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## The opioid epidemic in the United States

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### *The opioid epidemic in the United States*

#### *Abstract:*

*In 2017, the former President Donald Trump declared the opioid epidemic as a public health emergency. This was the official recognition of a sociosanitary crisis that emerged in the 90s, when the pharmaceutical industry started to indiscriminately prescribe opioid painkillers. With the licit opioid flows appeared the illegal ones, such as heroin or fentanyl, a potent synthetic that has gained weight in the last decade.*

*The opioid epidemic has claimed many victims and has important economic and security repercussions. Likewise, it has demonstrated to be a phenomenon that unequally affects the population, discriminating along socioeconomic and demographic lines.*

#### *Keywords:*

*Opioids, United States, epidemic, public health, socioeconomic causes.*

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## Introduction: opium, opioids and the global market

In the middle of the 19th century, British and Chinese empires confronted each other in two armed conflicts that would receive the name of “Opium Wars”. The commercial interests that revolved around this substance provoked the strong tensions that led to the Chinese defeat and gave Great Britain an important competitive advantage. Long before that, the substance was used in Mesopotamia, Egypt and Persia. Opium has had, thus, a historic geopolitical and geoeconomic importance, being part of the productive structure and the societies of many countries for centuries.

In recent years, according to international organizations like the UNODC, we are living an increasing trend in the global consumption of products derived from opium. Opioids, a generic category that includes both opiates or products directly originated from opium poppy as well as its synthetic analogous, can be divided in two different categories: illicit drugs, among which we find substances like heroin, and legally manufactured medications, that include morphine or methadone, used at the beginning for cancer treatment and surgery and later for chronic pain. Recently, there are bursting in the so-called synthetic opioids, like the fentanyl or tramadol, which are more economically accessible and have a much more potent effect.

The rise of opioids has important socioeconomic and political consequences. Firstly, these substances constitute a fundamental market, many times submerged and illegal, that, only in 2010, had an estimated total value of \$65 billion<sup>1</sup>. Those opioid markets leave their impact in almost every nation, either because they shake countries’ security and stability, because they intensify the violence related with them or because they directly affect the health of the consuming population. Addiction problems, illnesses caused by the way opioids are used and drug-related deaths are recurrent problems of our contemporary societies. Above all the countries affected by this increasing trend, the United States emerges as the centre of a crisis that has been called by many ‘the opioid epidemic’.

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<sup>1</sup> United Nations Office on Drugs and Crime (UNODC), “World Drug Report 2010”, Vienna. 2010. p. 42. Available at <https://www.unodc.org/unodc/en/data-and-analysis/WDR-2010.html>

## The origins of the epidemic: a radiography of opioid painkillers consumption

In 2017, around 53.4 million people in the world were opioid consumers. The North American subregion, integrated by the US and Canada, turned out to be the area with the highest annual prevalence of consumption and one of the zones with greater morbidity<sup>2</sup>. Approximately 4% of its total population consumed these substances.

The Centres for Disease and Control Prevention identifies three different waves in the opioid epidemic, defined by the changes in the tendencies of mortality rates according to the different types of opioids<sup>3</sup>. At the beginning of the 80s, opioids were mainly prescribed for acute pain, and an important fraction of drug-related deaths was attributed to the opioids' diversion for non-medical use. However, in the last years of the 20th century, opioids prescriptions for chronic pain care gained importance as a response for what was perceived as undertreatment. This marked the beginning of the first wave, which corresponds with an increase in the deaths related to medically prescribed opioids. After that, in 2010, the second wave was accompanied by a rise in heroin-related deaths. Since 2013, however, what we have been seeing is a growth in the incidence of synthetic opioids, among which fentanyl stands out.

There are several causes that could explain why opioids became such a huge concern for the US, especially in their legal variant of medical prescriptions<sup>4</sup>. The first is the existence of a so-called 'culture of medication' that spreads throughout the country and through a health system in which sanitary professionals are usually trained according to erroneous conceptions about medications and addictions concerning pain. Pain is conceived as the fifth vital sign, emphasizing the necessity of treating it aggressively.

