



# CHALLENGES TO THE STATUS QUO

SHIFTING US DRUG POLICY FROM CRIMINAL JUSTICE TO PUBLIC HEALTH

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# Learning Objectives:

At the end of this lecture participants will be able to:

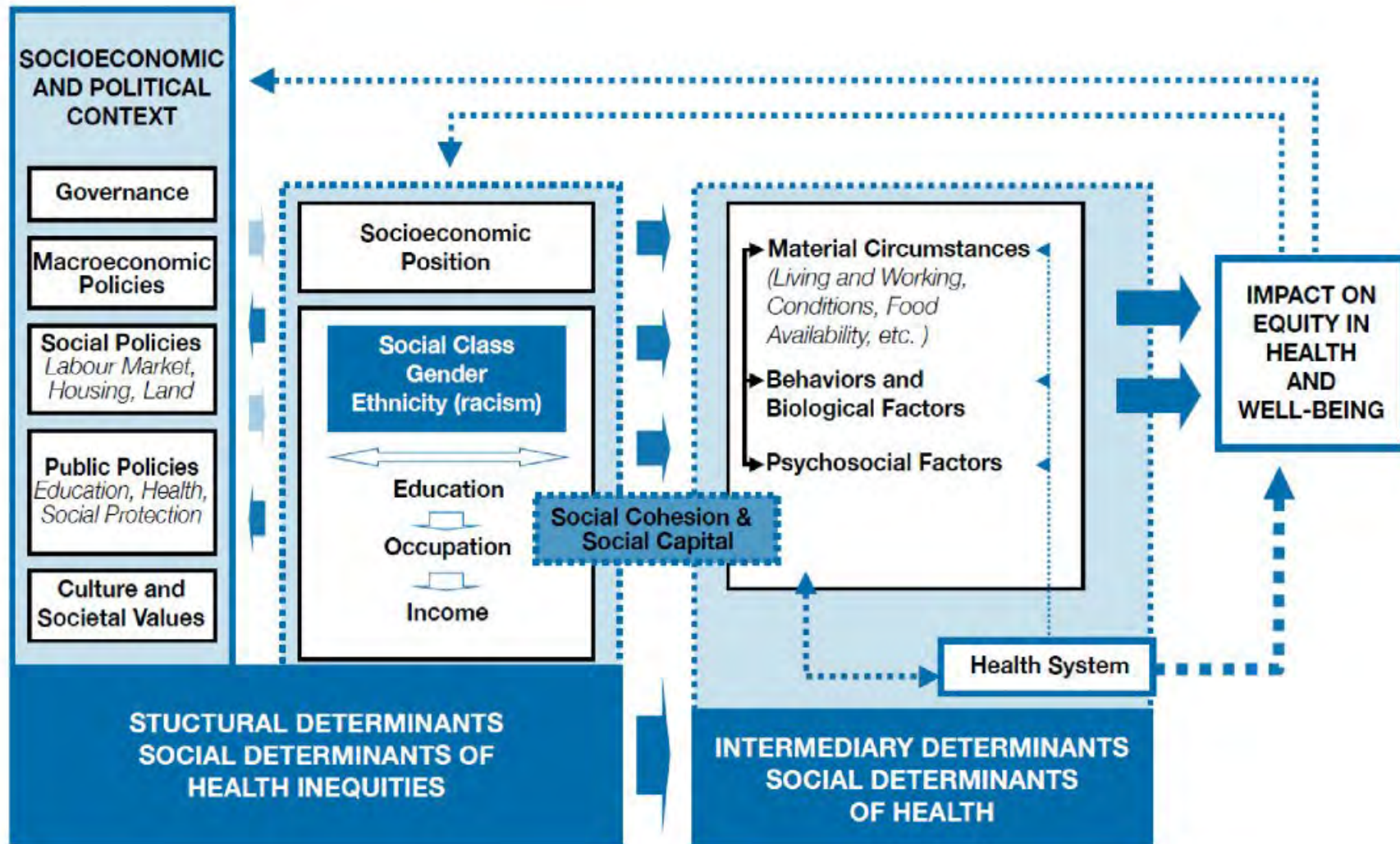
- ▶ Apply the social determinants of health framework to US drug policy
- ▶ Explain the problems with the current drug policy strategies domestically
  - ▶ Federal Drug Policy Spending: Misaligned Priorities
  - ▶ Supply side Substitution and the “Iron Law of Prohibition”
- ▶ Explain the impact of mass incarceration on SDOH and drug related health outcomes
  - ▶ Relationship of drug policy and arrests
  - ▶ Collateral consequences undermine social determinants of health
- ▶ Describe drug policy approaches in a public health framework
  - ▶ Ending Drug Criminalization
  - ▶ Harm Reduction Strategies
  - ▶ Safer Supply

