The War on Drugs is an epic policy failure… and what's needed now to fix this

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Recent statistics (always lag time)

For Immediate Release: May 11, 2022 from CDC

- Provisional data from CDC's National Center for Health Statistics indicate there were an estimated **107,622 drug overdose deaths in the United States during 2021, an increase of nearly 15% from the 93,655 deaths estimated in 2020.**
- The new data show overdose deaths involving opioids increased from an estimated 70,029 in 2020 to 80,816 in 2021. Overdose deaths from synthetic opioids (primarily fentanyl), psychostimulants such as methamphetamine, and cocaine also continued to increase in 2021 compared to 2020.

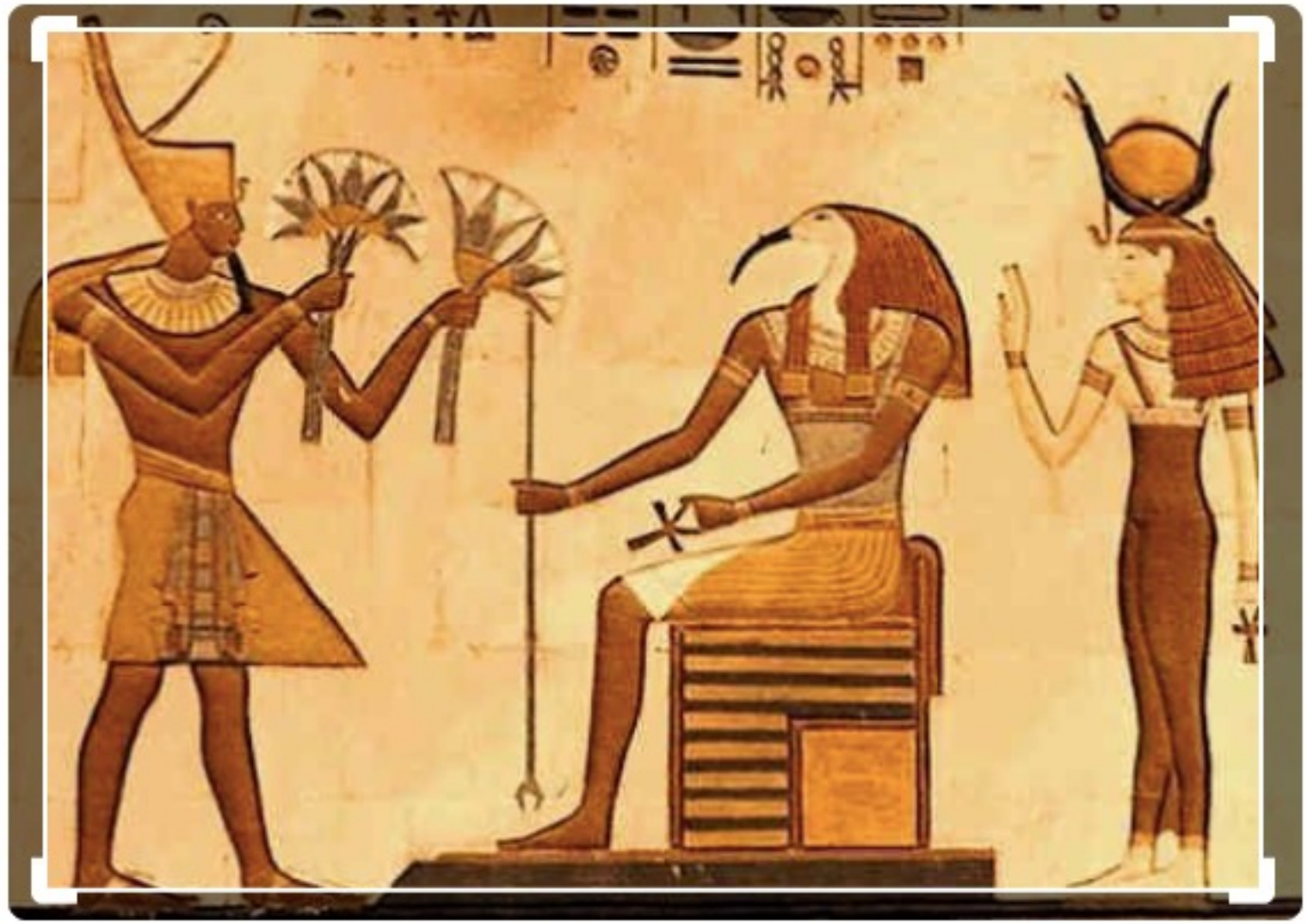
The Epidemic is worsening—racial, ethnic inequities underscore increased mortality for Black and Brown Americans; Policymakers continue lack of meaningful policy enforcement against health insurance companies

- Young people, Black and Brown Americans dying at increasing rates; inequities in treatment becoming worse
- Health insurance companies found to repeatedly violate state and federal mental health and substance use disorder parity laws
- **Of the 40.3 million people aged 12 or older with a substance use disorder, 93.5 percent received no treatment; more than 27 million people aged 18 or older with a mental illness received no treatment.**

- Let’s acknowledge that humans have wanted to change their mood and consciousness since there have been humans and consciousness….that is, for thousands of years.

- And there are different ways to do that, unique to each time and culture…but these typically have a framework and tradition when using.

- In our time and culture, there are healthy ways to do change our moods, less healthy ways, and dangerous ways.



John Ehrlichman: 1994 interview Harper's Magazine

- "You want to know what this was really all about?" he asked with the bluntness of a man who, after public disgrace and a stretch in federal prison, had little left to protect. "The Nixon campaign in 1968, and the Nixon White House after that, had **two enemies: the antiwar left and black people.** You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or blacks, but **by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course, we did."**

The Reagan "War on Drugs" 1981-1988

- FBI anti-drug funding went from $8 million to $95 million
- Department of Defense antidrug allocations went from $33 million to $1.4 billion
- DEA anti-drug spending went from $86 million to $1.2 billion

BY CONTRAST DURING THAT SAME TIME PERIOD

- National Institute of Drug Abuse reduced from $274 million to $ 57 million
- Department of Education antidrug funds reduced from $14 million to $3 million

The Clinton Years 1993-2001

- "One-strike and You're Out" – any drug conviction **excluded those with any criminal history from public housing (impact: if a person trying to re-enter moved in with their family, then that family would then be denied or removed from public housing)**

Public Housing spending decreased by 61%

- Prison Construction spending increased by 171%
- 1994: Death penalty for serious drug-related offenses
- 1998: Anti-Drug Abuse Act created **a mandatory minimum 5-year sentence** for simple possession of cocaine even if no prior convictions

Cocaine powder vs. crack: the 100:1 policy

Disparate Sentencing in the Anti-Drug Abuse Act of 1986. Congress's passage of the Anti-Drug Abuse Act of 1986 created a five-year mandatory minimum sentence for possession of five grams (.17 ounces) of **crack cocaine**. (21 U.S.C. § 841 (2006).