The treatment imperative gave way to a system that nowadays has few strict regulations regarding the use of potent painkillers. This entailed an open door for the emerging pharmaceutical industry, which experienced a rising competition to obtain the biggest portion of the painkillers market. Drug companies started wooing pharmacists, hospitals and doctors to prescribe their products indiscriminately. All of this was, and is, aggravated

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<sup>2</sup> United Nations Office on Drugs and Crime (UNODC). "Conclusiones y consecuencias en materia de políticas" en *World Drug Report*, 2019. pp. 1-64. Available at <https://wdr.unodc.org/wdr2019/>

<sup>3</sup> CDC. "Understanding the epidemic". *Centers for Disease and Control Prevention*. March 19th, 2020. Disponible en: <https://www.cdc.gov/drugoverdose/epidemic/index.html>

<sup>4</sup> MURTHY, Vivek, SHERMAN, Susan & WHITE, Alan. "Understanding the opioid epidemic". *Council on Foreign Relations*, May 18<sup>th</sup>, 2018. Available at <https://www.cfr.org/event/understanding-opioid-epidemic>

by a sanitary system that is eminently private and based on insurances. Insurance companies use painkillers as the unquestionable substitutes of other alternative and more expensive treatments, such as physical therapy or acupuncture, something that affects mostly the impoverished layers of society<sup>5</sup>.

Drug companies emerge, therefore, as the major actors responsible for the first wave of the opioid epidemic. At the end of the 90s, these companies assured the medical community that patients would not develop any dependence to their opioid painkillers. This increased exponentially the number of prescriptions, especially since 2006, reaching its peak in 2012 with more than 255 million prescriptions<sup>6</sup>. Afterwards, the number diminished to almost a half in 2019, but the proportion remains incredibly high in most parts of the country.

In this way, when it was finally discovered the real nature and potency of opioids, many of them were already being misused by a large spectrum of the population. Misuse was followed by addiction and, in the ultimate extent, by overdoses. The number of overdose deaths caused by prescribed opioids between 1999 and 2017 was 218.000<sup>7</sup>. The National Institute on Drug Abuse<sup>8</sup> estimates that between 21% and 29% of patients with prescribed opioids use them incorrectly and that another 8-12% develops problem of addiction.

The role of the pharmaceutical industry in this crisis has not been overlooked. On the contrary, drug companies have been signalled and taken to court as they are increasingly considered a threat to public health. An example of this is the Sackler's family, founder, and owner of Purdue Pharma, who has been sued for the production, promotion and commercialization of OxyContin, a strong opioid painkiller. In 2007, the company had to pay a \$600 million-fine for misleading consumers about the risk of addiction of the medicine<sup>9</sup>.

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<sup>5</sup> AMOS, Owen. "Por qué los opioides se convirtieron en un problema tan grave para Estados Unidos". *BBC*, October 25<sup>th</sup>, 2017. Available at <https://www.bbc.com/mundo/noticias-internacional-41755400>

<sup>6</sup> CDC. "Drug Overdose Deaths". Centers for Disease Control and Prevention. March 19, 2020. Available at <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

<sup>7</sup> DUARTE, Fernando. "Crisis de opioides en Estados Unidos: la ciudad de 3.000 habitantes que fue inundada con más de 20 millones de pastillas para el dolor". *BBC news*. March 18, 2019. Available at <https://www.bbc.com/mundo/noticias-47682894>

<sup>8</sup> NIH. "Opioid Overdose Crisis". *National Institute on Drug Abuse*. May 27, 2020. Available at <https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-crisis>

<sup>9</sup> GALINDO, Carlos. "Los opioides en Estados Unidos y el sistema internacional de fiscalización de drogas". *Instituto Belisario Domínguez. Temas Estratégicos*, nº 65, October, 2018. DOI:

Initially, it was thought that reducing the number of opioids prescriptions and applying sanctions for the excessive administration of the latest would help to solve the problem. Federal regulators have introduced limits of almost 25% to opioids prescriptions and the production quotas of risky drugs for the pharmaceutical industries have been curtailed<sup>10</sup>. Even if these policies have diminished medical supplies, consumption and mortality rates have continued rising, which suggests that a crucial part of the problem is related to the increasing importance that illicit drugs have gained in the last few years<sup>11</sup>.

