



THE OPIOID CRISIS

Ever since the 1990s, overprescription of opioids – oxycodone, hydrocodone, and similar drugs that derive from opium or are made in a lab as opium-like compounds – has led to millions of cases where patients have become dependent on them. It wasn't the patients' fault, and it came about partly because of good intentions about relieving pain, but that's where we are now. It got worse during the Great

Recession and the lead-up to it – obviously the more personal tragedies you have, the more drug use there is. Recently, however, the main driver of the epidemic and the leading cause of death from opioid overdose – about two thirds of the 70,000 deaths annually nationwide – has been synthetic opioids like fentanyl, which have medical uses but are overwhelmingly distributed and sold illegally.



OPIOID DISTRIBUTION FROM OVERSEAS

Usage of fentanyl has spiked in the last five years – in 2015 it and its sister drugs topped prescription opioids and heroin as the leading cause of overdose deaths, according to CDC data.

China has been the leading source of illicit fentanyl in the U.S. and has been less than cooperative in stemming its distribution. I don't like Trump's embrace of foreign dictators, and I think his trade war is killing us, but I

think he had a point in September when he called out Xi Jinping for not doing enough to obstruct the flow of fentanyl.

I know about this issue firsthand – I've lost family members to this disease.

There are a number of things we can do.



ACTIONS AT THE STATE LEVEL

The first lines of defense are going to have to be family and state governments, because this is primarily an issue for them before it gets to the federal government. I like what Charlie Baker has done in Massachusetts on this issue and I would recommend that states consider taking on a similar agenda. In essence, it comes down to a combination of education and incentives.

First, you attempt to educate kids in schools about avoiding opioids and you work with the medical community to find ways to avoid overprescription. The last is very important because you want to create a partnership between the doctors and the rest of the system because they're the first line of defense – if there's less abuse of the medical system at the front end, over time, there are fewer addiction cases. You also tighten laws that govern excessive prescription of opioids and change the reporting requirements for overprescription so investigators can zero in if someone is running a pill mill. And you create a more electronicized reporting system so that a doctor can check if someone is filling duplicate prescriptions or if they've been prescribed too much.

When violations occur, you make it about treatment rather than prison, as we have in Massachusetts – nobody wants to be civilly committed, either, but it's better to treat a substance abuse case involving illegal use of controlled substances as a medical issue where the person needs help than as a criminal issue where we're throwing someone in jail in the name of helping them.

It's going to cost money, but it's worth spending it (Massachusetts spent \$110 million): states are also

going to have to bite the bullet and spend money on treatment facilities. A number of states have made naloxone – the anti-opioid medication – available over the counter so that patients can get access to it easily if they've had an overdose. That isn't without its drawbacks, but it means that patients will be able to access the medications that counteract opioids with less legal hassle than they would go through to get the opioids themselves – something that at minimum we want. In general, we need to increase the availability of that kind of emergency treatment.

That should be done at state-level, though, to reduce bureaucracy – my complaint with the Democrats on this issue is that, as with climate change, they measure results by how much money they throw around, not what it does. I think your money goes farther when it's under tighter taxpayer control and when there's less bureaucracy between the money and the people it's supposed to help. But as in Massachusetts there was a need to get Medicaid funding involved, and if we can find a way to pay for it without spending money we don't have, routing some money to Medicaid for those purposes might not be a bad idea.

All of this is something that I think needs to be talked about at state level, but I think there's a role for the federal government to play in creating forums for state officials to discuss best practices. Massachusetts' program achieved something like a ten percent drop in opioid deaths in a year – not great but definitely an improvement. Analysis and discussion can go a long way there.



ACTIONS AT THE FEDERAL LEVEL

The next line of defense is at the federal level. I think this is actually an area where policies can converge. Just as I've supported legalizing marijuana, I think we need to take the resources we're currently using to police marijuana and put them into interdicting illegal opioids. It makes sense – you're stopping putting people in jail for using something that does little harm and focusing the money and personnel on stopping the drugs that are really addictive and really dangerous. It's time to update our drug policy for the 21st century – and that means zeroing in on the things that are really killing our people.

Going after the international traffic in fentanyl involves an active defense that runs from preempting illegal fentanyl imports in transit, through interdicting them at the border, and ultimately to stopping them from being distributed. We shouldn't be treating usage as a criminal matter, but unlawful dealing is another matter. And yes, fentanyl is devilishly easy to hide and difficult to police, but modest steps will yield modest improvements, and

I think it's worth it if it saves some lives; I don't see any downside harm. If elected, I will instruct the DEA to make the necessary arrangements and study ways to increase enforcement.

And there will be times where it will be appropriate to issue a diplomatic demarche – and put some teeth into the consequences – if another country appears to be enabling the shipments of illegal opioids into the country.

And I think if we get our economy moving, it will cut away some of the despair that is causing people to turn to drugs in the first place. To do that we'll have to end this devastating trade war and focus on getting education for people who have lost jobs to automation and a changing economy. I've talked about that elsewhere, and I really do think hope is a powerful antidote to drug use. At the very least, every little bit helps.