

Authors dispute Trump's interpretation of Dartmouth study

by Abby Mihaly (<http://www.thedartmouth.com/staff/abby-mihaly>) | 4/6/18 2:35am **f**

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During a visit to New Hampshire on March 16, President Donald Trump linked sanctuary cities with the opioid epidemic, citing a Dartmouth study in which sanctuary cities Lawrence and Lowell, Massachusetts surfaced as local fentanyl distribution centers. However, Dartmouth researchers, mayors of sanctuary cities and local health center workers alike have rejected this connection.

In a statement on March 31, Trump said sanctuary cities “release thousands of dangerous criminal aliens into our communities, including drug traffickers, drug dealers and vicious gang members,” and blamed sanctuary laws for allowing drug cartels to “transform sanctuary cities like Denver, Los Angeles, Chicago and New York into major distribution centers.” He also called on Congress to cut off funding for sanctuary cities.

Trump cited the College study entitled “HotSpot Report: Understanding Opioid Overdoses in New Hampshire” in his speech, noting that users participating in the study most commonly cited Lawrence as a local distribution hub for opioids, specifically fentanyl.

Lisa Marsch, director of the Dartmouth Center for Technology and Behavioral Health and a researcher on the HotSpot report, said that Lawrence is just one of many cities mentioned in the study. She said that based on qualitative interview data obtained in the study, Lawrence did surface as a location of regional distribution, but Marsch stressed that Lawrence should not be singled out.

“There are drugs all over the entire country,” Marsch said. “We are one of the hotspots in this country, but this country has a lot of pockets around the whole nation that have had opioid crises.”

Marsch also emphasized that tracing drug routes was not the primary purpose of the HotSpot study, explaining that the report is “not the data source” to answer a question about trafficking.

The study was commissioned by the National Institute on Drug Abuse of the National Institutes of Health, according to Marsch. It aimed to explain what has made New Hampshire especially vulnerable to the opioid crisis and understand “the experience of people living in the crisis of the opioid addiction,” Marsch said. The study involved in-depth interviews with opioid users, first responders and stakeholders across New Hampshire.

Marsch also explained that any local distribution hub is a small piece in a complex trafficking route, adding that there is evidence that many opioids originate in China, later traveling through Mexico. Coming to the United States, there is then a “sophisticated extension network of entry [as well as] distribution,” explained Marsch.

Government professor Brendan Nyhan said Trump's statement connecting sanctuary cities and the opioid epidemic “provides a symbolic way to acknowledge the opioid crisis, while promoting policies he would support regardless.”

Nyhan added Trump has “been engaged for a long time in a campaign to convince people that immigration is an important cause of violent crime.” Trump took the opportunity to continue this rhetoric in connection with opioids — an issue he has been under pressure to respond to.

Cheryl Bartlett, chief executive officer of the Greater New Bedford Community Health Center and former Commissioner of Public Health in Massachusetts, also took issue with Trump's connection between sanctuary cities and the opioid crisis.

“[Opioids are] a public health problem across the nation, and to blame New Hampshire sanctuary cities seems a little bit short-sighted,” Bartlett said. “Drugs seem to be able to get around pretty easily everywhere.”

During his visit to New Hampshire last month, Trump also unveiled his plan to tackle the opioid crisis, emphasizing it was time to “get tough” on drug dealers and manufacturers, specifically mentioning harsh sentences including the death penalty.

Professor of psychological and brain sciences Kyle Smith expressed his concerns regarding Trump's focus on criminal punishment, and apparent failure to consider prevention measures such as drug education.

“You can crack down on [the drug market] and reduce it, but it's going to pop up in other forms, [through] different drugs or spots,” Smith said. “You're never going to obliterate the America of drugs.”

Bartlett said that Trump's tough law-enforcement based response to opioids reflects a general tendency in the United States to treat a patient rather than prevent illnesses.

“We tend to pay for sick care,” Bartlett said. “We wait until people get really sick, versus focusing on health care wellness early on.”

She said she believes we should be spending more resources on early intervention and education in schools in

order to prevent later drug use and addiction.

Bartlett also said the Nixon years taught policy makers that the government's heavy focus on public safety and law enforcement did not work.

"I think we've learned over and over again, scare tactics ... have not changed public health conditions" Bartlett said.

Rather than just law and order tactics, Marsch stressed a need for a "multi-pronged" approach to the opioid crisis, from prevention to treatment. She says many working on the issue, including herself, worry there have not been sufficient resources allocated to the "full spectrum" of necessary solutions.

Marsch did say, however, that the recent budget passed by Congress allocates new funds to research in the field, saying the applications of scientific knowledge are vital to solving the opioid epidemic.

Smith also stressed the importance of allocating funds for proper opioid-related medical treatment and preventative education, an area he says is widely recognized as underfunded, especially in New Hampshire.

"Treatment isn't locking people up," Smith said. "You can do it if you like, but that doesn't address the drug problem."

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