
# Addressing America's Ongoing Opioid Crisis

## The Issue

America's growing spate of addiction and overdose deaths related to prescription and illicit opioids began almost 40 years ago with the formation of a slow-growing fissure among members of the medical community about limitations on the use of opioids for pain relief. Reluctance regarding the use of opioids for noncancer pain completely dissolved by the time OxyContin—a new and potent opioid painkiller—hit the market for pain management.

America has experienced both the good and bad consequences of this shift in medical practice. While tens of millions of people have been able to escape moderate-to-severe pain through proper use, America has also witnessed rising opioid abuse and addiction. While this problem began with prescription drugs, the market rapidly shifted into more dangerous illicit opioids beginning in 2010—first to heroin, and shortly after to fentanyl. As a result, the number of overdose deaths caused by opioids nationwide has crossed into historic proportions.

Most of the medical community and advocacy space describe opioid addiction as a chronic, relapsing brain disease. But this theory on addiction has important drawbacks—notably, its inability to correlate closely with the real-world experiences and behaviors of drug addicts. To wit, most drug addicts spontaneously cease drug use on their own, usually without formal treatment.

Instead, it is best to characterize drug addiction as a learned, deeply engrained habit. This conception faithfully explains the vast biochemical changes that occur in the brain during addiction while also providing an explanation of widely observable behaviors from addicts. In other words, it is a far more holistic view of addiction that does not privilege the physical brain as the critical level of inquiry to understand drug abuse. Other underlying inputs—for example, social, psychological, cultural, and behavioral traits—also play important roles in addiction and must be accounted for.

Nearly every part of the country has seen increases in the number of opioid overdose deaths. However, some sections have been hit particularly hard, such as the Appalachian and Rust-Belt states. Texas has been largely immune to significant increases in overdose death rates caused by opioids that other states have witnessed, including next-door neighbor New Mexico. However, methamphetamine and cocaine are stubborn (and growing) problems.

Several explanations may help account for this, including higher economic dynamism—for example, greater job creation, lower unemployment relative to other areas of the country, higher labor participation, etc.—which help to blunt idleness and imbue a sense of dignity and purpose. As drug addiction is strongly driven by a lack of social cohesion and isolation, various social markers throughout the state also deserve further investigation.

Ultimately, there is no simple explanation for why Texas has experienced fewer negative consequences of opioid use compared to other states. Individual reasons for drug use and addiction vary widely. It is known that since 2006, Texas has had substantially lower rates of opioid prescriptions being written relative to the national rate, so this likely plays a partial role. Addiction, like all human behavior, is complex and multifactorial.

## The Facts

- In 2000, America's overall drug overdose death rate stood at 6.7 deaths per 100,000 people. By 2018, this number leapt to 20.7 deaths per 100,000—an increase of over threefold.
- Opioids have been driving this increase in overdose deaths, accounting for about 70% of all drug-related deaths in 2018.
- In Texas, prescription rates for opioids have long been lower than in the country at large. In 2006, Texas's prescription rate per 100 residents stood at 66.8, while the U.S. rate was 72.4. In 2016, this trend continued: Texas's prescribing rate was 47.2, while the U.S. rate was 51.4 (per 100 residents).

## Recommendations

- **Encourage the formation of Law Enforcement-Assisted Diversion (LEAD) programs.** LEAD programs place an emphasis on reducing the harm associated with certain low-level crimes—particularly drug possession and prostitution—by diverting offenders away from the traditional criminal justice system. Program participants receive various social and psychological supports rather than incarceration, and as a result, researchers have found, LEAD reduced recidivism among participants by 22 percentage points when compared to the control group (who went through the traditional criminal justice process). Funding for such programs can be made available through criminal forfeiture accounts and/or by changing the state probation funding formula to accommodate use of LEAD.
- **Enhance use of problem-solving courts and other alternatives to incarceration.** Specialty courts help to address underlying socio-behavioral dysfunctions that contribute to drug use. As a result, they are far more likely to produce favorable outcomes than simple warehousing. State funding for such courts should focus on felony or repeat offenders and be based on guidelines that ensure the lowest-risk drug possession offenders who can succeed on basic community supervision do not take up slots better apportioned for diverting offenders who might otherwise be incarcerated.
- **Enhance data collection on opioid overdose deaths and for drug offenses among state agencies.** Local and state

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leaders should not have to rely upon nationally aggregated data related to opioid overdose deaths (or other drugs) to address matters of public import. Other states, such as Ohio and Maryland, produce detailed drug overdose reports on an annual basis which are easy for interested parties to find and use. Policymakers should require that similar data be aggregated on an annual basis and be readily available on a state agency website (e.g., Department of State Health Services). On a similar note, the Department of Public Safety ought to be directed to use more logical and detailed breakdowns of drug categorizations in their annual crime reports so as to better delineate arrests made for different classes of drugs. Explanations for their "synthetic narcotics" and "other dangerous" drug categories would be helpful as well—both to alleviate vagueness and because some jurisdictions have different definitions for "narcotics."

## Resources

*Pre-Arrest and Pre-Booking Diversion and Mental Health in Policing* by Randy Petersen, Texas Public Policy Foundation (Jan. 2018).

*Drug Courts: The Right Prescription for Texas* by Marc Levin, Texas Public Policy Foundation (Feb. 2006).

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