# Working definition...

The **social determinants of health** are the conditions in which people are born, grow, live, work and age, including the health system.

These circumstances are **shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices.**

- World Health Organization



# Operational Investment Opportunities

## SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.



Childhood experiences



Housing



Education



Social support



Family income



Employment



Our communities



Access to health services

Source: NHS Health Scotland

STRUCTURAL DETERMINANT: GOVERNANCE

# Drug Control Strategy Overview

## A Criminal Justice Framework

- ▶ US Drug Control Strategy is characterized broadly in two categories:
  - ▶ Demand Reduction
    - ▶ Treatment
    - ▶ Prevention
  - ▶ Supply Reduction
    - ▶ Domestic Law Enforcement
    - ▶ Interdiction
    - ▶ International Drug Control



# BUDGETS DEFINE PRIORITIES

Lets follow the money...

# ONDCP FY2022 Overall Budget

**Table 1: Federal Drug Control Funding by Function**  
 FY 2020 - FY 2022  
 (Budget Authority in Millions)

Function	FY 2020 Final	FY 2021 Enacted	FY 2022 Request	FY21 - FY22 Change Dollars	FY21 - FY22 Change Percent
Treatment	\$16,459.5	\$20,069.7	\$20,567.7	+ \$498.0	+2.5%
Percent	41.5%	49.7%	50.1%		
Prevention	\$2,177.2	\$2,803.8	\$2,933.3	+ 129.5	+4.6%
Percent	5.5%	6.9%	7.1%		
Domestic Law Enforcement	\$10,237.3	\$10,560.6	\$10,577.2	+ 16.5	+0.2%
Percent	25.8%	26.2%	25.8%		
Interdiction	\$9,545.8	\$5,837.9	\$5,872.6	+ 34.7	+0.6%
Percent	24.1%	14.5%	14.3%		
International	\$1,263.6	\$1,101.9	\$1,093.2	- 8.8	-0.8%
Percent	3.2%	2.7%	2.7%		
<b>Total</b>	<b>\$39,683.3</b>	<b>\$40,374.0</b>	<b>\$41,043.9</b>	<b>+ \$669.9</b>	<b>+1.7%</b>
Supply/Demand					
Demand Reduction	\$18,636.6	\$22,873.5	\$23,501.0	+ \$627.5	+2.7%
Percent	47.0%	56.7%	57.3%		
Supply Reduction	\$21,046.7	\$17,500.5	\$17,542.9	+ 42.5	+0.2%
Percent	53.0%	43.3%	42.7%		
<b>Total</b>	<b>\$39,683.3</b>	<b>\$40,374.0</b>	<b>\$41,043.9</b>	<b>+ \$669.9</b>	<b>+1.7%</b>

Note: Detail may not add due to rounding.

