

From Dopamine to Drug Laws: A Review of Neuroscience Research and Policies

Abstract

- Substance use disorder treatment policies and attitudes are rapidly changing.
- Behavioral health providers may currently find themselves caught between opposing recommendations from the scientific community, reluctance to depart from past practices, changing government regulations, and paradigm shifts in how society views substance use disorder.
- In times of change, it can be helpful to reflect on the past. To offer context and clarity, this panel will examine the pioneering neuroscientific research and drug policies of the previous century that have shaped the substance use treatment framework in practice today.

Speaker

- ▶ Irene Hauzinger, Ph.D., Statewide SUD Systems Analyst



Agenda



Part 1: The Past: History of Addictions Treatment through Policies & Medical Research



Part 2: The Present: The State of Treatment and Drug Policy

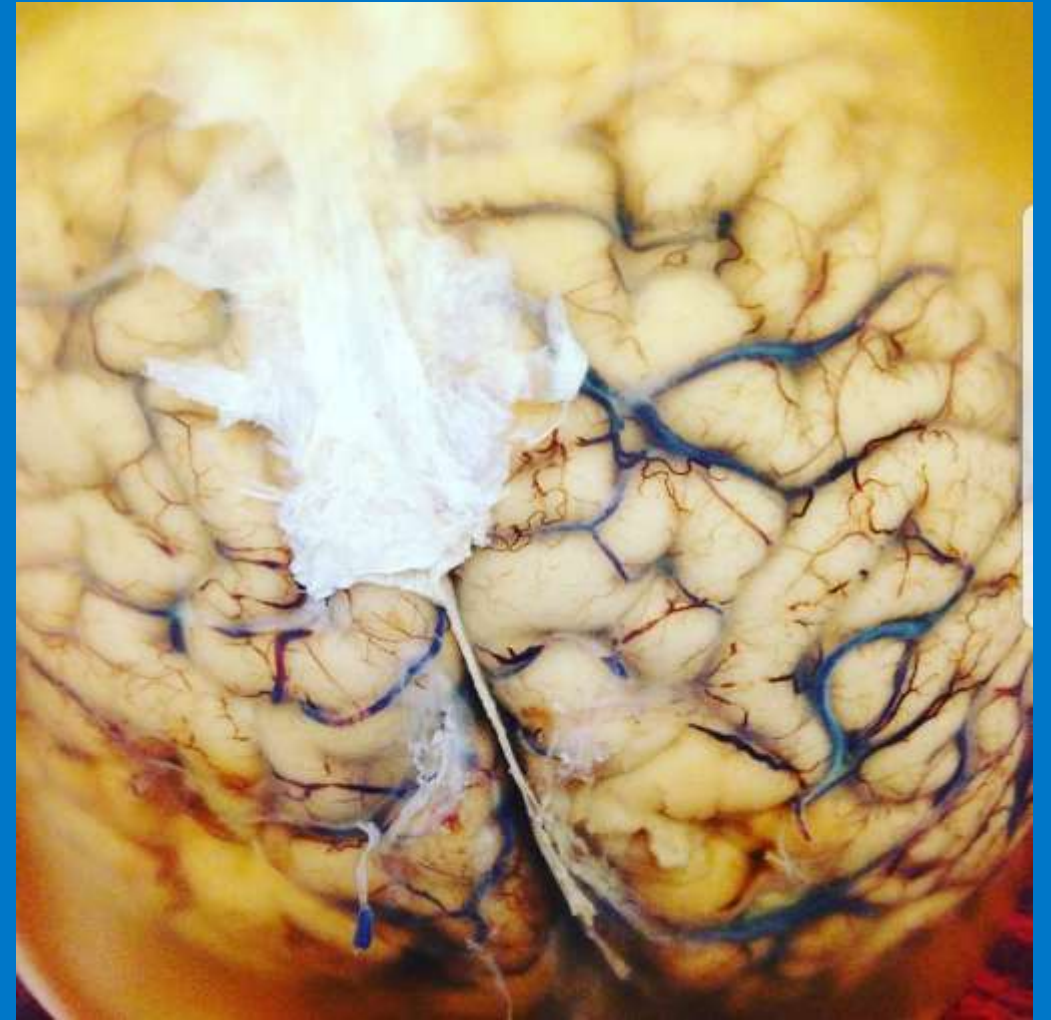


Part 3: The Future- Upcoming Treatment Developments



Questions

Part 1: The Past - History of Co-Occurring Treatment through Policies & Medical Research



The Intersections of Treatment, Policy and Science

The Discussion

- ▶ Treatment History
- ▶ Drug Policy
- ▶ Scientific Breakthroughs



FIGURE 2. The U.S. Public Health Service Hospital, Fort Worth, Tex.

Themes



Strong treatment systems followed by collapse



Abstinence-only vs Moderation

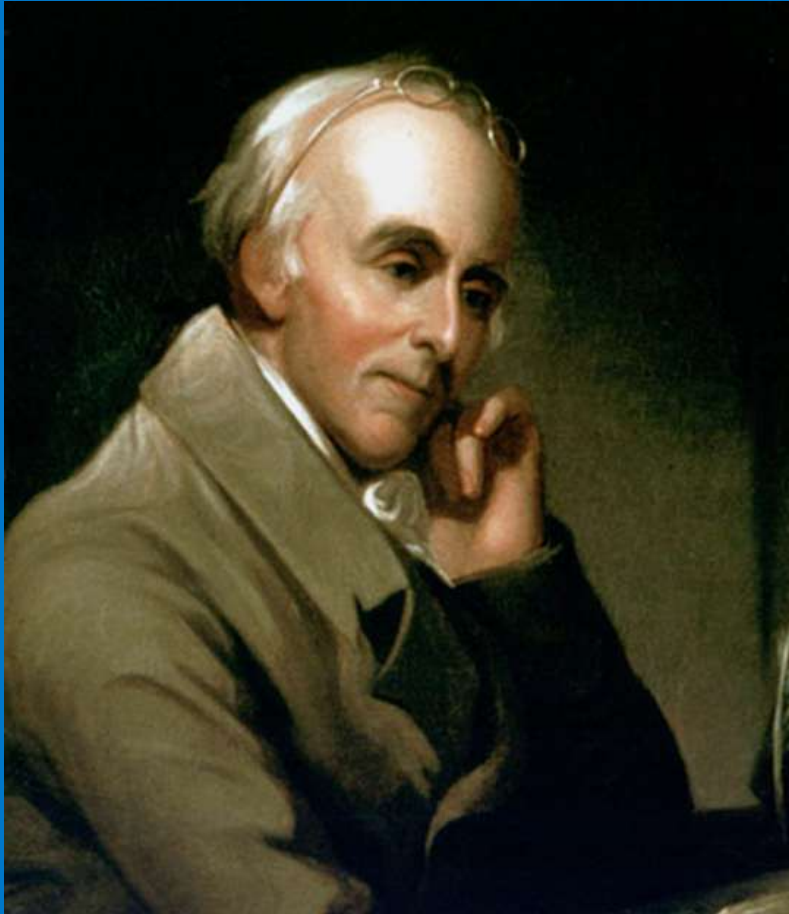


Medications-assisted, prescribing, using substances to treat other substances



Increased medicalization corresponding to increased criminalization and legislation

