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Another war

Ohio needs new strategies and another role for law enforcement to reduce the demand for opioids

Focused chiefly on interdiction, America's war on drugs has failed to stop the flow of heroin and other opioids to Ohio and the rest of the country. A column in today's Blade by Deputy Editorial Page Editor Jeff Gerritt makes that clear.

The battle against addiction and drug trafficking needs new policies and programs that reduce demand with effective treatment and education programs. Law enforcement must join these efforts. A new initiative led by Lucas County Sheriff John Tharp, using addiction resource deputies, shows one way to do it.

For too long, partisan politics has stymied the debate on drugs. Labels such as "liberal" and "conservative" are irrelevant and distracting.

What matters in crafting effective policies and programs is what works. If nothing else, more than four decades of battling drug trafficking and addiction demonstrate what doesn't work.

Then-President Richard Nixon declared war on drugs in 1971, during an opiate epidemic that included many soldiers returning from Vietnam. Since then, the United States has spent hundreds of billions of dollars — on seizures, arrests, incarceration, and military and defoliation actions — to keep illicit drugs off the streets.

The libertarian CATO Institute estimates that drug-related spending for criminal justice efforts alone amounts to more than \$25 billion a year. U.S. authorities seized nearly 2,200 kilos of heroin last year along the Mexican border, nearly six times what they took in 2007.

Even so, heroin and opioid consumption in the United States has sharply increased, served by international criminal enterprises that do, at the retail level, more than \$300 billion of business a year, the United Nations concludes.

Drug interdiction efforts have reshaped the nation's criminal justice system. Starting in the 1980s, tough drug sentencing helped quadruple the prison population to more than 2 million inmates, making the United States the world's leading jailer. As many as 1.5 million Americans are arrested each year for drug offenses.

Despite those efforts, the current heroin epidemic is broader than its predecessors, and more pervasive than the outbreaks of cocaine and club drugs during the 1980s and 1990s. At least 200,000 people in Ohio, including more than 10,000 in the Toledo region, are addicted to heroin or other opioids, according to federal and state estimates.

New trends

Today's epidemic differs in detail from the epidemic of the 1970s. Heroin now comes to the United States chiefly from Mexico, often moved across the border inside fake vehicle panels or hidden in shipments of legitimate commercial goods.

Addicts are younger and whiter. Based on surveys of treatment centers, roughly 90 percent of Ohioans who are addicted to heroin and other opioids are white. Ohio's suburbs, small towns, and rural communities are affected as much as, or more than, its central cities.

Most important, the current wave of heroin addiction stems from the explosion of prescription painkillers during the late 1990s. An estimated eight of 10 heroin addicts in Ohio started their addiction with prescription opioids such as Oxycontin, Vicodin, and Percocet, whose distribution rates increased ninefold from the late 1990s to 2010. For opioid addicts, heroin has become a cheap and potent alternative to pills.

Different problems demand different solutions. A comprehensive strategy to alleviate today's epidemic needs to manage the overprescribing of prescription painkillers — a problem that, practically speaking, didn't exist 45 years ago.

Even so, the dynamics of illicit drug sales and use remain essentially the same. Greed, ambition, and money drive the supply, while demand is governed by an even more irresistible urge — chemical addiction.

At first, people use opioids to feel euphoric and at peace. As their tolerance increases, they must consume increasing quantities of drugs to feel normal and stave off the physical and psychological agony of withdrawal.

Profits for suppliers and dealers are even greater than the risks, as they lace — or “step on” — the drugs with sometimes deadly impurities. Heroin that is 85 percent pure when it leaves Mexico will be 30 percent pure, or less, when it reaches a user in Toledo, a local drug dealer told The Blade's editorial page. Suppliers and dealers can lose most of their product through seizures and still make enormous profits.

Most Americans are not ready for an exhaustive and emotional debate on decriminalizing drug use and personal possession, as some European nations have done. But after decades of costly and ineffective interdiction efforts, treatment programs with proven success must become a higher priority than arresting drug users and addicts. President Nixon, a conservative Republican, headed the only national administration in the past 45 years that spent more on treatment than interdiction.

New role for police

Cops on the front lines understand that they can't arrest their way out of a drug problem. Two months ago, local law enforcement agencies formed a heroin task force that includes the Lucas County Prosecutor's Office, Sheriff's Department, coroner, and the state Bureau of Criminal Investigation. The task force aims to get overdose victims into treatment while it continues to pursue and arrest drug dealers.

Local 911 dispatchers are notifying the Sheriff's Department of every drug overdose. Sheriff Tharp told *The Blade's* editorial page that he plans to assign two deputies to work full time with families of overdose victims in nonfatal cases.

The officers will meet with family members at hospitals and conduct follow-up interviews to get drug abusers into local treatment. The deputies will have a dual role: making treatment referrals and working with the Metro Drug Task Force to investigate dealers.

These initiatives could provide a model for communities around the country. But to be most effective, northwest Ohio's heroin task force must include more than law enforcement.

Treatment providers, street-level counselors, recovering addicts, and family members of addicts must also have a voice. Finally, representatives of the Toledo City Council and mayor's office could help ensure that good ideas become policies and practices.

Such a task force, meeting regularly, would build trust between cops and the community. To that end, law enforcement agencies should adopt an explicit no-arrest policy for overdose victims — already a general practice. Exceptions would be made when evidence suggests major drug trafficking.

The argument that law enforcement needs stiff sentencing to coerce cooperation might apply to midlevel dealers. But it's not an effective way to work with addicts, who typically get their drugs from small-time dealers, friends, and other addicts.

The task force should also promote a Lucas County drug court. Locking up one person in Ohio costs at least \$25,000 a year. For \$3,000 a year or less, judges could divert addicts and drug users into community treatment programs that offer a real chance to break the cycle of drug abuse, crime, and incarceration.

At the local, state, and federal levels, fighting today's opioid epidemic will take new tools, tactics, and priorities. Without large decreases in the demand for drugs in communities such as Toledo, nothing will dry up the insatiable market for heroin and other opioids, or halt the insidious global trade that supplies it.