

# **In the fight against opioids, is America its own worst enemy?**

By Tad Simons



**White paper**



On February 12, 2019, Joaquin “El Chapo” Guzman, the former head of the Sinaloa drug cartel, was found guilty on all ten charges against him—charges that included narcotics trafficking, weapons violations, bribery, corruption, and conspiracy to commit murder. The world’s most renown drug kingpin was sentenced July 17, 2019 to life in prison without the possibility of parole and is expected to serve his life sentence in the Colorado supermax facility known as the “Alcatraz of the Rockies.”

For the US Justice Department, El Chapo’s capture and prosecution is a hard-fought victory against one of the world’s most notorious criminals. But according to experts on the front lines of the drug wars, putting El Chapo behind bars will do nothing to stem the flow of illegal narcotics into the US, and will have no impact whatsoever on the Sinaloa cartel’s ability to operate.

“Putting El Chapo behind bars will in no way hamper the Sinaloa cartel’s activities,” says Peter Vincent, former acting director of International Affairs for the Department of Homeland Security and principal legal advisor for Immigration and Customs Enforcement under the Obama administration. “For all their viciousness, these large cartels are run like sophisticated, trans-national organizations. They have C-suite executives, they have succession plans, and they hire the best accountants, attorneys, engineers, technicians, chemists, and security that money can buy.”

### THE CARTELS ARE WINNING

This disparity between the vast resources that go into drug-related law enforcement and the obvious lack of results has prompted many to question the wisdom of America’s drug policies altogether. After all, America has been waging the so-called “war on drugs” for more than fifty years, and has spent more than \$1 trillion on the fight. And yet, more illegal narcotics are flowing into the country than ever, global drug cartels are more powerful than ever, and more Americans than ever are addicted to, and dying from, drugs of all kinds.



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PETER VINCENT  
General Counsel  
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According to the National Institute for Drug Abuse, 70,237 people in America died from drug overdoses alone in 2017, the last year for which statistics are available. Of those deaths, 47,600 involved some form of opioid, mainly in the form of prescription painkillers, heroin, and fentanyl, a synthetic opioid one-hundred times stronger than morphine.

Before becoming general counsel for Thomson Reuters Special Services, Vincent spent much of his professional life battling the scourge of drugs on the ground in Colombia, as well as training Afghan counterterrorism and counternarcotics security forces.

The futility of those efforts led him to conclude that America’s drug policy is misguided, and that bold systemic changes are necessary to address the nation’s opioid epidemic.

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## TO IMPACT SUPPLY, REDUCE DEMAND

But of course, addressing the demand for drugs means reducing the number of people who desire, purchase, and consume them. The opioid epidemic is a particularly thorny social problem however, because it affects people of all races, nationalities, and income levels. Rich or poor, black or white, employed or not, almost everyone in America knows someone who has become addicted to opioids, or knows someone whose family has been devastated in one way or another by an opioid-related death or suicide. Furthermore, many of those addicted to illegal opiates become addicts through the use of legally prescribed (though often illegally obtained) prescription painkillers, creating a vortex of dependency that may begin in a doctor's office, but often ends in an ambulance or at the morgue.

Currently, lawmakers across the country are taking steps to limit the number of opioids doctors can prescribe for acute pain, and medical professionals are being encouraged to consider alternative treatments for patients with chronic pain, such as physical therapy, acupuncture, chiropractic, cognitive behavioral therapy, and even medical marijuana.

But targeting prescription rates is just another strategy for reducing the opioid supply, one that doesn't address the enormous demand for painkillers in American society. According to the Center for Disease Control, 50 million US adults experience chronic pain—more than twenty percent of the population. And of those with chronic pain, 11 million have what's known as "high-impact chronic pain"—pain so severe that it limits mobility and makes it impossible for them to work.

In short, demand for painkillers is huge. Unfortunately, reducing the supply of legally prescribed painkillers without addressing the demand for them or providing effective alternatives is a drug cartel's dream come true. Addicts who can no longer supply their habit legally often turn to the black market, where—because of increasingly strict laws limiting opioid prescriptions—cartels can charge more for their product.

Because the economics of illegal drugs currently favor the cartels, the only practical way to cut into their profits is to shrink their market. And the first step in reducing demand for opioids, says Vincent, is changing the way addicts are perceived and treated. "We need to start viewing these levels of addiction as a true epidemic, and we need to treat individuals who are addicted as a public-health priority, not as criminals."

Blaming addicts for their problem is counter-productive, says Vincent, and incarcerating them is perhaps the worst thing states can do. "When we convict and incarcerate individuals for drug dependency, we make it difficult for them to find employment when they get out. Rather, we should be providing them with the treatment they need, and providing them with assistance that allows them to return to society, gain employment, and have some positive life experiences."