Benjamin Rush: Ideas on what leads to Sobriety



Dr. Benjamin Rush

- ▶ Conversion to Christianity
- ▶ Resolving guilt and shame
- ▶ Vegetarianism
- ▶ Cold plunge baths
- ▶ Acute disease as motivation for change
- ▶ Witnessing death in addiction
- ▶ Abstinence oaths
- ▶ Blistered ankles from excessive drinking

The Five Eras of Treatment

- ▶ 1750-Early 1800s: Early Recognition and Mutual Aid
- ▶ 1800s: Institutional Care and Early Medicalization
 - 1860s-1880s "Hey Day"
- ▶ 1900s-1950: Foundations of Modern Treatment
 - Prohibition
 - Sterilization
- ▶ 1950-2000: Expansion, Policy Change and Medical Acceptance
- ▶ 2000-Present: Evidenced Based and Patient Centered Care



1750-Early 1800s: Early Recognition and Mutual Aid

- ▶ Early Recognition & Mutual Aid
 - *First organized responses to alcoholism with community support and early medical theories
- ▶ Alcoholic Mutual Aid Societies
 - *Washingtonians
 - *Lecture Circuit
 - *Fraternities & Religious groups
- ▶ Treatment in Native American communities
- ▶ Addiction is defined as a medical disease in 1784
- ▶ Abstinence oaths & pledges
- ▶ Secular and religious groups
- ▶ Abstinence vs. Moderation debate

Mid 1800s-1900: Institutional Care and Early Medicalization

- ▶ 1850-1890s: Inebriate Homes
Open and operate
- ▶ 1860s-1890s The Hey Day of Treatment
- ▶ 1864: New York State Inebriate Asylum opens in Binghamton, NY
- ▶ 1870s: Keely Institutes
*Double Chloride of Gold Cures for Drunkenness
- ▶ Patent Medicine Era
*Cures by mail
*Precedes the Pure Food & Drug Act
- ▶ 1880s: Cocaine Promoted As a Treatment
- ▶ 1890s: Inebriate Homes Close
*Drunk tanks
*Prisons & jails
*Public hospitals
*Insane asylums

1900s-1950s: Foundations of Modern Treatment

- ▶ 1901: Charles B. Towns Hospital
 - *Bill W is a patient 4 times
 - *Uses Belladonna elixir
- ▶ 1906: Emmanuel Clinic & lay therapy
 - *Instrumental to AA formation
- ▶ 1910s: Forced Sterilization laws
- ▶ 1919-1924: Morphine Maintenance Clinics Operate
 - *1919 Supreme Court Decision
- ▶ 1919: Prohibition Begins
 - *Increased narcotics trafficking
 - *Deaths due to homemade alcohol
- ▶ 1933-End of Prohibition
- ▶ 1935: Narcotics Farms open
 - Operate until 1970s
- ▶ 1935: AA is formed
- ▶ Late 1940s: Introduction of addictions medications
 - *Antabuse
 - *Barbiturates, amphetamines & LSD

1950s-2000: Expansion, Policy Change and Medical Acceptance

- ▶ 1950s: Hazelden develops the Minnesota Model of Treatment
- ▶ Early 1950s: AA membership surpasses 90,000
- ▶ 1952: AMA defines alcoholism an illness/1987 All addictions are diseases
- ▶ 1957: VA treatment for alcoholism
- ▶ 1960s: Jellinek Model of Addiction
- ▶ 1964s-1975: Insurance Reimbursement Begins
 - *1964 Methadone is introduced
- ▶ 1970s Advancements
 - *Acupuncture
 - *Naloxone approved
- ▶ 1980s: Variations of 12-steps and secular groups emerge
- ▶ 1990s:
 - *SMART Recovery founded
 - *Naltrexone approved
 - *Drug Addiction Treatment Act of 1999
- ▶ Mid-late 1990s- First Modern Wave of Opiate Epidemic (Rx Opioids & Opiates)


2000-Present: Evidenced Based and Patient Centered Care

- ▶ Accessibility, Medications for Substance Use Disorders & Parity
- ▶ 2002- Buprenorphine Approved
- ▶ 2008-Mental Health Parity & Addiction Equity Act passed
- ▶ 2010- ACA Expands Coverage
- ▶ Advances in science correspond with managed care practices
- ▶ Tamper Deterrent Agents introduced into Rx medication
- ▶ 2nd Wave of Opioid Epidemic
*2010 onward, heroin
- ▶ 3rd Wave of Opioid Epidemic
*Mid 2010s-2020s, Synthetics
- ▶ 4th Wave of Opioid Epidemic
*2020s-present, Fentanyl
- ▶ Longterm Recovery Movement
*Challenges the Anonymous movement
- ▶ Treatment for kratom increasing



Inside the Cold Tubs:
A Journey into Asylum History

KEELEY INSTITUTE
OF GREENSBORO, NORTH CAROLINA
FOR THE CURE OF THE
LIQUOR AND OPIUM HABIT
Nervous Diseases and Tobacco Habit
BY DR. LESLIE E. KEELEY'S
Double Chloride of Gold Remedy



You are cordially invited to investigate as thoroughly as possible the
Treatment of these diseases. The absolute certainty of a cure of the
and Opium habits by Dr. Keeley's Chloride of Gold Remedy, is
proved by thousands of cases.

WM. H. ELLER,
BUSINESS MANAGER.

W. J. H. DURHAM,
PHYSICIAN IN CHARGE.



HEROIN-HYDROCHLORID
BAYER Pharmaceutical Products
It is pre-eminently adapted for the manufacture
of cough tablets, cough lozenges, cough drops,
cough syrups, and cough medicines of any
kind. There is a 10% solution, 5% solu-
tion, and 2% solution. The offi-
cial name being very small (1/16 to 1/32 gr.)
is in.

