**Long Term Recovery – the Policy Opportunities of Demand Reduction to Strengthen Our Nation**

Many years ago, I met with a conservative member of Congress from my home state of Pennsylvania who eventually went on to the US Senate. I was relatively new to legislative meetings but quite passionate about recovery, even in those days. His background before serving politically was in international economics. When I got done explaining all the benefits that occur in a society that helps move people from addiction into sustained recovery, he offered an observation based on his knowledge as an economist in respect to the pure realities of any market. Wherever there is demand for something, the market will always be filled. Recovery is true demand reduction. No demand, no market.

We both agreed in that meeting long ago that getting more people into recovery was a vital demand reduction strategy that needed to work hand in hand with other methods. Other strategies would not succeed as the market would find a way to be filled. Beyond interdiction and law enforcement, this means more than handing out Narcan of providing people with a short stint in a low intensity intervention. Ideally it should mean focusing on getting those with the most severe conditions who drive demand into long term sustained recovery. This has an added benefit because recovery has a force multiplying effect. The Social Model of Recovery expands healing exponentially. As Dr David Best from the UK has observed more succinctly, the social contagion of hope.

**Addiction and Global Politics**

Reducing rates of addiction and access to addictive drugs have been historically important as a facet of policy. It still is vital to the security, welfare and productivity of our country. Nations with out-of-control addiction challenges face a massive drain on their society, not just economically but to the vitality of its social fabric. In President Trump's first term, the Council of Economic Advisers, in the office of the White House found that the Opioid Epidemic cost $696 billion in 2018—or 3.4 percent of GDP—and more than $2.5 trillion for the four-year period from 2015 to 2018. If we factor in the economic drain of other drugs, including alcohol which cost in lives and resources has increased dramatically in recent years, the cost to our economy and vitality as a nation would be significantly higher. One may argue it is a primary threat to our economic vitality and to the social fabric of our country.

Nations like China export addictive drugs as a weapon to make us weaker. If you do not think that China is using drug policy and enforcement a key strategy in their efforts to expand the influence of their nation, consider this quote from the recent report, The fentanyl pipeline and China's role in the US opioid crisis by the Brookings Institute:

> *"With countries with whom China has good relations or with whom it wants to build good relations … it extends law enforcement and counter-narcotics cooperation. And with countries with whom it has bad relations or with whom relations deteriorate, it denies the cooperation. So, when China announced in 2022, no more cooperation with the U.S., it acted very much according to its standard script."*

We see the impact that these kinds of policies have had in respect to drugs like Fentanyl of which China has long been the leading producer of and it finds its way here to the United States. China is also a leader in xylazine production, and additionally in respect to the export of methamphetamine. They are making a vast sum of money off our misery. They as a nation get stronger and we as a nation get weaker. China may see well see this as retribution and the turning of the tables on what occurred in the opium wars over a hundred years ago in what they term the "Century of Humiliation." We profited from prevalent addiction in their society in that long ago era. It is a truth we should also acknowledge.

**Addiction as a New Cold War Strategy**

If you are a nation on the rise, having a rival economic county with a stoned and impaired populace is in your best interest. It impacts health and productivity even if for most people the use may not rise to the level of a severe substance use condition. For those that do rise beyond that threshold, the costs to society are even more profound. Addiction in many ways is analogous to a landmine. When it does not kill the target, it has an impact on the person who steps on it and everyone in their vicinity. Getting us as a society to drink more, use more cannabis and take lots of pain killers makes our entire society weaker as an economic opponent. A country struggling with workforce challenges: mired down with associated costs from law enforcement to medical and human service expenses. Drug use is a primary driver of such expenses, with pre-pandemic estimates of 442 Billion annually. We are being "helped" to have more of those costs by our economic opponents globally. For them, it is win-win. They make money and we become weaker in our capacity in the global arena.

A 2020 study, Drivers of High-cost Medical Complexity in a Medicaid Population found that 10% of patients represent two thirds of all health care expenditures. Compared with healthy individuals in our population, individuals with medically complex needs have higher rates of addiction. Those who have substance use disorders being four times more likely to be medically complex, high-cost patients. Cutting Medicaid funding will make this even worse. Yet even before those funding reductions, what we do with them now in respect to addiction treatment and recovery support is to provide care rationed below the level of efficacy. This leads to worsening problems and higher costs. Like many other conditions, partial treatment, which is our dominant model, leads to more severe challenges that are more difficult to treat. Animosity towards those suffering is probably the driver of this dynamic, which is a post for another day.

**Every Policy Response Incomplete But Necessary**

We tend over the course of our history to get ahead of our addiction challenges by focusing on single bullet solutions. Panaceas that we then emphasize to the exclusion of the others. One of the areas we have rarely focused resources on is a focus on demand reduction through comprehensive addiction treatment and recovery support efforts over the long term. Interventions focused on those with the most severe and debilitating problems to get them into sustained recovery. The group that costs our society the most. While we do serve this segment of our society, as noted above, we tend to provide short term, low intensity care that lacks long term focus on supporting their healing with the goal of long term sustained recovery. Just consider treating a chronic infection with repeated half courses of antibiotics and you will understand how we treat addiction in the United States. By doing so, we erode our own society.

Keeping illicit drugs out of our country and off of our streets is a vital element of US Drug Control Policy. Arresting and convicting high level illicit drug distributers is an important focus for law enforcement to disrupt these supply chains of death and misery in our communities. It is also true as we learned following the dramatic increase in arrest during the war on drugs that we simply cannot arrest our way out of our challenges. In respect to addiction, law enforcement is a requisite yet incomplete policy response. It is as my colleague, fellow writer and founder of Recovery Review wrote in his October 2023 piece titled Every Response is Incomplete when he noted that essentially each strategy from harm reduction, law enforcement treatment, prevention and recovery support are all necessary but each of the others is incomplete. It is also true that in respect to helping people heal, we have never attempted to truly focus on longer term recovery strategies.

**Demand Reduction – Getting More People into Recovery as a Primary Focus of US Drug Policy**

Reflecting back on that long ago meeting with a member of Congress, it is a basic premise of economics that where there is a market, it will be filled. In relation to drug policy, reducing demand means getting more Americans into long term recovery, and the best part is not only do we stop driving costs in respect to addiction, but we also leverage recovery to help strengthen our communities. When we get into recovery, we go to work, we take care of our families, and we engage in community building processes. It is our potential win-win, if only we committed to it.

While addiction is one of our costliest social challenges in resources and lives, we also know that 85% of the people who reach five years of addiction recovery remain in recovery for the rest of their lives. We should focus on long term recovery as our functional system metric for severe substance use disorders. It is in the interest of our nation.

Policymakers should consider:

- Providing care well beyond the minimum does of what NIDA has long noted to be *90 days for the average person*.
- Supporting resiliency-oriented processes that engage people in early recovery to identify what has meaning in their lives and help them get on and stay on that path of healing.

- Providing proper care and follow it up with recovery management services. Start measuring what works for whom in order to develop protocols for long term wellness for those of us with substance use conditions.
- Invest in recovery community organizations that are designed to build community level recovery capital. Research has shown us that one of the most significant predictors of sustained recovery is spending time with other recovering people and they then help each other as a recovery force multiplier.
- We know that 85% of the people who sustain recovery for a period of five years stay in recovery for life. This is similar to oncology, where we measure healing as five-year remission. Let's reorient our care substance use care system on a five-year measure of healing. This is the key to long-term demand reduction.

Quite simply, strengthening recovery efforts is in the best interest of our nation. Investing in recovery pays dividends in saved lives, restored families and healed communities.

We should steer in that direction in respect to our national policy.

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