



Trump promised to end the opioid epidemic. He could be making it worse.

What Trump has done so far will not end the crisis — and could in fact make it worse.

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Donald Trump didn't mince words about it on the campaign trail: He said he would, as president, "end the opioid epidemic in America," arguing he would "spend the money" needed for drug treatment.

Fast-forward to nearly four months into the Trump administration, and nothing of the sort is happening. In fact, some of the administration's actions on opioids are downright counterproductive.

Last week, Attorney General Jeff Sessions sent out a memo to federal prosecutors asking them to "charge and pursue the most serious, readily provable offense" even against low-level drug offenders. That followed Health and Human Services Secretary Tom Price denigrating medication-assisted treatment, the gold standard in opioid addiction care. Trump's White House is also considering slashing the budget for the office that's in charge of coordinating the federal government's anti-drug response by nearly 95 percent.

Together, these discrete policy decisions paint a picture of a president who has been all talk, no action — and what little action there is counts as counterproductive — on opioids. As Andrew Kolodny, an addiction physician and co-director of opioid policy research at Brandeis University, told USA Today, "There's some positive signs in terms of all the talk, but we haven't really seen any action."

Meanwhile, the opioid epidemic continues to ravage much of the country. In 2015, drug overdoses were linked to more than 52,000 deaths in the US, nearly two-thirds of which were linked to opioids. The total drug overdose deaths add up to more than the 38,000 deaths from car crashes, the 36,000 deaths due to gun violence, and the 43,000 deaths due to HIV/AIDS during that epidemic's peak in 1995. Since then, the crisis has shown no signs of abetting — and the nation is waiting on Trump's White House to finally act.

What the Trump administration has done ranges from ineffective to counterproductive

Trump's opioid policy can generally be described as the opposite of what Trump said on the campaign trail — instead of allocating more funding to deal with the epidemic as a public health issue, he's often undercutting such efforts.

Here's a broad rundown of what the Trump administration has said and done on opioids since Trump took office:

- Trump wants to build a wall at the US-Mexico border, in part to stop the flow of heroin into America. There's wide consensus among border security experts, however, that a wall and even tougher border security would have little to no effect on drug trafficking. The simple reason: Most drugs come through the legal ports of entry, meaning a wall and similar efforts will do nothing to hinder drugs where they're actually coming through.
- Trump supports the American Health Care Act, which would cost millions of people their health insurance and severely weaken protections for drug treatment coverage. According to a previous analysis, this could leave as many as 2.8 million Americans with drug use disorders — including 222,000 with opioid use disorders — without adequate access to care.
- Trump has proposed other cuts to the budget that will hurt access to drug treatment: He called for \$100 million in cuts to the Substance Abuse and Mental Health Services Administration's mental health block grants, which could ultimately impact some addiction services.
- Trump set up a commission to study the opioid crisis and recommend a coordinated response. This is a positive step. But the commission will take months to produce its recommendations, and the administration isn't required to follow through on any of them.
- The White House is considering slashing the budget of the Office of National Drug Control Policy by nearly 95 percent. This is the office in charge of coordinating all the federal agencies' anti-drug policies. While it has a history of "tough on drug" policies that can be counterproductive, advocates agree that it could lead the way in mounting a serious, evidence-based response to the current drug crisis — if it has the funding to do so.
- HHS Secretary Tom Price recently acknowledged that opioids are an issue of public health, not criminal justice, but he also argued that medication-assisted treatment — which essentially uses drugs to medicate opioid addiction — is "just substituting one opioid for another." This is a common myth that has been used to denigrate and restrict medication-assisted treatment, even though it's considered the gold standard for opioid addiction treatment and has decades of research behind it. (A spokesperson later said, though, that Price supports all kinds of drug treatment.)
- Attorney General Sessions on Friday rescinded an Obama-era memo that told federal prosecutors to avoid some of the harshest charges on low-level drug offenders. He instead

told prosecutors to “charge and pursue the most serious, readily provable offense,” calling this concept “a core principle” of the Justice Department.

The only concrete action on this list is Sessions’s latest action, which doubled down on the old war on drugs. But the research suggests that this “tough on crime” approach — focused on increasing the criminal penalties for drugs — just won’t work.

For example, a 2014 study from Peter Reuter at the University of Maryland and Harold Pollack at the University of Chicago found there’s no good evidence that tougher punishments or harsher supply-elimination efforts do a better job of driving down access to drugs and substance misuse than lighter penalties. So increasing the severity of the punishment doesn’t seem to do much, if anything, to slow the flow of drugs.

Similarly, a 2015 review of the research by the Brennan Center for Justice estimated that more incarceration explained only about 0 to 7 percent of the crime drop since the 1990s, while other researchers estimate it drove 10 to 25 percent of the crime drop since the ’90s. That’s why criminal justice experts now emphasize that there are better ways, from new policing tactics to more stringent alcohol policies, to bring down crime without resorting to longer prison sentences.

The punitive criminalization of drugs is also sometimes a reason that drug users don’t seek care. Reporter Maia Szalavitz, who’s covered addiction for decades, has long argued that criminalization just leads to stigma, which pushes drug users underground. And a 2009 report by the libertarian Cato Institute found that after Portugal decriminalized all drugs, more drug users sought treatment because the policy change removed the fear of arrest and the stigma attached to it.

At the same time, Trump has, if anything, vowed to *reduce* funding on opioid addiction care — contradicting his campaign promise to “spend the money” on treatment.

Trump has yet to do anything that would tackle the heart of the epidemic

The fundamental problem in the opioid crisis is that America needs to put a lot more resources toward drug addiction prevention and treatment.

In 2016, the surgeon general released the most comprehensive analysis of the state of addiction in America. Its core finding was that the US massively underfunds addiction care. It found, for example, that just 10 percent of Americans with a drug use disorder get specialty treatment, in large part due to a shortage in treatment options.

President Barack Obama’s administration took some steps to alleviate this. It dedicated \$2.5 million in 2015 to fight heroin use. Its Department of Health and Human Services also unlocked more than \$100 million for drug treatment in 2016. And Congress in 2016, with Obama’s approval, allocated \$1 billion over two years to combat the opioid epidemic.

But experts widely agree that this all was far, far from enough. They have hoped that Trump would do more, given that some of his biggest areas of support are places that have been hit hardest by the opioid epidemic.

Instead, the Trump administration has proposed cutting mental health spending in a way that could lower access to addiction treatment, has pushed to repeal Obamacare without a replacement that would cover Americans' health insurance needs, and might propose gutting the one office in charge of coordinating anti-drug policies.

It's not unusual for Trump to make a promise and do the opposite. But in this case, people's lives are quite literally at stake — and his administration is at best dawdling and at worst taking steps that will make a very deadly crisis even deadlier.