Research finds new ways to fight the opioid crisis

In the US alone, more than 2 million people struggle with opioid use disorders. Opioids, often prescribed as pain medications, have now become the country’s leading cause of drug overdose.

But scientists are identifying ways to help combat the epidemic, which include getting people treatment faster, developing safer opioids, and helping patients choose appropriate treatment. A number of recent breakthroughs are being presented at the upcoming conference of the American College of Neuropsychopharmacology.

An interim treatment can get people medication sooner: As the opioid crisis continues to escalate, the number of people who need treatment for their dependency on heroin or prescription pain killers far exceeds the capacity of available treatment programs. People seeking treatment can wait months or even years for spots in clinics or with certified doctors—and while they wait, they risk becoming infected with HIV or hepatitis, as well as dying from an overdose. But researchers have found an intervention for reducing these risks among opioid-dependent people who are stuck on waitlists. The interim therapy could help protect patients from the potentially fatal dangers of illegal opioid use by safely and responsibly providing medication while they wait for more intensive treatment.

[Presenter: Dr. Stacey Sigmon at the University of Vermont’s College of Medicine]

Safer opioid drugs could save lives: Opioid drugs are the most widely prescribed and effective type of pain medication, but they are highly addictive and have some unpleasant and potentially deadly side effects. Researchers may have found a way to make opioids safer by separating the drugs’ pain relieving effects from their most dangerous side effect, respiratory suppression, which, in very severe cases, causes patients to stop breathing and to die. Such opioids could help patients and doctors deal with drug tolerance, a frequent complication in which, over time, patients lose sensitivity to the pain-blocking properties of opioids and require higher doses to treat their pain. And as opioid overdose deaths are mostly due to respiratory suppression, safer prescription opioids could ultimately decrease the number of deaths caused by abusing prescription opioids.
Trials can help people choose between treatments: Two medications, buprenorphine and naltrexone—representing pharmacologically and conceptually opposite approaches—are available for office-based treatment. Yet until now, patients, families, and providers have had no data to help guide their choice of treatment. New findings from two trials (one in the US, one in Norway) comparing these approaches will help people choose between the two very different treatments.

[Presenters: Dr. John Rotrosen at New York University School of Medicine and Dr. Lars Tanum at the University of Oslo and Akershus University Hospital in Norway]

Media contact: Erin Colladay (ecolladay@acnp.org; 248-808-3445)