### **Heroin and fentanyl: the illicit players**

Addicted consumers, after seeing their supply of legal opioids cut back, started to search for other alternatives outside the health system, in the illegal/black markets. This fostered the increase of consumption of cheaper alternative opioids, like heroin or fentanyl, giving way to the second and third waves of the epidemic.

Heroin is a hugely addictive substance obtained from morphine. Its consumption is nothing new but has increased enormously in the last few years together with its overdose deaths, almost five times higher, as heroin is usually mixed with other drugs<sup>12</sup>. Such is the case that, of the 8-12% of patients that develop an addiction because of prescribed opioids, the 4-6% ends up consuming heroin<sup>13</sup>.

Furthermore, in the last decade, the US has seen the introduction of a new drug into its markets: fentanyl. This substance can be produced, as many other synthetic opioids, by drug companies, being prescribed to patients with post-surgery acute pain, chronic pain or to patients with a high level of tolerance to other opioids. However, for the most part, fentanyl is produced in a cheap and economical way in underground laboratories, located mainly in China and Mexico, and sold in the illegal markets under the names of Apache or China White, among others. 2012 is the first year there is evidence of the circulation of this drug within the country and its use and consumption have not stopped growing since.

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10.13140/RG.2.2.11634.35526

<sup>10</sup> FELTER, Claire. "The US Opioid Epidemic". *Council on Foreign Relations*. July 16<sup>th</sup>, 2020. Available at <https://www.cfr.org/backgrounders/us-opioid-epidemic>

<sup>11</sup> LÓPEZ, Germán. "Trump's opioid crisis plan: more death penalty, fewer prescriptions, more treatment". *VOX*. March 19<sup>th</sup>, 2018. Available at <https://www.vox.com/policy-and-politics/2018/3/19/17137852/trump-opioid-epidemic-plan-death-penalty>

<sup>12</sup> CDC, op. cit, 2020

<sup>13</sup> NIH, op. cit, 2020

Fentanyl is a synthetic opioid 100 times more powerful than morphine and 50 more than heroin, with which is often blend in to facilitate its traffic and smuggling and to intensify its effect. Precisely, it is the potency and the almost immediate analgesic and anesthetic effects that make fentanyl a highly addictive substance. This entails a great danger, because consumers often tend to be unaware of what they are using, which increases the possibilities of suffering a fatal overdose and complicates its treatment. In 2017, it caused almost 60% of opioids-related deaths, compared with the 14% of 2010<sup>14</sup>.

### **Sanitary, economic and security consequences of consumption**

The use of opioids has led to an unprecedented situation in US society, which resulted in President Trump's declaration of the public health emergency in 2017. It is estimated that more than two million of people are addicted to opioids in the country with the highest number of drug-related deaths for every millions of citizen. Deaths provoked by drug overdoses have multiplied since the beginning of the century until becoming one of the major causes of death, surpassing those that result from traffic accidents or guns<sup>15</sup>.

2018 was one of the most catastrophic years: around 67000 died from drug overdoses, more than in the 20 years that lasted the war in Vietnam. Two thirds of the total (around 46.802) were caused by opioids and, within opioids, two of every three passing's corresponded to their synthetic by-products<sup>16</sup>, mainly motivated by a growth in fentanyl's consumption. The states of West Virginia, Delaware, Maryland, Pennsylvania, Ohio and New Hampshire were among the most affected.

