Reframing the Opioid Crisis as a Natural Disaster

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The United States’ opioid crisis continues to worsen. Opioid overdose deaths have drastically increased since the escalated prescribing of opioids in the 1990s and the introduction of synthetic fentanyl in the 2010s. The CDC’s National Center for Health Statistics estimates 107,622 drug overdose deaths in the United States in 2021, nearly 15% higher than the estimated toll of 93,655 in 2020. Further, overdose deaths involving opioids, primarily synthetic opioids like fentanyl, increased from an estimated 70,029 in 2020 to 80,816 in 2021.¹ The opioid crisis takes over 130 lives in the United States every day and leads to an economic burden of over $78.5 billion annually.²

Increased violence is also associated with the opioid crisis. Studies have found that counties with higher opioid pill distribution tend to have elevated arrest rates for intimate partner violence.³,⁴ An analysis of counties in Kentucky found that increased firearm violence is also a consequence of the opioid crisis, particularly in rural counties.⁵ The opioid crisis is especially detrimental to economically disadvantaged areas since opioid overdoses are also more common in areas with higher poverty rates and lower quality of education.⁶

Another alarming consequence of the opioid crisis is the Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV) epidemics. People who inject drugs (PWIDs) are at high risk for HIV and HCV infection, as well as other bloodborne illnesses, through sharing needles and

other drug-related equipment. According to 2014 CDC data, 1.2 million Americans are infected with HIV, and 3.5 million are infected with HCV, with increased rates of infection among PWIDs.\(^7\) Since then, infection rates have continued to rise, and among reported cases of HCV in 2019, 67% reported injection drug use.\(^8\) The spread of these deadly illnesses demonstrates the severe impact of the opioid crisis on the United States’ public health.

Due to the severity of these consequences, how Americans frame this crisis is of great importance because public perception of the opioid crisis will inform the treatment of those affected by the opioid crisis. Specifically, whether the opioid crisis is a criminal justice issue or a public health issue will affect what solutions we pursue.

One study of media coverage on the opioid crisis from 1998 to 2012 found that only 51% of news stories mentioned a solution, and those mainly focused on criminal justice solutions. These criminal justice solutions include arresting and prosecuting those who illegally buy or sell prescription opioids. However, none of this news mentioned harm reduction solutions like naloxone access, syringe services programs, or safe consumption sites—solutions with the specific goal of reducing negative consequences associated with drug use rather than abstinence.\(^9\) Since news media influences audiences' perceptions of pertinent issues, news coverage is vital to how the public brands the opioid crisis.\(^10\) This national emergency is often branded as an increasing population's widespread misuse of prescription drugs, implying that this epidemic's victims are culpable for harmful decisions that impair their health.

Though recent studies have shown increased news coverage on public health-oriented and evidence-based harm reduction solutions, the criminal justice-oriented view of the opioid crisis is still prevalent.\(^11\) Since harm reduction solutions decrease drug-related overdoses and the spread of bloodborne illnesses, efforts to frame the opioid crisis as a public health issue are needed.\(^12\) If we are to mitigate the consequences of the opioid crisis effectively, we need to


\(^12\)Rees, Daniel, Joseph J. Sabia, Laura M. Argys, Joshua Latshaw, and Dhaval Dave. With a little help from my friends: the effects of naloxone access and good samaritan laws on opioid-related deaths. Cato Institute., 2018.
brand the opioid crisis as a natural disaster and respond to it as such. People do not blame the victims of natural disasters but rather support public health solutions that minimize harm.

Addiction is a health issue, not a criminal issue, so the opioid crisis is a health matter, not a criminal justice matter. Like heart disease or cancer, addiction is a treatable illness that the criminal justice system cannot cure. Instead, the criminal justice system's response to the opioid crisis increases health risks for PWIDs. An analysis of interviews with defense counsel, probation officers, and public interest lawyers revealed a significant lack of understanding of addiction in the justice system and the disproportionate effect of lengthy prison sentences on PWIDs.

Though research has allowed scientists to understand the mechanisms of addiction better, the criminal justice system has not caught up. Current drug use policies harm the health of people living with addiction, and approximately 56-90% of PWIDs will be incarcerated during their life. Since the justice system's response is ignorant of evidence-based public health responses, the criminalization of addiction worsens the opioid crisis.

