DRUG LEGALIZATION HANDBOOK

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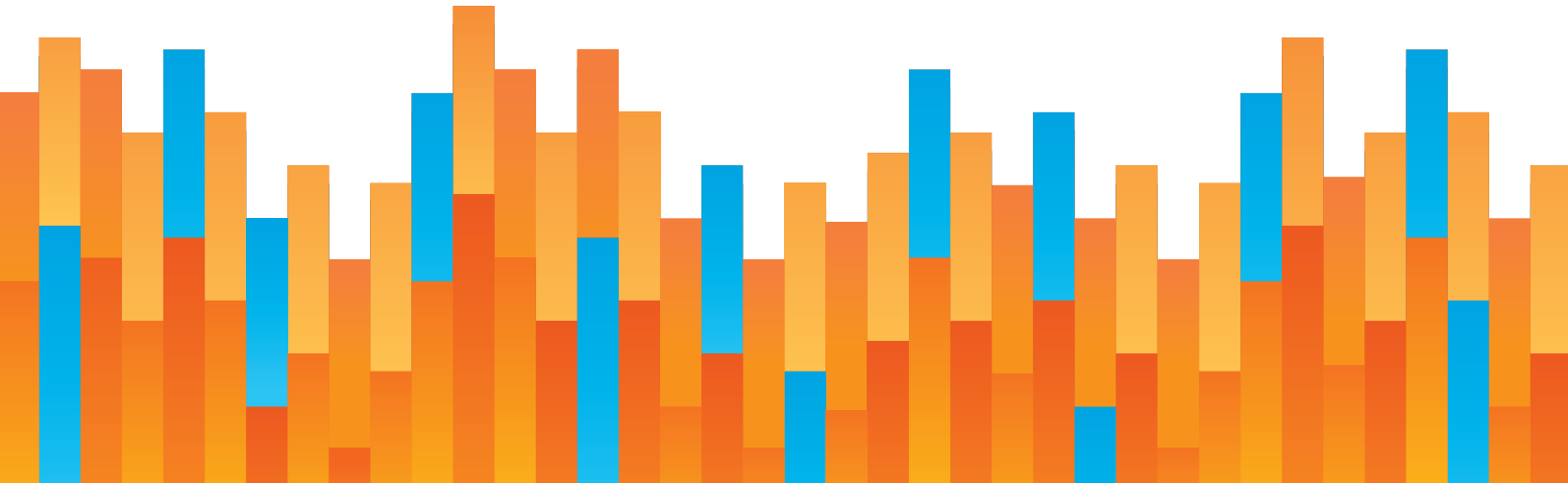

PART 5

THERAPY FOR DRUG DEPENDENCE

BY JEFFREY A. SINGER, M.D.

People often equate physical drug dependence with addiction. But the two are quite different. Physical dependence and tolerance result from physical adaptation to a drug such that abrupt cessation or tapering off too rapidly can precipitate a withdrawal syndrome. In some cases withdrawal can be life-threatening. Physical dependence is seen with many categories of drugs besides drugs commonly used nonmedically. It is seen for example with many antidepressants, such as fluoxetine (Prozac) and sertraline (Zoloft), and with beta blockers, like atenolol and propranolol, used to treat a variety of conditions, including hypertension and migraines. Once a patient is properly tapered off the drug, they do not feel a craving or compulsion to return to the drug.

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On the other hand, addiction is defined as "compulsive use despite negative consequences." It is a compulsive behavioral disorder potentiated by traumatic experiences during early development, psychoneurological comorbidities, and genetic and epigenetic predispositions. According to Drs. Nora Volkow and Thomas McLellan of the National Institute on Drug Abuse, addiction occurs in only a small percentage of people exposed to opioids, "even in those with preexisting vulnerabilities."[42]

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Many people thought to suffer from addiction are, in reality, physically dependent upon a drug and are practicing withdrawal avoidance. If they are tapered off the drug, they will not feel compelled to resume use. Those with substance use disorder, on the other hand, will need help identifying the triggers of their compulsive behavior and developing tools to address them.

In either case, treating people who have an opioid use disorder (OUD) using medications for opioid use disorder (MOUD), either methadone or buprenorphine, lets people with opioid dependency or addiction avoid withdrawal reactions while stabilizing and reordering their lives.[43] This approach is called medication-assisted treatment (MAT). Once stabilized, people with dependency or addiction can find employment, housing, health care, and important social relationships. Those with dependency can be gradually tapered off MOUD,

[42] Nora D. Volkow and A. Thomas McLellan, "Opioid Abuse in Chronic Pain–Misconceptions and Mitigation Strategies," *New England Journal of Medicine*, Vol. 374 (2016), pp. 1253-1263, https://www.nejm.org/doi/full/10.1056/NEJMra1507771.

[43] Jeffrey A. Singer, "Harm Reduction: Shifting from a War on Drugs to a War on Drug-Related Deaths," Cato Institute Policy Analysis No. 858, December 13, 2018, https://www.cato.org/policy-analysis/harm-reduction-shifting-war-drugs-war-drug-related-deaths.

while those with substance use disorder may need to remain on MOUD for a greater length of time—possibly indefinitely.