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<sup>14</sup> NIH. "El fentanilo: Drug Facts. National Institute on Drug Abuse". February 1<sup>st</sup>, 2019. Available at <https://www.drugabuse.gov/es/publicaciones/drugfacts/el-fentanilo>

<sup>15</sup> *ibid.*

<sup>16</sup> CDC, *op. cit.*, 2020

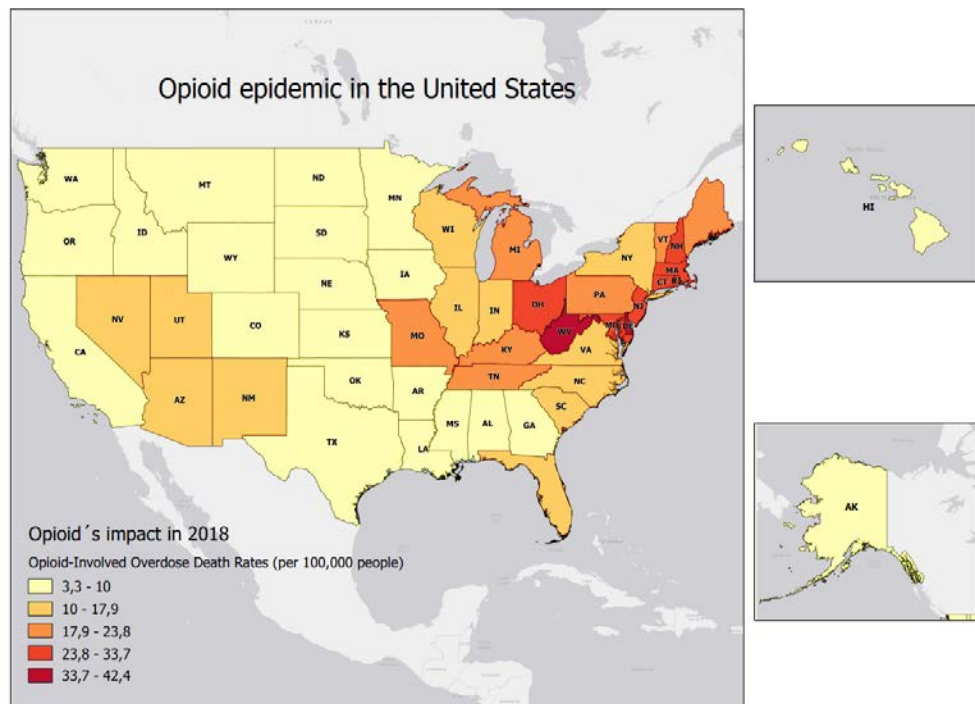


Figure 1. Opioid overdose rates by state (2018). Fuente. Self-elaborated map, data from CDC.

Many of the health problems, and the deaths related to them, are not caused by the direct use of opioids, but by collateral diseases that appear with their consumption. In the case of heroin and other injecting drugs, contaminated syringes contribute many times to the spread of blood infectious diseases like hepatitis or HIV. Furthermore, opioids also have an impact in the health of new-born babies. Their mother's consumption during pregnancy months affects many children with the so-called 'neonatal abstinence syndrome'.

Nevertheless, it is also important to point out the economic and security costs of the epidemic. Opioids suppose a threat to national security and a drag on the economy. In years like 2015, the financial costs of the opioid crisis were of almost 2,8% of the country's GDP<sup>17</sup>. This astonishing quantity included sanitary and criminal judiciary expenses, but also productivity losses, which shows that the epidemic is very much linked with a decrease in the participation in the labour market among the workers at the peak of their performing age.

Regarding the threat that opioids signify to security, it is important to recall that, to the use and consumption of medically prescribed opioids, we must add other illegal substances

<sup>17</sup> Duarte, Fernando, op. cit., 2018

that usually come from underground markets of foreign origin. According to William Brownfield, Assistant Secretary of State for International Narcotics and Law Enforcement Affairs, up to 94% of the heroin that is consumed in the US comes from Mexico<sup>18</sup>. Another small quantity arrives from Colombia and, an even more residual part, from Afghanistan through the Balkans and Southern routes that cross Europe and Africa.

In the case of Mexico, the country increased its opium production until becoming the second world biggest illicit-market manufacturer, with 5% of the total global quantities<sup>19</sup>. The most important production areas are in the Mexican Pacific coast, in Sinaloa, Guerrero and Michoacán. Six main cartels control the opioids production and distribution in the country using mostly the transport infrastructures of the US's southwestern border<sup>20</sup>.