# Treatment Budget

STRUCTURAL DETERMINANT: GOVERNANCE

**Table 2: Drug Control Treatment Funding**  
 FY 2020 - FY 2022  
 (Budget Authority in Millions)

	FY 2020 Final	FY 201 Enacted	FY 2022 Request	FY21 - FY22 Change	
				Dollars	Percent
<b>AmeriCorps</b>	<b>\$6.8</b>	<b>\$6.8</b>	<b>\$6.8</b>	---	---
<b>Court Services and Offender Supervision Agency</b>	<b>\$34.4</b>	<b>\$34.9</b>	<b>\$44.3</b>	<b>+ 9.4</b>	<b>+27.1%</b>
<b>Department of Agriculture</b>	<b>21.3</b>	<b>11.4</b>	<b>11.4</b>	---	---
<i>Office of Rural Development</i>	21.3	11.4	11.4	---	---
<b>Department of Defense</b>	<b>84.6</b>	<b>99.0</b>	<b>84.8</b>	<b>- 14.3</b>	<b>-14.4%</b>
<i>Defense Health Program</i>	84.6	99.0	84.8	- 14.3	-14.4%
<b>Department of Health and Human Services</b>	<b>14,209.3</b>	<b>17,626.2</b>	<b>17,941.8</b>	<b>+ 315.6</b>	<b>+1.8%</b>
<i>Centers of Medicare and Medicaid Services</i>	8,970.0	9,790.0	10,120.0	+ 330.0	+3.4%
<i>Food and Drug Administration</i>	10.0	10.0	23.0	+ 13.0	+130.0%
<i>Health Resources and Services Administration</i>	543.7	556.4	581.5	+ 25.1	+4.5%
<i>Indian Health Service</i>	98.4	101.0	106.8	+ 5.8	+5.7%
<i>National Institute on Alcohol Abuse and Alcoholism</i>	9.4	9.6	9.9	+ 0.3	+2.8%
<i>National Institute on Drug Abuse</i>	1,020.4	1,036.2	1,296.8	+ 260.5	+25.1%
<i>Substance Abuse and Mental Health Services Admin.</i>	3,557.4	6,123.0	5,803.9	- 319.1	-5.2%
<b>Department of Housing and Urban Development</b>	<b>583.0</b>	<b>633.2</b>	<b>745.7</b>	<b>+ 112.5</b>	<b>+17.8%</b>
<b>Department of Justice</b>	<b>515.6</b>	<b>616.1</b>	<b>650.0</b>	<b>+ 34.0</b>	<b>+5.5%</b>
<i>Bureau of Prisons</i>	155.0	231.0	237.5	+ 6.5	+2.8%
<i>Office of Justice Programs</i>	360.6	385.1	412.5	+ 27.4	+7.1%
<b>Department of Labor</b>	<b>7.8</b>	<b>7.8</b>	<b>7.8</b>	---	---
<i>Office of Workers' Compensation Program</i>	7.8	7.8	7.8	---	---
<b>Department of Transportation</b>	<b>0.5</b>	<b>0.5</b>	<b>0.5</b>	---	---
<i>National Highway Traffic Safety Administration</i>	0.5	0.5	0.5	---	---
<b>Department of Veterans Affairs</b>	<b>854.9</b>	<b>888.2</b>	<b>922.0</b>	<b>+ 33.9</b>	<b>+3.8%</b>
<b>Federal Judiciary</b>	<b>132.0</b>	<b>135.8</b>	<b>142.3</b>	<b>+ 6.4</b>	<b>+4.7%</b>
<b>Office of National Drug Control Policy</b>	<b>9.4</b>	<b>9.9</b>	<b>10.4</b>	<b>+ 0.5</b>	<b>+5.0%</b>
<b>Total, Treatment</b>	<b>\$16,459.5</b>	<b>\$20,069.7</b>	<b>\$20,567.7</b>	<b>+ \$498.0</b>	<b>+2.5%</b>

Note: Detail may not add due to rounding.



# Prevention Budget

**Table 3: Drug Control Prevention Funding**

FY 2020 - FY 2022  
(Budget Authority in Millions)

