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How The United States Can Improve the Prevention and Treatment of Substance Abuse Disorders

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Abstract

Over thirty million people worldwide suffer from diagnosed drug-use disorders. In the United States alone, the Substance Abuse and Mental Health Services Administration found in the 2020 National Survey of Drug Use and Health (NSDUH) that of people aged 12 or older, over 40 million reported struggling with substance abuse at some point in their life. Alarming statistics suggest that rates of drug abuse continue to rise worldwide. Drug use is a recognized epidemic in the United States, and it is far from a recent issue. Health professionals, government officials, and researchers have been trying to solve the problem for decades. That may seem discouraging when faced with the fact that current methods of preventing and treating substance abuse disorders have proven ineffective. However, there are mountains of optimistic evidence, both old and new, in the United States and worldwide to suggest that the goal of lessening drug abuse is finally tangible. The research and resources are all available to be able to make the necessary changes and solve the problem. But none of these changes can be implemented until drug addiction is recognized as a mental health problem, not a criminal justice problem. This shift in mentality is crucial if any real progress is to be made. But once it has, the United States can significantly improve the prevention and treatment of substance abuse disorders. This improvement is possible if three questions are answered: How can substance abuse disorders be prevented? How is intervention possible so those who desire help can seek it? And lastly, how can methods of rehabilitation be improved to ensure that sobriety is sustainable? The United States can improve in the area of prevention by focusing on the development of stronger communities and increasing education on the dangers of illicit substances. Both have proven effective, especially in adolescence, as methods of preventing drug use. The United States can improve in the area of intervention by making it easier and safer for those with substance abuse disorders to seek help. This can be done by working to destigmatize and decriminalize drug use.

When drug use is destigmatized, it is easier for those affected to get help, as there is less of a fear of judgement and persecution from peers. When drug use is decriminalized, it is safer to get help because addicts don't have to worry about receiving jail time when what they need is effective care. Finally, the United States can improve in the area of rehabilitation by helping to provide support for community-based treatments and putting more funding into the research and development of medication-assisted treatment. Community-based programs, such as Narcotics Anonymous, are constantly mentioned (both in formal studies and as anecdotes) as one of the most effective ways for people to sustain their sobriety. Medication-assisted treatment can be helpful in weaning withdrawal symptoms, making it easier to quit. There is controversy surrounding the areas of decriminalization and medication-assisted treatment in terms of efficacy, but professionally have proven that the benefits of these two ideas far out way the harms. As a matter of fact, the decriminalization of illicit substances in Portugal was wildly successful and can act as a sort of case study for those debating the issue. Experts felt that there were a number of reasons people turn to drugs, and it was simply ineffective to treat it as a purely criminal problem. As a result of decriminalizing drugs, they saw a decrease in problematic drug use, recidivism, and HIV rates, and they did not see an increase in drug use as many feared they would, thus proving that this approach has been effective in other countries and can be effective in the United States as well. As stated before, substance abuse disorders are an epidemic in the United States. Drug overdoses account for nearly 100,000 deaths every year and it is estimated that nearly one million people have overdosed in the United States since 1999. Under the status quo, these numbers are rising. Substance abuse disorders can affect anyone, regardless of age, gender, sexuality, religion, race, occupation, social status, or income bracket. To ignore this issue, or to continue to treat drug use as a criminal justice problem instead of a

mental health problem is to ignore decades of science confirming that this is a treatable problem.

It is a difficult issue. But difficult is not the same as impossible. The United States can significantly improve the prevention and treatment of substance abuse disorders.

How The United States Can Improve the Prevention and Treatment of Substance Abuse Disorders