The Cheapest Specific for the Relief of Cough
(in bronchitis, phthisis, whooping cough, etc., etc.)
WHOLESALE DEPOT: FARMENFABRIKER OF ELBERFELD COMPANY
ELBERFELD

10 Grand Street, NEW YORK



A Brief History of Treatments in the US



COLLIER'S EXPOSÉ
OF THE
PATENT MEDICINE FRAUD

HEALTHY LABORATORY
CONFRONTED AGAINST THE
PREJUDICE OF THE PRESS

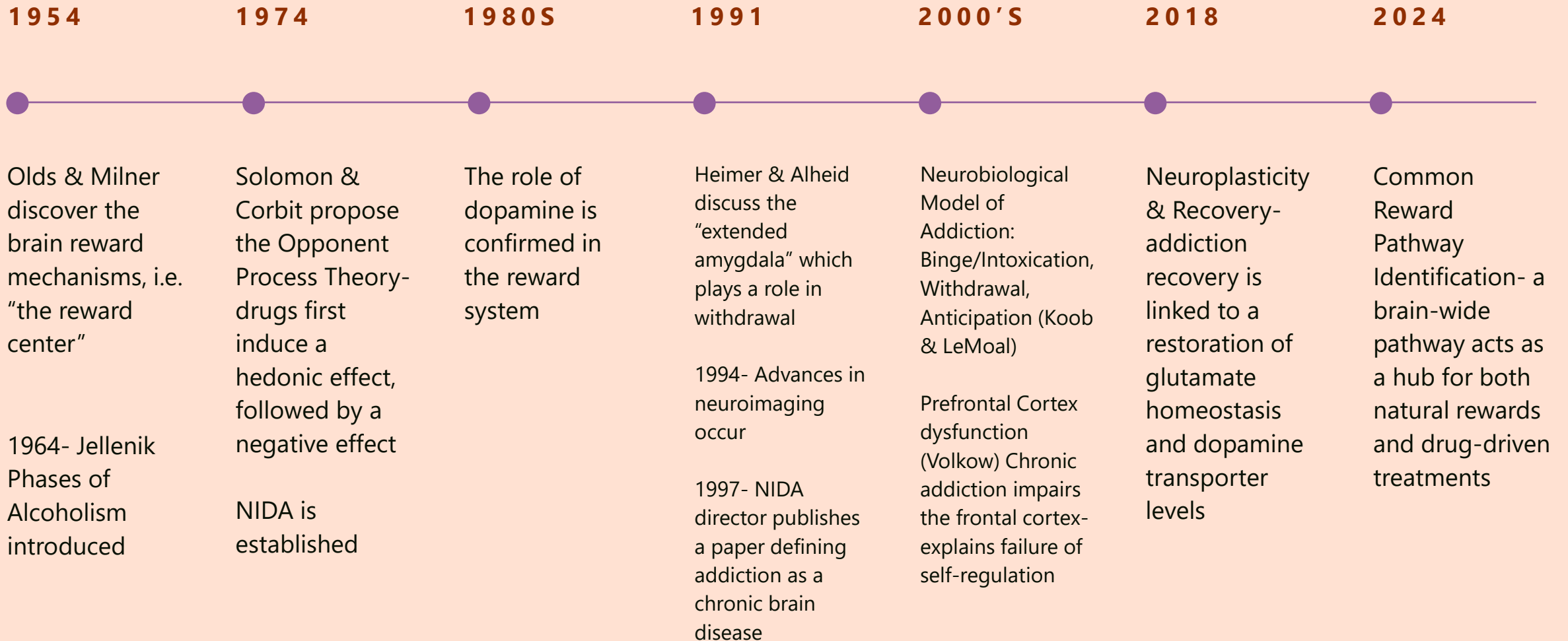
THE
GENERAL ALLIANCE OF THE NEWSPAPERS
WITH FRANK LEE TOWSON

THE GREAT AMERICAN FRAUD
THE SOUTHERN FRAUD

HEALTHY AND THE "HEALTHY"

Scientific Developments in Addiction

HISTORICAL PERSPECTIVES



Game: Guess the Motive

- ▶ The 1875 law banning opium smoking was the first case of where drug law was due to drug harm (T/F)
- ▶ Prohibition was marketed as a way to support the troops in WW1 (T/F)
- ▶ Thousands of physicians lost their licenses for prescribing maintenance doses of heroin prior to 1919 (T/F)
- ▶ Drug policies that target dealers over users are effective (T/F)
- ▶ The State of California began setting regulations for treatment agencies because of the Synanon group in the 1960s (T/F)
- ▶ Marijuana was outlawed in 1937 due to observed violence in youth (T/F)
- ▶ The Fair Sentencing Act of 2010 reduced the disparity in sentencing between crack and powder cocaine (T/F)
- ▶ The Narcotics Addict Rehabilitation Act of 1966 recognized the disease concept of addiction (T/F)
- ▶ Early aversion therapy variations included putting dead eels in bottles of alcohol (T/F)

1600 // 1800

1600S
Colonial laws allowed and encouraged hemp farming because of its use in ropes and sails on ships.

1805
Morphine discovered.

1844
Cocaine synthesized.

1845
A law prohibiting liquor sales is enacted in New York State but repealed in 1847.

1860'S
Opiates like morphine are used as pain killers for injured soldiers on the battlefield during the Civil War.

1869
The Prohibition party is formed.

1870
San Francisco passes the Opium Exclusion act. This was the first law controlling use and distribution of substance in America.

1886
Coca-Cola invented as a medicine from the coca leaf, the source of cocaine, and the African kola nut, a source of caffeine.

1898
The German drug company Bayer sells heroin as an over the counter cough suppressant.

40 YEARS OF THE WAR ON DRUGS

ASHLEY LANE | ASSOCIATE EDITOR

Forty years after President Nixon coined the term "War on Drugs", citizens and politician agree little progress has been made toward ending the war. The Global Commission on Drug Policy admitted in June the "global war has failed". The majority of substance control laws were made prior to or at the beginning of this war and the legislation passed recently has had little effect on a resolution to this problem. Many states are reforming their drug laws, specifically regarding marijuana, with 16 states having medical marijuana laws.

SOURCES: NPR.ORG, FDA.GOV, NIDA.NIH.GOV

1942
Opium Poppy Control Act prohibits growing of opium poppy without a license.

1937
Marijuana Tax act is passed. It applies control over marijuana similar to those over narcotics.

1933
18th Amendment repealed.

1924
Manufacture of heroin is made illegal by the Heroin Act.

1919
The 18th Amendment banned manufacture, sale and transportation of alcohol.

1914
The Harrison Tax act is passed, outlawing opiates and cocaine. Also requires prescriptions for products exceeding the allowable limit of narcotics and mandates increased record keeping for pharmacists.

1906
The Pure Food and Drug Act was passed which formed the Food and Drug Administration and gave it power to regulate and required labeling on food and drugs.

1900

1990
Anabolic Steroid Act of 1990 is passed identifying steroids as a class of drugs and specifying two dozen other controlled substances.

1984
Drug Offenders Act set up special programs for offenders and organizes treatment.

1973
The Drug Enforcement Administration is formed from the remodeled Bureau of Narcotics and Dangerous Drugs.

1970
The Comprehensive Drug Abuse and Control Act replaces and overrides all previous laws concerning drugs and narcotics with an emphasis on law enforcement. This also categorized drugs based on abuse and addiction potential compared to their therapeutic value.

1966
Drug Abuse Control Amendments place striker control over amphetamines, barbiturates, LSD and others.

1956
Intending to impose even more severe penalties for narcotics violations, the Narcotics Control Act.

1951
Durham-Humphrey Amendment defines the kinds of drugs that cannot be safely used without medical supervision and restricts their sale to prescription by a licensed practitioner.

