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Analysis of the Opioid Epidemic and Proposed Policy Responses

The opioid crisis in the United States has been a silent killer until recent years. It is marked by the overprescription of pain management drugs, namely, opioids. The opioid crisis in the United States has touched many families. The crisis began back in the 1990s when doctors began prescribing opiates for pain management and surgery recovery. As they appeared to be very effective, they quickly began to be over-prescribed to patients of every kind. The effect of this is that many individuals that began a normal pain management regiment quickly spiral out of control and become addicted to this substance.

The healthcare policy behind the opioid pandemic is complicated, to say the least. One of the main distinctions between individuals’ approaches to this epidemic is how they view the individuals affected. For example, questions like if overdosing should be treated as a disease or simply just as an ethically corrupt failing by the individual.

Both sides of this issue seem to agree that some amount of money is required to address this issue. On the right, former President Donald Trump emphasized the importance of reducing the illegal drug supply, particularly from the southern border. He supports spending money on building a better border wall, upping jail time and fines for illegal activity, and stifling the smuggling of drugs into the US through whatever means necessary. On the left, current President Biden also aims at targeting the supply of opioids (mainly by reducing the overprescription problem), while also spending massively on social programs to help social workers and mental health experts treat more individuals afflicted by this crisis. The left is also very wrapped up in the ACA (also known as Obamacare). The repeal of the ACA would mean the repeal of many (often misguided) programs to help those affected by the opioid crisis.

I will be looking at both the right and lefts arguments, then analyzing their claims based on impartial research to judge the accuracy and effectiveness of their claims.

President Donald Trump leads the charge on the rights response to the opioid crisis. He believed that securing the border, via an improved border wall with Mexico, would drastically cut down on the epidemic in the US. He tweeted “Heroin overdoses are taking over our children and others in the MIDWEST. Coming in from our southern border. We need strong border & WALL!" (The Hill). Here, he is insinuating that a bigger and better wall would alleviate these problems. Further, President Trump stated “Now, we’re going to build a real wall. We’re going to build a wall that works, and it’s going to have a huge impact on the inflow of drugs coming across. The wall is almost — that could be one of the main reasons you have to have it. It’s an additional tool to stop the inflow of drugs into our country” (Washington Post). Here, he takes a slightly more nuanced (and I do mean slightly) approach to the effectiveness of a wall. He states that it would just be an additional tool to restrict drug flow into the US, rather than the final answer to the problem of drug flow into the US. Though it appears well-intentioned, the data and research seem to largely disagree with his opinion.

In the 2015 National Drug Threat Assessment Summary, by the Drug Enforcement Administration, It is expressed that they don’t disagree with the presidents claim that illegal drugs are largely coming from across the Southern border- “Mexican transnational criminal organizations (TCOs) remain the greatest criminal drug threat to the United States; no other group can challenge them in the near term. These Mexican poly-drug organizations traffic heroin, methamphetamine, cocaine, and marijuana throughout the United States, using established transportation routes and distribution networks” (DEA). But where their opinions differ is on how drugs are transported across the border. Trump has expressed that drugs are coming into the US through unprotected lengths of the US-Mexico border, evident through his interest in building a bigger, more expansive wall. The DEA, however, states that the bulk of the drugs are being transported illegally through traditional vehicle checkpoints where citizens are allowed to cross the border. The DEA report states “Mexican TCOs transport the bulk of their drugs over the Southwest Border through ports of entry (POEs) using passenger vehicles or tractor trailers. The drugs are typically secreted in hidden compartments when transported in passenger vehicles or comingled with legitimate goods when transported in tractor trailers. Once across the Southwest Border, the drugs are transported to stash houses in hub cities such as Dallas, Houston, Los Angeles, and Phoenix, and then transported via these same conveyances to distribution groups in the Midwest and on the East Coast” (DEA). The precise entry point makes all the difference here. If the DEA’s comments are true, a reinforcement of the physical border wall would have little to no effect on the flow of opioids into the country as the drug are coming in through the legal checkpoints. As the DEA is an expert source on drug trafficking, I am inclined to believe their statements.

