

Overhaul of US drug policy is long overdue, expert says

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A new report from the Office of the Surgeon General, "Facing Addiction in America," suggests that an overhaul of U.S. drug policy is long overdue, according to a new [issue brief](#) from a drug policy expert at Rice University's Baker Institute for Public Policy.

The [surgeon general](#)'s report is meant to be a call to action against the public health crisis of [addiction](#), according to the brief's author, Katharine Neill, the Baker Institute's Alfred C. Glassell III Postdoctoral Fellow in Drug Policy. It brings an authoritative voice to the current national debate over how to confront addiction in the face of rising rates of opioid-related overdoses and confirms what many observers have claimed—that addiction requires compassion and treatment, not punishment, she said.

"The strong endorsement from the surgeon general's office for integrated substance use care, expanded use of medication-assisted treatment and an overall public-health-based approach to addiction should send a clear message to policymakers and the public that an overhaul of

U.S. [drug policy](#) is long overdue," Neill wrote.

The report is densely packed with troubling statistics that highlight the prevalence of alcohol and [substance misuse](#) in the United States, Neill said. In 2015, 20.8 million people—nearly 8 percent of the U.S. population—met the criteria for a substance use disorder (SUD) involving alcohol or illicit substances. As the report states, roughly 88,000 deaths per year are alcohol-related. In 2015, more than 52,000 deaths were attributed to drug overdose, which has claimed more lives in recent years largely due to a rise in opioid misuse. Substance misuse and SUDs cost the United States roughly \$400 billion annually in health care and criminal justice expenses and lost worker productivity.

Despite the heavy toll of substance misuse on individuals, families and society, only about 10 percent of people who need help with an SUD actually receive it, Neill said. "In the face of this crisis and based on a growing body of neurobiological evidence, the report argues that addiction is a chronic disease of the brain that should be treated more like diabetes and less like an act of criminal misconduct," Neill wrote.

Neill's brief, "Will the Surgeon General's Report on Addiction Change How We Treat Drug Users?", analyzes the major claims and implications of the report and proposes additional drug policy considerations for addressing substance use disorders."

"For all its admirable qualities, there are other areas in which the report falls short," Neill wrote. "It misses an opportunity to bring heroin-assisted treatment into the discussion of effective medication-assisted therapies for opioid use disorders. While it argues that addiction should not be criminalized, it stops short of supporting decriminalization of drug possession and maintains that legal sanctions can be an effective incentive for

drug treatment, not dealing with the reality of how these sanctions might be used in practice and the collateral consequences that an individual faces if sanctions are enforced."

Neill said future efforts to address [drug addiction](#) should frame neurobiological explanations of addiction more squarely within the context of environmental risk factors and should emphasize the need for social policies that address the underlying external causes of addiction.

"It is indeed time to change how we view drug addiction," Neill wrote. "Let's get it right this time—by acknowledging the many complexities of addiction and the need for a holistic policy response."

Provided by Rice University

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