1986
The Narcotic Addict Rehabilitation Act allows treatment as an alternative to jail.

1986
Analogue Act (Designer Drug) makes use of substances with similar effects and structure to existing illicit drug illegal.

Alcohol, Drug Abuse, and Mental Health Administration is formed consolidating NIMH, NIDA and NIAAA under one organization.

Methadone control act regulates methadone licensing.

2000

2005
Drug Safety Board is announced.

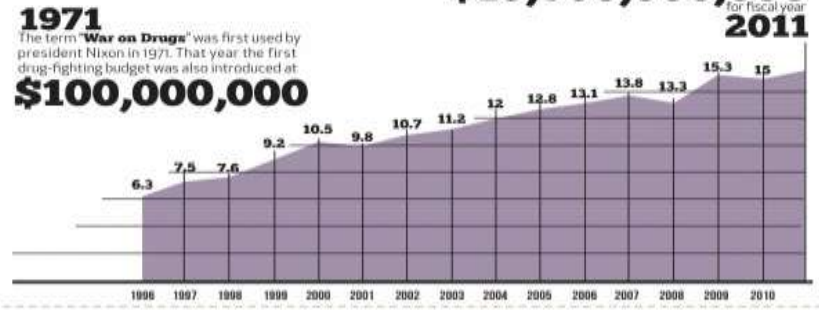
2009
FDA Center for Tobacco Products established

2011
The DEA places an emergency ban on Bath Salts.

AMOUNT OF MONEY SPENT BY THE U.S. ON THE 'WAR ON DRUGS'

SOURCE: HTTP://STOPTHEDRUGWAR.ORG/

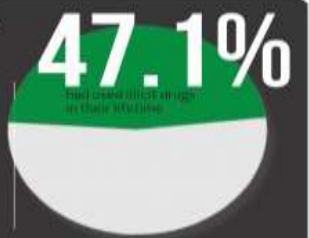
Proposed budget by the Obama Administration for fiscal year **2011**



% OF POPULATION THAT HAS USED SUBSTANCE IN LIFETIME



ACCORDING TO 2010 SURVEY BY THE NATIONAL INSTITUTE OF DRUG ABUSE



51%
of Federal inmates are a direct result of a drug conviction



SOURCE: DRUGWARFACTS.COM

In 2009 the Federal Government spent **\$2,094,510,00** to house drug related prisoners at a cost of **\$22,000** per prisoner

Governing Ideas about Alcohol, Tobacco, and Other Drugs
Emphasis on ATOD Commonalities **Emphasis on ATOD Differences**

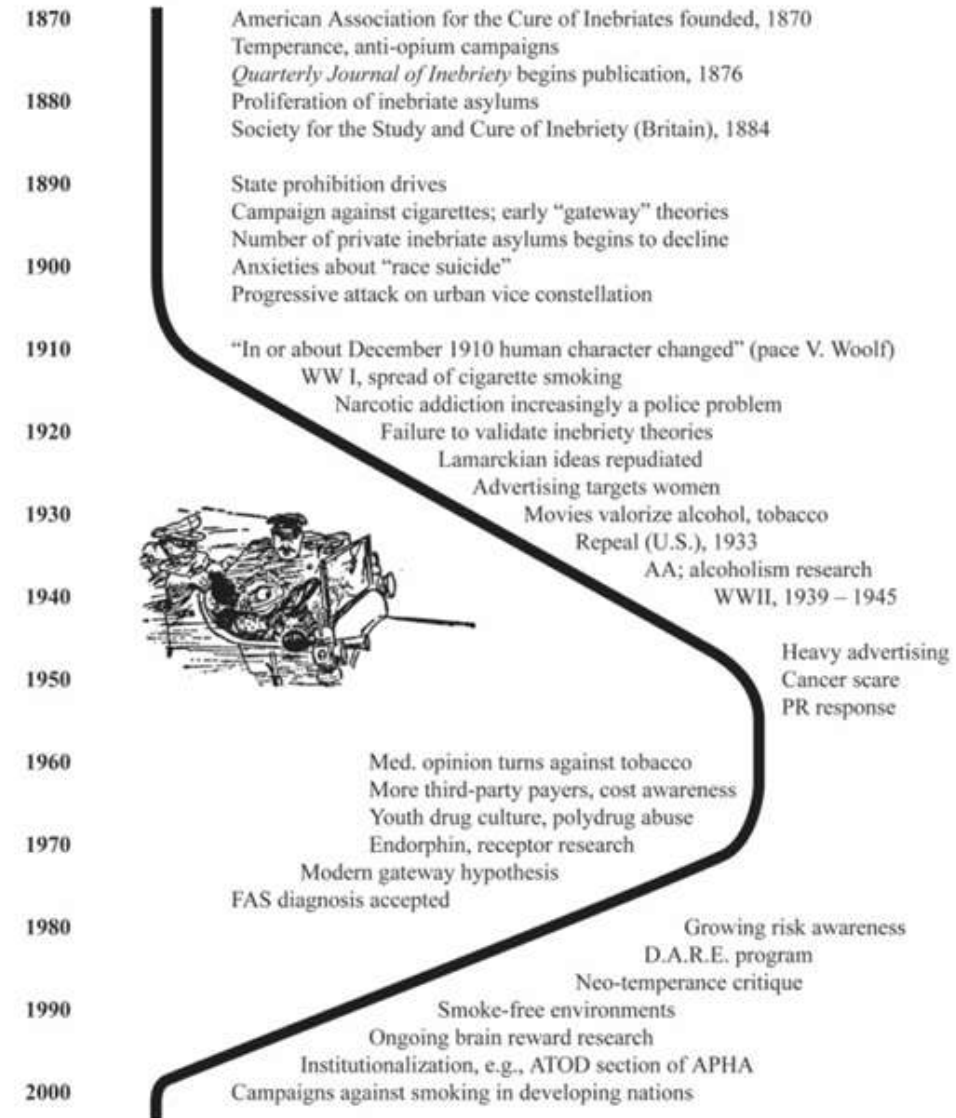
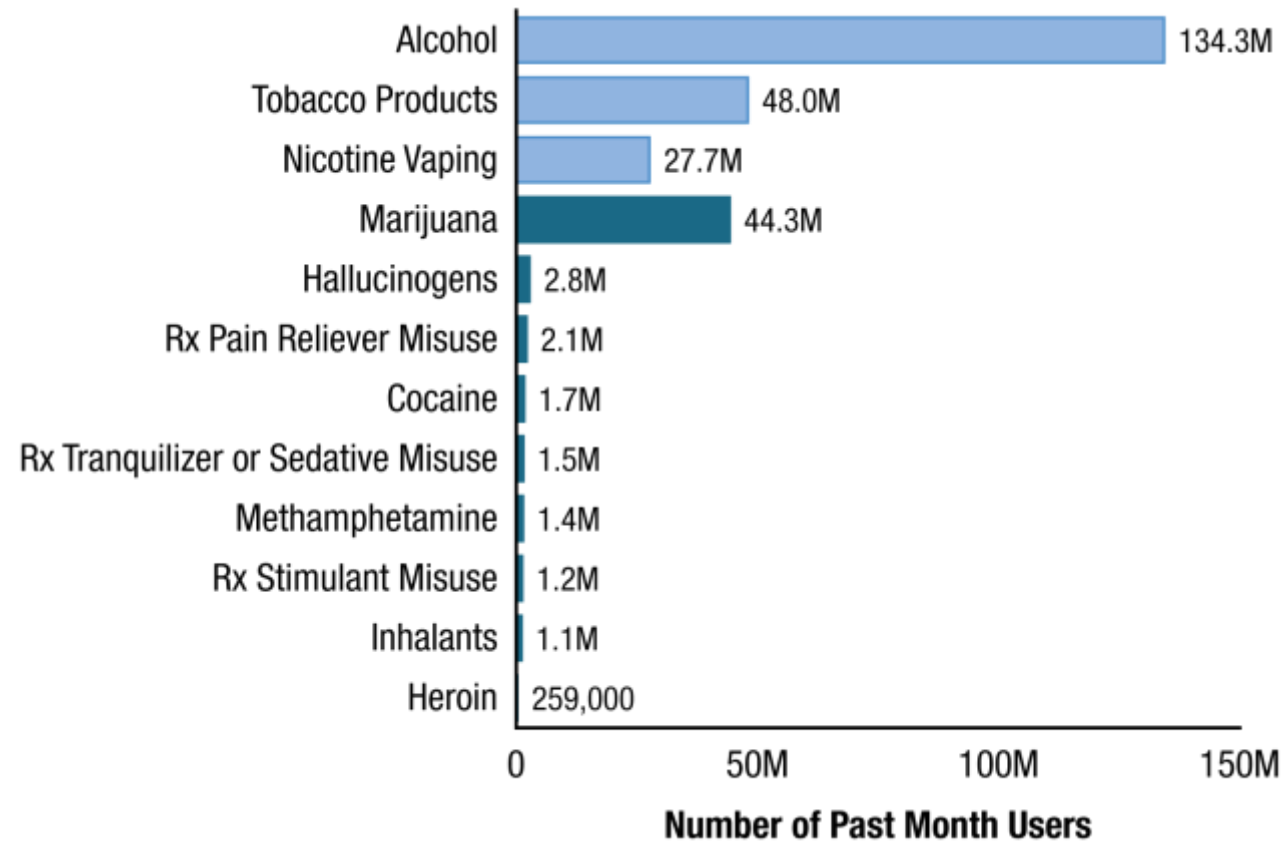