By contrast a **powder cocaine** user had to be caught with *100 times* that amount of powder cocaine (500 grams, or over a pound) in order to face a similar five-year mandatory minimum sentence.

Statistics showed that Black people are more likely to be convicted of crack cocaine offenses and white people are more likely to be convicted of powder cocaine offenses. The result: Black people received far harsher drug sentences than white people even though powder and crack cocaine are nearly identical substances.

- All these policies worked effectively as Fareed Zakaria wrote for TIME:
- “Drug convictions went from **15 inmates per 100,000 adults in 1980 to 148 per 100,000 in 1996, an almost tenfold increase.** More than half of America's federal inmates today are in prison on drug convictions. In 2009 alone, 1.66 million Americans were arrested on drug charges, more than were arrested on assault or larceny charges. And 4 of 5 of those arrests were simply for possession."

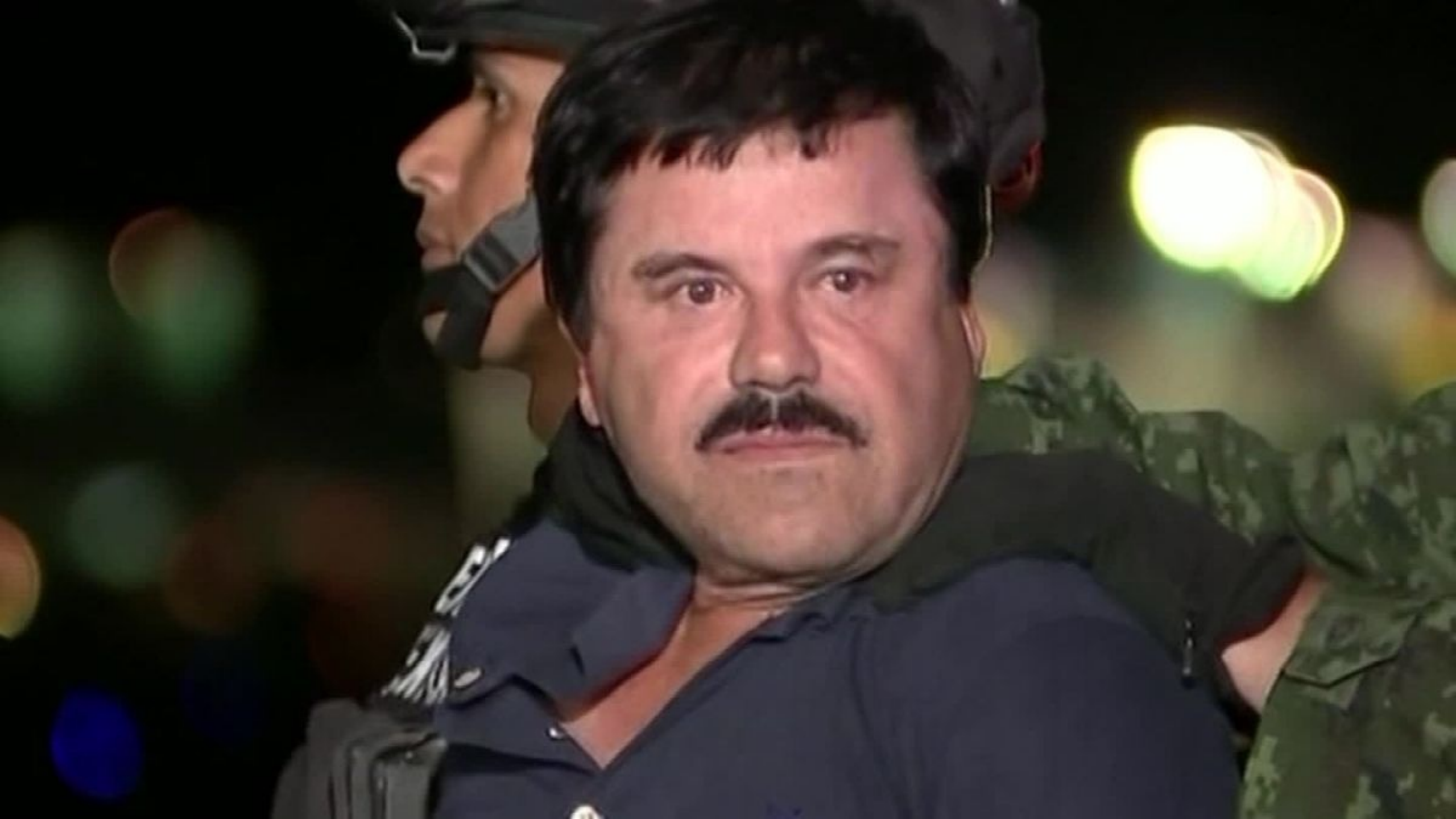
FEDERAL PRISON FACTS

- 185,000 PEOPLE IN FEDERAL PRISON
- 46% FOR DRUG OFFENSES
- 50% OF THOSE IN FEDERAL PRISON SERVING LIFE WITHOUT PAROLE ARE FOR DRUG OFFENSES

AND 80% OF THOSE ARE PEOPLE OF COLOR

“A drug war was waged almost exclusively against poor people of color – people already trapped in ghettos that lacked jobs and decent schools. They were rounded up by the millions, packed away in prisons, and when released, they were stigmatized for life, denied the right to vote, and ushered into a world of discrimination. Legally barred from employment, housing, and welfare benefits and saddled with thousands of dollars of debt.”

- Michelle Alexander “The New Jim Crow”



El Chapo: Joaquin Guzman

- From 1/10/2016 Baltimore Sun article when asked why he deals drugs: **“If there was no consumption, there would be no sales.** It is true that consumption, day after day, becomes bigger and bigger. So, it sells and sells.” Where he grew up, in the mountains of Sinaloa state, "the only way to have money to buy food, to survive, is to grow poppy, marijuana," and he began at a young age. "It's a reality that drugs destroy. Unfortunately, as I said, where I grew up there was no other way and there still isn't a way to survive, no way to work in our economy to be able to make a living.”
- "I supply more heroin, methamphetamine, cocaine and marijuana than anybody else in the world," Guzmán said**. "I have a fleet of submarines, airplanes, trucks and boats.”**

Justice Department on El Chapo

- **From CNN: ”The Sinaloa Cartel moves drugs by land, air, and sea, including cargo aircraft, private aircraft, submarines and other submersible and semi-submersible vessels, container ships, supply vessels, go-fast boats, fishing vessels, buses, rail cars, tractor trailers, trucks, automobiles, and private and commercial interstate and foreign carriers,"** the Justice Department said.

