in the organization, including funding, and personnel.

“We need people on the field, clinicians and nurses. And it is hard because reimbursement rates don’t really match the work that is needed”

Most mentioned barriers (continued)

- ❖ Patients' lack of stable housing, occupation, or finances.

“Even when they enter recovery they still have debts to pay”

- ❖ Mental health issues.

“They have a lot of trauma to deal with. They do 7 days and they come back out, and the world opens to them and they don't know where to go except back to the same spot to chase that same urge again”

- ❖ Prevalent use of opioids in the environment.

Other notable barriers

- ▶ Incarceration.
- ▶ Transportation issues.
- ▶ Mother leaving their children for treatment or rehabilitation.
- ▶ Lack of communication with the patients.
- ▶ Unknown consumption of opioids.
- ▶ Lack of compassion.
- ▶ Mistrust in health care system.

Suggestions & ideas mentioned

- ▶ Educating the public, health care providers, and officials about the opioid crisis to reduce stigma.
- ▶ Mental health support and counseling, and have them in prisons.
- ▶ Increase funding of facilities and programs.
- ▶ Training more personnel, and recovery coaches, and increase their wages.
- ▶ Supportive, temporary housing for those with no stable housing options.

Discussion and recommendation

- ▶ The factors and suggested interventions are not mutually exclusive to one of the three factors addressed (accessing treatment, completing treatment, relapsing).
- ▶ A lot of the interviewees focused on the importance of education to remove the stigma, giving the patients family and community support, and for officials to give more support to the organizations and the patients.
- ▶ Offering insurance plans to cover treatment for opioid misuse.
- ▶ In addition to first aid and CPR training, importance should also be placed on Narcan training and having narcan kits available alongside first aid kits and AED devices in public areas and in police cars.
- ▶ Law reforms to reduce punishment on people caught using opioids and offering treatment instead.
- ▶ Allowing recovered patients the ability to rebuild their lives by giving equal opportunities for occupation and residence.
- ▶ Increasing the number of treatment and recovery facilities.
- ▶ Continued counseling and support for patients.

Reflections

- ▶ Listening to my recordings gave me an insight on how to improve my speech and dialogue for future interviews.
- ▶ The MPH program showed me how the opioid epidemic is devastating, and it helped removed my biases towards misuse patients.
- ▶ It is very easy to slip back into misuse especially due to lack of support or the stigmas that prevent the patients from rebuilding their lives.

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Thank you