Figure 1. Governing Ideas about Alcohol, Tobacco, and Other Drugs

Part 2: The Present - The State of Treatment and Drug Policy

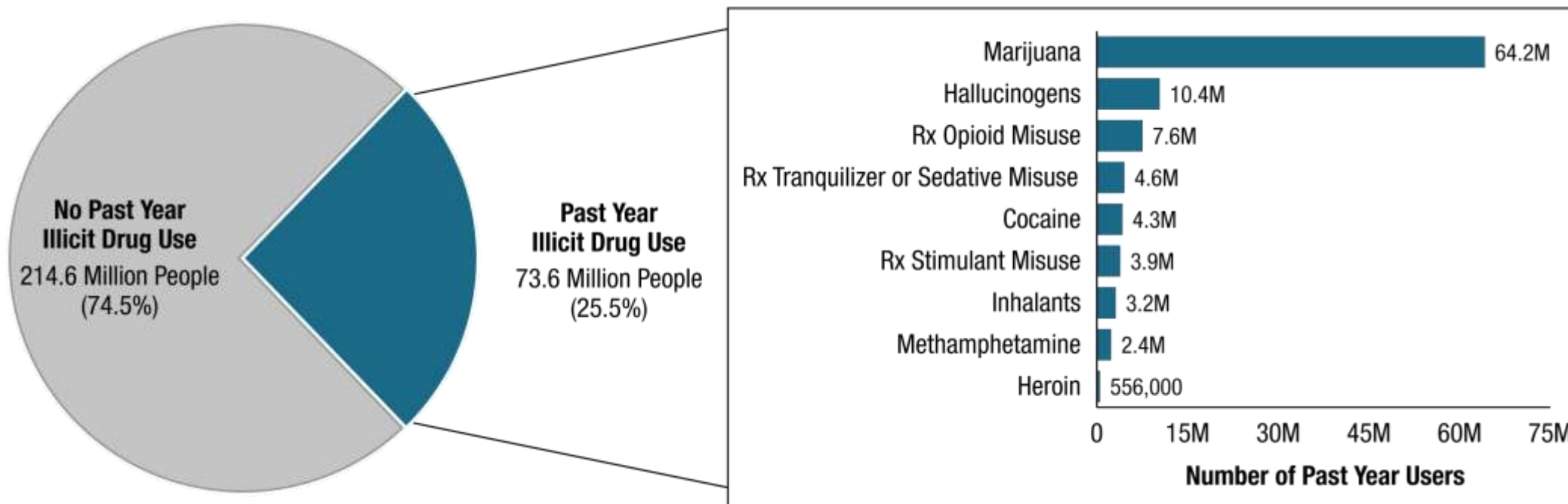
Month Substance Use: Among People Aged 12 or Older



Rx = prescription.

Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

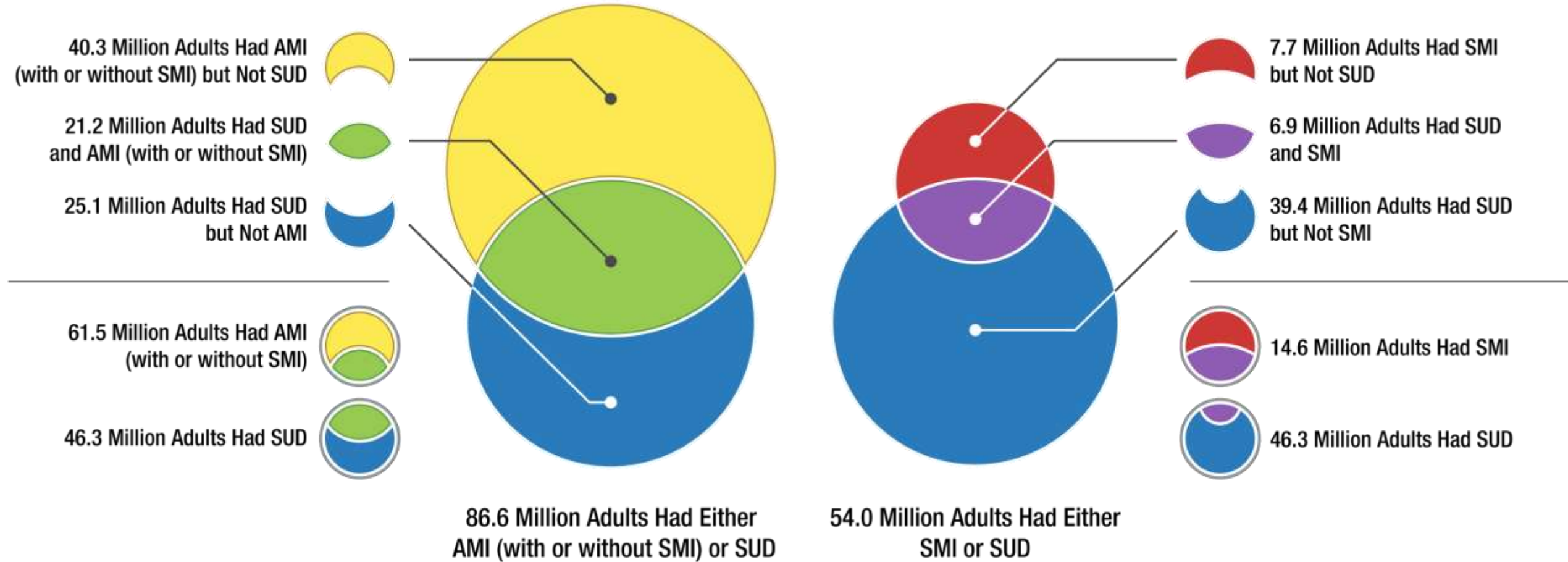
Past Year Illicit Drug Use: Among People Aged 12 or Older; 2024



