PROSECUTING OPIATE USE

Punishing Rurality


The dominant narrative of the opiate crisis focuses on white suburban/urban areas. This ignores the increasingly high use of opiates in rural areas. It also ignores the reality that many rural areas are predominately composed of people of color. Stereotypes about white Appalachian areas further distorts reality by encouraging a view that substance use disorder is natural to some rural communities. The response to the opioid crisis has included ‘tough on crime’ legislation and prosecution, including drug induced homicide. But prosecuting drug induced homicide is problematic, especially in rural areas.

Dysfunctional rural criminal courts with problematic community norms can lead to situations where defendants are routinely deprived of important constitutional rights. Although autopsies are an important source of evidence in these criminal cases, many rural communities only have medically untrained, elected coroners rather than medical examiners. Further, drug induced homicide prosecutions are often directed at low-level suppliers and users who would have feasibly called 9-1-1 and prevented the overdose altogether with the administration of naloxone, but do not because they fear prosecution.

DRUG INDUCED HOMICIDE

1928

Experts have deemed the coroner system “unscientific” since 1928. But many rural communities continue to use elected coroners instead of doctors to determine manner of death in drug induced homicide cases.

10-40

The sentencing range for those who are convicted of drug induced homicide ranges from 10 to 40 years. Drug induced homicide charges do not require that the individual intended for death to occur. A cousin may be charged even if they consumed the drugs as well.

9-1-1

Witnesses to an overdose may fear calling 9-1-1 and seeking aid for the victim, lest they be prosecuted for drug induced homicide. This is especially troublesome because it may prevent the timely administration of naloxone, which is an effective antidote for opiate overdoses.

RURAL CRIMINAL COURTS

Repeat Courtroom Players

Fewer practitioners leads to unavoidable conflicts of interest. Often, appointed counsel is inexperienced or disinterested.

Resources & Funding

Rural courts may not have the funds necessary for medical examiners, autopsies, or full toxicology reports.

Community Norms

It is routine in some rural communities to engage in plea bargaining without defense counsel present.

Did you know?

Half of people charged with drug induced homicide are friends or acquaintances of the deceased who were sharing the drug.

50%
REALITY
OF
RURALITY

UNDERSTANDING RURALITY & THE OPIATE CRISIS

Persistent or generational poverty impacts many rural communities. Poverty rates for people of color are higher in rural areas than urban locations.

Although the dominant narrative of the opiate crisis revolves around misuse of prescription pills, the use of other forms of opiates is increasingly common.

Rural areas are often stereotyped with ‘white-washing’ but many rural areas are predominantly composed of Black, Hispanic, or Native American Persons.

The common response to the opiate crisis in rural areas is criminalization and incarceration coupled with a perception of substance use disorder as a moral failing.
SOLUTIONS
FOR THE ISSUES POSED BY
DRUG INDUCED HOMICIDE
PROSECUTIONS IN RURAL
COMMUNITIES

TWO SOLUTIONS

TWO SOLUTIONS FOR THE
PROBLEMS POSED BY
DRUG INDUCED
HOMICIDE
PROSECUTIONS IN RURAL
COMMUNITIES ARE
EXTENDING GOOD
SAMARITAN LAWS AND
GREATER TRAINING FOR
CORONERS.

BENEFITS OF
PROPOSED SOLUTIONS

SAVE LIVES
Good Samaritan
laws allow
individuals to
call 9-1-1 without
fear

RELIABLE DATA
By improving
coroner training,
the reliability of
public health
statistics would be
improved

CONNECTIONS
Coroner training
could connect
coroners with
scientifically
trained medical
examiners

NUMBER OF OPIATE OVERDOSES IN 2018

47,000

45%

OPIATE OVERDOSE DEATHS ARE
45% HIGHER IN RURAL AREAS
COMPARED TO URBAN AREAS.
NALOXONE, IF ADMINISTERED
QUICKLY, CAN BE USED TO
REVERSE OVERDOSES AND SAVE
LIVES. EXTENDING GOOD
SAMARITAN LAWS COULD RESULT
IN GREATER ACCESS TO SUCH
LIFE SAVING TREATMENT.

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