

Noted version: notes on the contents in boxes (different kind of arguments in bold), efficient language in red colour

Opinion | EDITORIAL = **GENRE**

Words, Not Action, From Mr. Trump on Opioids

Headline reveals the topic and a part of the thesis

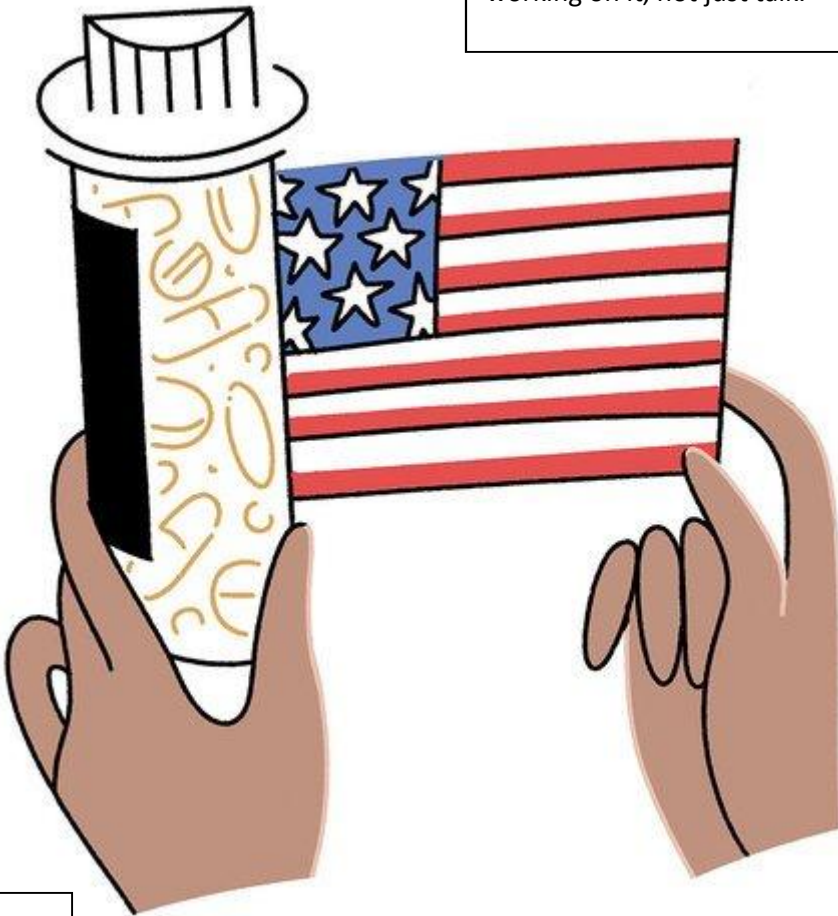
By **THE EDITORIAL BOARD** **Writer, no names mentioned** OCT. 26, 2017

The New York Times

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Photo

Thesis: The opioid problem in the US is very serious and Trump should start working on it, not just talk.



Credit Roman Muradov

President Trump's brother died an alcoholic, so it's hard to dispute that Mr. Trump understands the horrors of addiction.

But in what was billed as a major speech on Thursday, Mr. Trump demonstrated that he has not grasped what's needed to combat the opioid problem and, more Americans.

He declared the opioid epidemic a national public health emergency, which sounds urgent **but** doesn't free any **significant** new money to fight it. In doing so, he **ignored** the plea of his own opioids commission to declare a full-on national emergency, which would immediately free billions of dollars for emergency response, addiction

Piece of information to prepare the reader for the topic.

A strong statement; part of thesis

An **example** of Trump's action showing that it's not enough.

A statement

treatment and efforts to stop the flow of illegal opioids into the country – a comprehensive approach that is so far missing.

Arguing against Trump's action based on another example

Combine this with his repeated attempts to gut health care for poor and middle-class Americans, and the president has offered few tangible solutions for a scourge that now kills about 50,000 Americans a year.

Action that Trump has suggested

Mr. Trump said he would address the flow of deadly, illegal synthetic opioids into this country during his coming trip to China, and repeated old promises to stop drug trafficking from Mexico by building the wall. He announced tough-sounding but vague plans to ban one prescription opioid he did not name but called “evil,” to train federally employed prescribers in safe prescribing practices and to develop nonaddictive painkillers.

Arguing against Trump's ideas, showing them to be bad based on history or analogy

He said the administration would produce “really big, really great advertising” aimed at young people because, “If we can teach young people not to take drugs, it's really, really easy not to take them.” This is sloganeering reminiscent of the **ineffective**, Reagan-era “Just Say No” programs, when the ravages of drug abuse in black and Hispanic communities were treated with **harsh** punishment, rather than the empathy and care that is being called for today.

Arguing to show that the problem is serious, based on statistics

Deaths from opioid overdoses have more than tripled since 2002. As of 2015, an estimated two million Americans were addicted to prescription opioids, and nearly 600,000 to heroin. Opioid addiction rose most swiftly among white, middle-class Americans, though it now spares no state, race or income group. Efforts to treat the disease have nearly bankrupted people whose insurance falls short. Financial constraints often prevent uninsured people from seeking treatment at all. The Affordable Care Act improved access to addiction treatment by expanding Medicaid, which covers three in 10 non-elderly adults with an opioid addiction. **Yet** the Trump administration and Republicans in Congress have repeatedly tried to repeal the law or slash its benefits.