	FY 2020	FY 201	FY 2022	FY21 - FY22 Change	
	Final	Enacted	Request	Dollars	Percent
<b>AmeriCorps</b>	<b>\$7.5</b>	<b>\$7.5</b>	<b>\$7.5</b>	---	---
<b>Court Services and Offender Supervision Agency</b>	<b>\$19.7</b>	<b>\$20.1</b>	<b>\$23.2</b>	<b>+ 3.1</b>	<b>+15.7%</b>
<b>Department of Defense</b>	<b>124.9</b>	<b>127.7</b>	<b>126.0</b>	<b>- 1.7</b>	<b>-1.3%</b>
<i>Drug Interdiction and Counterdrug Activities</i>	124.9	127.7	126.0	- 1.7	-1.3%
<b>Department of Education</b>	<b>58.3</b>	<b>60.0</b>	<b>59.7</b>	<b>- 0.3</b>	<b>-0.5%</b>
<b>Department of Health and Human Services</b>	<b>1,748.0</b>	<b>2,361.7</b>	<b>2,473.6</b>	<b>+ 111.8</b>	<b>+4.7%</b>
<i>Administration for Children and Families</i>	30.0	20.0	27.0	+ 7.0	+35.0%
<i>Centers for Disease Control and Prevention</i>	475.6	475.6	713.4	+ 237.8	+50.0%
<i>Food and Drug Administration</i>	10.0	10.0	23.0	+ 13.0	+130.0%
<i>Health Resources and Services Administration</i>	109.3	93.6	123.5	+ 29.9	+31.9%
<i>Indian Health Service</i>	33.8	34.2	35.2	+ 0.9	+2.8%
<i>National Institute on Alcohol Abuse and Alcoholism</i>	51.1	51.9	53.3	+ 1.4	+2.8%
<i>National Institute on Drug Abuse</i>	437.3	444.1	555.8	+ 111.7	+25.1%
<i>Substance Abuse and Mental Health Services Admin.</i>	600.9	1,232.3	942.4	- 289.9	-23.5%
<b>Department of Justice</b>	<b>35.6</b>	<b>37.8</b>	<b>50.8</b>	<b>+ 13.0</b>	<b>+34.4%</b>
<i>Drug Enforcement Administration</i>	8.1	8.3	9.3	+ 1.0	+12.0%
<i>Office of Justice Programs</i>	27.5	29.5	41.5	+ 12.0	+40.7%
<b>Department of Labor</b>	<b>26.0</b>	<b>26.0</b>	<b>26.0</b>	---	---
<i>Employment and Training Administration</i>	26.0	26.0	26.0	---	---
<b>Department of the Interior</b>	<b>1.0</b>	<b>1.0</b>	<b>1.0</b>	---	---
<i>Bureau of Indian Affairs</i>	1.0	1.0	1.0	---	---
<b>Department of Transportation</b>	<b>30.6</b>	<b>29.9</b>	<b>28.4</b>	<b>- 1.4</b>	<b>-4.8%</b>
<i>Federal Aviation Administration</i>	16.3	17.5	17.2	- 0.3	-1.5%
<i>National Highway Traffic Safety Administration</i>	14.3	12.4	11.2	- 1.2	-9.5%
<b>Office of National Drug Control Policy</b>	<b>125.5</b>	<b>132.0</b>	<b>137.0</b>	<b>+ 4.9</b>	<b>+3.7%</b>
<b>Total, Prevention</b>	<b>\$2,177.2</b>	<b>\$2,803.8</b>	<b>\$2,933.3</b>	<b>+ \$129.5</b>	<b>+4.6%</b>

Note: Detail may not add due to rounding.

