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Arizona lawmakers are addicted to bad opioid policy

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The governor of Arizona is calling on the Legislature this week to enact prescription limits as well as other bureaucratic intrusions into the doctor-patient relationship. Such policies are nothing new: State lawmakers are addicted to the idea of restricting doctors from providing opioids to patients in pain.

This strategy is premised on a false narrative. Contrary to what many politicians suggest, the overdose crisis is not the product of greedy pharmaceutical companies and careless physicians. It is largely the result of non-medical users accessing opioids through the illicit market. In fact, the National Survey on Drug Use and Health reports less than 25 percent of non-medical users obtain prescriptions from doctors.

Even though the rate of prescription for high-dose opioids has dropped 41 percent since 2010, and despite the Drug Enforcement Administration ordering progressive reductions in opioid production, the overdose rate continues to climb, growing 20 percent from 2015 to 2016.

Data reported by the Centers for Disease Control and Prevention last month show that over 60 percent of opioid overdose deaths in 2016 were caused by heroin and fentanyl. The CDC reports that fentanyl overdoses increased by 88 percent since 2013, and heroin overdose deaths increased 33 percent per year from 2010-2014 and have increased by 19 percent annually since then. Meanwhile, prescription opioid overdose deaths have remained stable, maintaining a steady 3 percent per year increase since 2009.

What's causing the dramatic rise in overdose deaths from heroin and fentanyl? Non-medical drug users are accessing opioids in the illegal market. Meanwhile, there have been many reports of patients in pain getting cut back or even cut off from their pain meds and suffering needlessly. Some, in desperation, seek relief in the dangerous illicit market. Some even resort to suicide.

That's not stopping lawmakers from trying to legislate the problem away. At least 17 states have limited initial duration and supply of opioid prescriptions to patients in pain to anywhere from 3 to 7 days. The National Conference of State Legislatures reports at least 24 states have enacted some sort of guidance or restrictions on the dosage or duration of opioid prescriptions as of August.

Lawmakers' rationale for those moves is not evidence-based. Researchers writing in the July journal Substance Abuse claim that the rush to limit prescriptions was based on 2016 CDC guidelines that recommended an individualized assessment of harm against benefit when prescribing pain medication to patients.

And a Harvard study released this month analyzed more than 1 million patients receiving postoperative pain prescriptions from 2008 to 2016 who did not have a history of regular opioid use. It found an overall incidence of all categories of opioid "misuse" of just 0.6 percent, with a 0.2 percent incidence in those patients one year after surgery.

This study is just the latest of numerous reports, including 2010 and 2012 Cochrane systematic reviews, as well as data from the National Survey on Drug Use and Health that show the addiction risk in medical - not non-medical - users of prescription opioids consistently low, ranging from 1 to 2 percent.

Lawmakers are right to be distressed by the rising overdose rate - increasingly due to heroin and fentanyl. But they should resist the strong temptation to "do something" when it is not evidence-based. Such action might only inflict unintended suffering on patients in pain and do nothing to stop the surge in the street use of heroin and fentanyl. They should heed the medical dictum, "First do no harm."

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