Two Crises, One Systemic Failure:
How American Institutions Built the Mental-Health and Drug Epidemics

---

Historical Op-Ed

Mary Grace Vallentine

Dr. Abby Whitaker

HIS-266: Conflict & Crisis

December 5, 2025

In 2024 alone, 49,316 United States citizens died from suicide.[1] 105,007 people died from a drug overdose.[2] This means that in one year alone, 154,323 people died from crises that for decades the U.S. government has refused to address. 422 people die every day, and seventeen people per hour die all from preventable deaths. These statistics are unfathomable. Intertwined with stigma and dehumanization, the drug epidemic and the mental health crisis are both issues that need to be understood historically together. To effectively combat these crises, we must create a plan that reaches beyond the systemic biases of mental health and substance-use disorder we currently hold as a nation. The historical evolution of mental health and drug addiction could not have happened without American institutions, such as health care, government, and entertainment, continuously ignoring the issue and, at times, exacerbating it.

In the late 1800s to the early 1900s, pain medicines like morphine rose in popularity. Prescription pain medication, modernly reserved for extreme circumstances, was available for daily use. These drugs were prescribed for any pain-related condition, but the issue could be as simple as a backache. In this time period, addiction was viewed as a disease or an unfortunate consequence of medical treatment, not the death sentence that it is today. Doctors would even prescribe more medication to help patients with withdrawal symptoms.[3] This practice reflects how careless doctors were and continue to be with prescription medication. One of the leading causes of addiction is the continuation of use post-prescription. During the 1800s, this was due to a lack of knowledge, but America continues this practice even though we understand drug addiction more today.

---

[1] Centers for Disease Control and Prevention, "FastStats – Suicide and Self-Inflicted Injury," National Center for Health Statistics, accessed November 25, 2025.
[2] Centers for Disease Control and Prevention (CDC), "Drug Overdoses," *FastStats*, National Center for Health Statistics, accessed November 25, 2025.
[3] Hick, Catherine. "Morphinism and Its Influence on Medicine." *AMA the Journal of Ethics* 10, no. 12 (2008): 803–807.

At the same time that doctors were freely prescribing morphine without care, society was responding to mental illness in an entirely different way. During the late 19th century, mental illness was not spoken of or addressed out of fear of judgment and being institutionalized. Institutional treatment of mentally ill individuals was extremely unsanctioned at this time. Without law or policy, mentally ill patients were taken advantage of. Reformers like Dorothea Dix called for change from policymakers and documented the conditions patients endured in institutions. In almost every state hospital Dix investigated, she discovered severe mistreatment of patients. Mental health patients were chained to walls, starved, and sexually exploited.[4] Dix published her findings in a series of books, including *Memorial to the Massachusetts Legislature*.[5] Dorothea Dix wrote and published four books in 1843 and another in 1845. Even though Dix and other reformers made the abuse visible, change did not occur because the government has historically refused to acknowledge the failures of mental health hospitals in this country. The government's attitude, compounded with public perception and media portrayals of mental health, helped to create the crisis as we know it today.

The entertainment industry played a vital role in the stigmatization of mental health from the 1950s to the 1980s. Popular portrayals of mental health in the media mislead public perception. *Halloween,* released in 1978 framed patients of psychiatric hospitals as societal threats. The movie did this by portraying a mentally ill individual as violent and murderous effectively adding to the stigma around mental health in the media. Public opinion served as a barrier between individuals who needed help and mental health institutions.[6] Poor portrayals of mental health in the media further contributed to the lack of legitimate care for mental health

[4] Gollaher, David. "Dorothea Dix and the Asylum Movement." Journal of American History 74, no. 3 (1987): 822–840.
[5] Dix, Dorothea Lynde. *Memorial. To the Legislature of Massachusetts [Protesting Against the Confinement of Insane Persons and Idiots in Almshouses and Prisons].* Boston: Munroe & Francis, 1843.
[6] Naveed Saleh, "How Mass Media Contributes to Mental Health Stigma," Verywell Mind, accessed November 26, 2025

patients and facilitated a negative attitude in public perception. As public opinion of mental health grew negative, so did the attitude towards substance-use disorder through criminalization.