The bigger the opioid's cultivation and production, the bigger the narcotraffic created around it, as many insurgent groups finance their operations by drug profits. This contributes to an increasing violence and entails a threat to the national security of the concerned countries. The US has carried out significant efforts to counteract the boom of narcotics in the countries of origin. To the systematic control of borders to proceed with seizures and arrests, the country has impulse initiatives like the Merida one, a compromise that gives Mexico almost \$3 billion in counternarcotic aid. The objective is strengthening institutional capacities to eradicate opium's illicit crops and to battle the organized crime that emerge around this activity.

### **Beyond health: the socioeconomic nature of the epidemic**

Beyond the sanitary aspects of the epidemic, it is necessary to consider that the use of drugs is a social issue with far wide-ranging implications apart from health. There is a tendency to think that the opioid supply is crucial when determining and localizing which

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<sup>18</sup> BONELLO, Deborah. "EEUU financia la erradicación de opio en México para enfrentar su propia crisis de heroína: informe". *Insight Crime*. April, 26th, 2017. <https://es.insightcrime.org/noticias/analisis/eeuu-financia-erradicacion-opio-mexico-enfrentar-propia-crisis-heroina-informe/>

<sup>19</sup> MEDINA-MORA, María Elena, REAL, Tania, VILLATORO, Jorge & NATERA, Guillermina. "Las drogas y la salud pública: ¿hacia dónde vamos?". *Salud Pública de México*, 55(1), 67-73, 2013. Available at [http://www.scielo.org.mx/scielo.php?script=sci\\_arttext&pid=S0036-36342013000100010&lng=es&tng=es](http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S0036-36342013000100010&lng=es&tng=es)

<sup>20</sup> MEDEL, Mónica, LU, Yongmei & CHOW, Edwin. "Mexico's drug networks: Modeling the smuggling routes towards the United States". *Applied Geography* 60, 240-247. 2014. Available at <http://dx.doi.org/10.1016/j.apgeog.2014.10.018>



communities and individuals are more affected by the epidemic. However, factors of demand like support networks, employment, housing or mental health also influence significantly the relation that people can or cannot have with drugs. Therefore, it is crucial to pay attention to the place-based structural economic and social drivers of the opioid crisis, in order to understand how, why and where these types of behaviours take place.

The American Journal of Public Health<sup>21</sup> points out the geographical variation and dispersed geography of the opioid epidemic crisis, which signifies a challenge for intervention programs, as prescription and overdoses tendencies and rates vary from state to state, influenced by population density, the specific opioids that circulate within the areas and the level of economic difficulties of those places.

Counties with the lowest rates of opioid overdoses are usually less white and more rural than those with higher rates, which tend to be concentrated in areas characterized by bluer collar and service employment, higher prescriptions, and greater economic disadvantages. The last factor is crucial to understand the tendencies and root causes of the epidemic. For example, it has been proved that poverty is statistically related with the use of drugs in a specific neighbourhood<sup>22</sup>. In those places where at least one third of the population lives in a situation of poverty, the probabilities of consuming heroin or other substances are 52% higher.

The 2008-economic crisis and its inherent effects has made some communities even more vulnerable to opioid drugs. According to The Global Commission on Drug Policy<sup>23</sup>, even when opioid addiction keeps having a bigger impact on poorer people, the epidemic affects mainly those persons that have most suffered the consequences of the crisis: the working class and individuals who have stopped being middle class or who aspired to be part of it.

The psychological distress caused by socioeconomic instability, together with communal

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<sup>21</sup> MONNAT, Shannon. "Place-Based Economic Conditions and the Geography of the Opioid Overdose Crisis". *Institute for New Economic Thinking*. June 20<sup>th</sup>, 2019. Available at <https://www.ineteconomics.org/perspectives/blog/place-based-economic-conditions-and-the-geography-of-the-opioid-overdose-crisis>

<sup>22</sup> WILLIAMS, Chyvette. T., & LATKIN, Carl. A. "Neighborhood socioeconomic status, personal network attributes, and use of heroin and cocaine". *American journal of preventive medicine*, 32(6 Suppl), S203–S210. 2007. <https://doi.org/10.1016/j.amepre.2007.02.006>

