Familial Supports in the Pursuit of Opioid Use Disorder Treatment and Recovery

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Abstract

Opioids and their usage have caused widespread devastation across our nation. Fentanyl has taken the epidemic from bad to worse as it has become a major player in the role of opioid overdoses. As we look at how the United States can encourage enrollment and increase the longevity of enrollment in treatment programs for Opioid Use Disorder (OUD), there's one potential piece that remains overlooked in literature: what assistance family members can provide. Research on the role of family members in the process of obtaining and remaining in treatment is extremely limited. Minimal research has been conducted on a program called Community Reinforcement and Family Training (CRAFT). While further research is certainly necessary for widespread implementation, CRAFT provides promising results for successful treatment in the realm of OUD.

Keywords: opioid use disorder treatment; OUD; family involvement; Community Reinforcement and Family Training

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Introduction

Opioids and their usage have seen an astounding increase across the United States since the 1990s, leaving a devastating state of turmoil in its wake. Opioid overdose is currently one of the highest causes of death for Americans, so much so that it contributed to the decrease of life expectancy for Americans by almost 4 months during 2014-2017 (Gardner et al., 2022). However, this wasn't always the case. In the 1990s, there was a belief in the pharmaceutical field that pain was not being appropriately treated. To combat the lack of treatment for pain, physicians began prescribing pain medication at a rate that led to over-prescription. Copious amounts of pain medication like oxycodone became easily accessible as a result of over-prescription (Volkow and Blanco, 2021). This surplus allowed for hundreds of thousands of individuals to become exposed to the addicting world of opioids. As of 2017, the U.S. Department of Health and Human Services declared opioid use a public health emergency. When we look at the state of opioid use in 2022, more than 3.1 million people have abused opioids in the last month (National Center for Drug Abuse Statistics, 2022). To inhibit the ever-growing epidemic that is Opioid Use Disorder (OUD), this paper will explore what OUD is and the promising results that have come from current research on the impact of family members in the process of obtaining treatment.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is regarded as the standard for diagnostic criteria of psychopathology. The DSM-5 cites criteria for OUD to be met when "a problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following [criterion], occurring within a 12-month period" (American Psychological Association, 2013).

The additional criterion in the DSM-5 focuses on the substantial impact opioids and their use have on the individual. Individuals must spend "a great deal of time" in purchasing, using, and recovering from the effects of the opioids (Diagnostic and Statistical Manual of Mental Disorders, 2013). Despite the knowledge that opioid use has a negative impact on the wellbeing of the individual, whether physical or psychologically, the individual continues to use. The individual drastically cuts back on activities and commitments due to the use, including social activities, tasks at work, or responsibilities at home. Physical criteria include cravings for the opioids, needing an increased amount of opioids to feel the effects (tolerance), and symptoms of withdrawal including but not limited to nausea, muscle aches, dysphoric mood, and insomnia. others.

Fentanyl's Role in Overdoses

When we look at the current state of affairs regarding opioids in the United States, we see a sharp rise in the prevalence of fentanyl and other synthetic opioids. Synthetic opioids, as opposed to natural opioids like morphine, which are produced with "naturally occurring substances extracted from the seed pod of certain varieties of poppy plant," are produced with chemicals (Department of Justice and Drug Enforcement Administration, 2020). These synthetic opioids are typically found within illicit markets. Fentanyl has been found to be extremely potent, making it a major player in opioid overdoses: "synthetic opioids are now almost twice as commonly involved in overdose deaths as prescription opioids or heroin" (Volkow and Blanco, 2021). The severity of opioid misuse and subsequent deaths appears to be a primarily American issue. While there are concerns of similar epidemics occurring across the world, some areas have taken measures to prevent abuse from reaching devastating levels. In many parts of Europe, advertising of prescription drugs has been prohibited and those parts of Europe have avoided

high rates of prescription opioid abuse (Volkow and Blanco, 2021). What can we, as an American society, do to address the inordinate damages induced by opioids?

Treatment for OUD

Treatment, as it will be referred to in this paper, can appear in many ways; treatment could range from a short-term detoxification to a long-term inpatient facility. Some treatment programs may incorporate psychotherapeutic components, such as one-on-one or group counseling, to learn techniques to cope with cravings or triggers, whereas others may incorporate medications like Buprenorphine or Naltrexone to decrease abuse and withdrawal symptoms. Medication assisted treatment can be facilitated through a prescription written at physicians' offices in the form of oral medications, like pills or film to be placed under the tongue, as well as through intravenous injections.

Barriers to Treatment.