To truly understand these two intertwined crises, we must look back in history to discover parallels. In 1914, the federal government passed the Harrison Narcotics Act 1914 to intervene in the drug epidemic. The goal of this bill was to mitigate the use and spread of drugs, specifically cocaine and opioids.[7] The Harrison Narcotics Act aimed to mitigate the practice of doctors over-prescribing and continuing to prescribe opioids to patients who already had substance-abuse disorder.[8] While the goal of this bill was a noble one to reduce the overuse of opioids, the result was far from it. The Harrison Narcotics Act officially criminalized drug use and changed the national issue from a medical problem to a criminal one, opening the door for future harsher criminalization. This, combined with poor access to healthcare, led people to seek out the help of illegal drug markets instead of seeking out doctors.

During the late 20th century, drug addiction was further criminalized by the United States government.The "War on Drugs", coined by President Richard Nixon, started in the 1970s. President Richard Nixon, elected in 1970, declared a national state of emergency in 1971 and even designated drugs as public enemy number one. Two years later, Nixon created the Drug Enforcement Agency; this police agency has the sole responsibility of criminalizing drug use and trafficking, and still operates today.[9] Nixon's "war" criminalized drug possession and distribution

The "War on Drugs" resumed in the 1980s as a crack cocaine epidemic spread across the country. Concerns about this crisis led President Ronald Reagan, who was newly elected in 1980, to reinforce and broaden many of Nixon's anti-drug measures. Reagan was quoted as saying that

---

[7] United States. Harrison Narcotics Tax Act of 1914. Public Law, 63d Cong., Ch. 1. Approved December 17, 1914.
[8] Inciardi, James A. Between Politics and Reason: The Drug Legalization Debate. Bloomington: Indiana University Press, 1990. Chapter 4, "The Harrison Act and Its Enforcement."
[9] Pascual, Ignacio Diaz "America's War on Drugs — 50 Years Later." *CivilRights.org* The Leadership Conference on Civil and Human Rights. June 29, 2021.

drug use was a “repudiation of everything America is”. The 1986 Anti-Drug Abuse Act was the administration's most significant anti-drug law; it provided $1.7 billion to law enforcement agencies to fight drug abuse and established mandatory minimum sentences for drug-related crimes.[10] While this bill was marketed to fight the “War on Drugs”, much of this legislation was racially biased. For example, possessing five grams of crack cocaine, a drug predominantly used by African Americans, automatically resulted in a five-year prison sentence. Starkly contrasting, having 500 grams of powder cocaine, popular among wealthy, white individuals, resulted in the same penalty. Policymakers used the drug epidemic to push their own agenda, rather than create legislation that benefited the vulnerable population of those affected by substance-use disorder.

Bill Clinton was elected president in 1992 after running on a ‘tough on crime’ platform. Following through with his plan, in 1994, his administration passed the Crime Bill. This bill not only allocated $30 billion towards 125,000 new state prison cells but also mandated life sentences through three-strikes laws. Clinton did not stop there and redesignated 60 new death penalty crimes. The number of people incarcerated for non-violent, drug-related crimes skyrocketed from 50,000 to 400,000 between 1980 and 1997.[11] Even with these policies, changing drug use and greater supply have kept the “war” from succeeding. By treating addiction as a crime instead of a health issue, policymakers added to institutional failures and the stigma around mental health.

