

Troubling New Direction in U.S. Drug Policy

By William L. White, MA

When alarm was raised on the 2016 presidential campaign trail regarding rising rates of opioid addiction and related deaths, then-candidate Donald Trump promised he would stop the flow of drugs coming into the U.S. by building a wall on the U.S.-Mexico border¹, yet remained virtually silent on the major roles American pharmaceutical companies and medical practitioners have played, and continue to play, in the current opioid epidemic. No wall will solve America's drug problems.² No wall will check America's seemingly insatiable appetites for psychoactive drugs, nor will any wall counter the greed-fueled ingenuity of the licit and illicit industries that exploit those appetites.

President Trump praised Philippine President Rodrigo Duterte and later invited him for an official state visit to the White House — the same Duterte who has likened himself to Hitler, expressed his desire and intent to “slaughter” his country's three million drug addicts³, and whose violence-inciting rhetoric and policies are responsible for the extrajudicial killing of more than 9,000 suspected addicts and bystanders in anti-drug raids by police and government-sanctioned vigilante groups⁴. Duterte's actions have been universally condemned by human rights groups and leaders throughout the world. Any action by an American president to lend legitimacy to Duterte's presidency is morally reprehensible and a dark foreshadowing of future directions in American drug policy.

President Trump appointed a new presidential commission on opioid addiction, while virtually ignoring the landmark *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health* prepared by the nation's leading addiction experts and released in late 2016 by Surgeon General Dr. Vivek Murthy.^{5,6} *Facing Addiction in America* is one of the most important policy documents in the history of drug control policy. To ignore the best scientific research and the proposed strategies of America's leading addiction and public health experts would be a travesty and a critical lost opportunity. The dismissal of Dr. Murthy by the Trump administration adds further insult to injury and marks a deepening loss of national drug policy expertise.

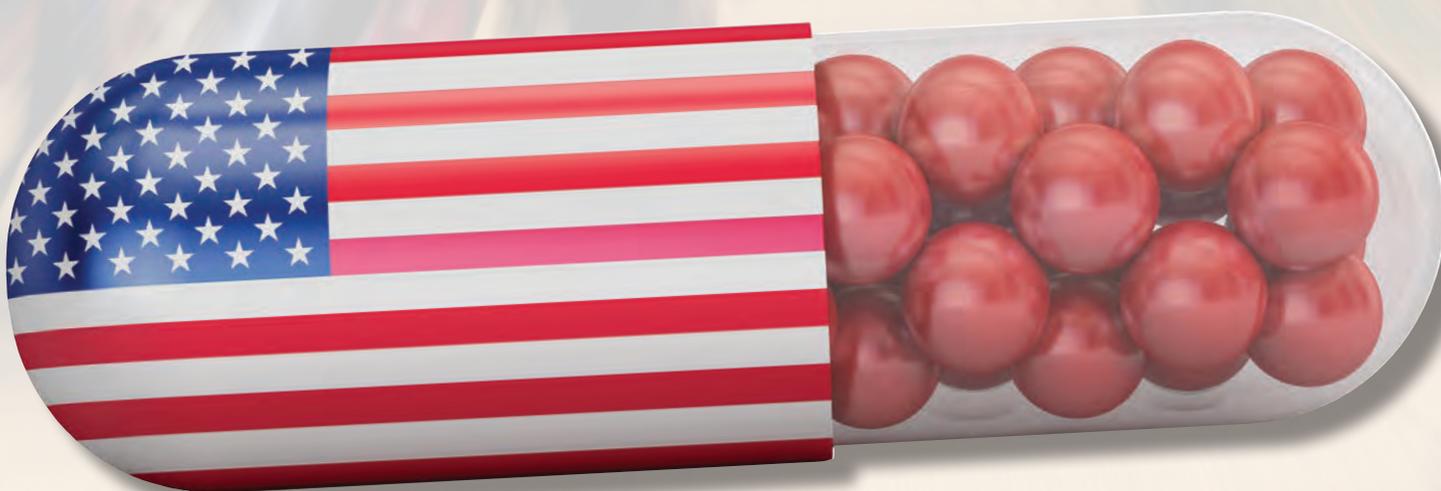
The House of Representatives and Senate versions of the American Health Care Act of 2017 eliminate treatment for substance use disorders⁷ as a health care benefit. If approved by the Senate and signed by the President in its current form, this legislation would substantially reduce access to substance use treatment in the U.S., including access within key states hardest hit by the opioid epidemic — states that, in a twist that would be ironic if not so tragic, delivered the White House to Donald Trump.

