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LEGISLATOR'S GUIDE to the Issues

Addressing the Growing Opioid Epidemic

The Issue

America's growing spate of addiction and overdose deaths related to prescription and illicit opioids began almost 40 years ago with the formation of a slow-growing fissure among members of the medical community about limitations on the use of opioids for pain relief. This reluctance to use opioids for non-cancer pain completely dissolved by the time OxyContin—a new and potent opioid painkiller—hit the market for pain management. It was purported to feature low risk for addiction, which proved to be inaccurate.

America has been experiencing both the good and the bad consequences of this shift in medical practice. While tens of millions of people have been able to escape moderate-to-severe pain, America has also witnessed rising opioid usage and addiction. This problem with opioids began with prescription drugs, but the market has rapidly shifted into more dangerous illicit opioids, such as heroin and fentanyl. As a result, the number of overdose deaths caused by opioids nationwide has crossed into historic proportions.

Most of the medical community and advocacy space describe opioid addiction as a chronic, relapsing brain disease. But this theory on addiction has important drawbacks—notably, its inability to correlate closely with the real-world experiences and behaviors of drug addicts. To wit, most drug addicts who abandon drug use do so without formal treatment.

Instead, it is best to characterize drug addiction as a compulsive-learning habit. This conception faithfully explains the vast, global changes that occur in the brain during addiction while also providing an explanation of widely observable behaviors from addicts. This notion also explains why addiction is driven far more by one's underlying psychosocial environment, rather than any chemical "hook" a drug provides.

Nearly every part of the country has seen increases in the number of opioid overdose deaths. However, some sections have been hit particularly hard, such as the Appalachian and Rust Belt states. Texas has been largely immune to significant increases in overdose death rates caused by opioids that other states have witnessed, including next-door neighbor New Mexico. However, methamphetamine and cocaine remain stubborn problems in Texas.

Several putative explanations may exist to account for fewer opioid problems, including higher economic dynamism—e.g., greater job creation, low unemployment relative to other areas of the country, higher labor participation—which helps to blunt idleness and provide people a sense of dignity and purpose. As drug addiction is known to be strongly driven by a lack of social cohesion and increased isolation, various social markers throughout the state also deserve further investigation.

Ultimately, there is no cut-and-dried explanation for why Texas has experienced fewer negative consequences of opioid use

compared to other states. Individual reasons for drug use and addiction will vary widely. Since 2006, Texas has had substantially lower rates of opioid prescriptions being written relative to the national rate, so this likely plays a partial role. Addiction, like all human behavior, is complex and multi-factorial.

The Facts

- In 2000, America's overall drug overdose death rate stood at 6.7 deaths per 100,000 people. By 2016, this number leapt to 19.7 deaths per 100,000—a three-fold increase.
- Driving the increase in overdose deaths has been opioid abuse—deaths from which have increased by 50% in the last two years alone.
- In Texas, prescription rates for opioids have long been lower than in the country at large. In 2006, Texas' prescription rate per 100 residents stood at 66.8, while the U.S. rate was 72.4. In 2016, this trend continued: Texas' prescribing rate was 57.6, while the U.S. rate was 66.5 (per 100 residents).

Recommendations

- **Encourage the formation of Law Enforcement-Assisted Diversion (LEAD) programs.** LEAD programs place an emphasis on reducing the harm associated with certain low-level crimes—particularly drug possession and prostitution—by diverting offenders away from the traditional criminal justice system. Program participants receive a variety of social and psychological supports rather than simple warehousing, and as a result, researchers have found that LEAD reduced recidivism among participants by 22 percentage points when compared to the control group that went through the traditional criminal justice process. Funding for such programs can be made available through criminal forfeiture accounts, and by changing the state probation funding formula to accommodate use of LEAD.
- **Enhance use of problem-solving courts and other alternatives to incarceration.** Specialty courts help to root out the underlying socio-behavioral dysfunctions that give rise to drug use. As a result, they are far more likely to produce favorable outcomes than simple warehousing and this has been shown to be the case. State funding for such courts should focus on felony or repeat offenders, and be based on guidelines that ensure the lowest-risk drug possession offenders who can succeed on basic community supervision do not take up slots better apportioned for diverting offenders who might otherwise be incarcerated.

Resources

[*Pre-Arrest and Pre-Booking Diversion and Mental Health in Policing*](#) by Randy Petersen, Texas Public Policy Foundation (updated Jan. 2018).

[*Drug Courts: The Right Prescription for Texas*](#) by Marc Levin, Texas Public Policy Foundation (Feb. 2006).