People commonly label addiction as a problem involving self-control and willpower, but this false perception simply serves as a reason why the justice system acts against the health of those with addictions. Many people who use substances do so to avoid withdrawal symptoms rather than get high. Further, many conditions, including poverty, social isolation, and mental illness, increase addiction vulnerability. Indeed, the stigma and criminalization of addicts slow down the translation of addiction research into societal improvements, frustrating scholars and doctors in the healthcare system.

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Because the criminal justice system’s actions directly impact public health and safety, the lack of understanding of addiction is a huge concern during the opioid crisis. Courts are not shifting toward more sustainable drug policies,\textsuperscript{20} even when it becomes increasingly clear that the opioid crisis is not a criminal justice issue.

Several harmful approaches have dominated the national perception of opioids for decades, notably the war on drugs and defining drug use as a moral failing. It is well-documented that the increase in drug-related incarceration caused by the war on drugs has had detrimental effects on many urban communities—especially those of color\textsuperscript{21,22}—while failing to reduce access to drugs significantly.\textsuperscript{23,24} Likewise, the moral failure approach does not consider biological and social triggers of addiction, including trauma and adverse childhood experiences.\textsuperscript{25} Further, the single-minded focus on abstinence rather than health deters victims of addictions away from evidence-based treatments such as methadone,\textsuperscript{26} buprenorphine,\textsuperscript{27} and harm reduction interventions.\textsuperscript{28}

Policymakers need to notice the institutions that exacerbate the opioid crisis. The rise in opioid use, overdose, and addiction in the past three decades is attributed mainly to pharmaceutical marketing minimizing addiction potential,\textsuperscript{29} promoting off-label use,\textsuperscript{30} and irresponsible

\textsuperscript{20} Experts spoke of two general positive parts of the criminal justice system within the Greater Vancouver area: Drug Treatment Courts (DTCs) and the Downtown Community District Court (DCD).


\textsuperscript{27} Mattick RP, Kimber J, Breen C, Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. Cochrane Database Syst Rev. 2008;(2): CD002207.

\textsuperscript{28} Nadelmann E, LaSalle L. Two steps forward, one step back: current harm reduction policy and politics in the United States. Harm Reduct J. 2017;14(1):37.


\textsuperscript{30} US Department of Justice. Bio- pharmaceutical company, Cephalon, to pay $425 million & enter plea to resolve allegations of off-label marketing. Available at: https://www.justice.gov/archive/opa/pr/2008/September/08-civ-860.html.
physicians. Moreover, people must not ignore the connections between poor health and structural factors such as poverty, lack of opportunity, and substandard living conditions. For example, poverty and substance use are connected, and their interaction is reinforced by psychiatric disorders and unstable housing. Jobs in poorer communities also commonly have physical hazards, and work-related injuries can spur poverty and opioid use. Indeed, the social, economic, and political forces involved in this epidemic point to the responsibility of institutions, not drug users. 

A recent analysis of health behavior models developed a novel public health approach to the opioid crisis that considers multiple determinants that drive drug use, including structural factors and institutions, the inadequate management of pain, and poor access to addiction treatment and harm reduction services. This approach makes clear that reducing opioid-related deaths can only happen by addressing the social, political, and economic factors that drive opioid use and the context of drug use. Specifically, safer prescribing methods, stigma-reduction campaigns, increased spending on harm reduction services, and criminal justice system reform can all reduce overdose deaths.

A novel conceptual framework for the opioid overdose epidemic.\(^\text{37}\)

The need for a public health approach to the opioid crisis is apparent. The current criminal justice-oriented view of the opioid crisis causes great harm to victims, and the harsh sentences and incarceration associated with opioid use have severe consequences. Research has shown that longer prison sentences are ineffective; they do not affect crime deterrence.\(^\text{38}\) Moreover, prison sentences are detrimental; they remove people from their communities, terminate employment arrangements, and increase the risk of homelessness.\(^\text{39}\) Prison sentences also disproportionately affect opioid crisis victims through disrupting support systems, limiting their access to opioid agonist treatments, and increasing recidivism rates among drug users.\(^\text{40}\) Moreover, rural communities are especially vulnerable to the opioid crisis and related incarcerations. Rural communities often have reduced health care access, little to no harm reduction services, and fewer addiction treatment programs.\(^\text{41,42}\)


\(^{38}\) Michael Weinrath & John Gartrell, “Specific Deterrence and Sentence Length” (2001) 17:2 J Contemporary Crim Justice 105


