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Nitazene Overdose Deaths On The Rise—The Iron Law Of Prohibition Cannot Be Repealed

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Last week the Tennessee Department of Health reported that overdose deaths from synthetic opioids classified as *nitazenes* have increased four-fold between 2019 and 2021. Nitazenes, like fentanyl and its analogs, are synthetic opioids that were originally developed to treat pain. They are anywhere from 10 to 20 times more potent than fentanyl. As with overdoses from fentanyl and other opioids, overdoses from nitazenes can be reversed by administering naloxone, although the antidote might need to be given repeatedly to the victims.

The first nitazenes were developed in the late 1950s by the Swiss drug maker CIBA. None of the nitazene compounds were ever approved for marketing. The World Health Organization reported that isotonitazene began appearing in forensic toxicology reports in Belgium, Canada, Estonia, Germany, Latvia, Sweden, the U.K., and the U.S. in early 2019. Because law enforcement and health officials have only recently become aware that nitazenes have made their way onto the street, most labs have not been testing for it in overdose victims.

News reports about the growing presence of nitazene among the mix of street drugs should come as no surprise to anyone familiar with what has come to be known as “the iron law of prohibition.”

An application of what economists call the Alchian-Allen Effect, the concept was applied to prohibition (alcohol, cannabis, and other illicit substances) by Richard Cowan in the 1980s, who stated it simply: “The harder the enforcement, the harder the drugs.”

Drug prohibition incentivizes the creation of more potent and powerful forms of the drug to create better efficiencies for the business model. Smaller packages of the drug make smuggling easier. And more potent forms can be subdivided into several more portions to sell, improving drug dealers’ risk/benefit ratio. The “iron law” is why cannabis has grown in THC concentration; it’s why powdered cocaine brought crack cocaine; it’s why amphetamine brought methamphetamine.

As I have written numerous times, even as far back as 2017, non-medical opioid users preferred to use prescription pain pills that were “diverted” to the black market. As policymakers wrongly concluded that doctors were creating a new population of opioid addicts—despite the fact that the addiction rate has been essentially unchanged this entire century—law enforcement clamped

down on opioid prescribing and manufacturing, in turn reducing the supply of diverted opioids. Because of the “iron law,” overdose deaths from heroin surged and overtook those from diverted prescription pain pills. Then fentanyl—50 times the potency of heroin—eclipsed heroin deaths. Supply chain issues related to the COVID pandemic made fentanyl—which doesn’t need to be processed from the opium poppy and can be easily made in clandestine labs— more economically attractive to drug cartels. Now fentanyl is responsible for roughly 90 percent of opioid-related overdose deaths.

Back in July 2020 I wrote, “Waging a war on drugs is like playing a game of Whack-A-Mole... As efforts are underway to crack down on illicit fentanyl, don’t be surprised if isotonitazene is the next big thing.” Sadly, it appears my premonition was correct. But unless we end drug prohibition, there will be more “next big things” after nitazenes. The “iron law of prohibition” cannot be repealed.

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