At the turn of the 21st century, medical professionals emphasized drug addiction as a medical issue, not a criminal one, but harsh penalties remain. Scientist and doctors furthered their research on drug addiction. Studies like those done by the American Psychiatric Association define addiction as a chronic, relapsing medical disorder. Drug addiction is not

[10] Pascual, Ignacio Diaz “America’s War on Drugs — 50 Years Later.”
[11] Pascual, Ignacio Diaz “America’s War on Drugs — 50 Years Later.”

simply a choice to use illicit substances. Drugs, specifically synthetic drugs, chemically change the function and structure of our brains. Brain imaging reflects that the areas of the brain affected are: judgment, decision making, learning, memory, and behavioral control.[12] Historically, this is the first time we have understood drug addiction. Scientists and medical professionals since the 1920s have tried to understand and treat substance-use disorder; unfortunately, they lacked the technology and funding to conduct their research.[13] Even though these conclusions have been scientifically proven, harsh criminal punishments remain. The most lenient state on all drug charges in the United States is Arizona, with an average of 17 months, while Iowa's average incarceration time for drug charges is 111 months, the harshest.[14] Drug addiction is not a problem that can be solved with a prison cell. Institutions need to realize that the drug crisis can be mitigated with actual intervention, providing rehab and care for people with a substance use disorder.

As the stigma for mental illness increases, individuals turn to avenues other than institutions for help, such as alcohol or illicit drugs. This long history of stigma has built a culture of avoidance, where people turn to anywhere except the healthcare system for relief. We now understand this phenomenon as co-occurring disorders. The National Institute on Drug Abuse (NIDA) reports that about 50% individuals with a substance use disorder also have at least one mental illness. The NIDA explains that both drug addiction and mental health affect the same centers of your brain, making you more susceptible to co-occurring disorders. While self-medication is done with the hope of reducing symptoms of mental health, studies show that

---

[12] American Psychiatric Association. "Addiction and Substance Use Disorders." Accessed November 25, 2025.
[13] Institute of Medicine (US) Committee on Opportunities in Drug Abuse Research. *Pathways of Addiction: Opportunities in Drug Abuse Research.* Washington, DC: National Academies Press, 1996. "Drug Abuse Research in Historical Perspective."
[14] "Drug Offenses and Sentencing by State," Detox.net, accessed Noember 25, 2025.

illicit drugs and alcohol only worsen symptoms over time.[15] The scientific evidence needs to be incorporated into policy by the government to improve the conditions provided to individuals with substance abuse disorders and mental health struggles.

The government has tried to intervene, but with little success. The Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act was federally enacted in 2018.[16] This bill invests in medical and rehabilitation services for substance abuse disorders. The goal is to increase access to healthcare, and it has been the most effective federal legislation for the drug epidemic. Unfortunately, this bill only secured funding through 2023, but Congress has ratified the SUPPORT Act extension. The bill's reauthorization enables federal funds to support opioid overdose prevention and broaden treatment and recovery services.[17] Another legislative effort is the Mental Health Parity and Addiction Equity Act.[18] This act ensures equal treatment of mental health and substance use disorder by insurance companies. Legally, insurance companies are not allowed to discriminate, raise co-pays, or provide insufficient benefits. [19] These acts exhibit that the U.S. Government has made an effort to provide more care for individuals with co-occurring disorders. However, the outlook reflected in these bills does not reflect reality for most. There is hope with the new reauthorization of the SUPPORT Act, but we will have to wait and see if its effects are seen in society.

---

[15] National Institute on Drug Abuse, *Common Comorbidities with Substance Use Disorders: Research Report* (Bethesda, MD: National Institute on Drug Abuse, April 2020).
[16] United States. *Substance Use–Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act,* Public Law 115–271, 132 Stat. 3894 (Oct. 24, 2018).
[17] National Association of Counties. “SUPPORT Reauthorization Act of 2025: What It Means for Counties.” NACo, December 3, 2025.
[18] Congress.gov. "Related Bills - H.R.6983 - 110th Congress (2007-2008): Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008." September 23, 2008.
[19] U.S. Department of Labor, Employee Benefits Security Administration. “Mental Health and Substance Use Disorder Parity.” Accessed December 5, 2025.

Mental illness and addiction have never been separate issues. They grew together through decades of stigma, criminalization, and institutional neglect. Today's death toll reflects the consequences of that history. The United States cannot continue to treat these crises individually, or these numbers will only rise. A nation losing more than 150,000 people a year to preventable mental-health and substance-use deaths cannot afford to continue to ignore it. As a collective nation, we must create an effective plan to combat this public health crisis. It must replace punishment with care, stigma with understanding, and abandonment with attention. Without institutional intervention, the cycle of loss will continue.

