

Nearly 2,000 died from opioid overdoses in Mass. last year (Boston Globe)



Sean Dougherty/Globe Staff/File

The record tally of death and suffering came despite campaigns to stanch the state's addiction crisis.

By Felice J. Freyer Globe Staff February 17, 2017

Nearly 2,000 people are believed to have died from opioid overdoses last year in Massachusetts, a record tally of death and suffering that came despite widespread public and private campaigns to stanch the state's addiction crisis.

A state Department of Public Health [report](#) released Friday showed that opioids were confirmed as the cause of 1,465 deaths and suspected in 514 additional deaths. Opioids killed or were suspected of killing five times more people than died in car crashes.

The main culprit appeared to be the drug fentanyl, which was present in an increasing number of cases, even as heroin-related deaths declined. Illegal synthetic fentanyl, which can be 50 to 100 times more powerful than heroin, is often mixed with heroin or sold as an alternative.

Dr. Monica Bharel, the state's public health commissioner, called the findings "not unexpected." She said she derives hope from the multifaceted efforts the state has put forth to cope with the problem, including restrictions on opioid prescribing, adding 500 treatment beds, and a campaign against stigma.

"Ending this epidemic will take time and comprehensive effort," Bharel said.

Cheryl Zoll, chief executive of Tapestry, a Western Massachusetts health care group that provides medical services and clean syringes to addicts, said she didn't believe the increasing number of deaths indicates a spike in people using drugs. Instead, she said, "people struggling with substance use disorder are facing a poison they can't identify": fentanyl.

And the prevalence of that poison is outrunning the state's efforts, said Dr. Alexander Y. Walley, an addiction specialist at Boston Medical Center. "If it weren't for the investment that the state has made," Walley said, "the numbers would be much worse."

About three-quarters of opioid-related deaths involved fentanyl, while heroin was apparently present in about half; some of those who died had evidence of both drugs in their bodies.

Opioid deaths have been increasing dramatically in recent years, but there is evidence that growth may be slowing. The increase in 2016 over the year before could be as low as 13 percent, depending on how many cases are ultimately confirmed. In contrast, deaths increased 21 percent from 2014 to 2015.

The report also affirmed the decreasing role of prescription opioids in the crisis, with those drugs accounting for a diminishing share of deaths.

And the data show success at reducing opioid prescriptions, which had helped fuel the epidemic. Opioid prescriptions written by Massachusetts providers declined by 15 percent, compared with 2015.

In 2015, the state's tally of opioid-related deaths was 1,751, of which 1,597 have been confirmed. A confirmed death is one in which the state medical examiner has certified a cause.

Suspected cases have been referred to the medical examiner as likely opioid deaths, based on such factors as police reports, but have not been assigned a formal cause. The number of confirmed cases typically increases as time goes by.

Meanwhile, use of the overdose-reversing drug naloxone — widely known by the trademark name Narcan — by emergency medical services was substantially greater in the first nine months of 2016 compared with the same period the year before.

Governor Charlie Baker said in a statement his administration “will continue our intense focus on fighting this epidemic by further increasing treatment options and expanding support for law enforcement and their efforts to arrest and convict drug traffickers who prey on vulnerable people, selling them more and more deadly and addictive substances.”

Since coming into office in 2015, Baker has increased spending on addiction services from \$120 million to \$180 million. The governor's proposed budget for the fiscal year that starts July 1 includes more money for law enforcement to combat drug trafficking.

Baker's health secretary, Marylou Sudders, said in a statement: “We are committed to ending the opioid epidemic and will continue our efforts no matter how long it takes.”

Even with the investment in expanded services, people still face obstacles to getting treatment, said Dr. Sarah Wakeman, an addiction specialist at Massachusetts General Hospital.

The state needs more programs in which people can get treatment on demand, without having to make appointments or undergo counseling before getting access to drugs that can control their cravings.

“There's this mistaken notion that people have to hit bottom and work hard to prove that they're motivated,” Wakeman said. “We've learned that model kills people.”

Mass. General operates one such opioid urgent-care center, which engages patients in treatment when they walk in. The state has provided money for three others, including the Faster Paths to Treatment program at Boston Medical Center. But more are needed, Wakeman said. “We really need to be building up this type of system where people enter quickly and immediately engage in a long-term-care process,” she said.

Dr. Jeffrey D. Baxter, associate professor in family and community health at the University of Massachusetts Medical School, said access to treatment in Massachusetts has expanded dramatically in recent years. But Baxter, who is chief medical officer for Spectrum Health Systems, a large Central Massachusetts addiction treatment provider, added: “I would never say we kept up with demand.”

Still, he said, patients are coming from New Hampshire seeking treatment at Spectrum facilities, and Spectrum patients who have gone out of state come back, saying access to treatment is worse in other states.

For example, there is a shortage of beds for people seeking residential care after detoxification. But such postdetox services don't even exist in most other states, he said.

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