

White, W. White, W. (2017). Troubling new directions in U.S. drug policy. *Advances in Addiction & Recovery*, 5(7), 17, 23.

### **Troubling New Directions in U.S. Drug Policy**

Recovery advocates around the country are deeply concerned about what appear to be troubling regressions in U.S. drug policies under the new presidential administration. My concerns, briefly summarized below, expand on a blog I posted earlier this month that generated considerable interest among my readers.

1. 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 border](#), 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](#). No wall will check the insatiability of American appetites for psychoactive drugs, nor will any wall counter the greed-fueled ingenuity of the licit and illicit industries that exploit those appetites.
2. 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 addicts](#), 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 groups. Duterte’s actions have been universally condemned by human rights groups and leaders throughout the world. Any actions by an American president to lend legitimacy to Duterte’s presidency would be morally reprehensible and a dark foreshadowing of future directions in American drug policy.
3. 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. *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.
4. The House of Representatives passage of the [American Health Care Act of 2017 eliminates treatment for substance use disorders](#) 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—and ironic if it was not so tragic, states that delivered the White House to Donald Trump.

5. The institution responsible for America's drug control strategy, the White House Office of National Drug Control Policy, lacks a permanently-appointed director, continues to lack even a functioning website, and faces a [proposed 95% cut in the President's draft budget](#). The elimination or decimation of ONDCP would significantly diminish federal leadership in helping states and local communities address addiction and related problems. (See [Dr. Keith Humphreys' related commentary](#).)

6. 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](#). 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](#). 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. My 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 will serve as a powerful lobbying force for the increased stigmatization, de-medicalization, and criminalization of addiction.

7. Newly appointed Secretary of Health and Human Services Dr. Tom Price recently commented that treating opioid addiction with medications amounted to [“just substituting one opioid for another”](#)—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 the legitimacy of medication-assisted recovery opioid addiction would be an unthinkable regression.

8. Dr. Elinore McCance-Katz, nominee to head the Substance Abuse and Mental Health Services Administration, 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.](#)

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.

**About the Author:** William White, author of *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*, has worked in the addictions treatment field since the late 1960s. He thanks several reviewers who offered comments on an early draft of this short essay.