Over thirty million people worldwide suffer from diagnosed drug-use disorders. In the United States alone, the Substance Abuse and Mental Health Services Administration found in the 2020 National Survey of Drug Use and Health (NSDUH) that of people aged 12 or older, over 40 million reported struggling with substance abuse at some point in their lives (“Substance”). Alarming statistics suggest that rates of drug abuse continues to rise worldwide. Drug use in the United States is a recognized epidemic by government and health authorities, such as the Center for Disease Control, and it is far from a recent issue. Health professionals, government officials, and researchers have been trying to solve the problem for decades. That may seem discouraging when faced with the fact that current measures taken to prevent and treat substance abuse disorders have proven inadequate. However, there are mountains of optimistic evidence, both old and new, in the United States and worldwide to suggest that the goal of lessening drug abuse is finally tangible. The research and resources are all available to be able to make the necessary changes and solve the various problems that exist in the status quo. But none of these changes can be implemented until drug addiction is recognized as a mental health problem, not a criminal justice problem. This shift in mentality is crucial if any real progress is to be made. But once this shift occurs, **the United States can significantly improve the prevention and treatment of substance abuse disorders.** This improvement is possible if three questions are answered: How can substance abuse disorders be prevented? How is intervention possible so those who desire help can seek it? And lastly, how can methods of rehabilitation be improved to ensure that sobriety is sustainable?

Substance Use Disorders are defined by the CDC as “treatable, chronic diseases characterized by problematic pattern of use of a substance or substances leading to impairments in health, social function, and control over substance use” (“Substance”). In order to prevent substance abuse disorders, it is crucial to understand what causes them in the first place. Substance abuse disorders can affect anyone, regardless of factors such as race, gender, income level, and social class (“Substance”) However, it is also true that certain people may be more susceptible to developing substance abuse disorders due to their environment and/or genetic make-up. One study by the Cleveland Clinic suggests that genetics have a 40 to 60 percent influence on a person’s susceptibility to addiction (“Is”) because one’s levels of dopamine are determined genetically, and naturally high levels of dopamine can contribute to poor impulse control, making someone more susceptible to addictive behaviors (“Is”). Another article identifies pre-existing mental health issues as a genetic factor. For example, those with bipolar disorder may be more likely to use drugs during manic episodes, when one’s risk assessment and impulse control are low, and they are more prone to self-sabotaging behaviors (“Bipolar”). Environmental factors can include easy access to substances and traumatic stress. Members of marginalized communities are more susceptible to developing substance abuse disorders due to increased levels of trauma and stress caused by discrimination and violence (“Is”). There is no one cause of a substance abuse disorder, so there is no one prevention method. However, at-risk groups have been identified by professionals at the National Institute on Drug Abuse. An at-risk group easy to target in prevention campaigns is adolescents. Preventative methods that target adolescents would be the most widely effective because people can be steered away from substances at a time when their brains are the most vulnerable to influence.

The National Institute of Drug Abuse maintains that “early use of drugs increases a person’s chance of becoming addicted” (NIDA) because before the early to mid-twenties, the brain is not completely developed. Specifically, the frontal lobe, the part of the brain responsible for risk-assessment and decision making, does not finish developing until one is 25 years old. Drug use at any age negatively impacts brain function, but for those with immature brains, “using drugs . . . has more potential to disrupt brain function in areas critical to motivation, memory, learning, judgment, and behavior control” (NIDA). Therefore, preventing drug use in adolescents will decrease the number of people who develop substance abuse disorders. Two effective methods of prevention are community support and education.

Community support is important in developing a strong sense of connection and stability for adolescents. According to the National Institute of Drug Abuse, “drug use increases greatly during times of transition” (NIDA). And what is childhood if not constant transition? Three periods of adjustment many Americans will experience are transitioning from elementary to middle school, from middle to high school, and out of high school into adulthood. From elementary to middle school, one is presented with new social rules, heavier workloads, and the difficulty of trying to develop a sense of self. The transition from middle to high school presents all of the aforementioned difficulties along with the added factor of interacting with older students, which may be the first time adolescents are exposed to substances at parties or other events. Finally, there is the strange social limbo between the ages of 18 and 24, where one faces more adult responsibilities, such as college and employment, without the safety net their school and family may have provided in the past, all without a fully developed brain (NIDA). Some may even experience added stress and trauma through moving, changing schools, or divorce. Providing a solid community environment is crucial during all three of these periods.

Programs created by the Office of National Drug Control Policy (ONDCP), Community Anti-Drug Coalitions of America (CADCA), and the CDC have developed the Drug-Free Communities (DFC) Program, which provides funding, guidelines, and support for “community coalitions” (“Communities”). These coalitions have proven effective in the communities that utilize them. The policies, activities, and guidelines provided for community leaders “address risk factors for youth substance use, such as the availability and cost of alcohol and drugs, and promote protective factors, such as strong relationships with trusted adults” (“Communities”). The existence of these effective programs is encouraging, as it shows the wheel doesn’t need to be reinvented; these effective programs simply need to become more widespread. The methods provided at no cost online through the CDC can be accessed and implemented by any interested groups or organizations, not exclusively through official DFC programs.