Newly-appointed Attorney General Jeff Sessions just issued a new directive to federal prosecutors calling for maximum sentences and mandatory minimum sentences for non-violent drug offenders and the expanded use of private prisons.^{8,9} This marks a return to failed drug policies of the 1980s that spurred the largest experiment in mass incarceration in U.S. history and its broad spectrum of untoward social and economic consequences — including its destructive effects on low-income communities of color.¹⁰ This reverses what has been growing bipartisan consensus on the ineffectiveness of these earlier policies in terms of their excessive costs, low rehabilitative outcomes, and their harmful social effects. The larger concern is that prison expansion creates conditions through which addicted Americans become the raw materials required to fuel institutional growth, corporate profit, and secure employment within otherwise economically oppressed (and often white) communities. An ever-growing prison industrial complex has and will serve as a powerful lobbying force for the increased stigmatization, de-medicalization, and criminalization of addiction.

Newly appointed Secretary of Health and Human Services Dr. Tom Price recently commented that treating opioid addiction with medications amounts to “just substituting one opioid for another”¹¹ — a statement contradicted by decades of scientific reports from medical and public health panels and the cumulative clinical experience of addiction treatment practitioners specializing in the treatment of opioid addiction. Any efforts by this administration to de-value medication-assisted treatment of addiction or delegitimize medication-assisted recovery from opioid addiction would be an unthinkable regression.

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Rules that are strict and authoritarian can lead to increased patient anxiety and impulsive behavioral acting-out. When limits are too loose, it is very difficult to get the patient under control. A fair and consistent set of limits creates an environment where the prefrontal cortex can resume normal development along its natural trajectory.

Conclusion

Patients in need of habilitation need safety and quality relationships over time to allow for neurogenesis to take place. The process starts in as little as two minutes with the initial development of synapses and dendrites but may require years in order to give the patient the opportunity to develop a mature, fully functional prefrontal cortex. Typically, “wrap around” services such as recovery housing, educational and vocational support are important to the process. The patient now has the opportunity to succeed in the important areas of their lives — personal, professional and relational.



Cardwell C. Nuckols, PhD, is described as “one of the most influential clinical and spiritual trainers in North America.” He has served the behavioral medicine field for over 40 years and for the last 25 years is considered one of the leading experts in the world on addiction and recovery. Dr. Nuckols has been a member of NADAC for almost 40 years.

(Endnotes)

- ¹Waldrop, A. E., Santa Ana, E., Saladin, M., McRae, A. and Brady, K. (2007) Differences in Early Onset Alcohol Use and Heavy Drinking Among Persons with Childhood and Adulthood Trauma. *The American Journal on Addictions*, 16(6), 439-442.
- ²Kuboshima-Amemori, S., & Sawaguchi, T. (2007). Plasticity of the Primate Prefrontal Cortex. *The Neuroscientist*, 13(3), 229-240.
- ³Crews, F., He, J., & Hodge, C. (2007). Adolescent Cortical Development: A Critical Period of Vulnerability for Addiction. *Pharmacology, Biochemistry and Behavior*, 86(2), 189-199.
- ⁴Boytek, B. (2013, December 11). Neuroanatomy: What are the primary functions of the dorsolateral prefrontal cortex? Retrieved from <https://www.quora.com/Neuroanatomy-What-are-the-primary-functions-of-the-dorsolateral-prefrontal-cortex>.
- ⁵Rolls, E. & Grabenhorst, F. (2008). The Orbitofrontal Cortex and Beyond: From Affect to Decision Making, *Progress in Neurobiology*, 86(3), 216-244.
- ⁶Graham, L (2008). The Neuroscience of Attachment. Retrieved from <https://lindagraham-mft.net/resources/published-articles/the-neuroscience-of-attachment>
- ⁷Ibid.

