

# Drug overdose epidemic goes far beyond opioids, requires new policies

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Credit: 123RF.com/Rice University

Most government-funded initiatives to address the overdose epidemic in the United States have targeted opioids specifically and have neglected other drugs that are increasingly implicated in overdoses, such as cocaine and methamphetamine, according to an issue brief by a drug policy expert at Rice University's Baker Institute for Public Policy.

["The Drug Overdose Epidemic: Not Just About Opioids"](#) was authored by Katharine Neill Harris, the Alfred C. Glassell III Fellow in Drug Policy at the institute. Neill Harris argues that instead of treating all [drug](#) use behaviors—from experimentation to addiction—as if they carry the

same risks, [policy](#) interventions should focus on preventing the progression from occasional to problematic drug use. She also suggests that rather than treating drug addiction as if it affects everyone equally, prevention policies should target use among populations most vulnerable to addiction.

The rise in [opioid-related overdose deaths](#) in the last two decades is widely regarded as an epidemic that originated with the overprescribing of prescription pain relievers in the late 1990s, Neill Harris said. But a [research study](#) cited by Harris that was published in the September issue of *Science* suggests the crisis is actually part of a larger trend that started 40 years ago.

In that study, researchers mapped [overdose](#) deaths in the U.S. from 1979 through 2016. The authors analyzed data from the National Vital Statistics System on 599,255 deaths in which the main cause was listed as accidental drug poisoning. The authors found that overdose fatalities have been increasing dramatically since 1979, pointing out that "this exponentially increasing mortality rate has tracked along a remarkably smooth trajectory for at least 38 years." That suggests "the current wave of [opioid overdose deaths](#) may just be the latest manifestation of a more fundamental longer-term process."

Within this broad trend of steady increase, there is significant variation in terms of the specific drugs involved and the populations most affected by overdose deaths, Neill Harris said. Currently, the population most at risk for cocaine overdose is aging black males living in urban counties, while methamphetamine-related deaths skew toward white and rural male populations.

For opioid-related deaths, age is a key factor. Deaths involving heroin and synthetic opioids are higher for people between the ages of 20 and 40, especially white males living in urban counties. In contrast,

prescription opioid deaths are higher among those 40 to 60 years old, especially white females living in rural counties.

Nearly every region of the country, except for the northern Midwest, has been a "hot spot" for [drug overdose deaths](#) in the last few years, Neill Harris said.

"Unfortunately, current public policies are remarkably ineffective at reducing both casual and compulsive drug use," Neill Harris wrote. "There are few existing government interventions that can significantly reduce the extent to which people experiment with drugs, although public health campaigns that provide factual information on drug risks, especially to youths, are generally appropriate."

Despite demographic variability in [overdose deaths](#), the populations consistently at greatest risk for addiction are those living with economic insecurity, mental illness or a history of trauma, Neill Harris said.

"Policies intended to reduce problematic patterns of drug use, then, must address systemic issues underlying these problems, such as the loss of jobs that provide a livable income, the lack of adequate health care coverage for all ailments and for mental health in particular, and the increasing sense of isolation that people feel from community and civic life," she wrote.

Neill Harris concluded, "Government policies cannot solve all of the problems that may drive a person's desire to escape an unpleasant reality through drug use, but they can improve upon current conditions. Doing so will require a heavy investment, but one that is necessary if we are to protect against future drug-related deaths."

**More information:** Hawre Jalal et al. Changing dynamics of the drug overdose epidemic in the United States from 1979 through 2016, *Science* (2018). [DOI: 10.1126/science.aau1184](https://doi.org/10.1126/science.aau1184)

Provided by Rice University

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