



Doctor: 'Throwing Money at Addiction Treatment Centers' Won't Solve Opioid Crisis

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August 2, 2017

Rep. Ben Ray Luján (D-N.M.) last week introduced legislation that would extend \$2.5 billion in funding over five years for states combating the opioid crisis, money that would be spent on top of the \$1 billion appropriated in 2016 for two years of support.

Luján noted last week in introducing the Opioid and Heroin Abuse Crisis Investment Act that national overdose deaths topped 59,000 in 2016, with deaths from synthetic opioids increasing by 73 percent. Prescription painkillers like OxyContin and Vicodin were responsible for more than 17,500 deaths, according to the announcement.

“The sad fact remains that much more must be done if we are going to ensure that all those who want help can get help,” Luján said in a statement.

The \$2.5 billion would be offered through a block grant, with states receiving funding to increase access to treatment, boost prevention programs and “expand evidence-based initiatives that will help address this deadly epidemic.”

Arizona-based general surgeon Jeffrey Singer, a senior fellow at the Cato Institute, said that if lawmakers continue the status quo by “throwing money at addiction treatment centers,” they’re wasting taxpayer dollars.

“It’s not like we have shortage of rehab centers,” Singer said. “People who are addicted to this are addicted because they enjoy it, so having a rehab center available to them isn’t going to make them want to go in and sign up. I just think it’s a waste of money.”

Singer said that lawmakers need to deeply re-examine American drug policies, while recommending that the U.S. follow Switzerland’s lead in establishing pilot programs for heroin and drug management.

Singer said that there are two groups significantly impacted by the opioid crisis: those who are physically dependent, who could benefit from treatment centers, and addicts, who take the drugs because they enjoy it and who are not going to actively seek help.

The addicts, who often resort to heroin use on the black market, are the ones who hold the highest risk of overdose, he said. And seeking drugs on the black market comes with other complications, like the spread of disease and infection, Singer said.

For more than two decades, Switzerland has participated in a heroin-maintenance program, in which people can declare themselves heroin addicts at clinics, receive prescription-grade diamorphine dosages, and inject themselves in the presence of a nurse with clean syringes. Singer said this helps prevent the spread of HIV and Hepatitis C, while also driving overdoses down because the drugs are safer. But the most positive impact from the program, he said, is that some individuals begin to wean themselves off the substances naturally.

“When these people don’t have to spend their entire day trying to get their next dose, because it’s actually there for them, what they found in Switzerland is that a significant number of these people started getting jobs, some of them get married and have families,” Singer said. “A number of them on their own gradually detox themselves with decreasing doses. Because as they resume a more conventional lifestyle, they realize that, ‘You know what, I’m getting too old for this crap.’”

Canada and the UK have rolled out similar heroin-maintenance programs.

Luján, in the bill’s introduction, cited testimony from Robert Morrison, executive director for the National Association of State Alcohol and Drug Abuse Directors.

“Recent federal investments to address the problem represent a critical step in our work to end this epidemic,” Morrison said. “This important legislation sustains these investments to ensure we expand access to lifesaving substance use disorder treatment, prevention, recovery services.”