

Commentary on Rod Rosenstein's NY Times Op-Ed

Sterling Johnson

Johnson S. Commentary on Rod Rosenstein's NY Times Op-Ed. Health Pol 2018;1(1):1.

Commentary

On August 27, 2018, Rod Rosenstein published in the New York Times that we should "Fight Drug Abuse, Not Subsidize It." He states that we are winning on the opioid crisis and that it is dangerous to open up safe injection sites. He also states that safe injection sites are illegal, which is not settled law. A court and a judge would invariably have to make the decision whether a safe injection site was against the law. Cases are not decided in the pages of the New York Times. He ignores all research studies from Sydney and Vancouver that support safe injection sites and state that they improve access to treatment, decrease public injection and HIV and Hep C transmissions.

According to the CDC's statistics, in 2014, around 47,000 people died from overdose. In 2015, around 52,000 people died from overdose. In 2016, around 63,000 people died from overdose. In 2017, around 72,000 people died from overdose. Each person is a preventable death and is someone's family member, sister, brother, son, daughter. As a person in the recovery movement, I have seen the numbers increase year after year with all of my efforts having little impact.

We tout successes like the passage of naloxone access laws, good samaritan laws, prescription drug monitoring programs, chronic and acute pain prescribing guidelines, and pain clinic laws, but the metric that matters the most, overdose deaths, continues to rise.

As an activist and researcher in Philadelphia, I have seen a significant rise in the amount of deaths over the last three years, 700 dead in 2015, 900 in 2016 dead and 1200 dead in 2017. Most of these deaths took place in the Kensington neighborhood, an open air drug market, in the northern part of the city. In the fourth quarter of 2017, the epidemic started to abate due to the distribution of narcan onto the streets through secondary networks of community based organizations.

Harm reduction strategies must be employed to change the system as it currently exists. The healthcare system and housing systems have been based on meeting the conditions before a person may enter. The result has been massive homeless encampments across the country and a record number of deaths due to overdose. Naloxone, syringe exchanges, safe injection sites and the heroin assisted treatment are all strategies that need to be employed as well as easy access to case management, peer support and housing first programs.

Supply side interventions do not ultimately work to release people from the cycle of addiction. Without building trust and relationship with people, a person will just replace a drug with another drug. In the case of opioids, more study needs to be done of how many individuals were previously forced off of prescriptions opioids and then went to more deadly opioids, heroin and fentanyl. What is certain is that more people have died in the last year than ever before.

Mr. Rosenstein's wholesale rejection of safe injection sites shows a gross misunderstanding of this epidemic. A safe injection site will be opened somewhere in the country one day and it will up to a court to decide whether a collection of nurses and social workers are co-conspirators in a criminal enterprise and deserve to spend 20 years in prison. No court decisions have touched the facts of this case and no one knows what will happen, not even Rod Rosenstein.

Going forward, the research and experience show that an approach that meets people where they are at must be the basis for policy going forward. Requiring naloxone stocking, authorizing syringe exchanges, and piloting safe injection sites will be the basis of reversing the opioid epidemic and building a system that can withstand future drug epidemics.

Correspondence: Sterling Johnson Mental Health Advocate, Philadelphia, USA, Tel: (415) 990-8546; E-mail: sterling.k.johnson@gmail.com

Received: September 24, 2018; Accepted: October 10, 2018, 2018; Published: October 30, 2018



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