If an individual does eventually gain access to treatment, there are a plethora of barriers and factors that prevent the individual from successfully completing treatment. Current literature suggests obtaining treatment for OUD in the United States is particularly challenging. Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health revealed that in 2019, about 84% of individuals aged 12 and up who were classified as needing treatment for illicit drug use did not receive it. An equally alarming statistic is only .3% of individuals received a prescription for medication to assist with their opioid use disorder (SAMHSA). The 2020 statistics are even more staggering, considering the detrimental impact of COVID-19. Non-emergency treatment became a lower priority in the medical field as people and resources were focused on treating the overwhelming healthcare crisis induced by COVID-19.

Overdoses resulting from opioid use increased 30% from 2019 to 2020, during a time when medical care was perhaps the most inaccessible (Stopka, 2021, as cited in Thompson, 2021).

Family Support During OUD Treatment

One factor that remains one of the most overlooked in literature is the role of a social support system in the process of treatment and recovery. Evidence suggests that social support not only increased the likelihood of initiating treatment, but also the retention in a treatment plan and recovery (Kelly et al., 2010). Social support systems look different for each individual. Social support is companionship and encouragement supplied by a close individual or group. Social support can be provided by a family member, close friend, or peer recovery person. Attempting to conduct further research on the topic lead to literature impasses astonishingly quickly. The database EBSCOhost generated 173 results for the search terms “opioid use disorder” and “social support or family support” prior to any refining. After removing non-peer reviewed articles and articles published outside of the last 12 years, 141 results were generated. After analysis of the abstracts, only 30 articles are generally related to the conversation regarding familial support during OUD treatment and recovery. If the results were further limited to just within the United States, only 2 applicable results would be generated. While these are just the results from one database using one set of search terms, this highlights how grossly under-researched social and familial support is in the process of treatment and recovery. Further research on the topic is necessary to develop a stronger basis of knowledge and promote implementation in treatment.

One specific program being studied in the realm of substance abuse treatment is CRAFT, or Community Reinforcement and Family Training. CRAFT, as defined by Dutcher et al. (2009), is a “cognitive-behavioral program designed to get treatment-refusing substance-abusers to

voluntarily engage in treatment by teaching family members how to support a clean/sober lifestyle." The idea behind CRAFT is concerned family members would attend sessions to empower the individual to develop a recovery encouraging stance. A baseline of four sessions was established by the developer of CRAFT to indicate how much content would be required for adequate skills to be obtained. CRAFT has been used to treat a variety of substance use disorders, with relatively high engagement rates: 64% for alcohol users and 64-74% across multiple studies regarding illicit drug users (Dutcher et al., 2009).

Dutcher et al. developed this study to recruit concerned family members into a clinic setting to replicate what genuine implementation of CRAFT treatment would look like. CRAFT's validity had been tested in numerous trials preceding Dutcher et al.'s study, so the researchers decided to take the study in a new, unexplored direction. Oftentimes when research is conducted in a controlled lab setting, it is not tested for success in a real-world environment. To combat this, Dutcher et al. tested if the structure of CRAFT was solid enough to thrive in an environment with variables uncontrolled. Baseline statistics were collected for the family members involved in the study, particularly concerning aspects of their mental and emotional health. Twelve sessions were planned for family members to attend. In a 6-month follow-up, the family members who attended sessions in Dutcher et al. (2009) study reported lower levels of depression, anger towards the situation, and anxiety levels, as well as high levels of general happiness than in the intake report. The results of the study indicate not only do encouraging and supportive loved ones make a major difference in the process of getting an individual into treatment, but also the process of doing so can be quite healing for the family members.

Dutcher et al. has proven the transformative powers of CRAFT in individuals with other substance use disorders, but what does the application of CRAFT look like specifically for

individuals experiencing OUD? Brigham et al. designed a randomized trial that either assigned Community Reinforcement and Family Training for Treatment Retention (CRAFT-T) to opioid-dependent adults and one concerned family member in addition to detoxification at a residential treatment center or assigned just the standard detoxification treatment. CRAFT-T differs from CRAFT as described previously. While CRAFT was designed to get a hesitant individual into a treatment program, CRAFT-T was manipulated to increase the retention and longevity of treatment with individuals already in a treatment program. Family members volunteer themselves in CRAFT, but the identified patient selects a concerned family member to join them in the program in CRAFT-T. The patient also joins the concerned family member in some of the sessions, unlike CRAFT. CRAFT-T's program outlines 12 sessions: two sessions for the family member and patient and 10 sessions for just the family member.

The results of this study raised several points for discussion. In studies regarding both CRAFT and CRAFT-T, the "effect on retention was large" when the concerned loved one was a mother or father figure rather than a spouse (Brigham et al., 2014). This is excellent information in a CRAFT study, where participation is volunteered on the family member's end. What Brigham et al. (2014) found was the family members in CRAFT-T studies were attending fewer sessions on average compared to family members in CRAFT studies. Because the identified patient is selecting the family member to undergo training, it is assumed the family member was "being engaged with reluctance," causing tension and strain to form between patient and family member (Brigham, 2014). If family members are being called upon to assist in the treatment rather than volunteering, they may not receive the positive impacts of participating in the program. The results that came out of the Brigham et al. and Dutcher et al. studies make one

thing absolutely certain: further research and replication is necessary to confirm the promising results of CRAFT and CRAFT-T in treatment for OUD.

