

Drug Addiction is Not a Crime

What is drug addiction?

Drug addiction refers to a pattern of consumption marked by the compulsive taking of a drug, the need for increasing amounts of the drug over time to maintain the same effect (*tolerance*), and the appearance of symptoms when the drug is stopped that disappear when it is taken (*withdrawal*). In short, addiction describes compulsive behavior and the mental and physical reactions that follow both when the behavior is performed and when it is not.

What are the different types of drug treatment and how do they vary in method and effectiveness?

There are various types of treatment that address drug abuse and addiction. Approaches may include components such as detoxification, assessment, outpatient services, inpatient services (short term and/or long term) and follow-up services. It is important for individuals to understand what their program's expectations are regarding ongoing drug use while accessing services. Some programs have an abstinence-based philosophy while others have a harm-reduction philosophy. Abstinence-based programs define success as the ability to remain drug free, while harm reduction-based programs will work with individuals "where they are at," and define success by the individual's ability to reduce the harms their drug use causes to themselves, their loved ones and society. Harm reduction-oriented treatment emphasizes maximizing health and safety for users and non-users alike.

Studies demonstrate that the most important component of treatment success is placement based on an in-depth clinical assessment of the individual's health, social support and motivation; this will allow for the best match to appropriate treatment. The length of program services and accessibility of services also have a high correlation to success rates.

What factors influence access to and duration of drug treatment?

Poverty, class, race, social isolation, past trauma, sex-based discrimination and other social inequalities all affect access to treatment and length of treatment services.

According to official government estimates, 90% of the 23 million Americans in need of substance-abuse treatment do not receive it in spite of its proven effectiveness when compared with criminal justice approaches. The 2012 federal Office of National Drug Control (ONDCP) budget is \$26.2 billion. Of this, about \$10 billion is targeted for treatment and prevention, with more than 1.5 times that amount spent on law enforcement.

Lack of adequate health insurance and lack of payment parity for treatment services affect access to treatment. An individual may be ready to enter a treatment program and find that he/she has insufficient insurance coverage (if he/she has insurance at all). When health insurance does cover treatment, many times the waiting list for treatment programs limits access and can further discourage those willing to take the first step to addressing their addiction.

In addition to these factors, an individual's community, family and personal commitment to treatment will influence treatment success. Treatment providers have found that all of these factors impact individuals' abilities to make lifestyle changes that support their attempts to deal with drug addiction in a positive and healthy way. Treatment that happens in isolation may provide the individual with important skills, but continued success usually involves a program's ability to address the whole person. Family and community support and understanding of addiction are important for successful treatment.

A study by the RAND Drug Policy Research Center found that treatment is 10 times more cost effective than interdiction in reducing the use of cocaine in the United States. The same study found that every additional dollar invested in substance-abuse treatment saves taxpayers more than \$7 and that additional domestic law enforcement costs 15 times as much as treatment to achieve the same reduction in drug abuse and related social costs.

How has the War on Drugs impacted the health of communities of color?

HIV/AIDS. Despite comprising just 14% of the U.S. population, African-Americans accounted for 44% of all new HIV infections in 2009. Black women accounted for the largest share of new HIV infections among women - 57% in 2009 and the incidence rate of HIV among Black women is nearly 15 times higher than among White women. Although Black teens (age 13-19) represent only about 17% of U.S. teenagers, they accounted for 68% of new AIDS diagnoses among teens in 2009. A similar impact can be seen among Black children. Compared to other racial groups and ethnicities African-Americans account for a higher proportion of HIV infections at all stages of the disease from new infections to death. By the end of 2008, an estimated 240,627 African-Americans with an AIDS diagnosis had died in the U.S. Currently, there are about 1.1 million people living with HIV/AIDS in the U.S almost half (approx. 545,000) are Black.

Syringe sharing has led to more than 250,000 HIV infections in the U.S. for injection drug users, their sex partners, and their children. The Obama administration lifted the long-standing federal ban on funding for needle exchange programs, which was later reimposed by Congress. As a result syringe exchange programs remain underfunded, under available, and illegal in many states and localities. In cities where needle exchange programs exist, they have reduced HIV infection rates significantly.

Women's Reproductive Health Access to appropriate prenatal care has been shown to be a factor in the delivery of healthy babies. A pregnant woman who is using drugs and/or seeking treatment can be punished and her parental rights threatened if she accesses health services. A woman who decides to assume the risk and seek prenatal care may not share her complete medical history - information that could affect the care she receives from her health professional. It's worth noting numerous studies shown that pregnancy is often a motivating factor for many women to seek substance abuse treatment because they want to create a healthy and safe environment for their child.

How have overdose rates been affected by the War on Drugs?

Heroin overdose deaths in the U.S. nearly doubled over the last decade, from 1,725 in 1999 to 3,278 in 2009, according to the Centers for Disease Control and Prevention. During the same period, deadly overdoses from opiate-like drugs, including painkillers, have nearly quadrupled, from 4,030 to 15,597.

Drug-overdose deaths are an overlooked epidemic in many U.S. cities. In 2006, the death rate from drug overdose in Baltimore City was more than three times higher than the national average and was among the top 10 leading causes of death in the city. In 2007, 213 Baltimore City residents died of drug overdose associated with use of heroin and other opioids.

There are successful programs that have improved the health of people who use heroin and prevented overdoses until users can effectively address their addiction. Since 2004, the Baltimore's Staying Alive Drug Overdose Prevention and Response Program has taught more than 3,000 injection drug users, drug treatment clients and providers, prison inmates, and corrections officers about how to prevent drug overdoses. More than 220 lives saved have been documented.

Methadone maintenance treatment (MMT) is the most effective and proven method of treating heroin addiction and reducing the death, disease, crime and suffering associated with it. Yet methadone remains one of the most regulated, restricted, and under available medications in the U.S. With few exceptions, methadone is distributed only at specialized methadone centers. Doctors can't prescribe it, which makes it unavailable to many patients who might benefit from it.