The second measure to help prevent young people from developing substance abuse disorders is education. *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide*, which was published by the NIDA, lists education about the risks of substances as one of their many “protective measures” (Robertson 10). As the NIDA points out, “when young people perceive drug use as harmful, they often reduce their level of use” (NIDA). By receiving consistent messaging from parents, teachers, media, and other authorities about the dangers of drug use from a young age, people are less likely to use substances in the first place. The effectiveness of this approach is evident when one considers how rapidly the opinion of smoking cigarettes changed in the United States. In 1965, 45 percent of adult Americans were smokers, with smoker being defined as someone who smoked 100 or more cigarettes in their lifetime and smokes consistently. However, as of 2019, that percentage was down to 13.7 percent (“Cigarette smoking”). This is directly linked to the now widespread knowledge of the dangers of smoking.

The FDA requires all cartons of cigarettes to contain one of 11 warnings informing the consumer of the danger of the product, such as the various forms of cancer it can cause. These warnings must also contain color images and cover 50 percent of both the front and back panels of the carton (“Cigarette labeling”). Additionally, media that depicts smoking and other substance use receives a higher age restriction with the intention of limiting how many especially young, and therefore impressionable, children see substances depicted (Moyses). With the public informed about the potential dangers of smoking, the percentage of smokers dropped to the lowest it has been in modern history. The same or similar results might be obtained by making information about the dangers of drug use more widespread.

While anyone can develop a substance abuse disorder, certain groups are more susceptible for a variety of reasons. One such group is adolescents, who may turn to drugs during a difficult transitional period or due to peer pressure. It is especially dangerous for this group to use drugs, as early drug use has been proven to cause damage to developmental areas of the brain and to increase the chances of developing a substance abuse disorder later in life. By implementing prevention methods of stronger communities and education on the risks of substance use, the number of substance abuse disorders can be reduced. But prevention does nothing for those who have already developed a substance abuse disorder, which is where the next step, intervention, comes into play.

Obviously, it is impossible to force someone to attend some form of rehabilitation or treatment if they reject such help. To do otherwise would infringe on their personal autonomy. Substance abuse affects everyone differently, and some people may not want help or may not even acknowledge that they have an issue to fix. However, for those who do desire help, the

United States must take steps to make getting said help easier and safer. Better access to effective care can be achieved through destigmatizing and decriminalizing drug use.

Destigmatizing drug use is perhaps one of the most crucial aspects to encouraging rehabilitation. According to the Gateway Foundation, a substance abuse rehabilitation center based in Illinois, “Drug addiction stigma refers to inaccurate and damaging assumptions and stereotypes about people with addiction” (Volkow). Stigma can exist in many forms, including biased and discriminatory language, assumptions about someone’s lifestyle, and undue judgement of what are deemed personal choices. Biased and discriminatory language can include using phrases such as “getting clean,” which leaves the negative implication and association of dirtiness and shame with drug use. Assumptions about lifestyle choices might include prejudging the circumstances behind someone’s addiction or not taking seriously those afflicted who do not fit the stereotypes that have been created. Finally, judgement of personal choices reinforces the outdated idea that addiction is a choice, and implies things about someone’s character, like a lack of restraint or willpower (Volkow). These stigmas may not seem like important factors if one has never experienced an addiction, but they are for addicts. Internal biases caused by these stigmas may prevent someone from seeking treatment because their perception of what counts as an “addiction” may not match what they are experiencing. Or they may hesitate to ask for help because of fear of judgement and ridicule.