<sup>23</sup> Comisión Global de Política de Drogas. "La crisis de opioides en Norteamérica". October, 2017. Available at <http://www.globalcommissiondrugs.org/wp-content/uploads/2017/11/2017-GCDP-Position-Paper-Opioid-Crisis-SPA.pdf>

breakdowns, often leads to social disorders<sup>24</sup>. One of those disorders can be substance abuse, which can result in addiction and overdoses. This demonstrates that opioids are not only a matter of physical pain, but also of mental health, as they can be used as a way of escaping emotional pain or the lack of connections and life purposes. Therefore, addiction does discriminate among socioeconomic lines: there are factors that place some groups and individuals in bigger risk than others. This phenomenon has been called 'deaths of despair'<sup>25</sup>.

Likewise, during the crisis, many people ended up being unemployed, often meaning the loss of health insurances. This has caused many patients to be deprived of their prescriptions and has forced them to resort to illegal opioids. The incessant search for alternative opioids has also been propelled by COVID-19. Cuts in supply chains, the worsening of socioeconomic problems, the difficulties to access care health systems and mandatory social distancing have led addicted people to turn to less frequently used drugs and to consume them in more individualized spaces, making more difficult to react in case of overdoses and increasing the prevalence of deaths from this very reason.

In the same way we have analysed the geographic and socioeconomic distribution of the opioid epidemic, it is interesting to look at other demographic factors. Even if the crisis can affect almost every sector of society, the age range most hit by the epidemic is the one between 35-44 years. Likewise, men represented the 60,5% of fatal overdoses, while women accounted for the 39,5%<sup>26</sup>. Ethnically speaking, the white population is being specially undermined, having traditionally had more access to these medications. Of the total 46.802 opioid-related deaths that took place in 2018, 75% corresponded to white Americans, while 13% affected African Americans and 9% Hispanics<sup>27</sup>. Maybe it is because of this very reason that the drug problem has begun to be taken more seriously and to be less criminalized, as when the poor ethnic minorities in the cities were the ones

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<sup>24</sup> MONNAT, Shannon. "Is the Opioid Overdose Crisis a Story of Supply or Demand?". *Institute for New Economic Thinking*. February 14<sup>th</sup>, 2019. <https://www.ineteconomics.org/perspectives/blog/is-the-opioid-overdose-crisis-a-story-of-supply-or-demand-depends-where-you-look>

<sup>25</sup> CASE, Anne & DEATON, Angus. "The media gets the opioid crisis wrong. Here is the truth". *The Washington Post*. September, 12<sup>th</sup>, 2017. Disponible en [https://www.washingtonpost.com/opinions/the-truth-about-deaths-of-despair/2017/09/12/15aa6212-8459-11e7-902a-2a9f2d808496\\_story.html](https://www.washingtonpost.com/opinions/the-truth-about-deaths-of-despair/2017/09/12/15aa6212-8459-11e7-902a-2a9f2d808496_story.html)

<sup>26</sup> ALTEKRUSE, Sean. F., COSGROVE, Candance. M., ALTEKRUSE, William. C., JENKINS, Richard. A., & BLANCO, Carlos. "Socioeconomic risk factors for fatal opioid overdoses in the United States: Findings from the Mortality Disparities in American Communities Study". *PloS one*, 15(1), e0227966. 2020. <https://doi.org/10.1371/journal.pone.0227966>

<sup>27</sup> <sup>27</sup> Kaiser Family Foundation (KFF). "Opioid Overdose Deaths by Race/Ethnicity". *KFF*. 2018.

suffering from drug addiction, policies and discourses were more punitive and revolved around rhetoric of freedom of choice and moral flaws.

## Efforts to counteract the epidemic

### *Federal level*

The US's fight against the drug problem goes back to the 70s, when President Nixon launched a major state offensive that received the name of "war on drugs" and comprehended all the governmental initiatives that tried to halt the use, distribution and commerce of illegal drugs. In 1971, the Controlled Substances Act, which classified drugs according to their medical utility and potential abuse, was approved. That movement was followed by the creation of the Drug Enforcement Administration, with the objective of fighting narcotraffic within and beyond national borders, proving the importance that the war on drugs has had in the US's foreign political agenda.