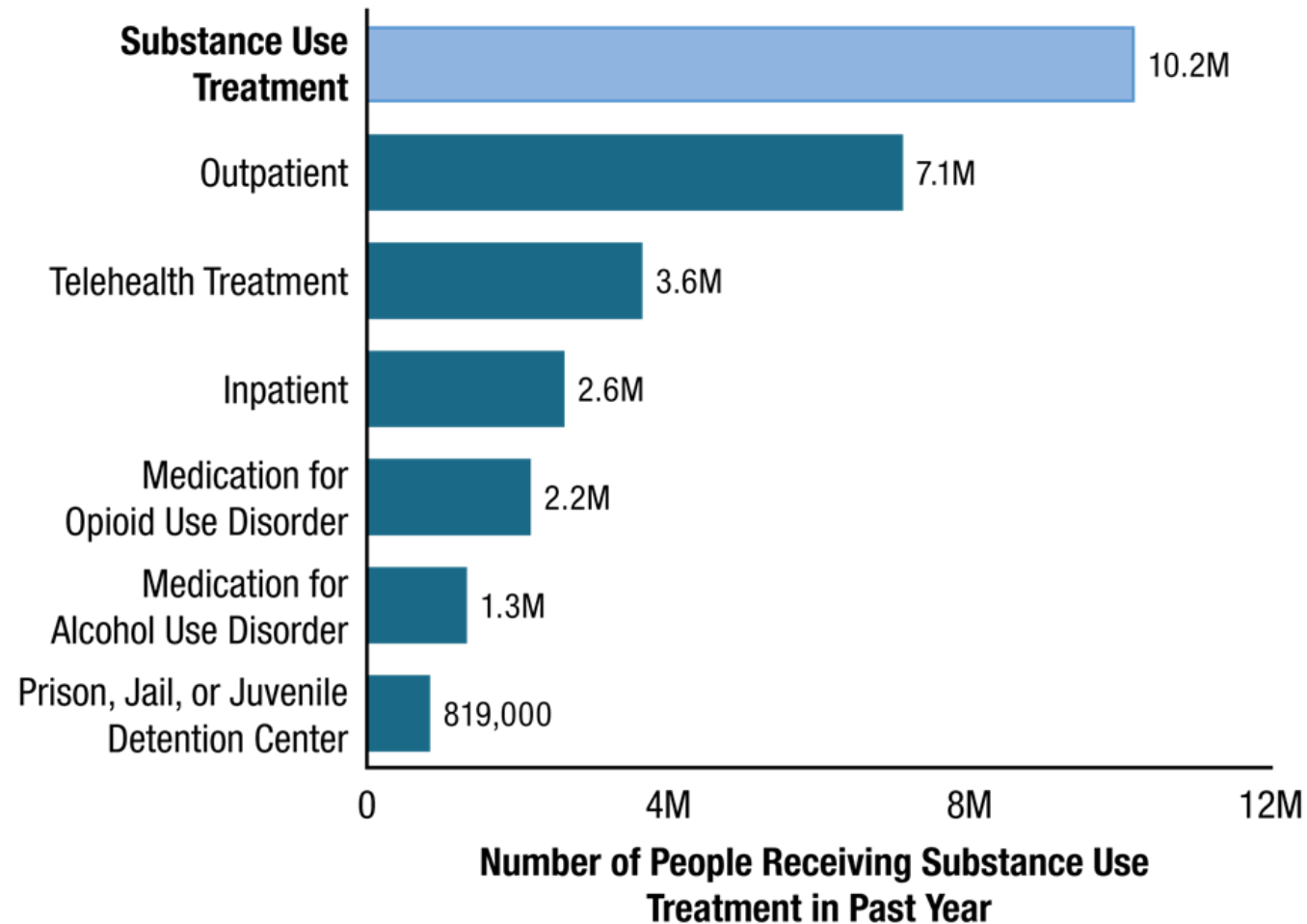
Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