BBC News report - 2015

- “A local Taliban commander and 50 fighters have been killed overnight fighting in Sangin in Helmand province, the Afghan interior minister says. Strategically located, and a centre for opium production, Sangin would be a significant gain for the Taliban.”

US China Economic and Security Review Commission (a US government agency)

IT'S A GLOBAL INDUSTRY

"Mass quantities of fentanyl, a low-cost and highly potent synthetic drug, are being produced in China and brought illegally to the United States, contributing to a growing U.S. opioid crisis."

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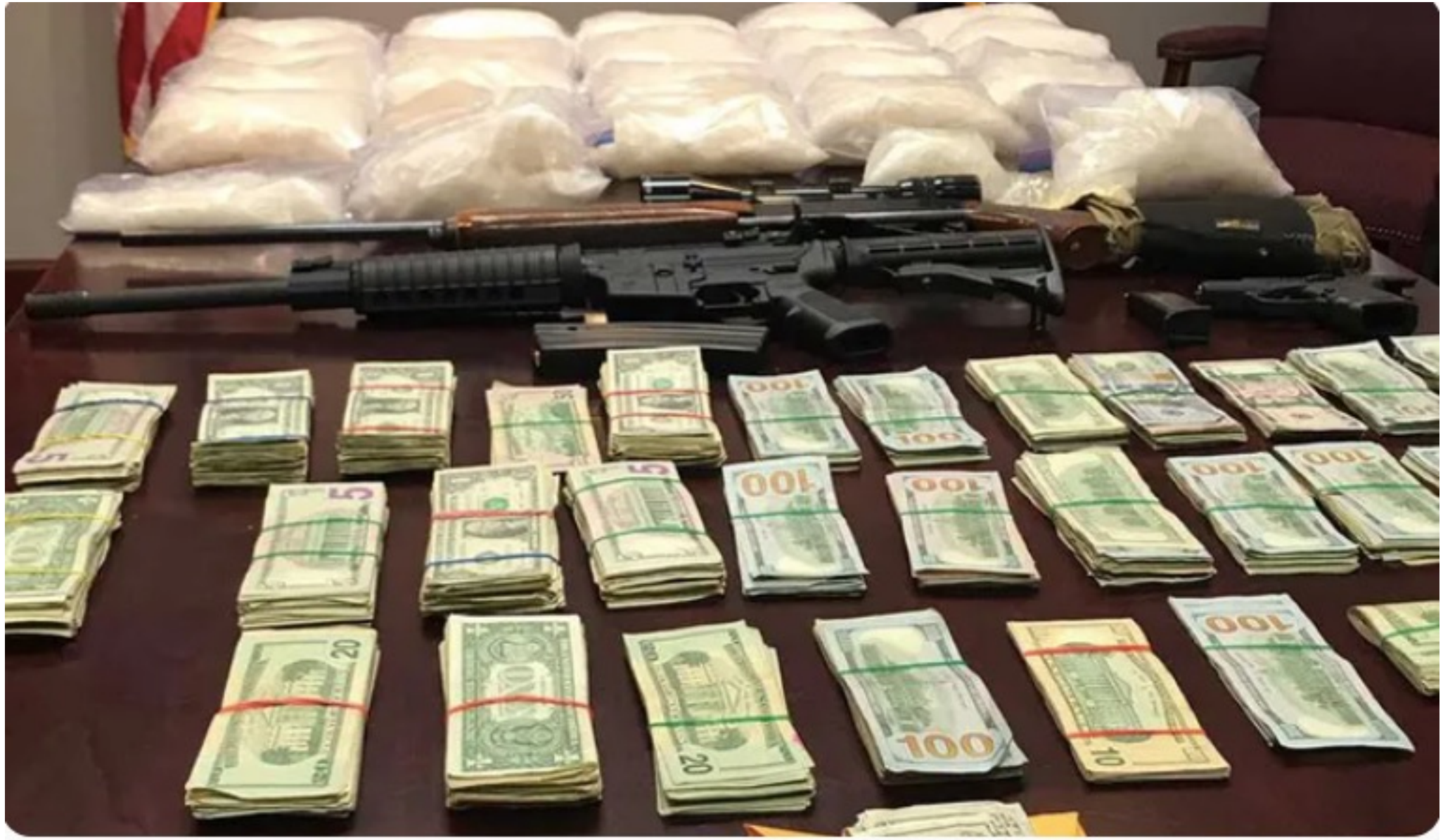
As long as we are consuming, a steady supply of new drugs will be developed and sold.



Money laundering – Forbes September 2020

- Money laundering is more than a financial crime. It is a tool that makes all other crimes possible - from **drug trafficking** to political crimes. And banks make it all possible. In a detailed expose, BuzzFeedNews named several of the most trusted banks. **Current investigations show that even after fines and prosecutions, well-known JPMorgan Chase HSBC, Standard Chartered, Deutsche Bank, and Bank of New York Mellon are all involved in moving funds for suspected criminals.**
- The current financial system largely insulates the banks and its executives from prosecution, so long as the bank files a notice with FinCEN that it may be facilitating criminal activity. The suspicious activity alert effectively gives the banks a free pass. **And so, illegal funds continue to flow through banks into various industries from oil to entertainment to real estate, further separating the rich from the poor, while the banks we have grown to trust, make it all possible.**

Money to buy drugs in metro Baltimore metro area

Calculation:

# of daily use addicts x $ cost/day x 365 = total amount spent to buy drugs in metro Baltimore

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Enter your own numbers per current estimates:

# of daily use addicts = 15,000 to 60,000

$ cost per day = $10 - $200

365 days/year because persons with substance abuse disorders use daily all year round

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This doesn’t account for intermittent users

Let's do the math:

Calculation:

# of daily use addicts x $ cost/day x 365 = total amount spent to buy drugs in metro Baltimore

30,000 x $50 x 365 = $547,500,000

Consider statewide and/or in your state

Consider nationally

This is just the $$$ to buy drugs and does not account for all the other societal costs, health care, family and neighborhood disruption, crime, etc. etc. etc.

And what happens when lines of distribution of this international industry are disrupted?

(think Hurricane Katrina and the Freddie Gray uprising)

Connecting the War on Drugs with the Border Crisis

My Article at Michael Smerconish national website

"Remember the opioid crisis? While the media has not covered the subject lately, it didn't go away. In fact, it got worse. The CDC reported that opioids were responsible for 81,000 deaths last year (2020), up over 38 percent, while deaths from cocaine overdose increased by 26 percent and those from methamphetamine by 35 percent.

