MENTAL HEALTH POLICY IN THE UNITED STATES

SUBSTANCE MISUSE IN AMERICA

By
Michael B. Friedman, LMSW
Adjunct Associate Professor
Columbia University School of Social Work

Abstract: The American approach to dealing with substance misuse and addiction is a complex mix of regulation, criminalization, treatment, and prevention. Regulation of tobacco, alcohol, and medications, which attempts to strike a balance between the government's obligation to protect individual freedom and its obligation to protect people from harm, is arguably, largely effective. Criminalization of the "illicit" drugs, however, has been an abysmal failure resulting in overpopulation of jails and prisons, ruined lives, corruption, and violence among dealers of illegal drugs that overflows into poor communities, especially communities of color. In addition, lately drug overdose deaths have increased alarmingly. Treatment for substance use disorders is available and sometimes effective but limited in quantity and quality. There are important ideological disputes (1) about the nature of addiction (is it a behavioral, psychological, or brain disorder?) and (2) about the goals of treatment (abstinence or harm reduction). There are evidence-based preventive interventions, some which reduce the incidence of substance misuse and some that reduce associated harms, but these interventions are not widespread. Although epidemiological estimates of the magnitude of the problem of substance misuse are inconsistent, it is clear that it is significant. How can it be reduced? Some argue for legalization/decriminalization of the "illicit drugs"; others maintain that these drugs, with the possible exception of marijuana, are inherently dangerous and/or sinful and must be subjected to strict criminal controls. During the Trump and the Biden administrations, there have been efforts to address the opioid epidemic and the rapid rise of drug overdoses with multi-pronged initiatives. These initiatives call for (1) increased treatment including medication assisted treatment, (2) improved crisis intervention, (3) criminal justice reform, (4) improved treatment of pain, (5) harm reduction measures, (6) expanded preventive interventions, (7) increased attention to social drivers of substance misuse such as unstable income, poor housing and homelessness, racism, etc.; and (8) increased research regarding causes, prevention, and treatment of substance use disorders including biomedical, clinical, psychosocial, and epidemiological research. Current initiatives do not adequately address the co-occurrence of, and need for integrated treatment for, mental and substance use disorders.

The American approach to dealing with the fact that a significant number of people use substances such as tobacco, alcoholic drinks, medications, marijuana, opioids, cocaine, stimulants, etc. in ways that are harmful or (to some minds) sinful is a complex mix of regulation, criminalization, treatment, and prevention.

Regulation: For tobacco, alcohol, and medications, regulations regarding the determination of safety and effectiveness, manufacture, distribution, sales, and use coupled with civil and/or criminal penalties for such transgressions as driving under the influence, sale to minors, smuggling from state-to-state to avoid taxes, etc. have arguably been effective (1) in limiting the risks of using these substances (aka "harm reduction") and (2) in balancing government's obligations both to protect individuals' rights and to protect them from harm.

Criminalization: For the substances that have been made illegal, the American approach has been an abysmal failure.[1,2] There is no reason to believe that criminalization has reduced addiction or illegal drug sales. And the overpopulation of jails and prisons with people who used illegal drugs—including marijuana—and were then subject to long prison sentences has ruined millions of lives—more so for people of color than for White people because of inequitable applications of the law to those who are poor and/or not White. The illegality of drugs has resulted in corruption of people in law enforcement, bankers who launder the earnings of drug dealers, and others. It has also resulted in violence among competing drug dealers that often overflows into poor communities, particularly communities of color, driving up homicide injury rates to frightening levels. And, very importantly, the criminalization of drugs has resulted in an inordinate and growing number of overdose deaths due to the dangerous adulteration of street drugs, especially fentanyl.

Treatment for substance abuse is available for some people, but even though it costs roughly $50 billion per year, it is not nearly enough.