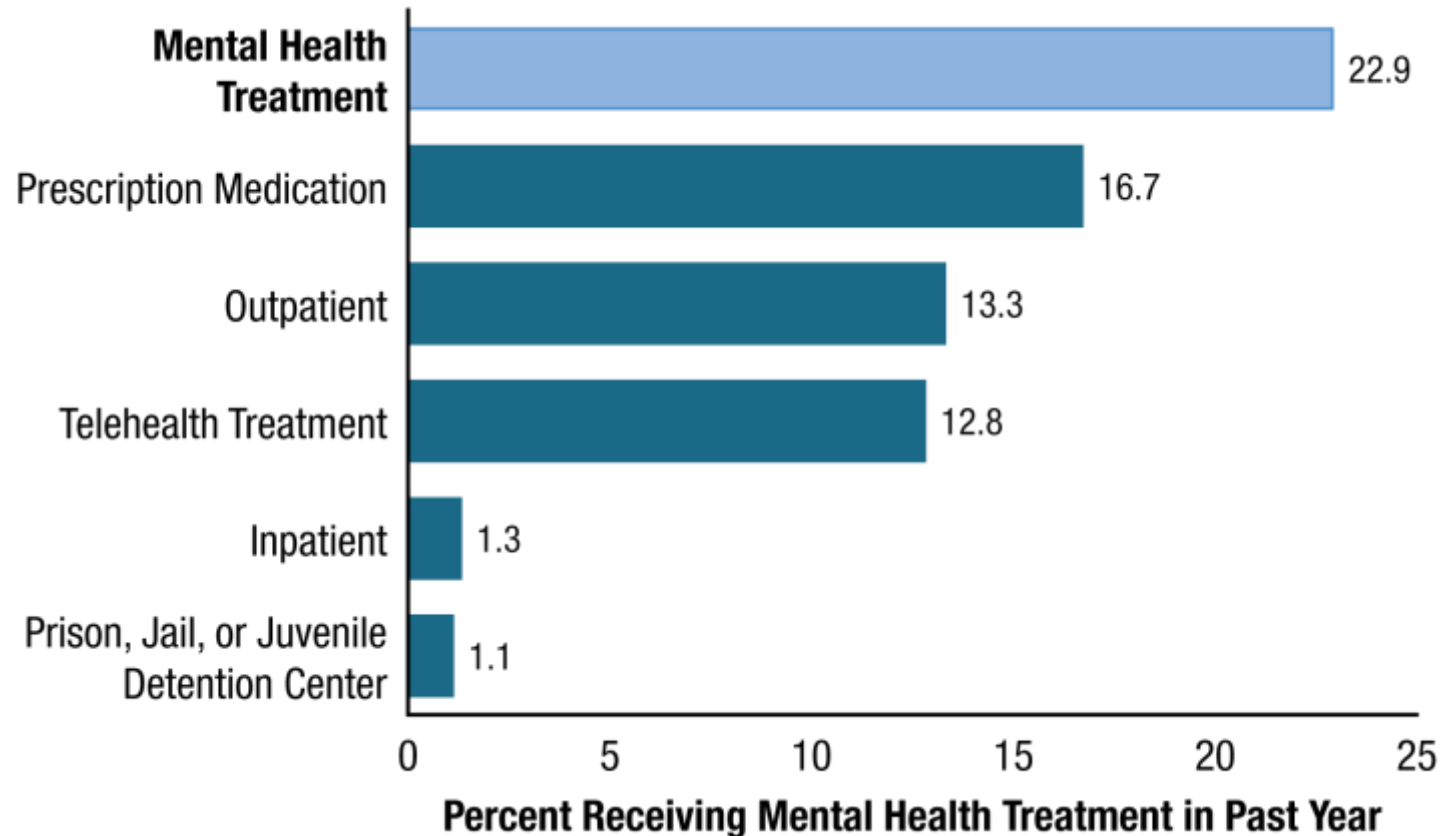
Any Mental Illness (AMI), Serious Mental Illness (SMI), or Substance Use Disorder (SUD) in the Past Year: Among Adults Aged 18 or Older; 2024



Types and Locations of Substance Use Treatment Received in the Past Year: 12 +



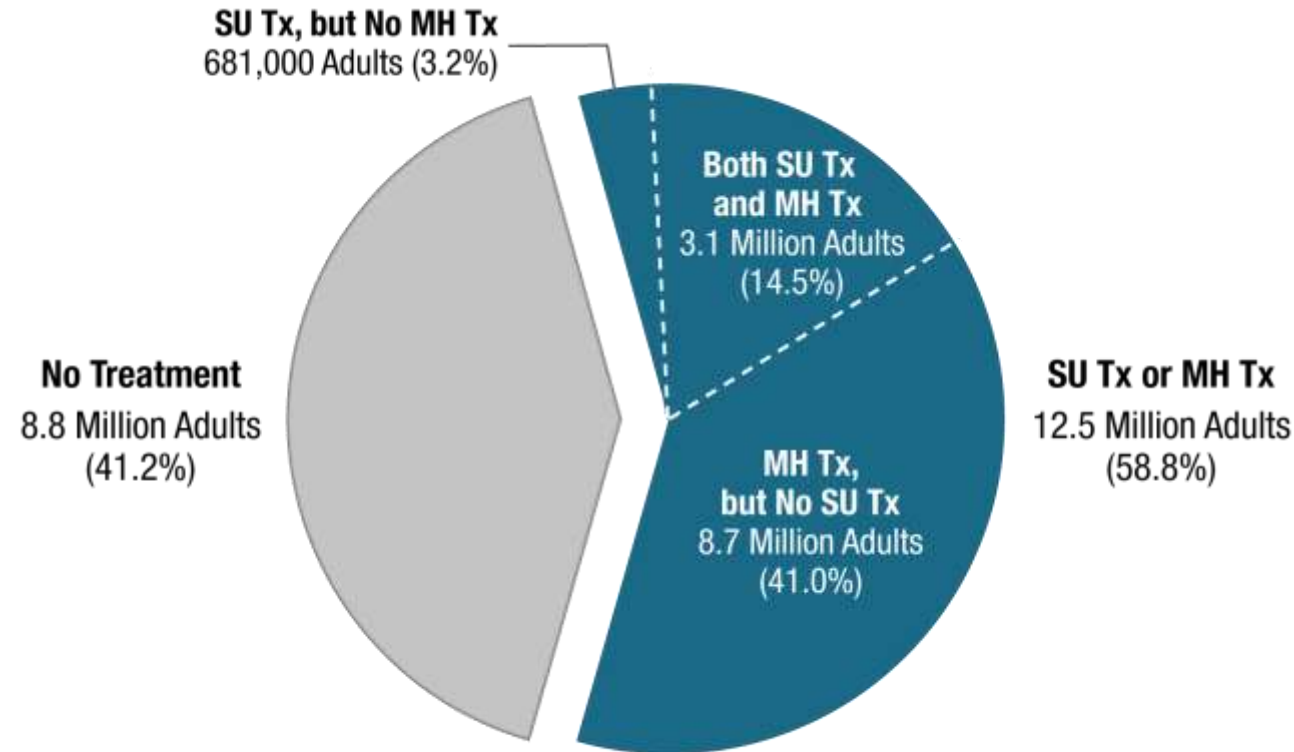
Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older; 2024



Note: Types of mental health treatment and locations where people received mental health treatment are not mutually exclusive because respondents could report that they received treatment in more than one setting in the past year.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Receipt of Substance Use Treatment or Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Past Year Substance Use Disorder and Any Mental Illness; 2024



21.2 Million Adults with a Substance Use Disorder and Any Mental Illness

MH Tx = mental health treatment; SU Tx = substance use treatment.

Note: The numbers and percentages for the subdivisions may not add to the percentage for the whole division due to rounding.