Comparative effectiveness research shows that abstinence-based approaches to substance use disorder have a very poor success rate.[44] Recent research comparing abstinence-based approaches (including approaches using naltrexone) to MAT and to therapy alone found MAT to be the only therapy that yields reduced overdoses or opioid-related morbidity.[45] Since the 1990s, clinicians in several countries have found that diacetylmorphine (heroin) can be effectively used as a MOUD to treat patients who have not responded well to methadone or buprenorphine.[46]

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44 Gabrielle Glaser, "The Irrationality of Alcoholics Anonymous," *The Atlantic*, April 2015, https://www.theatlantic.com/magazine/archive/2015/04/the-irrationality-of-alcoholics-anonymous/386255/; see also M. Ferri, L. Amato and M. Davoli, "Alcoholics Anonymous and Other 12-Step Programmes for Alcohol Dependence," Cochrane Database System Review, July 19, 2006, (3):CD005032, https://pubmed.ncbi.nlm.nih.gov/16856072/.

45 Sarah E. Wakeman, Marc R. Larochelle, Omid Ameli, et al., "Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder," JAMA Network Open, Vol. 3 No. 2 (2020), https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2760032.

46 Cato Institute, "Harm Reduction: Shifting from a War on Drugs to a War on Drug-Related Deaths–Panel IV: Medication Assisted Treatment, Including Heroin Assisted Treatment and Closing Remarks, Cato Institute Events, March 21, 2019. Available at: https://www.cato.org/multimedia/events/harm-reduction-shifting-war-drugs-war-drug-related-deaths-panel-iv-medication.

Yet in the United States, methadone can only be prescribed today in heavily regulated clinics where the patients, stigmatized and presumed untrustworthy, are required to ingest the methadone in front of clinic staff. And prior to 2023, practitioners in the U.S. wishing to prescribe buprenorphine had to get special waivers from the Drug Enforcement Administration. The DEA also placed quotas on the number of patients they may treat.

Fortunately, Congress removed many of the restrictions on buprenorphine prescribing when it passed the Mainstreaming Addiction Treatment (MAT) Act, which President Biden signed on December 29, 2022.[47]

The DEA should reschedule diacetylmorphine from Schedule I ("no currently accepted medical use") to Schedule II (accepted medical use with "high potential for abuse"), so providers have the option to offer heroin-assisted treatment for substance use disorder as they do in Switzerland, Germany, the U.K., Canada, the Netherlands, Spain, and other developed countries.

People who use drugs should also be able to access harm reduction strategies. Until all currently illegal drugs are legalized, regulated, and available on the safer legal market, as alcohol products are today, such strategies should include syringe services programs, overdose prevention centers (also known as "safe consumption sites"), and "safe supply" programs (programs giving people access to unadulterated, pharmaceutical-grade drugs to prevent withdrawal).

There will always be people who use drugs and do not want to end their dependency or addiction. Many nonmedical drug users are neither physically dependent nor addicted.

[47] https://www.pewtrusts.org/en/research-and-analysis/articles/2022/12/30/president-signs-bipartisan-measure-to-improve-addiction-treatment; see also https://www.cato.org/blog/one-positive-feature-offset-negative-feature-just-passed-omnibus-bill-2022

However, because drug prohibition forces them to seek drugs on the black market, it increases the risk that drug use will cause them harm. People who purchase drugs on the black market cannot be certain of the purity or dose of the drug, or even if it is the drug they think it is.

Clinicians commonly recommend harm reduction strategies, including medications, to their patients whose lifestyle choices may cause them harm—harm caused by obesity, poor nutrition, or risky activities. People who use drugs should also be able to access harm reduction strategies. Until all currently illegal drugs are legalized, regulated, and available on the safer legal market, as alcohol products are today, such strategies should include syringe services programs, overdose prevention centers (also known as "safe consumption sites"), and "safe supply" programs (programs giving people access to unadulterated, pharmaceutical-grade drugs to prevent withdrawal).[48]

Drug use, drug dependency, and substance use disorder involve personal choices that, when undertaken responsibly, do not threaten or harm others. In a free society, they should be approached like other lifestyle choices, with respect for autonomy and an emphasis on harm reduction.

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[48] Jeffrey A. Singer, "Rhode Island Makes Harm Reduction History by Legalizing Safe Consumption Sites," Cato Institute, July 8, 2021, https://www.cato.org/blog/rhode-island-makes-harm-reduction-history-legalizing-safe-consumption-sites; Jeffrey A. Singer, "More Evidence in Support of Needle Exchange Programs," Cato Institute, November 3, 2019, https://www.cato.org/blog/more-evidence-support-needle-exchange-programs; Jeffrey A. Singer, "British Columbia's 'Safe Supply' Program a Tacit Admission that Drug Prohibition Kills and Legalization Saves Lives," Cato Institute, July 26, 2021, https://www.cato.org/blog/british-columbias-safe-supply-program-tacit-admission-drug-prohibition-kills-legalization.