As an anecdotical piece of evidence, I worked at the White House in early 2020 (right before the Pandemic hit), and I ran an event where we invited border patrol agents from across Texas and parts of California to hear President Trump speak on the drug trafficking problem at the Southern Border in a private, off-the-record setting. From my interaction with perhaps two dozen agents, there was overwhelming support of the President's approach to securing the Southern border. These agents weren’t statisticians or politicians with some financial or political stake in the issue, they were just boots-on-the-ground agents that knew the day-to-day operation of the US-Mexico border. This comparison is similar to listening to nurses, as opposed to healthcare researchers that are disconnected from the issue. Should the US’s border policy be decided by relatively low-level agents? No. But disregarding their opinion that is consistent with the President's approach is not prudent either.

Another argument by the right, again stated by President Trump, is that raising jail time and fines for illegal drug activity will help curb the opioid crisis in the US. President Trump said, “We are really going after the traffickers; I have always said that's the biggest thing," (CPR) and later said, “…frankly, the punishment is getting stronger and stronger. Maybe, at some point, we'll get very smart as a nation and give them the ultimate punishment" (CPR). “The Ultimate Punishment” (CPR) referring to the death penalty for certain drug traffickers. Though, once again, this reaction to the epidemic seems well-intentioned, it is inadvertently attacking the wrong problem.

Laws that are put in place to bring down high-level drug traffickers by giving them longer and longer sentences ultimately end up affecting essentially only the lowest level of drug traffickers, who are hardly the problem. Pew Research looked into the issue extensively and presented their finding. “Those sentenced for relatively minor roles represented the biggest share of federal drug offenders. More than a quarter of federal drug offenders—and two-thirds of federal marijuana offenders—were “couriers” or “mules,” the lowest-level trafficking roles on a culpability scale developed by the commission” (Pew). This incidental misplaced blame of the Opioid Epidemic on low-level drug traffickers has made it nearly impossible to know the true effects of increased jail time for the highest-level drug traffickers that appear to be the real problem.

Further, Pew states that “Research has found little relationship between the length of prison terms and recidivism rates generally—a pattern that holds among drug offenders at the federal level. Of the more than 20,000 federal drug offenders who concluded periods of post-release community supervision in 2012 (the latest year for which statistics are available), 29 percent either committed new crimes or violated the conditions of their release. This proportion has changed little since the mid-1980s, when sentences and time served began increasing sharply” (Pew). The last sentence of their findings being key to our analysis. Pew finds that increasing prison terms has little to no effect on offender’s behavior after being released from prison.

To clearly illustrate the ineffectiveness of this policy, I refer to two graphsChart, scatter chart

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Graph (A), X-axis: Year. Y-axis: Inmates incarcerated for drug offenses. Source: Congress.Gov; U.S. Sentencing Commission; U.S. Justice Department; Bureau of Justice Statistics; and Bureau of Prisons, 2015 The Pew Charitable Trusts

Chart, histogram

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Graph (B), X-axis: Year. Y-axis: US Drug Involved Overdose Deaths. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Causes of Death 1999-2019 on CDC WONDER Online Database, released 12/2020

Graph (A) shows that since 1980, the number of people incarcerated for drug offenses has increased by 8 times. This reflects the lengthening of prison sentences that occurred during this time, as referenced by Pew. Graph (B) on the other hand shows that not only has drug overdose death not gone down, but it also has, despite the harsher drug policies, gone up by almost 4 times. It is important to remember that correlation does not equal causation when looking at data like this, but it is difficult to look at this data and not infer that this policy has not been effective.

It is worth noting that President Trump seemed to be aware of some of these issues and signed into law “The First Step Act”, which reforms prison sentencing laws that have historically disproportionately damaged the African American community. This act gives nonviolent offenders a second chance, including those that were put in prison for an unreasonably long time for relatively minor drug trafficking charges. This was done to differentiate between the low-level offenders that got caught up in the “tough on crime” policies and the actual drug kingpins that these policies intended to lock away.

On the other side of the coin, led by Joe Bidens White House, the left's solution to the Opioid Epidemic is to cut the supply of opioids in circulation. They also plan on spending hugely on social programs to aid social workers in treating individuals afflicted by addiction.

