To address the opioid crisis we need to do more to support people suffering from opioid use disorder

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Alyssa Peckham specializes in helping individuals who suffer from opioid-use disorder. Credit: Adam Glanzman/Northeastern University

In 2017 alone, 47,600 Americans died from opioid overdoses. That's 130

people every day.

The rate of opioid prescriptions has dropped steadily since 2012, but it is still at 59 prescriptions per 100 Americans, which means 191 million prescriptions, according to the Centers for Disease Control and Prevention.

And the opioid epidemic has continued to ravage families and communities around the country.

At the very least, Americans need to change the way we think about, and address, the opioid crisis.

"We need to reframe our mindset in understanding addiction," says Alyssa Peckham, a clinical assistant professor in Northeastern's Bouvé College of Health Sciences. "It's a chronic illness, rather than a moral failure."

On Wednesday, Peckham, who is also an addiction specialist at Massachusetts General Hospital, discussed the evolving opioid crisis and what we can do to help.

How has the opioid epidemic changed?

We're technically in phase three of our opioid crisis.

There was a time where a lot of our opioid-overdose-related deaths were related to prescription opioids. But then that transitioned into heroin. Most recently, it's really become our synthetic opioids. We're almost exclusively calling it a fentanyl crisis. A lot of our products now have a synthetic opioid called fentanyl in them. And then even more recently, we are seeing carfentanil, which is an even more potent opioid.

When you have a product that you believe to be heroin, that now has certain amounts of fentanyl, which is more potent, or even carfentanil, which is even more potent, you're at an increased risk of overdose because your flooding your opioid system.

New York senator Kirsten Gillibrand suggested in a recent tweet that limiting the length of opioid prescriptions would get at the "root causes" of abuse. Is the solution as simple as cutting back on opioid prescriptions?

Where we really need to afford our efforts here is focusing on the patients that are in the throes of suffering. We have patients that have opioid use disorder, we have patients that are really treatment-resistant, have barriers to accessing care, and things like that. And we have thousands and thousands of patients that have already passed away.

What we need to do is rev up the access to treatment so that we can stop any further progression of their disease course, rather than bottle necking the prescription opioid supply. Because when you do that, you're forcing people that have a legitimate need for that pain relief to seek those products elsewhere. And that's when we introduce misuse of opioids.

I do think reframing how we have prescribed opioids is certainly a component of helping this whole crisis, but it is not going to solve the situation entirely. We really need to start increasing access and getting better treatment for these patients.

Are opioids the best way to treat pain?

That's been the major target of our opioid-prescribing reform—really taking a look at where do opioids have their place in pain management. I think we fell into this practice of prescribing opioids for a wide range of

pain, even where there weren't studies to support their use or perhaps where you could have tried a less potent agent or maybe a non-opioid agent first.

I think that's been the biggest push amongst the prescribing community: Let's take a look at the pain. Let's review our pain goals. Can we start somewhere slower? Are we progressing towards adequate pain management?

Opioids don't always have to be the answer, though they are oftentimes a component of pain management.

What would you tell someone who has relative or friend who's suffering from opioid-use disorder?

Stemming from years of stigmatizing a chronic illness, we've kind of thrown these patients into the shadows and really made them shameful of this chronic illness that they've had. And a lot of times, family members are embarrassed as well. It's really nothing to be embarrassed about. It's a chronic illness. When patients are engaged in treatment and have these medications on board, there's actually good data to support how efficacious and effective these medications are. We just need patients to stay in treatment and stay engaged.

We can have a whole other conversation about how we don't have enough access to treatment or things like that. But for family members, we need you to support those patients. Oftentimes there's a lot of tarnished relationships in their lives and pushing someone further and further into social isolation can provoke depression, provoke anxiety. They're going to surround themselves with others that share similar lifestyles, other users. And once they get wrapped up in that world, it's really hard to get them back without that framework of support.

Don't give up on them and stay connected in their lives. Because family is oftentimes the biggest support that they have.

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