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Services Administration’s new Chief Medical Officer, has proposed a focus on enhanced access to inpatient psychiatric treatment and access to psychiatric medications and a decreased emphasis on community education and recovery support services. Her appointment and declared focus could signal potential abandonment, or a marked reduction in, efforts to develop long-term, community-based recovery support systems for persons experiencing mental health and/or substance use disorders.¹²

Collectively, these eight concerns reflect not the arrival of bold new leadership and innovative ideas, but an erosion of expertise and policy regressions that will exert potentially prolonged harm to individuals, families, and communities. Every effort must be made to resist and counter these policy directions. It is time for the more than 23 million Americans in recovery and their families to speak out on these issues regardless of their broader political affiliations.



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(Endnotes)

- ¹Colvin, J. (2017, March 29). Trump, Christie Pledge to Combat Nation’s Opioid Addiction. *U.S. News and World Report*. Retrieved from <https://www.usnews.com/news/best-states/washington-dc/articles/2017-03-29/christie-trump-to-launch-drug-addiction-task-force>.
- ²Humphreys, K. (2016, December 8). The big problem with Donald Trump’s big idea for stopping the flow of illegal drugs. *The Washington Post*. Retrieved from https://www.washingtonpost.com/news/wonk/wp/2016/12/08/the-big-problem-with-donald-trumps-big-idea-for-stopping-the-flow-of-illegal-drugs/?utm_term=.3b603299885e.

- ³Lema, K. & Mogato, M. (2016, October 1). Philippines’ Duterte likens himself to Hitler, wants to kill millions of drug users. *Reuters*. Retrieved from <http://www.reuters.com/article/us-philippines-duterte-hitler-idUSKCN1200B9>.
- ⁴Church v. state in the Philippines’ war. (2017, May 11). *The Economist*. Retrieved from <https://www.economist.com/news/asia/21721907-state-winning-church-v-state-philippines-war-drugs>.
- ⁵O’Donnell, K. (2017, March 29). Opioid Epidemic: Trump to Set Up Commission on Addiction Crisis. *NBC News*. Retrieved from <http://www.nbcnews.com/storyline/americas-heroin-epidemic/opioid-epidemic-trump-set-commission-addiction-crisis-sources-say-n739861>.
- ⁶U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health*. Washington DC, HHS, November 2016.
- ⁷Zezima, K. & Ingraham, C. (2017, March 9). GOP healthcare-bill would drop addiction treatment mandate covering 1.3 million Americans. *The Washington Post*. Retrieved from https://www.washingtonpost.com/news/wonk/wp/2017/03/09/gop-health-care-bill-would-drop-mental-health-coverage-mandate-covering-1-3-million-americans/?utm_term=.c7feb64ad438.
- ⁸Williams, P. (2017, May 12). Attorney General Sessions Orders Tougher Drug Crime Prosecutions. *NBC News*. Retrieved from <http://www.nbcnews.com/news/us-news/attorney-general-sessions-orders-tougher-drug-crime-prosecutions-n758111>.
- ⁹Hopkins, C. (2017, February 23). Private Prisons Back in Mix for Federal Inmates as Sessions Rescinds Order. *NPR*. Retrieved from <http://www.npr.org/sections/thetwo-way/2017/02/23/516916688/private-prisons-back-in-mix-for-federal-inmates-as-sessions-rescinds-order>.
- ¹⁰Alexander, M. (2010). *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. New York: The New Press.
- ¹¹Eyre, E. (2017, May 9). Trump officials seek opioid solutions in WV. *Charleston Gazette-Mail*. Retrieved from <http://www.wvgazette.com/news-health/20170509/trump-officials-look-for-opioid-solutions-in-wv>.
- ¹²Keshavan, M. (2017, May 11). Trump’s pick to run mental health is poised to shake things up. Even some liberals can’t wait. *STAT*. Retrieved from <https://www.statnews.com/2017/05/11/mental-health-trump-nomination>.