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On guns and opioids, fear is driving policy

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What do gun owners and pain patients have in common? They both may be collateral damage of policy hastily enacted in response to catastrophic news. Mass shootings and drug overdoses naturally evoke fear and outrage. But with populism animating both major parties, we should be wary of policy making through fear. Visceral reactions to tragedies are normal, but new laws and restrictions rarely reduce harm and often make matters worse. The best public policy relies on data-driven evidence.

While all gun deaths have a common denominator of firearms, the vast majority of gun deaths have little in common with the mass shootings that dominate headlines. The scale of those differences is staggering and the facts undermine the current advocacy that focuses on “assault weapons.”

According to *Mother Jones*' [mass shootings database](#), there have been 114 mass and spree shootings in the U.S. since 1982. Those tragedies have resulted in 934 deaths and 1,406 people injured.

In 2017, there were nearly 40,000 gun deaths in the United States. Of that number, about 24,000 died by suicide. Gun suicides make up just over half of the roughly [47,000 American suicides](#) annually. About 14,000 gun deaths were homicides, stemming primarily from [street violence](#) and [intimate partner homicide](#).

Certainly, semi-automatic rifles made the 2017 Las Vegas shooting unfathomably deadly. But most gun deaths and most mass shootings are perpetrated with handguns. During the last federal ban on assault weapons, [there was no measurable impact on gun-crime victimizations](#).

These facts should not preclude new gun laws, but the drivers of these deaths go beyond guns. Despite a recent uptick, [homicide rates remain near historic lows](#) after two decades of decline in violent crime. But [suicides are trending upward](#), which is evidence that policymakers should pay more attention to the “why” rather than simply “how” so many die.

In 2017, the Center for Disease Control and Prevention [reported](#) 47,600 opioid-related deaths. Policymakers blamed excessive prescription of opioids by doctors for addicting the population.

But federal survey data consistently show [no correlation](#) between prescription volume and the nonmedical use of opioids or opioid addiction. And medically prescribed opioids have overdose rates ranging from [0.022%](#) to [0.04%](#).

Many people mistake dependency for addiction, but they are [two different things](#). Some drugs, including opioids, antidepressants, antiepileptics and beta blockers, can make a person physically

dependent after prolonged use. Abruptly stopping them can cause sometimes fatal withdrawal effects.

Addiction, on the other hand, is a distinct behavioral disease, with a major genetic component, featuring compulsive behavior despite obvious self-destructive consequences. The director of the National Institute on Drug Abuse states that opioid addiction in patients is very uncommon “even among those with preexisting vulnerabilities.” Recent studies show a “misuse” rate of 0.6% in patients prescribed opioids for acute pain and roughly 1% in those on chronic opioid treatment.

High-dose prescribing is down 58% since 2008. Yet the overdose rate continues to rise, involving fentanyl or heroin 75% of the time. Evidence shows a steady exponential increase in nonmedical use of drugs since the 1970s and suggests complex socio-cultural factors are root causes. As prescription pain pills become less available for diversion into the black market, nonmedical users find cheaper and deadlier options.

Opioid dependence is real, but not necessarily detrimental. As the American Medical Association has acknowledged, there are many patients for whom opioids are the only drugs that control their pain enough to live a quality life. But our fear-based response to opioids — with top-down pill restrictions and crackdowns on prescribers — has cutoff many chronic pain patients, causing a great number to self-medicate with unpredictable and dangerous drugs on the black market. Some, in desperation, turn to turn to suicide.

The overdose problem has always been primarily a consequence of drug prohibition and the dangerous black market it fuels. To reduce overdoses, policies should be redirected from restrictive, prohibitionist interventions to those more focused on reducing the harms that result from drug use in an underground market.

Drug overdoses and gun deaths are serious problems that require changes from the status quo. However, changes should be based on data and political realities, not fears that demand policymakers “do something.” Implementing the wrong policies can obscure larger problems or make bad situations tragically worse.

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