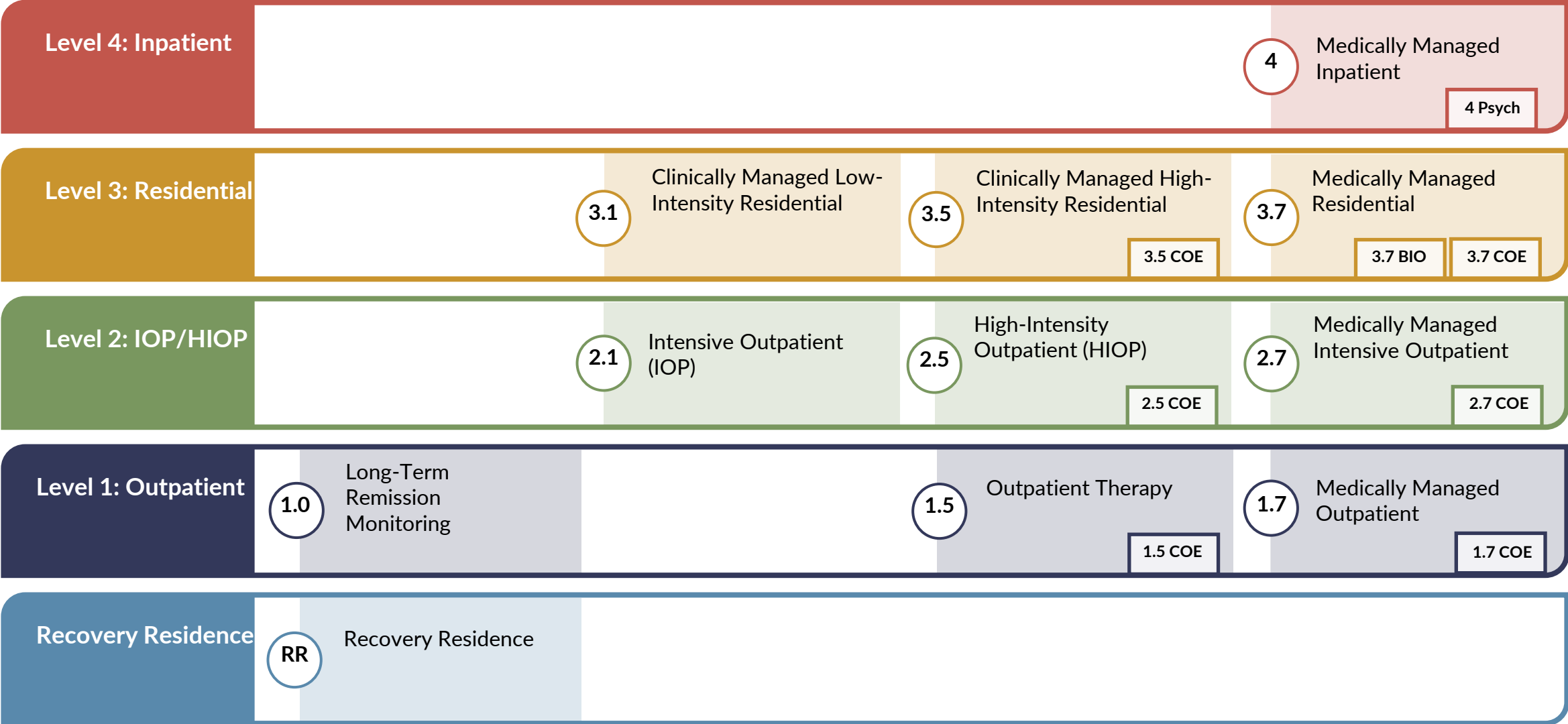
Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medications for alcohol use disorder or opioid use disorder; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Treatment & Recovery

- ▶ Approximately 13% of people needing treatment receive treatment.
- ▶ 50% of people have 2 treatment attempts, average of 5
- ▶ 50% of people do not complete treatment
- ▶ AA (by itself) has a 5-8% success rate
- ▶ MOUD/MAUD + Behavioral treatment = Higher success rates
- ▶ Poorer treatment outcomes and more attempts for BIPOC
- ▶ People with a mental health diagnosis generally have more treatment attempts
- ▶ "Natural recoveries" are most common
- ▶ Return to moderated use
- ▶ Abstinence and moderation exist on the same spectrum
- ▶ 25% of people in moderation programs find their way to abstinence

The ASAM Criteria Continuum of Care for Adult Addiction Treatment



Community Recovery Supports

Community Supports

- ▶ Recovery Residences (NARR)
- ▶ Oxford House
- ▶ Recovery Cafes
- ▶ Never Use Alone
- ▶ In The Rooms
- ▶ Sobriety/Tracking Apps
- ▶ Phoenix Recovery
- ▶ Overdose Prevention Centers

Recovery Groups

- ▶ AA/NA/GA (12-Step)
- ▶ Celebrate Recovery
- ▶ Yoga 12 Step
- ▶ Refuge Recovery
- ▶ SOS
- ▶ SMART
- ▶ Women for Sobriety
- ▶ Red Road to Wellbriety
- ▶ LifeRing Secular Recovery

Harm Reduction

- ▶ Moderation Management
- ▶ HAMS (Harm reduction for alcohol)
- ▶ The Sinclair Method
- ▶ MOUD/MAUD
- ▶ Narcan Vending Machine
- ▶ Drug checking
- ▶ Overdose Response/Prevention Centers
- ▶ Mobile SEP units
- ▶ Supervised Use Sites
- ▶ Drug User Unions
- ▶ Bad Date Website
- ▶ Text Message Campaign
- ▶ Housing

Current Drug Policy

- ▶ Decriminalization & Legalization
- ▶ Federal Reclassification of Cannabis
- ▶ Restorative Justice for Cannabis
- ▶ Good Samaritan Laws
- ▶ Prescription Monitoring Programs
- ▶ Repealing of civil asset forfeiture policies for drug convictions
- ▶ Measure 110
- ▶ Federal re-shaping of harm reduction funding
- ▶ Proposed involuntary treatment hospitals
- ▶ Drug Induced Homicide (DIH) Laws
- ▶ Child Abuse charges for positive drug screenings in pregnancy
- ▶ The Blake Decision

Part 3: The Future - Upcoming Treatment Developments

Scientific Advances in Treatment

GLP-1 Agonists &
the treatment of
SUD

Psilocybin &
Psychedelic
substances

Neuromodulation

Contingency
Management

MOUD to reduce
OD fatalities and
improve patient
outcomes

Mindfulness based
therapy + MOUD
= reduced cravings

Aerobic exercise
research for
Methamphetamine
Use Disorder

Mirtazapine for
Methamphetamine
Use Disorder

The Future of Treatment

- ▶ Truly integrated Co-occurring and Co-occurring Enhanced treatment
- ▶ Continuation and expansion of Medications for the Treatment of Addictions
- ▶ Professional standards
- ▶ Incorporation of Harm Reduction
- ▶ Creativity & Response
- ▶ Science informed best practices
- ▶ Expansion of Overdose Prevention Sites (OPS)

Heeding Lessons from the Past



STRONG
PROFESSIONAL
SOCIETIES



RESEARCH



MUTUAL AID &
SELF-HELP
GROUPS



BALANCE OF
INPATIENT &
OUTPATIENT
PROVIDERS



ALIGNING
SCIENCE WITH
CLINICAL
TREATMENTS AND
OUTCOMES



ALIGNING POLICY
WITH THE
SCIENCE



THERE IS A PLACE
FOR IT ALL:
ABSTINENCE,
MODERATION,
MEDICATION

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Questions?