

Episode: *Author Interview: “How Should the Use of Opioids Be Regulated to Motivate Better Clinical Practice?”*

Guest: Ellen L. Edens, MD, MPE, MA

Host: Tim Hoff

Transcript: Cheryl Green

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[bright theme music]

[00:00:03] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Ellen L. Edens, an associate professor of psychiatry at the Yale School of Medicine and addiction psychiatrist at the VA Connecticut Health Care System. She's here to discuss her article, coauthored with Drs Gabriela Garcia Vassallo and Robert Heimer, “*How Should the Use of Opioids Be Regulated to Motivate Better Clinical Practice?*,” in the July 2024 issue of the Journal, [Harm Reduction and Opioid Use Disorder](#). Dr Edens, thank you so much for being on the podcast. [music fades]

DR ELLEN EDENS: Thank you so much for having me, Tim.

[00:00:51] HOFF: So, what's the main ethics point that you and your co-authors are making in your article?

EDENS: So, I think the main point that we are making is that both chronic pain and opioid use disorder are chronic medical conditions, and we need to be thinking about both along those lines as a chronic medical condition. Unfortunately, given the history of how we think about opioid use disorder and opioid addiction is that we have really overemphasized the harms of prescribing medications for OUD and have put up a lot of regulations and barriers and really limited funds and innovation, despite the fact that the evidence for medications for OUD is so strong and so high. So, in other words, we have high strength of evidence but have really overemphasized the harm and set up barriers for patients accessing that important care, right, really life-saving care.

On the other hand, we've been thinking about chronic pain as somewhat differently. And opioids, when used for that, had minimal harm. We overemphasized, obviously, the benefits of long-term opioid therapy for chronic pain, but we also said this population, there's going to be minimal opioid harms. And because of that, we've had very little regulations, and that has actually led to lots of opioids. So we can prescribe many options for opioid prescribing for a condition that actually has low strength of evidence. Access was much easier for many decades. And so, it's really this big irony in our field that where something has low evidence, it's really much easier access, and something that has high evidence, we've put up barriers to access.

[00:02:58] And I think for both of these conditions, we now need to really look at the evidence. We need to be thinking about what is the evidence of using opioids in this condition and weigh that against potential harms. We certainly need to be thinking about public health and diversion, but I think we've overemphasized that, really, to our detriment with, of course, well over 100,000 deaths last year.

[00:03:23] HOFF: And so, what do you see as the most important thing for health professions students and trainees specifically to take from your article?

EDENS: In many ways, stigma is driving the bus here. It's stigma that has led to differences in regulation and differences in formulations and differences in practice settings. And we need to really target that. We need to educate physicians and other prescribers on how to treat substance use disorders. We need to let people know that medications are the treatments—again, they're not assisting treatment; they are the treatment—and expand access to medications for opioid use disorder.

And we also need much more innovation in the field. And this is a place where we only have three medications right now for opioid use disorder, despite the fact that it is such a lethal illness to have. And having more innovation, I think, will be a huge gain to our field. Other countries, that's something that we note in this article, Canada, for instance, has slow-release oral morphine. Some countries are really considering even injection hydromorphone for people who have severe OUD. They are already injecting drugs, and they're not benefiting maximally from medications for OUD. We don't have those options in the United States. And bringing more innovation and excitement to the field, I think we need new researchers to come in and think more broadly about how we can tackle this problem.

[00:05:07] HOFF: And finally, if you could add a point to your article that you didn't have the time or the space to fully explore, what would that be?

EDENS: I really wish, in retrospect, that we had referenced the 2022 *Lancet* article, the Stanford-Lancet Commission, responding to the opioid crisis. That was really a landmark article that we did not cite in our particular article. And I think it gives us a blueprint for ways forward and talks a lot about what I have just mentioned: that we've got to be thinking about this as a medical condition. We need more research, we need more innovation, and we need to stop thinking about, is this pain or is this opioids? But opioids have two uses: in acute pain and for opioid use disorder. And thinking a little bit more nuanced in that space. So I would love to refer readers to that article found in *Lancet* in 2022. [theme music returns]

[00:06:04] HOFF: Dr Edens, thank you so much for your time on the podcast today, and thanks to you and your co-authors for your contribution to the Journal this month.

EDENS: You're welcome. Thanks for inviting us.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, [journalofethics.org](http://journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.