Years later, Reagan continued with Nixon's approach, adopting punitive measures that made the number of imprisoned people for drug crimes to grow enormously. The presidencies of Bill Clinton and George W. Bush followed the same pattern; punishment was preferred over rehabilitation and reinsertion. Clinton's 1994 Violent Crime Control and Law Enforcement Act had its most notable consequences not on the health sphere, but on the perpetuation of racial inequalities and on the prison system, as the black population was affected to a greater extent and mass incarceration became the norm. Data shows that, even when white populations consume more drugs and sell them at the same percentages than African Americans, the latest are 6,5 times more probable of being incarcerated, showing the disparity of the criminal justice<sup>28</sup>.

Obama tried to overcome this conception, attempting to replace this biased coercion with a sanitary approach. His National Drug Control Strategy was focused on prevention and treatment, seeing abuses as public health problems from which people could recover. The Affordable Care Act wanted to make mandatory for health insurance companies to cover drug-recovery treatments, as only 2 of the 22 million citizens in need of these

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<sup>28</sup> The Hamilton Project. "Rates of Drug Use and Sales, by Race; Rates of Drug Related Criminal Justice Measures, by Race". October 21st, 2016. Available in [https://www.hamiltonproject.org/charts/rates\\_of\\_drug\\_use\\_and\\_sales\\_by\\_race\\_rates\\_of\\_drug\\_related\\_criminal\\_justice](https://www.hamiltonproject.org/charts/rates_of_drug_use_and_sales_by_race_rates_of_drug_related_criminal_justice)

interventions were receiving them<sup>29</sup>. There was also an implied effort for increasing early interventions that could break with the circle of drug use, crime, incarceration and re-arrest. The by-then President committed to spend \$1billion in two years to combat the opioid and heroin epidemic. However, many criticized Obama's lateness, as this strategy came only in his second term and could not be sufficiently implemented.

The arrival of Trump to power, however, signified another turning point for the US's federal approach to the opioid epidemic. His strategy was based on three main points: reducing opioids prescriptions by one third, increasing access to addiction treatments (although with no clear financing budget) and increasing punishments for drug dealing and trafficking. Special emphasis was put in this latest strategy, which consisted in reducing the incarceration mandatory minimums and the proposal of establishing death penalty, together with a stricter control of the borders to stop drug flows. This proved Trump's willingness of returning to the punitive justice approaches that had been so ineffective and unequal in the past.

### ***State/county level***

The idea behind all the criminalization measures is to paralyze supplies by halting the drug traffic. That would make substances more expensive and less accessible. However, while the number of prisoners is considerable, the prices have not increased, proving that making punishment more severe does not necessarily slow drug's flows<sup>30</sup>.

Contrary to the traditional efforts that focus mainly on the supply side of the chain, experts have recommended to allocate resources into treatment, harm reduction and demand. The sanitary experts also stress the necessity of defining the drug phenomenon from a public health perspective focused on social welfare that allows to see people, and not drugs, as the ultimate end of the policies. The problem should be, then, treated as an illness and not as crime triggering.

Because of this, the US Department of Health and Human Services (HHS) has proposed a strategy to tackle the opioid epidemic with five main priorities<sup>31</sup>: providing support for

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<sup>29</sup> Office of National Drug Control Policy (ONDCP). "A drug policy for the 21st century". *The White House archives*. N.d. Available at <https://obamawhitehouse.archives.gov/ondcp/drugpolicyreform>

<sup>30</sup> LÓPEZ, op. cit., 2018

<sup>31</sup> NIH, op. cit., 2020

cutting-edge research on pain addiction, advancing better practices for pain management, strengthening our understanding of the epidemic through better public health surveillance, improving access to treatment and recovery services and promoting the use of overdose-reversing drugs like naloxone to the overall population.