At the same time, thousands of people, including many unaccompanied children, are gathering at our southern border seeking entry into the US. As of Sunday morning, Customs and Border Protection (CBP) had detained more than 4,200 children in temporary holding facilities designed for adults.

The two circumstances may appear disconnected, but both are the direct result of the failed policy known as the "War on Drugs."

https://www.smerconish.com/exclusive-content/the-correlation-between-us-overdose-rates-and-the-border-crisis

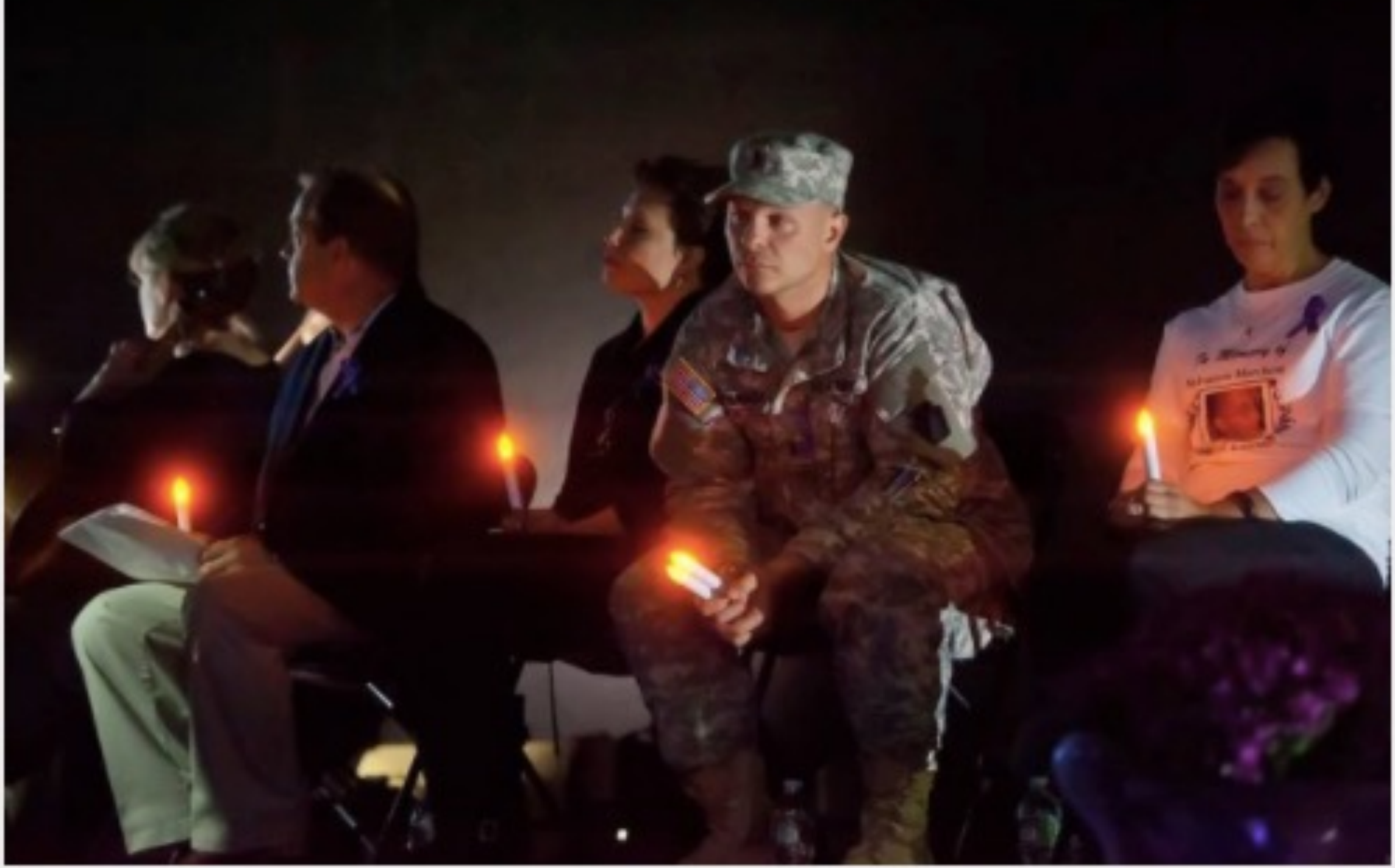
Drugs and Crime: The Connection

On March 27, 2018, in the House Judiciary Committee hearing on Senate Bill 122, I asked Baltimore County State's Attorney Scott Shellenberger what percentage of crime in Baltimore County was due to drugs.
His answer, **"Upwards of 85%."**
I then asked Baltimore City Police Major Byron Conaway the same question, and his answer was **"90%."**

Maryland General Assembly web site, Judiciary Committee session 2, 3/27/2018, starting at 1:01 time mark
https://mgahouse.maryland.gov/mga/play/eeac9014-1efd-47a0-9d99-1539e4ccd6cb?catalog/03e481c7-8a42-4438-a7da-93ff74bdaa4c

CDC Report: cost of opioid epidemic in 2017/2018 (report issued April 16, 2021)

"Approximately 47,000 persons in the United States died from an opioid-involved overdose in 2018, and 2.0 million persons met the diagnostic criteria for an opioid use disorder in 2017. **The economic cost of the U.S. opioid epidemic in 2017 was estimated at $1.02 trillion**, including cost of opioid use disorder estimated at $471 billion and cost of fatal opioid overdose estimated at $550 billion."



Treating pain

Non-pharmacologic: rest, heat/ice, elevation, exercise/immobilization, acupuncture, physical therapy, etc.

Pharmacologic

- The basic 4: aspirin, acetaminophen, non-steroidal anti-inflammatories NSAIDs (e.g. ibuprofen), and then narcotics
- Some topical treatments
- Medical cannabis
- Other medications, such as corticosteroids, anti-depressants, anticonvulsants

Pain issues

- There are serious issues about treating pain
- When is pain treatment needed, what types of treatment are best
- Pharmacologic/medication: choices and best use of medications
- Other methods of pain relief
- Identifying drug seeking behaviors, especially in ER's
- Consulting with pain management specialists
- The Prescription Drug Monitoring Program (PDMP) is useful…

BUT: Drug dealers don't use the PDMP

Then Big Pharma got involved

EXAMPLE: PAIN “BILLS” IN MARYLAND

HB1333 (1996): Task Force to Study Acute Pain Management
Sponsored by Delegate George W. Owings, III
Creating the Task Force to study law and policy that affects acute pain management

WHEREAS, Despite vast improvements in pain management techniques in recent years, in 1992 the Agency for Health Care Policy and Research in the United States Department of Health and Human Services recognized the **inadequacy of traditional pain management** in its publication "A Clinical Practice Guideline for Acute Pain Management After Surgery and Trauma";

SB529 (1997): Physicians – Intractable Pain – Prescribing or Administering Controlled Dangerous Substances Sponsored by Senator Paula Colodny Hollinger
This bill authorizes a physician to prescribe or administer a controlled dangerous substance to a patient in the course of a treatment for a diagnosed condition that is causing “intractable pain”.

