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Chicago, Other Cities Doubling Drug Overdose Deaths during COVID-19 Crisis Point to Urgent Need for More Treatment

By Robert Weiner and Wesam Farah



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According to new data from the American Medical Association, Chicago has seen a marked increase in drug overdose deaths during the COVID-19 epidemic, stemming from the stress, economic anxiety, and loneliness involved in the crisis. The increase points to the need for more treatment.

As former Chicago Mayor Rahm Emanuel expressed to us vigorously when he and we were at the White House, "Treatment keeps the crime off the streets." This sentiment rings truer than ever in the time of COVID-19 as Chicago's drug overdose rates have soared by more than 100% -- a doubling-- since the Covid-19 crisis began with nearly 1000 in 2020 so far. Shootings are also up 70%, with May 31 being Chicago's deadliest day in decades.

In addition to the Chicago metropolitan area, the American Medical Association has rung the alarm on several other states and cities, including New York, Milwaukee, and Virginia Beach -- each recording nearly double their normal amount of overdose cases.

While the traditional school of thinking toward the matter leans toward increasing the availability of methadone and naloxone as an effective antidote and increasing first responder training to reduce overdose deaths, this fails to tackle the root cause and is a reactive rather than proactive form of treatment.

To tackle the root cause, we must acknowledge that Chicago's opioid crisis has disproportionately affected the African American community. Targeted efforts should help affected populations through community education events, advertising, addiction centers providing treatment close to affected neighborhoods and schools and better education in predominantly black and minority high schools.

Acknowledging that that exposure to opioids often starts in one's formative years, education and programs in schools can help curb addiction in vulnerable communities. This is in many ways a "long term project," necessary to engender change in future years.

Concentrated school projects in vulnerable areas have led to significant decline in tobacco use once proper schooling measures were enacted -- a 50% drop in California.

However, schooling alone is not sufficient to curb the epidemic. A community centered approach which puts emphasis on social engagement projects for both youth and adults can ensure both parties avoid the isolation, loneliness, and anxiety which often triggers addiction and addictive behavior.

Programs aimed at increasing the availability of naloxone to law enforcement personnel and first responders and enforcement itself against the reckless distribution of opioid drugs must continue. Permanent and real change requires patience. But it works -- we are at a 70% reduction in crack use now compared to the 1960s and '70s. Opiate abuse can be slashed long-term the same way. When presenting such a plan to a city council or board, this plan may need to be a sort of "six-year plan." Such a timeline may resemble something like this:

- Identify worst affected areas and examine the level of social and community engagement extant in said areas
- Enact a system of programs, support networks, and school education within those communities in order to ensure they are well-informed and are not often isolated, or feel abandoned by their communities.
- Increase financial aid stimulus for individuals and small businesses.
- Create programs based on community-based participatory research -- a methodology that enhances engagement efforts to reduce the misrepresentation and exploitation of researched populations and improves health and well-being through social change and meaningful community engagement.
- Expand treatment and prevention, including TV and media ads and education, in areas with highest overdoses.
- Continue the very effective expansion of naloxone now used by police and first responders as a short-term measure to save lives in danger from overdose.

While these measures will not be perfect, immediate solutions to the ongoing opioid crisis, they will help flatten and later lower the curve while establishing lasting community change.

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Robert Weiner, NATIONAL PUBLIC AFFAIRS AND ISSUES STRATEGIST, has been spokesman for and directed the public affairs offices of White House Drug Czar and Four Star General Barry McCaffrey, the House Government Operations Committee and Chairman John Conyers (D-MI), Congressman Charles Rangel (D-NY) and the House Narcotics Committee, and was Chief of Staff for the House Aging Committee and Chairman Claude Pepper (D-FL). He also was Legislative Assistant to Ed Koch of New York and a political aide to Ted Kennedy (D-MA) for his Presidential and Senate races. Bob worked at the Democratic National Committee at the Watergate as youth voter registration director in 1971-1972 when the constitution was amended to allow 18-year olds the vote.

Since he left the White House in 2001, Bob heads up a public affairs and issue strategies company, Robert Weiner Associates. He is a regular political analyst on Radio America and has appeared on Bill Maher, CNN Crossfire, Today, Good Morning America, and the CBS, NBC, and ABC evening news. He is widely published in columns he writes on national issues in major papers throughout the country including recently the Washington Post, Denver Post, Miami Herald, Christian Science Monitor, New York Daily News, Baltimore Sun, Boston Globe, Cleveland Plain Dealer, Atlanta Constitution, New York Post, Washington Times, Sacramento Bee, Palm Beach Post, Salt Lake Tribune, Minneapolis Star Tribune, and Adweek. He is also regularly quoted in key media coast-to-coast, including the New York Times, Los Angeles Times, USA Today, AP and Reuters, concerning the presidential campaign and national issues.