



Expert: Ohio drug approach not working

Tom Jackson

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It's an idea that sounds shocking to many Americans: A supervised location for addicts to legally shoot up, with clean needles and medical professionals on hand to revive overdose victims.

"You're not endorsing it," said Dr. Jeffrey Singer, an Arizona surgeon and drug policy expert at the Cato Institute, a Washington think tank. "You are switching the goal to: 'I don't want you to die. I don't want you to spread disease'."

Supervised injections are an example of the kind of harm reduction measures Ohio, and the U.S., should consider if politicians are serious about cutting the number of overdose deaths, Singer said. Governments should also sponsor needle exchanges and make naloxone available as an over-the-counter drug, he said.

Instead, politicians from both parties have pushed the false narrative that reducing the number of pain pill prescriptions will suffice to cut overdose deaths, Singer said. He said statistics show deaths continue to climb even as politicians succeed in harassing doctors and making it harder for people with severe pain to obtain medications.

The drug problem

The prescription rate for opioid pain pills has dropped in the U.S. since 2010, but drug overdose deaths have soared, Singer said.

The Register looked at statistics for Ohio and found a similar scenario.

The Kasich administration put major efforts into reducing pain pill prescriptions in Ohio.

"Prescribing guidelines and new mandatory restrictions on opiate prescribing for acute pain has reduced the number of opiate prescriptions by 162 million doses, 20.4 percent, from 2012 to 2016," states a document released by the governor's communications department.

But the state health department, run by Kasich appointees, admits drug overdose deaths in Ohio are soaring.

"In 2016, unintentional drug overdoses caused the deaths of 4,050 Ohio residents, a 32.8 percent increase compared to 2015 when there were 3,050 overdose deaths," a health department press release states. Ohio had 1,914 overdose deaths in 2012, the same release said.

It doesn't appear the situation is getting better.

Official overdose death statistics for 2017 haven't been released, but preliminary figures on the state health department's website show 4,471 drug overdose deaths in Ohio last year, up from 2016's previous record. The final figures for 2017 won't be released until July, and numbers likely fluctuate until then, said Melanie Amato, a spokeswoman for the agency.

Singer said as officials pressure doctors and make it harder for people to obtain pain pills, drug abusers turn to cheaper alternatives such as heroin and fentanyl.

The evidence is overwhelming that most drug overdose deaths come from people using drugs for nonmedical reasons, not from people using pain pills legitimately, he said.

Statistics from New York City, for example, showed in 2016 97 percent of the drug overdose deaths involved more than one substance, he said. Ohio's health department statistics show "multiple drug involvement" in 60.5 percent of drug overdose deaths, with fentanyl and similar drugs involved in 58.1 percent of the deaths. None of this supports the idea that legal prescriptions of pain pills are driving the death toll, Singer said.

Only a tiny minority of legitimate users of pain pills abuse them, Singer said. He cites multiple studies, including a study released in January 2018 in the BMJ (formerly the British Medical Journal), which showed a misuse rate of 0.6 percent for 568,000 postoperative patients receiving opioids.

People who suffer from long-term pain are finding it hard to get pain pills because of pressure on doctors, Singer said.

"All of us are practicing in fear. We are ranked as normal or outliers," he said.

Doctors in doubt tend to cut off patients, or refer them to pain specialists, he said.

Singer said the U.S. should consider the use of supervised injection sites, where drug addicts take their drugs in a medical setting where they can be immediately revived if something goes wrong. Supervised injection sites have been used for many years in Canada and other western countries such as Australia, he said.

Vancouver Coastal Health in Canada has operated such sites since 2003 and said the benefits include preventing people from transmitting diseases from dirty needles, encouraging marginalized people to access health care and reducing the number of injections occurring on the street. Clients on the site are referred to addiction treatment.

A 2009 report, citing many peer-reviewed studies, said the injection sites have helped people seek treatment and have reduced deaths. One study cited in the report said that prompt medical attention at one location, Insite, prevented as many as 12 deaths per year over a four year period. One client observed people get into trouble injecting alone and said, "Dead people are found in their rooms. They are not found at Insite."

More talk needed?

Singer said he knows people think such sites encourage drug use but said the goal should be to save as many people as possible.

It's well known people who smoke and eat bad diets are at risk of heart disease, but doctors treat everyone, not just the people who have healthy habits, he said. If someone has a heart attack, "do you not rescue them, because you encourage people to be overweight and a smoker?" he said.

There are no supervised injection sites in the U.S., but given the size of the national drug overdose epidemic, two U.S. cities, Philadelphia and Seattle, are moving forward with plans for such sites. National drug overdose deaths for 2017 have not been released yet, but in 2016, the U.S. had more than 63,000 drug overdose deaths, according to statistics from the Centers for Disease Control.

Joey Supina, founder and director of Sandusky Artisans Recovery Community Center, said he doesn't know enough about supervised injection sites to discuss whether to recommend them in Ohio.

"I think the concept needs to be examined," he said. "Hopefully, there's a lot of data out there one could draw upon. I think we need to explore all options."

Singer said the small European country of Portugal is an example of how drug deaths can be reduced with a focus on health care and harm reduction.

According to an article by Jeffrey Miron, director of economic studies at the Cato Institute, Portugal decriminalized all drugs in 2001, when the country was in a heroin epidemic.

"The results of this policy have been astonishing. Drug use has declined across all age groups," Miron wrote. "Overdose deaths have plummeted to just three per million adults, the second-lowest rate in the European Union. For comparison, the drug overdose death rate in the U.S. is a staggering 185 per million adults. Portugal's drug-related HIV infections have fallen by 94 percent since 2001."

The Cato Institute is a libertarian think tank, but others with little sympathy for libertarianism have endorsed a focus on harm reduction as a way to deal with drugs.

Left-wing writer Glenn Greenwald, who backed Bernie Sanders for president, wrote in 2009 that "by virtually every metric, the Portuguese decriminalization framework has been a resounding success."