

“Raising the Speed Limit”

Bill Piper, Director of National Affairs, Drug Policy Alliance

February 1, 2007, Salt Lake City, Utah

National Conference on Methamphetamine, HIV & Hepatitis: Science and Response 2007

Good afternoon. Thank you for coming to this panel, entitled “Raising the Speed Limit.” I’m Bill Piper, director of national affairs for the Drug Policy Alliance, and I’m the moderator.

I want to start by taking a quick survey. How many people in this room had at least one cup of coffee or caffeinated beverage so far today? How many had more than one? How many are pretty sure they will have more coffee or soda later?

OK. I just wanted to see how many stimulant users there are in the room.

When the Harm Reduction Project first announced they were accepting abstracts for this conference, I knew I wanted to have a unique panel. I spent days thinking about it with no luck at coming up with a good idea. And then one day as I was walking to work it hit me. The Starbucks next to our office had a line out the door. There were about 4 or 5 people standing outside in the cold waiting to get in. That’s when I realized that policymakers have their work cut out for them in dealing with meth because America is a stimulant-based culture. Americans need speed.

Methamphetamine is seductive because it offers people what they’re already taking other drugs to get - greater productivity, weight loss, happiness, less anxiety, focus, and less yawns throughout the day.

- Tens of millions of Americans can’t get through the day without drinking a cup of coffee or drinking caffeinated soda. [disclaimer, I’m one of them].
- Millions smoke cigarettes, in part, to get a boost from nicotine.
- Tens of thousands of Americans have been prescribed Ritalin, prescription methamphetamine, or other drugs to treat Attention Deficit Disorder.
- Hundreds of thousands have used no doze, addherol, or other drugs to focus and study or work longer.
- Thousands use Red Bull and other energy drinks to get the energy they need to stay up late and party.

And this is just the people seeking an energy boost and better productivity.

Hundreds of thousands of Americans lucky enough to have health insurance have taken Prozac, Xanax, and other drugs to reduce their depression, anxiety and other ailments.

Finally, there are the millions of Americans who have wanted something stronger than caffeine and nicotine, who have turned to cocaine, methamphetamine and other illegal drugs.

Over the last 60 years policymakers have tried to reduce the problems associated with stimulant abuse by outlawing potent stimulants or making them available by prescription only. This, of course, doesn’t solve the underlying issue of a demand for stimulants. And basic economics says that as long as there is a demand for something, there will be a supply to meet it.

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For instance, when policymakers made methamphetamine and its chemical cousin amphetamine harder to legally obtain in the 50s and 60s a black market quickly emerged (with the first reported illegal lab appearing in the early 1960s). State and federal governments implemented a series of good restrictions in the 70s, 80s, and 90s designed to curb access to the precursors needed to manufacture methamphetamine; but traffickers exploited loopholes, switched to new ingredients, bought precursors in smaller amounts, and set up more – but smaller – labs. Instead of having a handful of large illegal labs to worry about, policymakers soon had dozens, then hundreds, and then thousands. Meanwhile, traffickers learned how to make more potent and addictive meth, and users found more appealing and dangerous ways to consume it.

More recent precursor controls (most notably restrictions on the purchase of cold medicines containing Pseudoephedrine) have shown some promise. These restrictions have successfully reduced the number of domestic meth labs and greatly lessened environmental dangers. But they have done nothing to reduce the availability of methamphetamine or its abuse. Mexican drug cartels and major domestic traffickers have simply filled the void, bringing more potent meth and increased violence to communities across the country. As long as there is a demand for methamphetamine there will be a supply to meet it.

This begs the question, how can policymakers reduce the demand for illegal stimulants like methamphetamine? There are essentially four ways.