Bibliography

American Psychiatric Association. "Addiction and Substance Use Disorders." Accessed November 25, 2025. https://www.psychiatry.org/patients-families/addiction-substance-use-disorders

Centers for Disease Control and Prevention. "FastStats – Suicide and Self-Inflicted Injury." National Center for Health Statistics. Accessed November 25, 2025. https://www.cdc.gov/nchs/fastats/suicide.htm

Centers for Disease Control and Prevention (CDC). "Drug Overdoses." FastStats, National Center for Health Statistics. Accessed November 25, 2025. https://www.cdc.gov/nchs/fastats/drug-overdoses.htm

Congress.gov. "Related Bills - H.R.6983 - 110th Congress (2007-2008): Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008." September 23, 2008. https://www.congress.gov/bill/110th-congress/house-bill/6983/related-bills.

"Drug Offenses and Sentencing by State." Detox.net. Accessed November 25, 2025. https://detox.net/uncover/drug-offenses-and-sentencing-by-state/

Dix, Dorothea Lynde. Memorial. To the Legislature of Massachusetts [Protesting Against the Confinement of Insane Persons and Idiots in Almshouses and Prisons]. Boston: Munroe & Francis, 1843. https://www.loc.gov/item/11006306/

Gollaher, David. "Dorothea Dix and the Asylum Movement." Journal of American History 74, no. 3 (1987): 822–840. https://www.jstor.org/stable/1905705

Halloween. Directed by John Carpenter. Los Angeles: Compass International Pictures, 1978. https://www.imdb.com/title/tt0077651/

Hick, Catherine. "Morphinism and Its Influence on Medicine." AMA Journal of Ethics 10, no. 12 (2008): 803–807. https://journalofethics.ama-assn.org/sites/joedb/files/2020-07/mhst1-2008.pdf

Inciardi, James A. Between Politics and Reason: The Drug Legalization Debate. Bloomington: Indiana University Press, 1990. Chapter 4, "The Harrison Act and Its Enforcement." https://www.druglibrary.org/special/goode/bpr4.htm

Institute of Medicine (US) Committee on Opportunities in Drug Abuse Research. *Pathways of Addiction: Opportunities in Drug Abuse Research.* Washington, DC: National Academies Press, 1996. "Drug Abuse Research in Historical Perspective." NCBI Bookshelf. https://www.ncbi.nlm.nih.gov/books/NBK232965/

National Association of Counties. "SUPPORT Reauthorization Act of 2025: What It Means for Counties." NACo, December 3, 2025. https://www.naco.org/news/support-reauthorization-act-2025-what-it-means-counties

National Institute on Drug Abuse. Common Comorbidities with Substance Use Disorders: Research Report. Bethesda, MD: National Institute on Drug Abuse, April 2020. https://nida.nih.gov/sites/default/files/1155-common-comorbidities-with-substance-use-disorders.pdf

Pascual, Ignacio Díaz. "America's War on Drugs — 50 Years Later." *CivilRights.org* The Leadership Conference on Civil and Human Rights. June 29, 2021.

Saleh, Naveed. “How Mass Media Contributes to Mental Health Stigma.” Verywell Mind. Accessed November 26, 2025. https://www.verywellmind.com/mental-health-stigmas-in-mass-media-4153888

United States. Harrison Narcotics Tax Act of 1914. Public Law, 63d Cong., Ch. 1. Approved December 17, 1914. Accessed November 25, 2025. https://www.naabt.org/documents/harrison_narcotics_tax_act_1914.pdf

United States. Substance Use–Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act, Public Law 115–271, 132 Stat. 3894 (Oct. 24, 2018). https://www.congress.gov/115/statute/STATUTE-132/STATUTE-132-Pg3894.pdf

U.S. Department of Labor, Employee Benefits Security Administration. “Mental Health and Substance Use Disorder Parity.” Accessed December 5, 2025. https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/mental-health-and-substance-use-disorder-parity