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### The Correlation Between US Overdose Rates and the Border Crisis

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Remember the opioid crisis? While the media has not covered the subject lately, it didn't go away. In fact, it got worse. The CDC reported that opioids were responsible for 81,000 deaths last year, up over 38 percent, while deaths from cocaine overdose increased by 26 percent and those from methamphetamine by 35 percent.

The CDC went on: “The disruption to daily life due to the COVID-19 pandemic has hit those with substance use disorder hard.” As usual, this worsening has impacted those already living on the margins, generally urban and rural poor.

At the same time, thousands of people, including many unaccompanied children, are gathering at our southern border seeking entry into the US. As of Sunday morning, Customs and Border Protection (CBP) had detained more than 4,200 children in temporary holding facilities designed for adults – a record high.

The two circumstances may appear disconnected, but both are the direct result of the failed policy known as the “War on Drugs.”

People flee when their living conditions become intolerable. That's been the case throughout human history, whether it was the Jews fleeing Egypt, the Pilgrims leaving England, African Americans escaping slavery, East Germans climbing the Berlin Wall, the Rohingya escaping from Myanmar. There are countless examples.

A big part of what is driving people to our southern border is narco-terrorism. The drug wars have killed thousands in Mexico and Central and South America. Intimidation and corruption run rampant.

Consider this. Mexico's overall murder rate is about 27 per 100,000 people. In some Mexican states, the rate is 70 per 100,000. In Honduras, the murder rate over the past 10 years has ranged from 40 to 80 per 100,000. In the U.S. the murder rate is 5 per 100,000 people. Imagine if it was 5 to 10 times higher. We might consider fleeing somewhere else, or at least sending our children to where it might be safer.

An illegal cartel network thrives in order to feed the apparently insatiable appetite for drugs that permeate our society. As Joaquin “El Chapo” Guzman put it, “If there was no consumption, there would be no sales.”

In 1970, the War on Drugs was escalated by President Richard Nixon. In 1994, his advisor John Ehrlichman shared:

*“The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and Black people. We knew we couldn’t make it illegal to be either against the war or Blacks, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.”*

That policy worked politically, but it’s been a disaster in every other respect. Since 1970 the rate of drug use and abuse has not decreased except for minor fluctuations that have never become permanent. According to the National Center for Drug Abuse Statistics, 31.9 million Americans (about 12% of those over age 12) are current illegal drug users, while 53 million have used illegal drugs or misused prescription drugs. Add in the 14.8 million with alcohol use disorder, and it’s obvious we have a colossal drug consumption problem.

As an emergency room doctor, I ask patients about their upbringing. Some describe terrible situations. I admit to myself that if I had been raised similarly, I might be escaping with drugs too. I ask where they get the \$50-\$200/day needed to sustain their habit. Many get others hooked because new users become paying customers. There’s petty crime, dealing, and prostitution, leading to the major crimes that plague our streets. I remember a discussion with one patient who’d been a major dealer, and I asked him what he was making. His answer, “\$25,000 per week, tax free.”

The drug trade is vast in scope and sophistication. New drugs are developed (e.g. fentanyl and variants) to claim new victims. Vast commercial empires arise built on drug money. Addicts need their drugs daily, and there’s a global network established to satisfy that craving. It starts overseas where opioids and cocaine are processed and then distributed via well-established lines of distribution. The billions spent on drugs are funneled back via financial mechanisms that would rival a Wall Street investment bank.

Where does all that money end up? Ultimately, it goes to dangerous drug cartels, often by way of overseas terrorist organizations like the Taliban and Al-Qaida. And those billions don’t include the collateral damage in corrupted law enforcement, health care costs, insurance, the criminal justice system, schools, and neighborhoods in collapse. We continue on a policy trajectory that is destroying our society from the inside while shipping vast sums of money to those who would destroy us from the outside.

The War on Drugs has not just failed: it continues to make the situation worse, domestically and internationally. Those now undertaking a dangerous journey to get to the US are risking their lives and those of their loved ones – sending off their children with the hope of reaching a family member across the border.

The uncomfortable question we don’t want to confront is this: Why do so many Americans turn to drugs? Perhaps our focus on material wealth, endless distractions via media, the daily stress most people endure, hurtful behaviors spanning generations, and the emphasis on the individual over

community leave too many of us feeling isolated, angry, and unfulfilled. As author Johann Hari observed: “The opposite of addiction isn’t just sobriety; it’s connection.”

It’s time to admit that we have a problem as serious as any foreign aggressor or economic calamity, one made worse by the COVID pandemic. As such, we need new approaches to this problem, such as managing drug addiction as a disease, separating dangerous or criminal behavior from the act of using the intoxicating substance, educating our youth effectively, and addressing the underlying social circumstances that make drug use appealing.

Our drug laws should be completely re-evaluated and changed. Turning persons with substance use disorders into criminals has filled jails, but it has not decreased use. Portugal made this change years ago, and contrary to dire predictions, addiction rates and crime decreased dramatically.

Substance abuse treatment ought to be immediately available – 24 hours a day, 7 days a week, and 365 days a year. Supervised consumption facilities have been shown to work. Other efforts include: disposing of medications safely; making naloxone available to minimize overdose deaths; allowing people to go to fire or police stations when they need help without fear of penalty; supporting methods other than narcotics to treat pain unless absolutely necessary; continuing public education regarding substance use.

Our greatest weapon is not the criminal justice system, whose resources have been taxed to the limit by acting as the front line in this struggle, but rather our public health and educational institutions. Combining this with the strategic foreign economic investment will give our southern neighbors the breathing room to develop safer and stable societies, thus reducing the pressure on so many of their citizens to leave.

How can we afford to do this? The real question is: how can we afford not to?

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