

COMMENTARY: Opioid attitudes must change if we are to defeat silent killer

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COMMENTARY BY ALEJANDRO RIVERA — If Massachusetts faced a public health epidemic marked by a six-fold increase in the number of lives taken by it, you might think that would be common knowledge. You might also conclude that the communities where this is unfolding are singularly focused on solving this crisis, but you would be wrong on both counts.

Opioid-related poisoning deaths in Massachusetts from mostly accidental ingestion of opium-derived drugs is hardly a new crisis, but it is rising at an alarming rate and getting little public attention. From 1990 to 1998, the number of deaths attributed to drugs like OxyContin increased 156 percent. And then that number jumped another 90 percent from 1999 to 2007.

Drug-related deaths don't get the headlines that murders and shootings get, but the 637 opioid-related deaths and almost 30,000 nonfatal incidents treated as inpatient admissions or emergency department discharges in 2007 in Massachusetts should at least get our attention.

Fueling this epidemic are those communities most enveloped in it, which are either ignoring or misunderstanding the gravity of this crisis despite access to a clear and successful way of fighting back. One such strategy is the timely use of Narcan, a non-addicting, non-enabling drug, which reversed more than 500 overdoses between 2007 and 2009.

But the Narcan intervention won't work without the active support of community officials to help assemble the patchwork of support that is needed to make that strategy work.

Death from inaction is literally a daily event in Massachusetts. In Boston alone, there were more than one-and-a-half opioid overdoses every day in 2007 (570 total). Worcester, New Bedford, Springfield and Lynn all recorded triple-digit overdoses during the same year, and many other communities were not far behind.

This crisis is not just relegated to urban communities. Overdose deaths from opioids happen in many rural and suburban communities.

One community stands alone in acknowledging the opioid crisis is Quincy, which ranks seventh among communities for opioid overdose. Quincy quickly understood that this crisis not only drains lives from the community but also critical resources, such as the police and medical personnel who intervene in a overdose emergencies and are therefore unavailable to other parts of the city for non-drug related issues. What also distinguishes Quincy from among the communities that are struggling with this issue is the decision by its mayor, Thomas Koch, to lead on this issue on behalf of his community.

On Friday we will convene the first statewide conference on the opioid overdose epidemic, with Massachusetts Department of Public Health Commissioner John Auerbach, to educate other communities about this issue and perhaps offer new strategies for dealing with this silent killer.

We must first de-stigmatize the issue so that opioid users will come out of the dark corners where they are hiding as their lives ebb away. These are not just drugs like heroin, morphine and methadone, but more familiar prescription opioids like Percocet, Percodan and Vicodin that are resulting in fatal overdoses.

To address this crisis, we need to educate communities and convince leaders and health and law enforcement officials to make Narcan readily available. We also need support for passage of the 911 Good Samaritan bill filed by state Sen. Steven Tolman, which would extend immunity from drug possession charges for a witness who summons medical personnel for a drug overdose victim.

This intervention strategy is not intended to encourage illegal drug use but to help us identify those in our community who are about to become another statistic. Only then can we get them into treatment and bring those statistics down.

We have the tools now to effectively alter this curve, but the cities and towns that are suffering from this problem need to become partners in this campaign.

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