It is noteworthy that despite the severity of the opioid crisis, federal and state governments have only recently put safety measures in place. Indeed, the relationship between the government and pharmaceutical companies points out that the opioid crisis is not a simple issue of people making bad decisions. In the last decade, many states have begun instructing physicians, promoting harm reduction measures, and leading litigation against pharmaceutical manufacturers for misleading marketing. Similarly, the federal government has started to shut down pill mills, require strict marketing language for opioids, and educate providers and the general public. Still, there needs to be more research on the federal government's role in the deregulation of pharmaceutical companies and why it has taken so long to implement effective responses.

Research on effective drug treatments has refuted many of the criminal justice system's approaches to the opioid crisis. Notably, the detention of people who use drugs does not reduce their drug dependency, rehabilitate them, or mitigate the spread of bloodborne illnesses. An alternative approach is harm reduction, including needle-syringe programs (NSPs) and opioid substitution therapy (OST). NSPs are public health measures that reduce the spread of infections like HIV and HCV among PWID through the distribution of sterile equipment for drug use. OST aims to reduce drug dependency among PWID and the frequency of injection use by prescribing dependent users opioid substitutes like methadone that can diminish the use and spread of bloodborne infections.

effects of opioids.\textsuperscript{54} Since this epidemic continues to include more potent and toxic illicit drugs including synthetic opioids like fentanyl, the provision of legal opioid alternatives is a promising approach to reducing overdose deaths.\textsuperscript{55}

The opioid crisis continues to evolve through more potent and toxic synthetic opioids like fentanyl.\textsuperscript{56}

To this end, there is a growing need to displace the existing dangerous drug supply with access to safer opioids. One way to provide this access is through supervised injection sites (SISs), where PWIDs can inject under the supervision of healthcare professionals.\textsuperscript{57} SISs remain controversial and rare despite the growing evidence that they reduce overdose deaths.\textsuperscript{58,59} One study from an SIS in Vancouver, Canada, found a 26\% net reduction in overdose deaths in the surrounding areas.\textsuperscript{60} An SIS in Barcelona, Spain, reduced surrounding overdose rates by 50\%.

\textsuperscript{54} MacArthur, Georgie J., Silvia Minozzi, Natasha Martin, Peter Vickerman, Sherry Deren, Julie Bruneau, Louisa Degenhardt, and Matthew Hickman. "Opiate substitution treatment and HIV transmission in people who inject drugs: systematic review and meta-analysis." Bmj 345 (2012).
from 1991 to 2008.\textsuperscript{61} These sites reduce the transmission rates of HIV and HCV by preventing PWIDs from sharing needles.\textsuperscript{62}

Despite the positive effects that SISs have on public health and safety, government officials often discourage their establishment. Since the 2021 opening of the United States' first SIS in New York City, the federal government has fought to prevent the opening of more SISs, contending that these sites lead to increased criminal activity or drug use. Research refutes these claims. One study in Vancouver, Canada, observed a sudden, sharp decrease in crime after opening a SIS.\textsuperscript{63} Moreover, areas with an SIS experience less nuisance from public drug use or discarded needles.

Aside from the public health benefits of SISs, modeling studies predict that legally sanctioning SISs in the United States would reduce health care costs by preventing transmissions of bloodborne illnesses, hospitalizations due to infections, overdose deaths, and emergency visits. A cost-benefit analysis of Baltimore, Maryland, predicted that an SIS would cost $1.8 million annually while generating $7.8 million in savings annually.\textsuperscript{64} Another estimate predicted that an SIS in New York City would save $800,000 to $1.6 million in annual health care costs.\textsuperscript{65}

Aside from SISs, another approach to making the current drug supply safer is providing access to safer opioids outside of treatment settings and the overdose-reversing drug naloxone. Since substance use treatment systems often fail to engage drug users, relapse rates remain high, and many people who use drugs do not seek treatment. Therefore, measures to distribute naloxone may be a more reliable approach.\textsuperscript{66} To increase the number of people carrying naloxone, it is vital to undermine the stigma associated with drug use and treatment. Blaming opioid crisis victims has led policymakers away from sustainable substance use treatments. There is a dire need for reframing the opioid crisis as a natural disaster because substance use treatments centered on reducing harms associated with substance use have emerged as more sustainable and effective.