## WHAT'S NEEDED: A CULTURAL TRANSFORMATION

Any realistic approach to the opioid epidemic would however require a multi-pronged strategy involving cooperation between the criminal-justice system, the medical community, social-service providers, mental-health professionals, employment counselors and myriad other support services, not to mention an overhaul of the health-insurance industry that would allow—and even encourage—wider use of alternative pain-management techniques. Broader acceptance and use of so-called "drug courts" that provide paths to treatment and rehabilitation would also be a step in the right direction, as would broader availability of the opioid-neutralizing drug naloxone.

None of these ideas are particularly innovative or new. In 2011, the National Institute of Health and the Institute of Medicine co-authored a report—"National Pain Strategy: A Comprehensive Population Health Strategy for Pain"—that called for nothing less than a "cultural transformation in pain prevention, care, education, and research . . ." to address the problem. And in 2017, the US Department of Health and Human Services released its "5-point Strategy to Combat the Opioid Crisis," which included recommendations for improved access to treatment and recovery services, as well as a call for more and better research on pain and addiction.



## THE HARDEST QUESTION OF ALL: WHY?

While all of these efforts are laudable, says Vincent, none of them take the vital step of asking the most important and uncomfortable question of all: Why?

- Why are so many Americans in so much pain?
- Why do so many Americans feel compelled to dull or alter their reality with drugs?
- Why are suicide rates in America climbing?
- Why do 1 in 5 American children between the ages of 3 and 17 (15 million) have a diagnosable mental, emotional, or behavioral disorder?
- Why for so many is taking drugs preferable to participating fully in American culture?
- Why is America itself so addicted to addiction?

Asking these “why” questions is important, says Vincent, because they are “the only way to identify the root cause of opioid addiction in America”. And they are uncomfortable questions because the answer may very well be that the root cause of addiction to alcohol, opioids, and other drugs in America is American culture itself.

“The opioid epidemic is a uniquely American tragedy,” says Vincent. “It’s often hard to take a serious critical look at ourselves, but in the US—despite our opportunities, despite liberal democracy, and despite our technological advancements—too many people feel a crushing sense of despair about their state in life. They simply can’t look at their lives and see a positive path forward.” And it’s not just about job opportunities and money, he says. “Narcotics addiction crosses all socio-economic and racial lines,” says Vincent, so there is something deeper and potentially more disruptive at work.

*And the rest of the world is noticing.*

## IS SOMETHING WRONG WITH AMERICA?

“I’ve spent the majority of my career overseas, and wherever I go—Colombia, Belgium, Kenya, Europe, the Caribbean—the question I always get asked is: What is wrong with your society?”

Far from admiring America, says Vincent, many people in other parts of the world look at America’s eroding social safety net, decaying infrastructure, faltering schools, political gridlock, economic inequality, job insecurity, mental-health crises, gun violence, incarceration rates, drug consumption, homelessness, etc., and conclude that American culture is imploding. And when they try to put their finger on the problem, they inevitably lay the blame on a toxic combination of stress, greed, competition, materialism, inequality, divisiveness, and hubris, all of which has turned America into a brutal cauldron of dysfunction.

Internationally, says Vincent, this increasingly pervasive view of America as a society in rapid decline is becoming the dominant global narrative, one that has profound implications for national security. “Our rates of drug use, mass shootings, depression, and alcoholism are greatly impacting our ability to establish any moral high ground in the world,” he says. “We as a nation often find ourselves lecturing people to follow our example, but that’s a hard argument to make when our indicators are so poor.”

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CDC ESTIMATE

## HOW CARTELS EXPLOIT AMERICAN CULTURE

Asking hard questions about America's fundamental values and the systems that reflect them shouldn't just be a philosophical exercise, either—it should be a strategic priority. Addressing the cultural piece of the puzzle is important, says Vincent, because drug cartels are organized to exploit the weaknesses and vulnerabilities of American culture for maximum profit. For example, he says, when American states started passing laws approving marijuana for both medical and recreational use, the Sinaloa cartel hired professional market researchers to study America's evolving appetite for illegal drugs, and concluded—from promising trends in the world of prescription opioids—that higher profits could be made by shifting their focus to heroin, methamphetamines, fentanyl, synthetic opioids, and other substances that would appeal to the growing number of American opioid addicts.

*In other words, when it comes to drugs, America is its own worst enemy.*

The CDC estimates that the "economic burden" of the opioid crisis is \$78.5 billion per year in additional healthcare costs, lost productivity, addiction treatment, criminal justice involvement, and a cascade of other factors. But the hidden costs—the negative impact on families, communities, and the US's reputation around the world—are arguably much greater. In order to make any significant headway against the opioid epidemic, attention must be paid to the demand side of the equation—the "why" side—the side that leads far too many Americans down the path of addiction and despair. If we studied ourselves as closely as the major drug cartels do, maybe we'd stand a better chance of defeating them.

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