Crisis services rely too much on the police, on emergency medical teams (EMTs), and on emergency rooms in hospitals (ERs). First responders sometimes have lifesaving medication available when they are trying to save someone who has overdosed, but until recently this has not been the basic expectation. Sadly, SBIRT (Screening, Brief Intervention, And Referral To Treatment),[3] an evidence-based program to help people with substance use disorders go from dealing with crisis in an emergency room or in primary care to ongoing treatment, has not been as widely adopted as is needed.

Non-crisis treatment, including residential and non-residential detoxification and rehabilitation services [4] and various forms of therapy and mutual aid[5,6,7], also falls short both in quantity and quality.

There are tremendous debates about what works and what doesn't. These are driven to some extent by ideological differences between those for whom the goal of treatment is lifetime abstinence and those for whom the goal is harm reduction.[8] Those who insist on abstinence believe that people who become addicts cannot use alcohol or drugs without becoming re-addicted. Those who support "harm reduction" believe that it is possible for some people, even those with addictions, to use alcohol or other drugs safely and avoid such dangers of drugs as drunk driving, unsafe sex, contagion due to sharing needles, homelessness, etc.

Disputes also are driven by competing views about the nature of addiction.[9] Is it a moral failing? A psychological illness rooted in the unconscious mind?[10] An incurable illness that requires daily commitment to controlling one's behavior?[11] A brain disease? [12] A genetic condition?[13] A consequence of social conditions?[14] Etc.

Prevention[15]: There are also significant efforts made to prevent substance misuse largely through public information including education for children and adolescents. Mothers Against Drunk Driving (MADD) and other efforts to stop people from driving under the influence appear to have been somewhat effective as have a variety of interventions to reduce additional harms of substance use. It is not clear whether preventive interventions have been effective in reducing addiction itself [16], though many are optimistic about opportunities for prevention.[17]

How Big Is the Problem?

Although it is clear that the misuse of substances is a major problem in America, it is not clear how big it is—for several reasons.

First, it is not clear what constitutes misuse. For example, I and others distinguish between overuse of alcohol and addiction to it. For us, overuse is not necessarily a diagnosable substance use disorder even if it is a problem.

Second, the definition of "substance use disorder" has changed from DSM IV to DSM V, resulting in non-comparable research findings over time.

Third, substance misuse includes quite a number of substances, which may or may not figure into estimates of substance misuse: tobacco, alcohol, prescription drugs, over-the-counter drugs, "illicit" drugs such as marijuana (which is illegal in some states but not others), cocaine, street opioids, stimulants, designer drugs, synthetic drugs such as fentanyl, etc.

Fourth, data regarding prevalence rates vary from study to study. According to SAMHSA, "In 2020, 40.3 million people aged 12 or older (or 14.5 percent of this population) had a SUD in the past year, including 28.3 million who

had alcohol use disorder and 18.4 million who had an illicit drug use disorder."[18] These numbers seem very high given the findings of other studies. For example, Drug Abuse Statistics.com estimates that the prevalence of substance use disorders is about half that. [19]

Fifth, the co-occurrence of mental and substance use disorders complicates prevalence estimates. Using strict definitions of diagnosable disorders, it is estimated that about 4% of adult Americans have both substance use and mental disorders.[20] Speaking more loosely, the overlap is much more extensive.

Whatever the prevalence of substance use disorders is, it seems clear to me that the problem is bigger than how many people have a diagnosable substance use disorder and includes binging, routine overuse, use that interferes with basic responsibilities to family and work, dangerous use such as driving while intoxicated, risky behavior—sexual and otherwise, criminal behavior, and self-harm.

It is critical to think about substance misuse in terms of the harm that results as well as its medical symptoms. These include risks to health such as lung and liver cancer, injuries, contagious diseases including sexually transmitted diseases (STDs), harm from violence and other dangers of street life, and accidental drug overdoses, all of which contribute to reduced life expectancy for people who misuse substances.

In addition, **co-occurring physical, mental, and substance use disorders are the major driver of very high healthcare costs** due to delays in physical health care resulting in frequent use of emergency rooms and long stays in hospitals.

Overdose Deaths

So, the impact of misuse of substances can be great, resulting, as noted, in poor health and low life expectancy, disrupted lives and economic hardship, family and community violence, and very high health care costs.