The first solution, reducing the number of opioids prescribed, is a simple enough solution. On Joe Biden's campaign website, they lay out one bullet point of their plan- “Ban drug manufacturers from providing payments or incentives to physicians and other prescribers. Pharmaceutical companies work hard to persuade doctors and other medical personnel to prescribe their products. These companies essentially pay providers to prescribe opioids and other drugs by, for example, paying providers to speak at or attend conferences, or consult for their companies” (Biden). Not unlike many leftist policies, it is well-intentioned, initially makes logical sense, and could have a real potential to work. However, there are questions of individual liberty, letting the free market do its job, and not interfering with business practices. Joe Biden could learn a lesson from John C. Goodman’s *Priceless: Curing the Health Care Crisis*, but for the purposes of this policy paper, we will adopt a narrower scope for evaluating these policies, and not reduce it to “Any government intervention moves the market away from equilibrium”. Without being tested yet, this plan looks like it will work, perhaps at the cost of pharmaceutical companies being able to do business with doctors in the way a free market would allow them to. This could have unforeseen adverse effects.

One problem with this plan is its misguided nature. Graph (C) shows how tackling prescription opioids could be ineffective, and money and time could be better spent on other programs that addressed non-prescription opioids. Chart, line chart

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Graph (C), X-axis: Year. Y-axis: Rate of Opioid Overdose Deaths per 100,000 people. Source: SHADAC Analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

It can be seen in Graph (C) that there has been a huge spike in *illicit* opioid overdose deaths, with prescription opioids overdose deaths remaining relatively constant and even declining slightly in recent years. This illustrates that the recent explosion in the Opioid Epidemic can largely be blamed on the proliferation of illicit opioids, which Joe Biden's plan would have little to no effect on.

Another major plan of Joe Biden’s White House, and the left, is to spend on social programs to assist individuals affected by addiction. This plan has more potential to impact the Opioid Epidemic than President Biden’s other plans in my opinion. President Biden plans to spend $125 billion over 10 years on investment in the prevention and treatment of addiction (Biden). Social workers, who the majority of this money will go to, provide personalized, one-on-one care for those facing addiction. This is done to cater to individual’s specific needs, and not apply a one-size-fits-all approach to treating addicted individuals.

One could argue that the cost of this program is outrageously large, and I must admit that was my initial reaction as well, but upon further research, the cost of this program pales in comparison to the negative economic impact of drug and alcohol abuse. Figure (A), below, shows the direct and indirect economic costs of drugs and alcohol for a given year. It is worth reiterating and emphasizing that The White Houses' $125 billion plan is spread across 10 years, while this $578 billion economic cost of drugs and alcohol is from one single year, 2016. Of course, it is completely unrealistic to think that Joe Biden's $125 billion plan would make the cost of drugs and alcohol go down to $0, but the disparity of these numbers makes a good case that this could very well be a worthwhile investment.

Chart, pie chart

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Figure (A). Source: “Economic Cost of Substance Abuse in the United States, 2016.” Recovery Centers of America, 28 Oct. 2020, recoverycentersofamerica.com/economic-cost-substance-abuse/.

It is worth noting that, despite his attractive sounding plan, President Biden has yet to act on many of his campaign promises to address the Opioid Epidemic. NPR reports “More than 200 Americans are dying every day from drug overdoses during the pandemic. It's not clear yet how President Biden will respond. He has not yet appointed people to lead key federal agencies tackling the drug crisis. Now his team faces criticism for delaying a policy designed to help people addicted to opioids.” (NPR). Understandably, the Biden administration is surely preoccupied with the COVID-19 Pandemic, but it does not bode well for his Opioid Epidemic plan that he has yet to implement action and make key appointments that make executing the plan possible. This is also especially concerning considering the fact that drug use is up during the COVID-19 Pandemic and, subsequently, overdose deaths are also up since the pandemic began. This would lead one to believe that we need a leader to attack this problem now more than ever.

It is difficult to compare the left and rights approach to this relatively new issue. The right has had four years to address the epidemic, so evidence and ridicule for their approach is more quantitative and apparent. The left on the other hand has not had long to prove the effectiveness of their plans. We can predict possible problems and possible outcomes, but only time will tell if President Biden will be able to handle the epidemic better than President Trump.

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