C) THE BOARD MAY NOT SUBJECT A PHYSICIAN TO DISCIPLINARY ACTION FOR PRESCRIBING OR ADMINISTERING A CONTROLLED DANGEROUS SUBSTANCE IN THE COURSE OF THE PHYSICIAN'S TREATMENT OF AN INDIVIDUAL FOR INTRACTABLE PAIN.

HB1156 (2000): Licensing – Medical Students – Pain Management Course

Sponsored by Delegate Joan B. Pitkin
Requiring a medical student who is applying for a license in Maryland to successfully complete a pain management course approved by the Board of Physician Quality Assurance.

HB277 (2002): Health Care – Programs and Facilities – Pain Management
Sponsored by Delegates Mark K. Shriver and John P. Donoghue

Establishing a State Advisory Council on Pain Management
WHEREAS, Experts acknowledge that **patients may be victims of inadequate pain management** as their needs are not met with proper treatment; and

WHEREAS, Not only is **chronic intractable pain a life debilitating condition**, it is a **costly epidemic facing our nation**;

HB423 (2002): Health Care – Programs and Facilities – Pain Management

Sponsored by Delegates: Joan Pitkin, Charles Barkley, Elizabeth Bobo, Charles Boutin, Virginia Clagett, Mary Conroy, Diane DeCarlo, Michael Dobson, John Donoghue, Cornell Dypski, Barbara Frush, Anne Healey, Henry Heller, Carolyn Howard, Nancy Hubers, Verna Jones, Pauline Menes, Daniel Riley, Samuel Rosenberg, Mary Rosso, Mark Shriver, Theodore Sophocleus, Frank Turner, Mary Walkup

Adding the right to have pain assessed, managed, and treated to the patient's bill of rights for hospitals and related institutions; establishing a State Advisory Council on Pain Management;

WHEREAS, Estimates indicate that as many as 34 million people nationwide suffer from chronic intractable pain; and

WHEREAS, Experts acknowledge that ***patients may be victims of inadequate pain management*** *as their needs are not met with proper treatment; and*

WHEREAS, Not only is ***chronic intractable pain a life debilitating condition****, it is a* ***costly epidemic facing our nation****; and*

A HEALTH CARE FACILITY THAT IS NOT COVERED UNDER § 19-342 OR § 19-343 OF THIS SUBTITLE SHALL INCLUDE IN A PATIENT'S BILL OF RIGHTS OR SIMILAR DOCUMENT THAT IS PROVIDED TO THE PATIENT OR RESIDENT A STATEMENT THAT A **PATIENT OR RESIDENT HAS THE RIGHT TO EXPECT AND RECEIVE APPROPRIATE ASSESSMENT, MANAGEMENT, AND TREATMENT OF PAIN AS AN INTEGRAL COMPONENT OF THAT PATIENT'S OR RESIDENT'S CARE**

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HB 277

Del. Shriver & Donoghue

Environmental Matters Committee

HB 277 - Health Care - Programs & Facilities - Pain Management

January 31, 2002

PRO (for);
FWA (fav. with amend.);
CON (against)

(PLEASE PRINT)

Name	*Address*	*Phone*	*Representing*	*PRO*	*FWA*	*CON*
John Giglio, MA, J.D	201 N Charles, Balt 21201	410-[illegible]	American Pain Foundation		X	
Micke Brown, RN, BSN	[illegible] Holiday Drive Smithsburg 21783	301-824-[illegible]	Maryland Pain Initiative		X	
Dr Timothy Keay	29 S Paca Street Baltimore 21201	410-328-[illegible]	University of Maryland School of Medicine		X	
[illegible]	[illegible]	[illegible]	[illegible]		X	
Geraldine Valentino	3325 Duke of Gloucester	410 269-5066	[illegible]		X	
Mark Woodard	[illegible] Oakland Mills Rd Columbia	410-792-4370 [illegible]	HFAM		X	
DAN DOCHERTY	PO BOX 628 ANNAPOLIS 21404-0628	410-263-8325	APTA of MD	✓	NO TESTIMONY	
[illegible]	Annapolis, Md	410 269-1418	Med Chi		X	
Carol Benner	DHMH	410-260 3190	dhmh	✓		

Legislation in California

- SB-1808 Terminally ill persons (1999-2000):

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=199920000SB1808&search_keywords=pain

- AB-791 Healing arts: pain management (1999-2000):

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=199920000AB791

- AB-487 Medical professionals: conduct.(2001-2002)

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=200120020AB487&search_keywords=pain

- SCR-86 Pain Awareness Month.(2003-2004) + SCR-42 Women In Pain Awareness Month.(2003-2004)

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=200320040SCR86&search_keywords=pain

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=200320040SCR42&search_keywords=pain

Estimated 750,000 people in LA with SUD. How many are being treated?

Information on patients in publicly funded substance use disorder treatment programs in Los Angeles County (2019-2020). Information was taken from http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/AnnualTxReportFY1920.pdf

- **35,060 patients accounting for 50,182 SUD treatment admissions were served in FY1920**. 62.9% of patients were males, 50.9% were Latinx, 67.0% were aged 26-54, and 63.5% were unemployed.
- 41.8% of patients reported having mental health issues, 30.4% were homeless, and 15.5% were involved in the criminal justice system
- 30.4% reported methamphetamine as their primary substance use at admission, followed by heroin (30.1%), alcohol (20.0%), marijuana (8.8%), prescription drug (6.3%), and cocaine (3.4%).
- 34,394 (69%) admissions were discharged, of which 52.9% had positive compliance.*

*Treatment works if people can get it.

FROM MARYLAND BOARD OF PHYSICIANS NEWSLETTER MARCH 1998

- **PHYSICIANS HOTLINE FOR PAIN MANAGEMENT STARTS MARCH 1**
- **Physicians may access a free consultant with expertise in pain management by calling 1-800-492-3805 after March 1, 1998**. This service is being offered to assist physicians facing difficult pain management decisions who may feel uncomfortable prescribing medications for patients in pain because they lack expertise and training in pain management.
- The idea of a toll free hot line grew out of the recognition that many patients may receive **inadequate pain control because of physician reluctance to use medications such as morphine**, even when clinically indicated. Studies have shown that pain management is a primary issue in palliative care and that patients often fear the pain of the dying process more than dying itself.
- **With these issues in mind, Dr. Michael Gloth obtained an unrestricted educational grant from Purdue Frederick Company,** and organized physicians from around the state who were Board Certified in Hospice and Palliative Medicine to serve as a resource to physicians who wish immediate consultation on pain management in palliative care.