All of these are obviously important. But over the past 10-15 years, overdose deaths appear to have become the priority concern. This began with the discovery that in the early years of the 21st century, more drug overdose deaths were due to prescription opioids than to illegal substances. Later it became clear that the number of overdose deaths was climbing. In fact, from 2000 to 2020, **drug overdose death rates increased** from 4.15 to 25.36 per 100,000.[21] And the **rate is still rising**, fueled in part by the increase in drug use during the pandemic.[22] In the most recent year overdose deaths rose to over 100,000[23]—more than deaths due to accidents or homicide or suicide.

These sad facts are generally referred to as the "opioid crisis" even though the rising number of drug overdoses is far more complicated than the overuse of opioids.

It is important to know that:

- By definition a "drug overdose death" is unintentional. An intentional drug overdose is classified as a suicide.*

- In addition, alcohol-related deaths are not counted as drug overdoses. Alcohol-related deaths, especially from liver disease, now exceed 140,000 per year.[24]

- Drug overdose deaths are **more common among men than women**.[25]

- Working-aged **people 35-54 now have the highest rates of drug overdoses** at 35 per 100,000. Adults 65+ have the lowest at 6 per 100,000.[26]

- In 2020 **rates varied by race**: Native American 37.6, Black Non-Hispanic 32.9, White Non-Hispanic 28.2, Asian: 4.9 per100,000.[27]

- **Few people with substance use disorders receive appropriate treatment**. **Whites are more likely** to get specialty treatment for substance use disorders **than are people of color**.[28]

- **The drugs involved in overdose deaths have changed over time**. At one point it was primarily heroin and cocaine, then deaths from prescription opioid painkillers exceeded deaths from street drugs, and now illicitly manufactured synthetic opioids, especially **fentanyl, and, increasingly, stimulants are the primary drugs resulting in overdose deaths**.[29]

- **Many drug overdose deaths involve more than one drug** [30, 31] Mixtures of opioids and benzodiazepines, barbiturates, or alcohol are particularly common and dangerous because they suppress breathing. Alcohol is involved in some overdose deaths that are classified as opioid-related or due to benzodiazepines [32] According to Tori, et al, alcohol is involved in about 15% of opioid-related overdose deaths.[33]

* Without doubt some "overdose deaths" are suicides. As a result, the counts of overdose deaths and of suicides are not certain. Paul Nestadt, M.D. at Johns Hopkins has started a major project to try to sort this out.

The Substance Use Service "System"

Like the mental health service system, the substance use service system is a cacophonous hodgepodge of public and private sector providers and funders with policies made at all levels and by all branches of government. And also like the mental health service system, there is limited capacity, access, and quality of services. Services are plagued by workforce shortages, fragmentation, ideological disputes among providers and advocates, insufficient funding, and more.

Substance misuse policy in the United States increasingly is a medical matter, but it arises historically from the moral belief that using drugs to get high is a sin. And the fundamental policy is the criminalization of "illicit" substances, including heroin, cocaine, marijuana (federally and in most states), hallucinogens, some amphetamines, and others.

Early in the 20th century, alcohol was also outlawed. The vast illicit market that developed during Prohibition led to replacing the criminalization of alcohol with regulatory controls on manufacture, import, distribution, marketing, sale, and use. Regulatory control applies to tobacco and medications as well as to alcohol.

Many medications, including some opioids, may be used legally only if they have been prescribed by a physician. Others are available "over the counter" without a prescription. Medications need to pass muster as "safe and effective" as determined by the Food and Drug Administration.

On the positive side, over recent decades there has been a major push against driving while intoxicated including public education and much tougher law enforcement regarding drunk driving. And there are also some harm reduction programs in place, such as clean needle exchanges. In addition, there have been some efforts to prevent substance misuse, such as the DARE program for children and adolescents. That program proved to be remarkably ineffective. But others, that emphasize teaching children to make intelligent choices rather than trying to scare them into "just saying no", appear to be more effective.[34]

But, as previously noted, criminalization of import, production, distribution, and use of certain substances has proved to be a terrible, counter-productive policy. With apologies for the repetition, it has resulted in:

- A huge, thriving, violent illegal drug business in the United States and throughout the world. Drug-related homicides are almost all related to the drug business, not drug use.

