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'The Opioid Fix' explores loss and renewal in wake of epidemic

Paul John Scott Oct 26, 2019



Photo courtesy of TPT

From its mesmerizing opening sequence, "The Opioid Fix," an unsparing and clear-eyed documentary airing over the coming three Sundays on TPT, tallies the burdens of history, biology and loss behind the pills that have decimated our communities.

Before the title credits have hit the screen, the Steve Spencer-produced film transports viewers across tranquil fields of poppies, chemical symbols for opiates and early-century stills of impoverished opium dens, all as a dark orchestral score rises underneath. "This isn't the first time the world has had a problem with opioids," offers a clinician as the viewer is deposited in front of a granite Madonna standing watch over a cemetery. "We just have a major problem with opioids right now."

Pairing medicine so starkly with death like this is decidedly off-brand for the ordinarily cautious institutions behind "The Opioid Fix," Mayo Clinic and the Twin Cities public television broadcaster TPT. But it's entirely fitting for the towering problem at hand. The opioid epidemic is a public health crisis like no other, a plague straddling the worlds of pharmaceutical marketing and the global drug trade, a medical misadventure, bellwether of our socio-economic disparities, and, as the film makes clear, a genie we have only begun to put back in the bottle.

At 400,000 deaths and counting, the crisis has taken more American lives than World War II. Opioids have proven themselves to be disproportionately lethal for Minnesota's Native American population, a community the documentary notes has shouldered the highest overdose rate in the nation. The disparity leads a White Earth Nation social services executive named Dennis Hisgun to posit that the pain so responsive to the pills was very likely never just physical, but also emotional, one borne of multi-generational historical trauma.

Part one of "The Opioid Fix" attempts to trace our era of self-administered destruction to something more manageable — unstructured prescribing and early naivete about the pills within medicine. "For decades we over-prescribed opioids to our patients," said Dr. Halena Gazelka, chairwoman of Mayo's Opioid Stewardship Program. "This allowed extra opioids, and for people to have higher exposure to opioids than probably they should have."

The humility with which the clinic's representatives then tell of turning the spotlight on their own prescribing history, only to find "we were giving too many opioids to everyone, pretty much," according to Gazelka, is truly admirable. So is the clarity with which Gazelka describes the original use of the pills as limited to trauma, post-surgical care, cancer pain and end of life. It's a clear endorsement of the CDC position, that the pills are just not right for the care of chronic pain. So it's confusing to hear others within Mayo who seem to differ on this point.

"They are a relatively safe medication," says a Mayo internal medicine specialist named Dr. Jon Ebbert, "when they're used appropriately under the supervision of a provider who follows that patient regularly." And it's hard to not hear that last word as a shorthand for chronic pain. "The research we need to do is not in more powerful pain medications," he adds later in the hour, "but in understanding the patients that will struggle with the ones we can currently prescribe." The notion that some people can tolerate opioids long-term and others cannot is also problematic, shifting blame as it does from the clinical setting to the so-called "abuse" of an ordinary rise in need over time for any controlled substance.

The film doesn't linger on these issues, turning its attention to compelling patient stories and the necessary but underwhelming stop-gap solutions now underway around us. These include prescribing guidelines, unused prescription drop-off campaigns (Saturday, October 26, is National Prescription Drug Take-Back Day), opiate substitute maintenance regimens, the tracking of high prescribers and the shifting from a law enforcement to a community- and treatment-based approach like one profiled in bucolic Little Falls. As a Hazelden counselor notes, it's a courtesy that was not afforded the mid-1980's crack epidemic that put a generation of black men in jail.

The documentary makes little effort to explore the role of pharmaceutical manufacturers in the epidemic, nor the willingness of physicians to trust drug manufacturers for training in the use of their pills. These shortfalls become easier to set aside, however, as episodes two and three of "The Opioid Fix" turn its lens on a compelling and under-recognized coda to the story, that of the success of non-pharmaceutical behavioral pain management programs in tapering patients off opioids by helping them re-frame how they think about pain.

"There's something about how we talk to ourselves and other people about pain," says Dr. Eleshia Morrison, a clinical psychologist at the Mayo Pain Rehabilitation Center. "Rather than ask the individual 'how's your pain today?'" she offers, "We'd rather they ask 'what are you up to today?' If you're getting up and exercising, spending time with loved ones and challenging that tendency to isolate yourself when you're having a difficult day with pain, that is success."

Part one of "The Opioid Fix" is scheduled to premiere Sunday on TPT 2 at 6 p.m. and TPT MN at 7 p.m.

Parts two and three premiere on Nov. 3 and 10. It will also be available for streaming on the PBS Video App and on tpt.org.