# Domestic Law Enforcement Budget

**Table 4: Drug Control Domestic Law Enforcement Funding**  
 FY 2020 - FY 2022  
 (Budget Authority in Millions)

	FY 2020	FY 201	FY 2022	FY21 - FY22 Change	
	Final	Enacted	Request	Dollars	Percent
<b>AmeriCorps</b>	<b>\$0.3</b>	<b>\$0.3</b>	<b>\$0.3</b>	---	---
<b>Department of Agriculture</b>	<b>\$13.0</b>	<b>\$13.0</b>	<b>\$10.7</b>	<b>- 2.3</b>	<b>-17.5%</b>
<i>U.S. Forest Service</i>	13.0	13.0	10.7	- 2.3	-17.5%
<b>Department of Defense</b>	<b>\$223.8</b>	<b>\$229.8</b>	<b>\$113.0</b>	<b>- 116.8</b>	<b>-50.8%</b>
<i>Drug Interdiction and Counterdrug Activities</i>	223.8	229.8	113.0	- 116.8	-50.8%
<b>Department of Homeland Security</b>	<b>592.7</b>	<b>627.6</b>	<b>635.8</b>	<b>+ 8.2</b>	<b>+1.3%</b>
<i>Federal Emergency Management Agency</i>	13.5	13.5	13.5	---	---
<i>Federal Law Enforcement Training Center</i>	47.8	57.3	59.0	+ 1.6	+2.8%
<i>Immigration and Customs Enforcement</i>	531.4	556.7	563.3	+ 6.6	+1.2%
<b>Department of Justice</b>	<b>8,029.0</b>	<b>8,285.9</b>	<b>8,353.6</b>	<b>+ 67.6</b>	<b>+0.8%</b>
<i>Asset Forfeiture Fund</i>	227.1	240.9	245.9	+ 5.0	+2.1%
<i>Bureau of Alcohol, Tobacco, and Firearms</i>	37.1	39.2	41.2	+ 2.0	+5.2%
<i>Bureau of Prisons</i>	3,490.8	3,651.8	3,516.7	- 135.1	-3.7%
<i>Criminal Division</i>	42.6	45.1	48.0	+ 3.0	+6.6%
<i>Drug Enforcement Administration</i>	2,235.8	2,296.4	2,440.7	+ 144.3	+6.3%
<i>Federal Bureau of Investigation</i>	151.6	147.7	152.9	+ 5.2	+3.5%
<i>Office of Justice Programs</i>	163.6	172.5	177.9	+ 5.3	+3.1%
<i>Organized Crime Drug Enf. Task Force Program</i>	550.5	550.5	550.5	---	---
<i>U.S. Attorneys</i>	89.2	98.9	98.9	---	---
<i>U.S. Marshals Service</i>	1,040.8	1,043.0	1,080.9	+ 37.9	+3.6%
<b>Department of the Interior</b>	<b>22.1</b>	<b>22.1</b>	<b>22.1</b>	---	---
<i>Bureau of Indian Affairs</i>	13.9	13.9	13.9	---	---
<i>Bureau of Land Management</i>	4.7	4.7	4.7	---	---
<i>National Park Service</i>	3.5	3.5	3.5	---	---
<b>Department of Labor</b>	<b>1.8</b>	<b>1.8</b>	<b>1.8</b>	---	---
<i>Office of the Inspector General</i>	1.8	1.8	1.8	---	---
<b>Department of the Treasury</b>	<b>68.6</b>	<b>62.6</b>	<b>63.1</b>	<b>+ 0.4</b>	<b>+0.7%</b>
<i>Financial Crimes Enforcement Network</i>	1.7	1.7	2.1	+ 0.4	+26.2%
<i>Internal Revenue Service</i>	66.2	60.3	60.3	---	---
<i>Office of Foreign Assets Control</i>	0.7	0.7	0.7	---	---
<b>Department of Transportation</b>	<b>3.2</b>	<b>3.3</b>	<b>3.7</b>	<b>+ 0.5</b>	<b>+14.1%</b>
<i>Federal Aviation Administration</i>	3.2	3.3	3.7	+ 0.5	+14.1%
<b>Federal Judiciary</b>	<b>945.2</b>	<b>972.9</b>	<b>1,027.3</b>	<b>+ 54.4</b>	<b>+5.6%</b>
<b>Office of National Drug Control Policy</b>	<b>261.2</b>	<b>264.9</b>	<b>269.4</b>	<b>+ 4.5</b>	<b>+1.7%</b>
<b>United States Postal Inspection Service</b>	<b>76.4</b>	<b>76.4</b>	<b>76.4</b>	---	---
<b>Total, Domestic Law Enforcement</b>	<b>\$10,237.3</b>	<b>\$10,560.6</b>	<b>\$10,577.2</b>	<b>+\$16.5</b>	<b>+0.2%</b>

# Interdiction Budget

**Table 5: Drug Control Interdiction Funding**

FY 2020 - FY 2022  
(Budget Authority in Millions)