FROM MARYLAND BOARD OF PHYSICIANS NEWSLETTER FALL 1998

- **Physicians can call 1-800-492-3805 to access a free consultant with expertise in pain management.** This service is being offered to assist physicians facing difficult pain management decisions who may feel uncomfortable prescribing medications for patients in pain because they lack expertise and training in pain management. The free hot line grew out of the recognition that many patients may receive inadequate pain control because **of physician reluctance to use medications such as morphine**, even when clinically indicated. Studies have shown that pain management is a primary issue in palliative care and that patients often fear the pain of the dying process more than dying itself.

  An unrestricted educational grant from Purdue Frederick Company made this hot line possible, and organized physicians from around the state who were Board Certified in Hospice and Palliative Medicine serve as a resource to physicians who wish immediate consultation on pain management in palliative care.

The Joint Commission AKA JCAHO "Joint Commission on Accreditation of Healthcare Organizations"

- **2000-2001**
  The new JCAHO pain standards: implications for pain management
  The newly approved Joint Commission on Accreditation of Healthcare Organizations (JCAHO) pain management standards present an important opportunity for widespread and sustainable improvement in pain assessment and management. **Unrelieved pain is a major, yet avoidable, public health problem.** "After review by multiple JCAHO committees and advisory groups and critique by an expert panel, the JCAHO Board of Commissioners approved the revisions in May 1999. The revisions are published in the 2000-2001 standards manuals and will be effective January 1, 2001, for all patient care organizations accredited by JCAHO--ambulatory care, behavioral health, health care networks, home care, hospitals, long-term care, and long-term care pharmacies." PMID: 11706454
- **2001: Pain management: the fifth vital sign.** The Joint Commission on Accreditation of Healthcare Organizations blitzed the health care market in December to announce new pain standards. The standards underline that organizations have a responsibility to develop processes within their settings to help support improvements in pain management. PMID: 11474948

Joint Commission impact and review

- Mo Med. 2017 Mar-Apr; 114(2): 82-83,90. In 2001 they issued standards requiring the use of a pain scale and stressing the safety of opioids. **According to an article in the *Wall Street Journal*, The Joint Commission went so far as to publish a guide sponsored by Purdue Pharma on pain management.** This guide stated, "Some clinicians have inaccurate and exaggerated concerns about addiction, tolerance and risk of death. This attitude prevails despite the fact there is no evidence that addiction is a significant issue when persons are given opioids for pain control."

- **Then the backtrack:** April 18, 2016, the Joint Commission listed 5 misconceptions about its standards on pain management, which reads as a preemptive defense from a guilty party.

Press Ganey (national hospital survey company): impact

- Press Ganey began in 1985 with the noble concept of surveying patients in an attempt to improve the patient experience**. Press Ganey monetized their concept, selling not only patient satisfaction surveys but also consulting services to help hospitals improve their patient satisfaction.** Unfortunately, the correlation between patient satisfaction and quality has not been definitively established, with Press Ganey of course equating high patient satisfaction with high quality, but academic literature, such as the study from UC Davis, suggesting that striving **for high satisfaction is actually bad for a patient**, correlating it to higher expenditures, higher rates of hospitalization, and a higher risk of death.
- **Because CMS attached significant reimbursement to patient satisfaction**, hospital administrators were forced to develop initiatives to improve their scores and avoid a penalty. If the results of a quarter of patient satisfaction survey results are reviewed, the difference between being in the 50th percentile and 90th percentile can often be an absolute difference of 1–2%. Because approximately 25% of patients actually return patient satisfaction surveys and CMS only requires 300 surveys returned in a 12-month period for a hospital, a single poor survey can have devastating effects. **This means that administrators are holding departments and physicians responsible for ensuring that every single patient is completely satisfied in every way. In the case of physicians, in a 2013 *Forbes* article entitled "Why Rating Your Doctor is Bad for Your Health," that means withholding pay or bonuses. Physicians therefore feel pressured to prescribe opioids when patients request/demand them, despite their reservations about the need for opioid medications.**
- Mo Med. 2017 Mar-Apr; 114(2): 82-83,90 (above edited)

More Press Ganey

- Pain Medicine 2013; 14: 968–970 Wiley Periodicals, Inc.
The Potential Deleterious Impact of Patient Satisfaction Surveys
ABSTRACT: Patient satisfaction surveys, **such as Press Ganey**, are **flawed metrics** for the emergency department setting and also in broader pain medicine. National experts discuss the pitfalls of applying such measures in pain care, and the potential unintended negative consequences to patients and providers alike.

- **J Knee Surgery 12/28/2018** PMID: **30593082**
*Pain Intensity: How **Press Ganey Survey** Domains Correlate in Total Knee Arthroplasty Patients.* “We found survey domains, other than "pain management," were associated with pain intensity. Efforts to improve outcomes and satisfaction should focus on staff education and communication.”

FROM THE AMA, RELEASED 9/8/2022

- **Physicians have taken action to reduce opioid prescribing, increase use of PDMPs, increase provision of MOUD, increase naloxone prescribing**
  - 46.4 percent decrease in opioid prescribing between 2012-2021—every state in the nation has seen a significant decrease
  - More than 1.1 Billion queries of state PDMPs in 2021—a 23 percent increase from 2020
  - From 2012 to 2021, prescriptions for buprenorphine to treat OUD increased 104 percent; from 2020-2021, however, it only increased 1.6 percent
  - From 2016 to 2021, naloxone prescriptions dispensed from pharmacies increased from almost 134,000 to nearly 1.2 million prescriptions. Naloxone dispensed from pharmacies increased 31 percent from 2019-2021. But—naloxone access remains greatly limited by prescription status, and community-based distribution hampered by Rx status

Drug companies $26 Billion settlement: 2/25/2022

- “Four of the largest U.S. corporations have agreed to pay roughly $26 billion to settle a tsunami of lawsuits linked to claims that their business practices helped fuel the deadly opioid crisis.”
- Johnson & Johnson will pay $5 billion.
  AmerisourceBergen will pay $6.1 billion.
  Cardinal Health will pay $6 billion.
  McKesson will pay $7.4 billion.

“None of the companies acknowledged any wrongdoing for their role manufacturing and distributing large quantities of pain medications at a time when opioid addiction and overdoses were surging.”