Luckily, the Gateway Foundation and other treatment centers have already outlined how to combat stigma. The first way is to understand the scientific facts behind addiction and leave behind outdated ideas on what causes addiction and how to prevent it. It used to be generally accepted that drug addiction was a choice and could be avoided with simple slogans like “just say no,” but it is now known that addiction is a complicated medical issue. Studies have shown

consistently that addiction is better treated as a mental disorder and a disease than as simply a poor choice someone made. Rehabilitation centers such as the Gateway Foundation have found that in cases of addiction to substances like opioids, many people's first experience was being given a prescription by a doctor before the risks of opioid use were better understood. After dismantling outdated and harmful ideas, the second thing to do is to love and support those who are struggling. Regardless of how someone developed a substance abuse disorder, support is a critical aspect of healing. Support can be as simple as taking a small amount of time and learning which words and phrases are considered harmful by mental health and addiction professionals in order to be more respectful, in the same way one may refrain from referring to someone with schizophrenia or paranoia as crazy. One should also note that there is a stark difference between "destigmatizing" something and "condoning" or "enabling" it. "People living with addiction can take responsibility for their actions without being made to feel bad about their condition" (A., Carlos "Drug"). Those trying to receive help for an addiction have already taken the difficult step of acknowledging the problem, or else they would not be seeking treatment. What they need is encouragement, not judgment.

The second way that the United States can improve in the area of intervention is to make it safer. This can be achieved through the decriminalization of drugs. Currently, drug possession charges often result in jail time, which does more harm than good. "People who have opioid use disorders . . . [a] population...certainly overrepresented in jails and prisons" according to Brendan Saloner, PhD, "often undergo forced withdrawalthat forced withdrawal dramatically increases the risk that they will fatally overdose if they go back to using drugs after they are released" ("Treating"). While many jails do offer some form of treatment, they are often inconsistent and underfunded. "It is certainly not the standard of care right now for incarcerated

people to get access to [these] medications” (“Treating”). Additionally, it should be acknowledged that the current method of treating substance abuse disorders as a criminal justice issue is less than equitable. According to the National Institute on Drug Abuse, “White and Black people do not significantly differ in their use of drugs...even though they use cannabis at similar rates...Black people [are] nearly four times more likely to be arrested for cannabis possession than White people” (“Addiction”). The current method of treatment is inconsistent, ineffective, and inequitable.

The solution, decriminalization, is a controversial and multi-faceted idea, so defining it is of utmost importance. The definition of *decriminalize* is “to remove or reduce the criminal classification or status of; *especially* to repeal a strict ban on while keeping under some form of regulation” (“Decriminalize”). A substance being decriminalized differs from it being legal, which is defined as “conforming to or permitted by law or established rules” (“Legal”). A few countries have already implemented decriminalization plans that have had tremendously positive results. One such country is Portugal, which decriminalized drug possession and use in 2000. The rationale from experts in the 1990s, when the issue was still under debate, was that “people use drugs for a number of reasons...[concluding] that repressive punishment has no rational explanation and is disproportionate...treating drug consumption under criminal law deterred drug-dependent persons from seeking help and further isolated them from society” (Malinowska). Decriminalization of drugs in Portugal led to declines in HIV rates, problematic drug use, and recidivism. It did not lead to an increase in drug use. Additionally, by not policing individual drug use, the Portuguese authorities were able to dedicate time and resources to the criminal aspects of drugs, such as trafficking and smuggling (Malinowska). The results of the experimental solution after two decades beg the question: why has this approach not been taken

in the United States? Decriminalization allows people to seek help without having to worry about jail time and to receive effective rehabilitation instead.

The second step in improving the prevention and treatment of substance abuse disorders is intervention. The current social attitudes and legal procedures surrounding drug use are harmful. By destigmatizing drug use, it is easier for addicts to ask for help, as they do not have to fear judgment and ridicule from their peers. Current legal procedures are inconsistent, ineffective, and inequitable. Decriminalization could solve these problems as well as decrease drug use, HIV rates, and recidivism, while also freeing up resources for law enforcement to fight criminal problems, such as drug distribution, trafficking, and violence related to drugs.

The final aspect of improving how the United States prevents and treats substance abuse disorders is in the area of rehabilitation. Once someone has developed a substance abuse disorder and sought help, effective treatment needs to be available. Numerous rehabilitation plans exist, and the most effective treatment plan will depend on the individual person, their circumstances, and needs. Programs that have been successful include cognitive behavior therapy, dialectical behavior therapy, 12-step programs such as AA and NA, and medication-assisted treatment. For most people, effective treatment will be a combination of methods. Improving rehabilitation in practice would mean increasing accessibility to effective programs. Due to limited resources, not all of these methods can be focused on at once, so the methods that are most effective for the widest group of people must be prioritized. The two most effective are 12-step programs and medication-assisted treatment. The 12-step programs are effective because of the community support and accountability they offer. Medication-assisted treatments are helpful because they can lessen the initial withdrawal symptoms and later cravings, making sobriety easier to achieve

and sustain. While not technically considered a medication-assisted treatment, the use of naloxone can also be helpful in treating drug addictions, specifically opioid overdoses.

