



## Greater Southern California Node Quarterly Digest Ask an Expert – Interview with Brian Hurley, MD



**Brian Hurley, MD, MBA, DFASAM**, is an addiction physician and Director of Addiction Medicine for the Los Angeles County Department of Health Services. He will assume the position of President-Elect for the American Society of Addiction Medicine (ASAM) in April 2021 and serves as a volunteer faculty in the UCLA Department of Family Medicine.

**Question** As an addiction psychiatrist working within a large public healthcare system, what are the most pressing issues you are addressing right now?

**Answer** The COVID-19 pandemic, which is causing a worldwide maelstrom of stress, has been a catastrophic driver of increased substance use and addiction. It also disrupted the usual pathways by which people access treatment and maintain recovery. While the pandemic has prompted critical policy changes that facilitate telehealth and telephone delivery of treatment to patients, the net effect of the pandemic has been increased substance-related morbidity and mortality in the U.S.

**Question** How is COVID affecting the patients you see?

**Answer** The patients I see are increasingly burdened by the stress from COVID-19 driven by social isolation, infection avoidance, anxiety, grief and loss, and loss of economic opportunity. COVID-19 has limited access to in-person medical and behavioral health treatment and expanded access to virtual modalities of treatment and mutual self-help. For patients who are comfortable with virtual modalities, COVID-19 has been a wonderful opportunity, but for patients more reliant on in-person social connectivity, the physical distancing requirements have been devastating.

**Question** How is it affecting providers?

**Answer** Providers are experiencing the same stresses as our patients, with the additional stress associated with, in our professional roles, needing to either do a significant amount of personal protective requirement or maintain physical distancing when providing care to our patients. Many behavioral health providers have pivoted to virtual modalities of providing patient care, with variable levels of success depending on the provider's technical sophistication and the patient's ability to participate in virtual care. We've experienced an extraordinary stress across our system faced with delivering care with fewer resources.

**Question** Popular media and epidemiologic data continue to show unsettling trends in overdose and death related to opioids. What are you seeing on the front lines?

**Answer** Many of the patients I provide care to lack stable housing, and drug and alcohol overdose now exceeds cardiovascular diseases, cancer, and suicide as a cause of death among people experiencing homelessness in Los Angeles County. Even among people who are overdosing, we are seeing more opioid overdoses that are requiring heavier doses of naloxone to reverse, implying that more street opioids

are increasingly saturated with fentanyl. We're also seeing more methamphetamine use which is the leading drug associated with overdose and death.

**Question What are some promising or innovative practices to address opioid use?**

Answer The most effective method to help my patients with opioid use disorder stay alive, engaged in treatment, and reduce their opioid use is to treat them with medications for opioid use disorder, also referred to as medications for addiction treatment (MAT). While non-medication strategies, such as counseling and support, are available, the public health impact of these non-medication strategies is dwarfed by the impact of treating people with opioid use disorder with medications for opioid use disorder. Particular during the COVID-19 pandemic, there has never been more of a need to connect patients to these lifesaving medications. Most of the current innovation regarding medications for opioid use disorder has been focused on new modalities of initiating treatment, such as using a telephone-based system where any clinician, counselor, or provider can connect their patients to a real-time, on-demand telephone-based evaluation with a provider prepared to prescribe medications for opioid use disorder. The other advances including the painstaking work of expanding access to these medications outside of specialty addiction treatment, including medical hospitals, emergency rooms, primary care, outpatient specialty medical care, telehealth general medical practices, nursing homes, mental health clinics, mental health residential facilities, mental health inpatient facilities, correctional health settings, mobile clinics, street medicine and outreach medical teams, and anywhere else patients with opioid use disorder are seen. Making injectable versions of buprenorphine available in public sector health systems will also help mitigate diversion risks associated with sublingual buprenorphine preparations. Expanding access to medications for opioid use disorder across the board will have the largest impact on reducing opioid overdose, enhancing treatment retention, and reducing opioid use.

**Question As a provider, what concerns you most right now, and what inspires you most right now?**

Answer I am concerned about the 90% of patients with substance use disorder who don't obtain addiction treatment and who are increasingly isolated and disconnected during the COVID-19 pandemic. I am concerned that the expansion of virtually delivered care may match the enormous rise in substance use and overdose associated with COVID-19. I am inspired at the policymakers, health systems, and providers who are taking full advantage of the pandemic to streamline regulations and pivot to developing services to help mitigate this enormous treatment gap.