	FY 2020	FY 201	FY 2022	FY21 - FY22 Change	
	Final	Enacted	Request	Dollars	Percent
<b>Department of Defense</b>	<b>\$4,457.8</b>	<b>\$630.7</b>	<b>\$647.3</b>	<b>+ 16.6</b>	<b>+2.6%</b>
<i>Drug Interdiction and Counterdrug Activities</i>	4,457.8	630.7	647.3	+ 16.6	+2.6%
<b>Department of Health and Human Services</b>	<b>\$44.5</b>	<b>\$44.5</b>	<b>\$54.5</b>	<b>+ 10.0</b>	<b>+22.5%</b>
<i>Food and Drug Administration</i>	44.5	44.5	54.5	+ 10.0	+22.5%
<b>Department of Homeland Security</b>	<b>5,004.0</b>	<b>5,122.4</b>	<b>5,129.6</b>	<b>+ 7.2</b>	<b>+0.1%</b>
<i>Customs and Border Protection</i>	3,153.7	3,040.3	3,083.9	+ 43.6	+1.4%
<i>Science and Technology Directorate</i>	8.5	6.0	6.3	+ 0.3	+5.0%
<i>United States Coast Guard</i>	1,841.8	2,076.1	2,039.4	- 36.7	-1.8%
<b>Department of the Interior</b>	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>	---	---
<i>Bureau of Land Management</i>	0.4	0.4	0.4	---	---
<b>Department of Transportation</b>	<b>13.8</b>	<b>13.9</b>	<b>14.5</b>	<b>+ 0.6</b>	<b>+4.3%</b>
<i>Federal Aviation Administration</i>	13.8	13.9	14.5	+ 0.6	+4.3%
<b>Office of National Drug Control Policy</b>	<b>25.3</b>	<b>26.1</b>	<b>26.4</b>	<b>+ 0.3</b>	<b>+1.3%</b>
<b>Total, Interdiction</b>	<b>\$9,545.8</b>	<b>\$5,837.9</b>	<b>\$5,872.6</b>	<b>+ \$34.7</b>	<b>+0.6%</b>

*Notes: Detail may not add due to rounding.*

*FY 2020 includes \$3.8 billion reprogrammed from other DOD programs for barrier construction along the U.S. southwest border in support of the Department of Homeland Security (DHS) under 10 U.S.C. §284(b)(7).*