- https://www.npr.org/2022/02/25/1082901958/opioid-settlement-johnson-26-billion

- Sackler family (Purdue Pharma) to pay $6-10 billion (announced 3/4/2022)

NYTimes, Nov. 2, 2022: Updated 11:06 a.m. ET

- CVS and Walgreens, two of the nation’s largest retail pharmacy chains, said on Wednesday that they had reached tentative agreements to pay about $5 billion each to settle thousands of lawsuits over their role in the opioid crisis.

Other issues

- Racial disparity (cocaine powder vs. crack cocaine)
- Cannabis legalization (only 11 states DO NOT allow medical or personal adult use; 39 allow one or the other or both)
- Cuts to social programs, education, health
- Prison-Industrial complex
- Electronic monitoring industry
- Militarization of police
- Police financial dependence on drug bust income (and ensuing corruption)
- Portugal decriminalization experience worked!
- Canada proved consumption facilities work

AND WHO PAYS FOR ALL THIS?

WE ALL DO.

As individuals, families, communities, taxpayers, and businesses whether we think we are immediately connected or not.

KEY QUESTIONS: DISCUSSIONS WE AVOID

- Why are so many Americans regularly using drugs?
- What is going on?
- Why this level of despair?

Perhaps our focus on material wealth, endless distractions via media, the daily stress most people endure, hurtful behaviors spanning generations, and the emphasis on the individual over community leave too many of us feeling isolated, angry, and unfulfilled.

“This country's gospel: proving my self worth by expanding my net worth until I vanish.”
Minor Feelings by Cathy Park Hong

As author Johann Hari observed: **“The opposite of addiction isn’t just sobriety; it’s connection.”**

Pharmacology Biochemistry & Behavior, Vol. 15, pp. 571–576, 1981. Printed in the U.S.A.

Effect of Early and Later Colony Housing on Oral Ingestion of Morphine in Rats

BRUCE K. ALEXANDER, BARRY L. BEYERSTEIN, PATRICIA F. HADAWAY AND ROBERT B. COAMBS

Department of Psychology, Simon Fraser University Burnaby, B.C. V5A 1S6 Canada

Received 5 December 1980

ALEXANDER, B. K., B. L. BEYERSTEIN, P. F. HADAWAY AND R. B. COAMBS. *Effects of early and later colony housing on oral ingestion of morphine in rats.* PHARMAC. BIOCHEM. BEHAV. 15(4) 571–576, 1981.—Male and female rats were raised from weaning either in isolation or in a large colony. At 65 days of age, half the rats in each environment were moved to the other. At 80 days, the animals were given continuous access to water and to a sequence of 7 solutions: 3 sweet or bitter-sweet control solutions and 4 different concentrations of morphine hydrochloride (MHCl) in 10% sucrose solution. Rats housed in the colony at the time of testing drank less MHCl solution than isolated rats, but no less of the control solutions. Colony-dwelling rats previously housed in isolation tended to drink more MHCl solution than those housed in the colony since weaning, but this effect reached statistical significance only at the lowest concentration of MHCl. These data were related to the hypothesis that colony rats avoid morphine because it interferes with complex, species-specific behavior.

Morphine Self-administration Environment Isolation

UNDER appropriate conditions, laboratory animals drink opiate drug solutions in preference to water [3, 14, 16], and self-inject opiates through indwelling catheters [19,20]. These findings are sometimes taken to suggest that mammals, in general, have a natural affinity for opiates [2, 7, 8]. However, recent data indicate that laboratory housing may itself increase opiate intake. Rats housed in a quasi-natural colony drank much less morphine hydrochloride (MHCl) solution than rats isolated in standard laboratory cages. This was found both in rats which had been pre-treated with morphine [1] and in untreated rats [10].

The present experiment is designed to analyse this housing effect more fully by separating the effect of early housing from that of housing contemporaneous with intake testing. We have proposed [10] that colony housed rats avoid morphine because its ingestion interferes with species-specific behaviors which can occur only in a colony, such as nest building, mating, and fighting. This speculation implicates housing contemporaneous with testing as the cause of the housing effect, and is compatable with recent demonstrations that relatively small doses of morphine significantly reduce sexual behavior and "social cohesion" in rats [15,17], and with the evidence that species-specific behaviors are self-reinforcing [6]. Another plausible explanation for the housing effect, that morphine reinforces isolated rats because it relieves the stress of isolation, also would implicate the contemporaneous environment.

On the other hand, complexity of the very early post-weaning environment has major effects on development of the central nervous system (e.g., [9,11]), some of which have been related to drug use [18]. Many of the widely accepted personality theories of human addiction (e.g., [13]) also stress very early experience. Early rather than contemporaneous housing could clearly be responsible for the housing effect observed in our previous experiments. [1,10].

METHOD

Subjects

Sixteen male and sixteen female albino rats of Wistar origin (University of British Columbia Breeding Stock) were obtained at weaning (21±2 days of age). Eight males and eight females were placed in individual housing; eight males and eight females were housed in a colony.

Apparatus and Procedure

Individual housing was in standard wire mesh cages (18×25×18 cm). During intake testing, fluid consumption was monitored by weighing the two drinking bottles affixed to each cage daily. An approximate correction for leakage and evaporation was made by subtracting the mean weight loss from two similar bottles mounted on empty cages in the same rack.

Colony housing was in a large (8.8 m²), open-topped plywood enclosure containing cedar shavings, empty canisters, and small boxes for hiding and nesting. Fluids were available at the end of a short transparent tunnel attached to an opening in the wall. Inside dimensions of the tunnel were just sufficient to accomodate one adult rat at a time (4.4×5.8 cm). At the far end of the tunnel were two fluid dispensers (Lafayette Instruments, catalogue no. 80201), each posi-

The rat study: the opposite of addiction is not just sobriety. It's connection and community.

Definition of Insanity

Doing the same thing over and over again and expecting different results.

Remember Prohibition? Ending it didn't solve alcoholism, but it did reduce crime and toxic deaths.

After 50+ years of the “War on Drugs” is there one data point that shows that we are better off? Answer: there is not.

All the data points are and have been going in the wrong direction: more drug use, more overdoses, more crime, more disease, more prisons, more lives ruined

Summary:

The 50+ year policy of the so-called “War on Drugs” is destroying our country from the inside while shipping billions of dollars to those who would destroy us from the outside.

Towards new policies

Acknowledge that what we've been doing isn't working and has targeted certain segments of our population.

Stop turning persons with use disorders into criminals: change the law. It's a health crisis, not just a law enforcement one.

Invest in social capital: jobs, schools, education, housing, and re-entry support for those who have been incarcerated.

Focus on Harm Reduction: Safe consumption spaces; syringe services; treatment available 24/7/365; personalize treatment.

Take the profit out of drugs. Treatment is less expensive, more effective, and has immediate Return On Investment (ROI).

Create opportunities for sustained economic development here and in central and south America.