- A vast increase in incarceration in the United States, where a very large portion of the 2 million Americans in jails or prisons are there for drug offenses, many of them minor.

- Disproportionately high incarceration of Blacks and Latinos.

- A rapid rise in overdose deaths, often due to lethally adulterated or unexpectedly pure street drugs.

- High incidence of physical illness and injury among people addicted to illegal substances.

How To Improve Substance Misuse Policy in the United States

How to improve substance abuse policy in the United States is highly controversial. For example, many question the wisdom of harm-reduction strategies, fearing that they remove some of the disincentives to use drugs. Others, of course, argue that it is better to save lives than to let people die while waiting for them to achieve abstinence. They advocate for such harm reduction [35, 36] measures as safe places to use drugs, clean needle exchange, 1st responders prepared to reverse overdoses, and providing housing without insisting on abstinence (Housing First).[37]

There is also controversy about the use of medications to treat substance use disorders. Some argue that replacing a chemical with a chemical simply replaces one addiction with another. However, the evidence for medication-assisted treatment is strong.[38]

There is even greater controversy about proposals to decriminalize/legalize drug distribution and use via a regulated system comparable to that used for tobacco and alcohol.[39] Some opponents of full decriminalization fear the damaging physical and psychological side effects of the drugs that are currently illegal. However, some of them support targeted decriminalization (legalization) of marijuana use while advocating for continuing criminalization of hard drugs and the attempt to block sales and incarcerate dealers. Those who favor full decriminalization generally argue that the most seriously damaging outcomes of substance abuse reflect the illegal activity of the black market not the use of drugs.

There are also ideological disputes about the nature of substance use disorders and how to treat them effectively. Early in my career, the major debate was between those with a psychoanalytic orientation who believed that unconscious conflicts had to be revealed and resolved in order to end personal addiction and those who believed that behavior had to change through reliance on mutual aid and appeal to a "higher power". Since

psychoanalytic methods rarely resulted in behavior change, the field came to be dominated by people who followed the twelve-step method developed by Alcoholics Anonymous. Over recent decades with greater use of cognitive behavioral interventions, motivational therapies, and medications that have emerged from the conviction that addiction is a brain disease, the treatment options have become more diverse as has the power structure of the field.

In the Fall of 2021, the Secretary of Health and Human Services announced a "new" strategy to confront overdose deaths as a public health crisis.[40, 41] This strategy appears to shift away from disrupting the illegal smuggling and sale of drugs and to focus instead on primary prevention, evidence-based treatment, harm reduction, and "recovery" support. It also emphasizes the importance of racial equity in the response to substance use problems and the need for greater coordination of federal drug-related initiatives. To implement the new strategy, the Biden administration proposes to increase funding for specific "drug-related programs and initiatives" by nearly $4 billion, a bit over 50% for those programs, but only 8% of overall spending on treatment and rehabilitation of addiction.[*]

The new strategy implicitly recognizes the limitations of current knowledge about dangerous drug use by calling for increased research regarding (1) the causes of substance use disorders and (2) methods of prevention, treatment, harm reduction, and recovery support. More effective ways to treat pain without using addictive substances is a particularly important area for further research.

Some of the specific measures called for are controversial, particularly some of the harm reduction measures, such as needle exchanges, distribution of Naloxone to reverse overdoses, and distribution of Fentanyl test strips to avoid fatally contaminated street drugs. In fact, it is likely that there will be objections to supporting harm reduction rather than insisting that the appropriate goal of drug programs is abstinence.