Criticizing Trump's action on the problem

At least Mr. Trump said on Thursday that the administration planned to roll back a rule preventing Medicaid funding from being used for treatment in large inpatient addiction facilities, a recommendation made by the opioids commission in late July.

Back to Trump criticism

But it is still not clear who will lead the response to the epidemic, since Mr. Trump has yet to appoint a number of officials who could do so. He was forced to withdraw his nominee to head the Office of National Drug Control Policy, Representative Tom Marino, Republican of Pennsylvania, after news emerged that Mr. Marino had helped drug wholesalers make it harder for the Drug Enforcement Administration to crack down on black-market opioid distribution. Tom Price, Mr. Trump's former health and human services secretary, lost his job because of his use of private jets.

What has been done or what is going to happen

The opioids commission's final recommendations are scheduled to be released on Wednesday, but the administration has yet to act on most of the commission's interim recommendations. “I still have not seen the passion for this epidemic that I saw in the AIDS epidemic,” Gov. Chris Christie, the commission's chairman, said recently.

A statement, something good is probably going to happen (despite Mr. Trump)

There are some in the administration who do seem to get it: In a hearing this week, Scott Gottlieb, commissioner of the Food and Drug

Administration, [advocated](#) expanding the use of medication-assisted treatments, such as methadone, buprenorphine and naltrexone, citing evidence that they are effective in reducing overdose deaths.

Emotionally touching ending: **based on hopes**. Back to the thesis.

One would have hoped that Mr. Trump would be eager to deliver **real relief** for an epidemic that affects millions of **American families**. As **deaths** from addiction [escalate](#), he's still just in the talking stages.

Some texts from the comment section – different views on the problem

F.Douglas Stephenson, LCSW, BCD

Gainesville, Florida 12 hours ago

Everyday, nearly 100 people die in the U.S. from opioid overdoses caused by widespread addiction to powerful prescription painkillers. The crisis started in the 1990s when the US pharmaceutical industry began strongly marketing highly profitable legal narcotics, particularly OxyContin, to treat common pain. This slow-release opioid was vigorously promoted to doctors and, with very lax regulation and very slick sales tactics, physicians, nurses and patients all were assured it was safe. In reality this deceptively innocent & supposedly safe drug was actually a very dangerous luxury morphine, doled out like super aspirin, and highly addictive. The result was a profitable commercial win/win for BigPharma and a public health disaster for everyone else. Desperate efforts to reduce distribution has produced the side effect of a resurgence of heroin use and the emergence of a deadly, black market version of the synthetic opioid fentanyl. Today's deep opioid crisis affects all regions, income & racial groups and must be tackled with strong funding for treatment and ongoing public health prevention programs. Big Pharma should be heavily fined and return its ill/gotten gains for its role in causing this disaster.

Duane Coyle

Wichita 23 hours ago

Let's be honest about American society's comfort with allowing certain segments of our population to sink and drown. We view some people as being unnecessary when they are left out of the new global economy. The same goes for addicts. If gun-murder rates shot up overnight from 13,000 per year to 60,000 per year people would at least be calling attention to the matter. Overdose deaths of addicts are rather like suicides—on the whole we as a society don't really care.

Opioid medications, abuse of such medications, and heroin (and even fentanyl) have been around a long time. Before opioid pills it was Valium, and before that cocaine, and before that barbiturates, and so on. And always alcohol. And then there is the king killer, tobacco—sold at every convenience store and grocery.

Another dog and pony show to demonstrate faux concern.

Rachel Belle

New Jersey 23 hours ago

We need more detox centers, rehab centers and halfway houses with immediate access. As a hospital social worker, I have routinely seen my patients ask for help, only to be discharged home from an opioid-related medical hospital admission because there are no beds available at detox and rehab centers. Once they're discharged home, it's too late. At one detox center, patients with Medicaid are told to call every morning at 8am to see if a bed is available that day. How many addicts are going to make that call at 8am? I'm told to fax the patient's demographics and medical record, and maybe within a week the patient will receive a call that a bed has become available.

Medicaid patients, charity care and self-pay patients need same day access to care. Every politician should spend one week working with a social worker in a hospital emergency room, and then make their policy decisions.

NYCtoMalibu

Malibu, California 21 hours ago

I was recently a juror on a case where the plaintiff was an opioid addict. It was fascinating and bemusing to hear testimony under oath of the various physicians who supplied this person with hundreds of American-made pills each month. Under cross-examination, the doctors had no adequate response as to how they allowed it to happen. This is where the root of the problem lies, with drug companies and the physicians who enable them.

Bruce Rozenblit

is a trusted commenter [Kansas City, MO](#) [1 day ago](#)

The causes of drug addiction are poverty, hopelessness and availability. When crack cocaine flooded the black urban neighborhoods, the response was to throw everyone in jail. It was all caused by a moral failing of black people.

Now, opiates have flooded into fine upstanding white rural America. The result has been massive increases in addictions. Both epidemics have the same causes. But the white rural epidemic is not a problem with morality. It's just a little education that is required.

So Trump wants to put up some billboards and run some commercials. Big deal.

Why doesn't Trump want to throw all of these people in jail? Because they are his people.

Fixing this problem is going to cost some serious money. I heard on the news today that opioid addiction cost this nation about \$75 billion a year. That's less than 1/2 of the annual deficit his new tax cuts will generate. That's real money. So where is it?

Unless we commit substantial resources to this problem, it won't go away. Slashing health care for poor people, especially mental health programs, is only going to make it worse.

But hey, Trump is the great salesman. The greatest. He sold himself as being the greatest. Tell that to dead guy with the needle in his arm.