- 1) Policymakers can make substance abuse treatment available to everyone who needs it, whenever they need it, and as often as they need it. Every major study on this issue has found that expanding access to drug treatment is the most cost-effective way to reduce drug abuse and the drug trade.
- 2) Policymakers can address the reasons why people use stimulants. Some of the reasons are hard or impossible to address. For instance, America’s workaholic culture. How many are looking at your blackberries right now? But some reasons people use methamphetamine and other stimulants, such as to feel better about themselves, to lose weight, and to forget about traumatic incidents like sexual abuse, can be dealt with by ensuring that more Americans have access to comprehensive health care and mental health services, including pharmaceutical drugs that treat depression, anxiety, and Attention Deficit disorder. How many methamphetamine users wouldn’t be using meth if they could get Prozac, Xanax, or some other pharmaceutical drug to treat them? Why are members of Congress willing to throw poor people in jail for using methamphetamine to make themselves feel better when they or their spouse take Prozac or other drugs to make themselves feel better?
- 3) Like alcohol, tobacco, heroin and other drugs, policymakers could invest in research into replacement therapy for methamphetamine abuse. Under replacement or substitution therapy, doctors prescribe one or more pharmaceutical drugs to people with substance abuse problems to eliminate or reduce their use of problematic drugs. Researchers for the U.S. Justice Department described it this way:

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As with methadone, the approach relies in part on a harm reduction model, in that, the illicit drug, methamphetamine, is replaced with a legal, controlled dose of a stimulant or replacement drug, provided, however, in a therapeutic setting where supportive services can be supplied. The replacement of, for example, dextroamphetamine for methamphetamine would ideally reduce problems related to crime, injection practices, family and economic issues, and health problems related to escalating illegal use. [Researchers] have reviewed the available and somewhat limited research on using replacement (agonist) therapies in the treatment of methamphetamine or amphetamine abuse. These studies are often small and involve self selected samples and self report of behavior changes. However, many indicated that using oral dextroamphetamine to stabilize illicit amphetamine users' dependency can provide some reduction in the use of other drugs, injection behavior and criminal activity.

[full report available in PDF here: <http://www.ncjrs.gov/pdffiles1/nij/grants/209730.pdf>]

I would note that there are ongoing studies looking at the prescription of Modafinil (marketed under the name “Provigil”) and other drugs that show some promise in treating meth abuse.

- 4) Finally, policymakers could try to reduce the demand for potent illegal stimulants like methamphetamine by increasing the availability of safer, legal drugs that promote wakefulness, vigilance and alertness. To be effective as a policy measure such stimulants would have to be longer lasting, better, and more potent than coffee or Red Bull, but without the negative side effects of methamphetamine and cocaine. For instance, what if more Americans had access to Adherol? We know that a lot of Americans lucky enough to have access to health insurance can get access to Adherol to increase their productivity and study and work harder. But millions lack access to this drug and turn to far more harmful street drugs like methamphetamine. Seen from this vantage point, the war on methamphetamine is really a war on the uninsured. And what if low-dose stimulants were available over the counter? What would the impact be on the illegal drug market in dangerous drugs and the health and well-being of stimulant users? Would it reduce the problems associated with methamphetamine abuse by providing safer alternatives? Would it undercut the black market and crime? Or would it just exacerbate problems? Some countries have already started going down this road and their experiences are something to look at.

While it's my hope that this panel will discuss all four of these strategies for reducing the demand for methamphetamine, it will concentrate on the last two because they get at the heart of the matter, what role – if any – prohibitions and regulations on stimulants play in the perpetuation of methamphetamine abuse and the meth trade. Thus, the panels' provocative title, “Raising the Speed Limit”. What if some stimulants were made available under certain circumstances to reduce the demand for more addictive and dangerous illegal drugs like methamphetamine?

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With all this as background, I would like to move on to our speakers. They will speak for about 20 minutes each, I will ask them several questions, and then I will open it up for questions from the audience. I want to say from the start that I hope both the panelists and the audience think critically and prepare themselves for a lively discussion in the Q & A section. Conferences shouldn't just be informative, they should also be entertaining.