While important in preventing substance abuse disorders, community support is also important in helping addicts to sustain their sobriety. According to David Best in the book *Tackling Addiction: Pathways to Recovery*, “What will enable people to grow out of their addiction problems are . . . broader life issues not . . . short-term interventions” (Malloch 36). Best explains that community in both a traditional and treatment-specific sense, helps to prevent relapses. Best identifies “attachment to a conventional person, stable employment, and interpersonal skills” as elements that contribute to someone having “social capital” (Malloch 36). There is a correlation between the amount of social capital one has and their success in recovery. This is in agreement with community aspects identified earlier when discussing the importance of community in preventing substance abuse disorders. Additionally, in a survey of heroin addicts in the UK, “Engagement with Narcotics Anonymous was a common feature in many of the recovery journeys reported” (Malloch 40). These groups provided a community of people with similar experiences who could offer advice and accountability, as well as act as inspirations. A non-traditional research project conducted in Glasgow involving current addicts in recovery programs similar to NA showed that, of the roughly 140 participants, around 75% “expressed interest in either becoming recovery coaches or advocates and/or in being trained to be peer research interviewers” (Malloch 41). The results presented, both from formal research and anecdotes from those in recovery, point to community, in a traditional and a recovery specific sense, as a major factor in being able to sustain sobriety.

The next element of sustained sobriety is the use of medication-assisted treatment, that is, the use of medication to make treatment easier. Usually, the medications which are used ease the

symptoms of withdrawal and lessen the cravings that can lead to relapse. Often, medication is only part of a full treatment plan. Some of the medications often used are Methadone and Buprenorphine, used to treat opioid dependency by reducing cravings, aiding in getting through difficult withdrawal symptoms (A. Carlos “Medication”). Other medications, like Oleanolic Acid, which is being considered to help morphine addiction, are still in the testing phases and not ready to be used by patients, but the studies are showing promising results (Shi). Use of medication is far from required in a treatment plan, but the results are encouraging in cases where it has been used. Medication-assisted treatment is a major aspect in many patients’ recovery, and continuing to fund research on promising medications is a major step the United States can take to continue improving.

An aspect of drug-addiction treatment that is often confused with medication-assisted treatment is the use of naloxone, better known by the brand name Narcan. The medication works by blocking the effects of opioids in the bloodstream, postponing the effects of an overdose for 30 to 90 minutes (“Lifesaving”). Whereas medication-assisted treatment is a long-term treatment plan done under the supervision of a medical professional, naloxone works more like an EpiPen. Because it is considered an emergency medical treatment, authorities such as the CDC and NIDA encourage friends and family members of those who use opioids (either illicitly or through a prescription) to include naloxone in first-aid kits (“Lifesaving”) and several states have now made naloxone free or available over-the-counter to encourage its widespread availability. Additionally, it is becoming more common for doctors to prescribe naloxone alongside opioids to help prevent accidental overdoses (“Naloxone”). A recent study found that witnesses were present in 1 out of every 3 opioid overdoses (“Lifesaving”). It is believed that by encouraging people to carry naloxone, more opioid deaths can be prevented. Between 1999 and 2014,

“community organizations in America gave out over 150,000 naloxone kits . . . [and] received reports of 26,463 overdose reversals” (“What”). While not the same thing as a medication-assisted treatment, naloxone is another medication that is used in the treatment of drug overdoses, specifically in emergency situations to stabilize the patient before medical assistance can arrive.

The third and final step to improving the prevention and treatment of substance abuse disorders in the United States is rehabilitation. Rehabilitation can be improved by increasing accessibility to the most effective elements of treatment, which are community-based treatment, such as 12-step programs, and medication-assisted treatment.