Learn from Portugal, Canada, and there are many other strategies…

1998: My House Bill 149 was enacted, and it was the first major bill to shift focus towards addiction treatment.

Legislation I introduced in 2016

I was the first state legislator in the US to introduce these legislative initiatives.

HB908: Requiring hospitals to develop substance abuse treatment and/or direct referral programs.

HB1119: Turning possession of small amounts of all drugs from a criminal penalty to a civil charge with referral to treatment.

HB1212: Allows establishment of safe consumption facilities and overdose prevention sites.

HB1267: Creates a pilot project and study to allow certain patients to get injectable opiates under supervision.

Maryland Legislation 2021

- One bill passed: HB372/SB420: Changes the definition of "paraphernalia"

<u>These did not:</u>

- HB396/SB279 – Overdose and Infectious Disease Prevention Sites

- HB332/SB708: Legalizes and regulates marijuana

- HB324/SB143: Raises amount of possession of marijuana before it becomes a criminal offense

- HB488: Turns possession of small amounts of all drugs from a criminal to a civil offense with referral to treatment

JAMA
4/26/2022

Medical News & Perspectives

Supervised Consumption Sites—A Tool for Reducing Risk of Overdose Deaths and Infectious Diseases in People Who Use Illicit Drugs

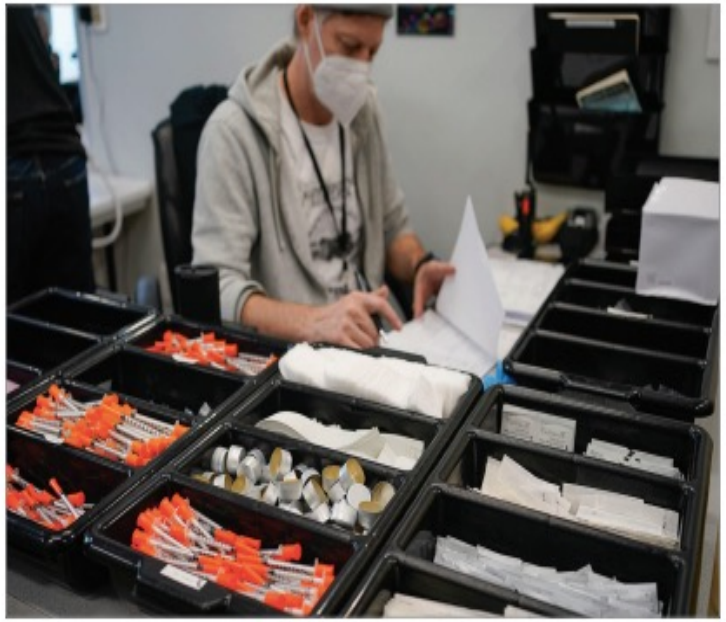
Rita Rubin, MA; Melissa Suran, PhD, MSJ

Supervised consumption sites, where people can use controlled substances while being monitored by staff equipped with and trained in the use of naloxone to reverse overdoses, are as varied as the communities in which they operate.

"These are things that people who use drugs and people who care about them have been doing for years," Yale addiction specialist Kimberly Sue, MD, PhD, medical director of the National Harm Reduction Coalition, said in an interview. "You don't need a lot of bells and whistles to keep people alive."

Supervised consumption sites can be as modest as a social service agency restroom stall, the door shortened at the bottom to make it easier to spot an unconscious person, or as expansive as Vancouver's trailblazing Insite, which averaged 312 injection room visits per day in 2019 and offers detox rooms with private bathrooms, transitional housing for people in recovery, and other wraparound services.

Insite, North America's first legal super-



Seth Wenig/AP Images

Opioid use accounted for more than 76 000 overdose deaths for the year ending April 2021 compared with 56 000 the

Alex Kral, PhD, an epidemiologist with the nonprofit research institute RTI International in Berkeley, California, said in an interview.

NEJM
5/26/2022

The Importance of Federal Action Supporting Overdose-Prevention Centers

Aneeqah H. Naeem, B.A., Corey S. Davis, J.D., M.S.P.H., and Elizabeth A. Samuels, M.D., M.P.H., M.H.S.

Rates of drug-overdose deaths, which had already been rising for more than two decades, have increased dramatically during the Covid-19 pandemic. Between May 2020 and April 2021, more than 100,000 people died of overdoses in the United States, a 28.5% increase from the previous year and a higher number than in any other year. The epidemic of illness and death due to substance use has also caused tremendous economic, mental, and emotional harm. Without dramatic changes in federal policy approaches to substance use, harm reduction, substance use disorder treatment, and widening social inequities, rates of drug-related deaths will most likely continue to increase.

Drawing from international evidence-based practices, some U.S. cities and states have begun permitting or supporting the implementation of an intervention that could reduce drug-related harm: overdose-prevention centers, also known as supervised-consumption sites or supervised-injection facilities. More than 100 of these centers currently operate internationally, including in Canada, Australia, and Germany.[1] These facilities are similar to syringe-services programs in that they provide sterile syringes and other injection supplies as well as naloxone, counseling services, and referrals to substance use disorder treatment and other services. They also provide an additional resource: a space for people to use previously obtained drugs where trained staff and volunteers can intervene in the event of an overdose.

A recent systematic review of studies of overdose-prevention centers found that they were generally associated with significant reductions in opioid-overdose–related morbidity and mortality, reductions in high-risk injection-related behaviors, and improvements in engagement with substance use disorder treatment — and were not associated with increases in crime.[2] Amid a dramatic increase in fentanyl contamination of the U.S. illicit-drug supply, such facilities could prevent more deaths in the United States than they have in countries and in periods in which drugs were generally less potent and had more predictable contents.

In July 2021, Rhode Island became the first state to legally authorize an overdose-prevention center pilot, and regulations were recently finalized in anticipation of facilities opening in 2022 (one of us is an advisor for this initiative). In November 2021, two such centers opened in New York City,

System shortfalls

(and Maryland legislation is addressing these)

- **Two big ones that can be addressed right now**

1) Advance Care Plans information inadequate*

Need to be available routinely: these are not in the EHR locally and nationally

In 2022, Maryland enacted legislation to help fix this: HB1073/SB824

2) Medication information inadequate*

5%-10% of hospitalizations are medication related

More new medicines: beneficial but more complicated, interactions, adverse events

Often overlooked in differential diagnosis

Clinicians can find out about Schedule 2-5 medications,

But what about the other 99.5% of medications?

In 2022, Maryland enacted legislation to help fix this: HB1127

***Read the bills and testimony at https://mgaleg.maryland.gov/**

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www.thebetterend.com
Book: ”Preparing for a Better End: Expert Lessons in Death & Dying for You and Your Loved Ones”
(Johns Hopkins Press)
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