Arizona's Opioid Policy is Still Not Working

Jeffrey A. Singer

December 19, 2018

Despite a concerted effort by state and federal authorities to curtail doctors from prescribing opioids to their patients in pain, the overdose rate continues to climb year after year.The latest numbers for 2017 were recently reported by the U.S. Centers for Disease Control and Prevention, and they don't look good. Deaths from all drug overdoses rose another 9 percent since 2016. And deaths from all opioids rose another 11 percent.

The breakdown of the opioid overdose numbers is revealing. In 2017, fentanyl caused 40 percent of opioid overdose deaths, up from 30 percent the previous year. Fentanyl *or* heroin comprised 75 percent of opioid overdose deaths in 2017, up from 68 percent in 2016. Meanwhile, overdoses from prescription opioids like hydrocodone or oxycodone dropped 9 percent in 2017.

While more and more patients are seeing their pain go under-treated—or getting cut off from their pain medication and sometimes growing desperate—overdoses continue to mount. And Arizona has not been immune to this phenomenon.

In 2017, Arizona ranked 30th in the nation in opioid overdoses, with a rate of 13.2 per 100,000 population,and 29 percent of those overdoses were attributed to fentanyl alone. Yet Arizona policymakers continue to double down on the same failing approach to the overdose crisis.

This is because the opioid overdose crisis has never really been primarily about doctors prescribing opioids to their patients in pain. It has always been fundamentally about non-medical users accessing drugs in the black market fueled by drug prohibition.

As prescription opioids diverted to the black market have gotten harder to come by, the efficient black market has responded by filling the void with cheaper and more dangerous heroin and fentanyl. The opioid crisis is actually a prohibition crisis. Until policymakers in Arizona and across the U.S. come to that realization, the deaths will continue to mount.

The focus needs to shift from that of a "war on drugs" to a "war on drug-related deaths." This means the strategy needs to change to one known as *harm reduction*. Harm reduction seeks to reduce the harms the black market already inflicts on non-medical users and to focus strictly on the goal of reducing the spread of disease and death from drug use.

Harm reduction strategies have been in use since the 1980s, and they have a proven record of success in reducing deaths, substance abuse, and the spread of disease. They have a track record that prohibition can never match.

Last week, the Cato Institute released my Policy Analysis entitled, "Harm Reduction: Shifting from a War on Drugs to a War on Drug-Related Deaths." It gives an overview of the various harm reduction modalities in use, looks at potential new modalities, and reviews the extensive

data currently available on their relative effectiveness. Hopefully, this will help convince policymakers to stop making even deeper the hole they have been digging.

Jeffrey A. Singer, MD practices general surgery in Phoenix. He is a Visiting Fellowat the Goldwater Institute and a Senior Fellow at the Cato Institute.