There are two main elements of this plan that many people may be cautious about, and for understandable reasons. These are decriminalization and the use of medications for treatment, including drugs like naloxone. In the case of decriminalization, many who are against it argue that it is not fully effective, and it may increase drug use or encourage people to deal drugs as they will not face legal consequences. In the case of medication use, the main concern people have is that addicts may develop a secondary addiction or dependence on the medications. What is the point of ending an opioid addiction if one just ends up addicted to Methadone? Many are concerned that naloxone, while not technically a medication-assisted treatment, will increase use of drugs, as people feel less afraid of an overdose. However logical, many of these concerns are not as significant as they are made out to be.

Concerning decriminalization, it is best to look back again to the astounding results demonstrated by Portugal. Decriminalization reduced drug use, lowered rates of HIV, and ultimately helped to make communities safer by lowering violence related to drugs. It also freed space in police budgets to focus on those aspects of drugs which are most harmful, like

smuggling, trafficking, and drug-related violence. Furthermore, the concern that people may start doing drugs, or be encouraged to deal drugs because of a lack of punishment is unwarranted.

Decriminalization and legalization are not the same thing. Decriminalization simply means incarceration would no longer be a possible penalty for most drug related charges.

Decriminalization of drugs does not equate to decriminalization of dealing drugs, so charges like “possession with intent to distribute” may still be punished. The purpose of decriminalization is to not criminalize a mental health problem, but drug dealing is different than having a substance abuse disorder.

The concerns for medication use are more warranted than those surrounding decriminalization, but can be allayed. There *is* a risk that patients may develop a dependency on medication, but this is why medication-assisted treatment is, or only should be, done under the supervision of medical professionals in an in-patient setting to assure that the medications are used properly. “With proper supervision and guidance, these drugs will typically do far more good than harm” (A., Carlos). Reputable treatment centers would ensure that medication is not given out unnecessarily, and when it is, that it is used properly. And, as stated before, medication-assisted treatment is not a requirement. No one is forced to use it as part of a treatment plan. Any risks associated with it are calculated by the professionals administering the treatment.

Regarding the use of naloxone, there is concern that its widespread availability will discourage addicts from getting sober or encourage people to start using opioids, as they are no longer afraid of an overdose death. This idea is false and is caused by misunderstanding how naloxone works. Naloxone is not a “get out of jail free card” that magically cures an overdose, and in cases where its use is required, it is still highly recommended that witnesses of the

overdose call 911 (“Lifesaving”). Depending on the type of opioid used and the amount, the effects may be delayed for only 30 minutes. If opioids are still present in the bloodstream when naloxone wears off, one can still experience an overdose. Naloxone simply increases the likelihood that someone will survive an overdose by delaying the effects long enough for medical assistance to arrive. Additionally, a review in the *International Journal of Drug Policy* “looking at take-home naloxone programs . . . found no evidence of increased opioid use or overdoses” (“What”).

Reservations surround the topics of decriminalization and medications for treatment, including medication-assisted treatment and emergency medicines like naloxone. There is concern over the effectiveness and safety of these treatments, but legal and medical professionals agree that in the few instances where danger is present, the benefits far out way the harms.

In conclusion, **the United States can significantly improve the prevention and treatment of substance abuse disorders.** This paper has demonstrated that this goal is attainable. The United States can improve in the area of prevention by focusing on the development of stronger communities and increasing education on the dangers of illicit substances. The United States can improve in the area of intervention by making it easier and safer for those with substance abuse disorders to seek help. This can be done by working to destigmatize and decriminalize drug use. Finally, the United States can improve in the area of rehabilitation by helping to provide support for community-based treatments and putting more funding into the research and development of medication-assisted treatment. As stated before, substance abuse disorders are an epidemic in the United States. Drug overdoses account for nearly 100,000 deaths every year and it is estimated that nearly one million people have overdosed in the United States since 1999 (“Drug”). Under current conditions, these numbers are

rising. Substance abuse disorders can affect anyone, regardless of age, gender, sexuality, religion, race, occupation, social status, or income bracket. To ignore this issue, or to continue to treat drug use as a criminal justice problem instead of a mental health problem, is to ignore decades of science confirming that this is a treatable problem. It is a difficult issue. But difficult is not the same as impossible. **The United States can significantly improve the prevention and treatment of substance abuse disorders.**

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