It is also interesting that the Secretary's recent announcement does not address law enforcement as a fundamental way to reduce the flow of illegal drugs. While there is room for debate in general about the importance of disrupting the supply side of the drug overdose crisis and focusing instead on the demand side, the rise of Fentanyl-related deaths from adulterated drugs really does call for significant efforts to disrupt the illegal distribution of the drugs that are increasingly causing drug overdoses. And this is recognized in a statement about substance abuse from the White House itself, where disrupting supply is listed as the fifth priority.[42]

[*] The key to adequate financing will be whether Medicaid and Medicare increase eligibility for substance use treatment. I recently received a notice from Medicare that it will pay for substance use treatment, so maybe there will be more significant growth of spending than has been publicly announced.

Policies To Reduce Overdose Deaths

Over the past 20 years there have been a variety of policy shifts in order to address the growing crisis of overdose deaths.

When it became known that prescription opioids were the major source of deaths, policy focused heavily on professional and public education (1) to persuade physicians to reduce prescriptions for opioid painkillers, (2) to alert the public that taking opioids for an extended period of time created substantial risk of addiction and (3) to help them understand when they were "taking too much of a good thing".[43]

By the middle of the 2010s a narrative about the overdose crisis had developed that led to additional policy changes. The narrative went something like this:

- Drug companies persuaded doctors that various opioid painkillers were effective and non-addictive. This took place at roughly the same time as the Institute of Medicine declared that pain management was a critical function of doctors.[44] Doctors, not knowing that they were dangerously addictive, prescribed excessive quantities of opioid painkillers, some of which were used appropriately by their patients, some of which were used inappropriately, and many of which fell into the hands of people seeking a cheap high. Some doctors became drug dealers in effect. Overdose deaths began to rise, leading to efforts to reduce the quantity of prescribed drugs that were readily available. Many people then switched to heroin as a cheaper alternative to prescription opioids. This fueled increased overdose deaths because of street drugs adulterated with fentanyl, much of which is imported illegally from China and elsewhere.

Based on this narrative, the Obama and then the Trump administrations made what seemed to be promising policy changes to reduce drug overdoses, including to:

- Choke off the supply of illegal substances with enhanced enforcement of drug laws—including, during the Trump administration, increased use of the death penalty and tougher enforcement of immigration laws
- Pressure drug manufacturers, distributors, and pharmacies to limit distribution
- Pressure physicians to change prescribing practices
- Use and develop alternative interventions to treat pain
- Provide public education to discourage demand for these drugs

- Provide increased treatment for addiction
- Provide additional funding to support prevention and treatment.

It's possible, of course, that the drug overdose crisis would be even worse had these policies not been introduced; but given the vast growth of overdose deaths since they were instituted, they appear not to have been effective.*

Do we have **reason to be more optimistic about the Biden administration's new strategy?**

They are adding some funding for prevention and treatment. It is not nearly as great a proportion of overall spending on treatment of substance use disorders as they try to make it seem. They are also **preserving and improving the Affordable Care Act (ACA) and pushing for states to increase their use of Medicaid**, which the Trump administration opposed. So perhaps more people will be reached.

The Biden administration is also supporting the spread of medication-assisted treatment, including in prisons.

They are supporting various forms of harm reduction that generally are not popular with conservatives. That could save lives even if it doesn't reduce the prevalence of substance use disorders.

They are focusing on drugs linked to overdoses in addition to prescription painkillers and street heroin. Given the rise in fentanyl and stimulant-related deaths, that seems imperative.

Perhaps most importantly, the Biden administration is tackling some of the social drivers of poor health by creating jobs and seeking to reduce poverty.

But like the Trump administration and others going back to the Nixon administration's War on Drugs and even further back to Prohibition, the Biden administration continues to try to reduce addiction by stopping illegal drug manufacturing, importation, distribution, and sales. It is hard to imagine what will make this approach—the criminalization approach—more effective now than it has been over the course of American history. Sadly, the politics of decriminalizing drugs are toxic, so we're not likely to see the decriminalization of any currently illegal drug in addition to marijuana anytime soon.

* I have been skeptical about the government's efforts to address the opioid crisis since the middle of the last decade. Here's one article I wrote explaining my reservations.

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