Regarding the access to treatment and recovery services, it is estimated that every dollar spent on these programs saves between 4-7 additional dollars in reduced societal and criminal costs<sup>32</sup>. Therefore, actions like connecting emergency services to primary health care, constructing stabilization centres or establishing a phone line for patients, relatives or distributors, can facilitate the access to these services.

Likewise, programs of prevention are key, as focusing on the catastrophic consequences of opioids addictions does not solve the roots of the problem. Addiction discriminates along socioeconomic lines, so there is a need for identifying vulnerable places and groups to better direct policies and resources in a more efficient and effective way. This would allow programs to adequately support heterogeneous groups of addicts that have specific necessities. These strategies should be accompanied by other long-term perspectives, like diminishing the socioeconomic inequalities and situations that push people to the abusive consumption of opioid substances.

However, we must consider that treatment and prevention cannot be conceived as the sole solution. There are many addicts that deny their own addictions and that abandon or reject seeking for treatment. Furthermore, there exists a huge amount of underground drug use, as the stigmatization, blaming and criminalizing of addicts is still a constant in contemporary societies. Because of these reasons, the resolution of the problem cannot be expected by merely facilitating access to these services.

Therefore, it is necessary to recognize that there will always be a sector of society that will use drugs no matter how much institutions and medical professionals discourage them. That is why harm reduction programs have emerged, which carry out activities like drug checking or supervised consumption to make sure that the substances used are not contaminated or mixed with other potent drugs and to guarantee better sanitary conditions while consuming.

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<sup>32</sup> WEN, Leana & WARREN, Katherine. "Combating the opioid epidemic: Baltimore's experience and lessons learned". *Journal of Public Health*, Volume 40, Issue 2, June 2018, 107–111.

In this sense, it is important to educate and inform the public, and to create a social consciousness about the dangers of opioids' misuse and abuse. Training health care professionals to intervene early before addiction develops is also crucial, making mandatory for patients and providers to dialogue about the possible negative consequences of consumption, treatment alternatives and the possibility of prescribing them only for shorter periods of time and in smaller doses.

At the end, it is a matter of how much resources administrations are willing to invest to revert and ease the situation. But local jurisdictions and administrations cannot resolve the problem by themselves, they need support at a state and federal level, and even internationally.

## Conclusions

Nowadays, the US is at the peak of a socio-sanitary crisis that has caused, and is still claiming, many victims. The opioid epidemic that started in the 90s has not stopped increasing and has adapted itself to the patterns of consumption and the medical and socioeconomic conditions that motivated it. From the predominance of prescription painkillers to the rise of heroin's and fentanyl's use, opioids have supposed a constant drain not only of human lives and health, but also of economic and security resources.

According to the traditional national approaches that have tackled the drug problem, the blame should be put on the actors that contribute to the supply side, such as foreign cartels in the case of illegal drugs, or pharmaceutical companies and health professionals in the case of licit flows. However, it is necessary to be critical with these strategies. Controlling supplies at the expense of forgetting the demand has proved to be insufficient, as consumption and overdoses rates have remained stable over time or even grown due to the higher potency of the new trendiest opioids. In addition, the focus on supply has sometimes led to criminalizing measures that perpetuate social inequalities.

Therefore, even if control of the supply side is necessary, the US also must address factors of demand. What the pharmaceutical industry and the illicit networks ultimately do is filling the gaps and satisfied the necessities caused by socioeconomic structural problems. Hence, it is imperative to rethink the fundamental factors that drive opioid diseases in the US. The challenge lies in finding an equilibrium between the legitimate

access to opioids with medical ends and the risk of misuse and abuse that sometimes come with their consumption.

Understanding the relation between the individuals' socioeconomic and demographic conditions and opioid fatalities can help guide response interventions to the crisis and narrow down prevention, treatment and rehabilitation efforts for vulnerable groups. The interventions can only take effect if the factors that increase vulnerability are prevented or mitigated. This would require a coordinated and financed effort between the states and the federal administration, which could provide a good international example to tackle a problem that is global by its very nature and that could easily spread to other countries if nothing is done to control and prevent this outcome.

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