

Drug Policy for New York State

Drug abuse is the most common element in current society and serious health problem in the United States. It is hurting the healthcare system, economy, and causing a huge number of deaths every year. The government, non-governmental organizations, and others have proposed certain policies to address addiction and recovery plans. Some of these policies are effective, while others remain failures. Different people have conflicts on how to solve the addiction problem. Some individuals argue that drug addicts should be abandoned since this challenge proceeds from their lifestyle, therefore, giving society unreasonable expenses. But we need drug policies to help addicts return them into society because not everyone voluntarily became drug addicts. Every man is valuable to society and all people should be helping each other. The other groups of individuals use the 12 step program to solve addiction although they work for some people, they do not work for everyone. There is a need to evaluate all of these policy issues to identify the most effective. Some of the alternative drug policies that New York State can adopt include continuous monitoring of addicts to avoid relapse, behavioral therapy, and supporting needle exchange programs.

Continuous monitoring of the addicts during treatment to avoid relapse is another policy alternative to addressing addiction issues. In an attempt to more effectively address the chronic aspects of addiction, frequent or even continuous

monitoring can be more helpful for improving outcomes. There are elements to an effective monitoring program, which is drug testing. Drug testing in treatment is more appropriately described as seeing the patient's success in abstaining from the substance. In *Principles of Drug Addiction Treatment*, the National Institute on Drug Abuse (NIDA) suggests, "Knowing their drug use is being monitored can be a powerful incentive for patients and can help them withstand urges to use drugs" (7). Monitoring also provides if a person started to use drugs again or still staying clean. Addiction is a brain disease. NIDA's *Principles of Drug Addiction Treatment* explains, "Addiction affects multiple brain circuits, including those involved in reward and motivation, learning and memory, and inhibitory control over behavior" (3). Abusing substances causes side effects, and even side effects never stop an addict from using such a drug. On that note, it becomes wise to constantly monitor this amount of patients. Through monitoring, these patients will get a greater incentive enabling them to withstand the desire for drug use. Also, monitoring enables one to realize early symptoms of relapse, thereby calling for treatment plan adjustments. With the adjustments, the desired outcome becomes a reality.

The use of behavioral therapies is another policy to remedy addiction. In NIDA's *Principles of Drug Addiction Treatment*, it states "Participation in group therapy and other peer support programs during and following treatment can help maintain abstinence" (6). Behavioral therapies check on family dynamics. Due to this therapy people gain knowledge about parenting skills and proper communication. Family therapy was challenging but very helpful to Nic Sheff who was an addict and his parents. They discussed painful moments from the past that had to be addressed. They discussed trust, pain, love, sadness, worry, hopelessness, regrets, mistakes,

and fears. Nic noted that he felt divided between his parents, and his parents acknowledged that they had been “selfish with Nic, putting him in the middle of things that had nothing to do with him” (Tweak 317). Also, treatment at this facility was different from Nic’s other experiences in rehab centers. The Safe Passage Center was more than a twelve-step program with meetings. In the twelve-step program he has to get a sponsor who is a stranger for him and it does not work well. Nic’s father, David, tells us that if he had known how important it is to find programs with doctors trained in addiction medicine, his son’s life would have changed for the better much sooner than it did. In *When My Son Became Addicted, I Thought It Was His Problem. But Addiction Is a Family Disease*, David Sheff concludes, “When we sought treatment, I would have avoided programs that required participation in 12-Step groups, which help some, but are counterproductive for many patients.” (2). This time, Nic also had various forms of therapy, including family therapy which was a significant part of his treatment. Therefore, behavioral knowledge is necessary for taming an otherwise undesired behavior. NIDA outlines that the therapies motivate family heads to give strategies in dealing with drug addiction cases, which is the prevention of relapse and how to deal with relapse whenever it occurs. Besides that, it is through the family set up that social reinforcement can be made to help people stop doing drugs and live a lifestyle free from drugs. This policy has helped to treat addiction to prescription stimulants such as cocaine which tapers with the brain system.

Likewise, the needle exchange program is a harm reduction practice that can be helpful to drug addicts and that should be included in a drug policy. Harm reduction is a set of practical strategies reducing negative consequences associated

with drug use. In the Realm of Hungry Ghosts, Mate explains, "Harm reduction is often perceived as being inimical to the ultimate purpose of "curling" addiction- that is, of helping addicts transcend their habits and heal" (332). Based on scientific analysis, it is evident that most drug addicts utilize a large number of needles. Some of these addicts are unable to get sterilized needles that they use for their purposes. In article "Ending the War on Drugs", Pearl states, "Syringe access programs provide people with clean injection equipment to prevent syringe sharing. Resulting in significant reductions in the incidence of blood-borne diseases"(3). In this context, the majority of addicts end up sharing needles and it increases their chances of getting diseases such as HIV and AIDS. In the Realm of Hungry Ghosts, Mate states, "Clean, unshared needles limit disease transmission, as does the use of condoms during intercourse" (337). Even though this policy statement can be highly criticized on the basis that it increases the number of medical supplies, which means more money will be spent, it is effective in protecting the health of people who are trying to refuse from drugs. In the Realm of Hungry Ghosts, Mate says, "That it squandered resources on undeserving people who are the authors of their own misfortune and that it justifies and enables addiction" (332). This argument is against harm reduction, but harm reduction means making the lives of addicts more worth living and decrease an addiction rate.

After all it is obvious that several alternatives can be used to address the problem of substance addiction in New York State. It is also relevant to argue that ideas such as ignoring and punishment of drug addicts are misguided. Punishing drug addicts is not moral behavior. On the other hand, the 12 step strategy mainly based on a religious perspective, therefore, it does not consider words of

non-believers. It means that this method isn't right since it does not cater to the needs of the other side of the population. Based on these considerations, there is a need of adopting the alternatives such as continuous monitoring of addicts to avoid relapse, behavioral therapy and supporting needle exchange programs to solve this crisis.

Works Cited

Maté, Gabor. In the realm of hungry ghosts: Close encounters with addiction.

North Atlantic Books, 2011.

Principles of Drug Addiction Treatment, the National Institute on Drug Abuse (NIDA).

Drugabuse.Gov, 2018, <https://www.drugabuse.gov/>. Accessed 2 May 2020.

Pearl, Betsy. "Ending The War On Drugs: By The Numbers". Center For American Progress, 2018, pp. 1-7.,

<https://www.americanprogress.org/issues/criminal-justice/reports/2018/06/27/452819/ending-war-drugs-numbers/>. Accessed 2 May 2020.

Sheff, Nic. *Tweak: Growing Up on Methamphetamines*, New York: Atheneum. 2008.

Sheff, David. "When My Son Became Addicted, I Thought It Was His Problem. But Addiction Is a Family Disease." *Where Families Find Answers on Substance Use | Partnership for Drug-Free Kids*, 2 May 2017, drugfree.org/parent-blog/when-my-son-became-addicted-i-thought-it-was-his-problem-but-addiction-is-a-family-disease/. Accessed 12 May 2020.