CRAFT and CRAFT-T are just one of many examples of strategies designed to include family support in the process of treatment and recovery. With such promising results coming from both Dutcher et al. and Brigham et al., why are family members not being more routinely implemented in the treatment and recovery process? There are several barriers family members face which prevent them from volunteering to assist with treatment. The first major barrier family members are up against is stigma. Stigma can influence a family member's decision to assist with their loved one's treatment in a number of ways. For one, stigma can present itself in the comments of clinicians, community members, or even in interactions with extended family members. Dopp et al. (2022) found that some common stigmas and stereotypes family members are subjected to include the notion that Substance Use Disorder (SUD) "is genetic and runs in families," that SUD is "socially determined through family modeling," or that family members enable their loved one's use. Family members struggle to overcome the possibility this may be ill-informed criticism they may face from individuals who are removed from the situation, and do not wish to be associated with the negative stigma.

Family-Level Stigma

Another component of barrier family members of people with OUD must combat is the stigma or misinformation that they harbor within themselves. In a study by Nayak et al., surveys from 174 individuals with an immediate family member who is experiencing OUD and has received treatment in the last year, disclosed familial perceptions of treatment types. This study produced general findings that indicate a misunderstanding of or disagreement with medication-assisted treatment. "Respondents viewed MOUD [(medications for opioid use disorder)] as less

effective and approved less of its use than other treatments… buprenorphine (approve 55.1; effective 54.1), methadone (approve 51.9; effective 49.3), naltrexone (approve 61.6; effective 55.9)" (Nayak et al., 2021). The values indicate an average number from 0-100 that signify how much the family member approves of using medication to treat OUD, as well as how effective they perceive the medication to be in treating OUD. These perceptions from family members are inconsistent with the research data that suggest medications similar to buprenorphine are highly effective. Addressing these incorrect beliefs and assumptions may help to decrease familial stigma around various methods of treatment.

If family members are able to work through the stigma component, they may run into a financial barrier. Addictions can be very costly to treat. Nayak et al. (2021) found the largest barrier against obtaining treatment- with 41% of participants citing this issue- was money/ financial reasons. Sixteen percent of the respondent pool reported issues with insurance. Even when the identified patient is willing to participate in treatment (35% of family members citing this as a barrier), cost may present an impassable barrier to receiving the treatment. With treatment plans such as CRAFT and CRAFT-T not being as prevalent in practice at this point, finding a treatment center that takes the extra initiative to host family trainings or include family in the recovery process may be difficult to find nor feasible cost-wise for the identified patient.

The results from recent studies into familial social supports during treatment have proven to be promising. Programs such as CRAFT may be difficult to implement widely in practice in the near future. As the research suggests, familial support in the form of education is extremely advantageous. Even treatments as simple as educating family members on the realities of OUD as a disease and increasing awareness on what treatment and ultimately recovery looks like is shown to "decrease family problems and augment recovery from SUD" (Al Ghaferi et al., 2022).

Stronger social support leads to increased retention in treatment facilities, which leads to an abundance of positive outcomes for the patient: “the clinical implication of increasing retention in treatment is demonstrated by a higher abstinence rate, reduction in morbidity, mortality and violations of the criminal justice system” (Al Ghaferi et al., 2022).

Future Research Recommendations

While further research is being conducted to build a stronger literature pool on familial involvement, clinics must work toward implementing smaller scaled interventions and opportunities for family members to become involved in the treatment and recovery process. Obtaining treatment can be a very isolating and intimidating experience; social support becoming a more fundamental component of treatment plans is a vital area for future advocacy.

Conclusion

Opioid Use Disorder is a major public health crisis in the United States. As Fentanyl’s popularity has risen, so has the destruction and devastation of opioid-related overdoses. Contributing to the devastation of the crisis, treatment in the United States is encased with barriers that make it inaccessible to so many who could benefit from it. When looking at the current literature around OUD treatment, there is a major deficit in one area: supports provided by the individual’s family members. A modicum of research has been conducted on a program entitled Community Reinforcement and Family Training. The implementation of this program yields promising results. Although the results are promising, both Dutcher (2009) and Brigham’s (2014) studies indicate a need for further research and examination of CRAFT and CRAFT-T programs in the treatment of OUD. If including family members in the process of treatment indicates positive effects, why are programs not involving family members on a more widespread basis? Just like the individuals seeking treatment for OUD face barriers and stigma,

so do their family members. While future research is being conducted, treatment facilities should work toward involving family members in smaller ways to increase social support during a particularly isolating and challenging time.

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