# International Drug Control Budget

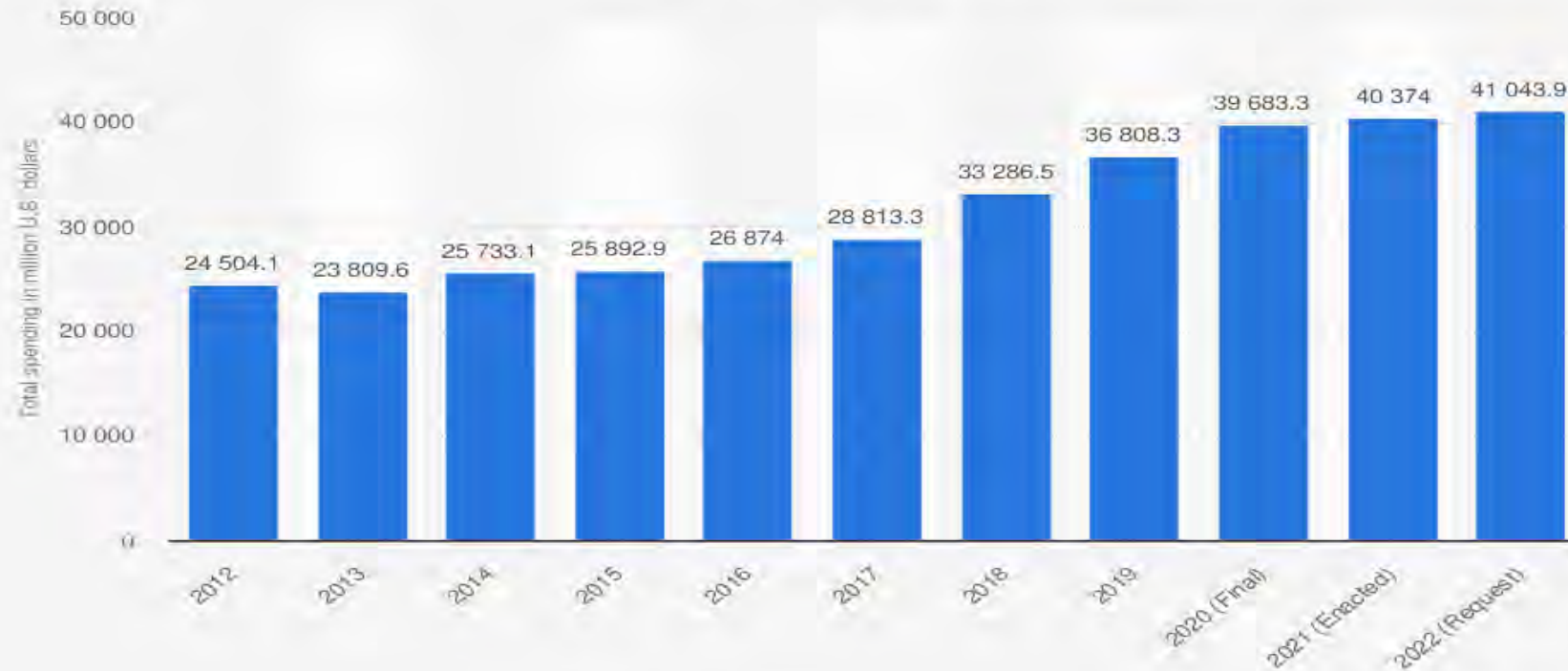
**Table 6: Drug Control International Funding**  
 FY 2020 - FY 2022  
 (Budget Authority in Millions)

	FY 2020	FY 201	FY 2022	FY21 - FY22 Change	
	Final	Enacted	Request	Dollars	Percent
<b>Department of Defense</b>	<b>\$233.2</b>	<b>\$77.0</b>	<b>\$80.9</b>	<b>+ 3.9</b>	<b>+5.1%</b>
<i>Defense Security Cooperation Agency</i>	132.3	54.9	47.5	- 7.4	-13.4%
<i>Drug Interdiction and Counterdrug Activities</i>	101.0	22.1	33.4	+ 11.3	+51.2%
<b>Department of Homeland Security</b>	<b>72.5</b>	<b>76.5</b>	<b>79.4</b>	<b>+ 2.9</b>	<b>+3.8%</b>
<i>Federal Law Enforcement Training Center</i>	0.5	0.6	0.6	+ 0.0	+3.4%
<i>Immigration and Customs Enforcement</i>	72.0	75.9	78.8	+ 2.9	+3.8%
<b>Department of Justice</b>	<b>475.2</b>	<b>465.8</b>	<b>471.7</b>	<b>+ 5.9</b>	<b>+1.3%</b>
<i>Drug Enforcement Administration</i>	473.8	464.4	470.1	+ 5.7	+1.2%
<i>U.S. Marshals Service</i>	1.4	1.5	1.6	+ 0.1	+9.7%
<b>Department of State</b>	<b>478.9</b>	<b>478.9</b>	<b>456.8</b>	<b>- 22.1</b>	<b>-4.6%</b>
<i>Bureau of International Narcotics and Law Enforcem</i>	425.4	425.4	406.8	- 18.6	-4.4%
<i>United States Agency for International Development</i>	53.5	53.5	50.0	- 3.5	-6.5%
<b>Office of National Drug Control Policy</b>	<b>3.7</b>	<b>3.7</b>	<b>4.3</b>	<b>+ 0.6</b>	<b>+15.8%</b>
<b>Total, International</b>	<b>\$1,263.6</b>	<b>\$1,101.9</b>	<b>\$1,093.2</b>	<b>- \$8.8</b>	<b>-0.8%</b>

Note: Detail may not add due to rounding.

# Historical Drug Control Spending

Total federal drug control spending in the United States from FY 2012 to FY 2022 (in million U.S. dollars)

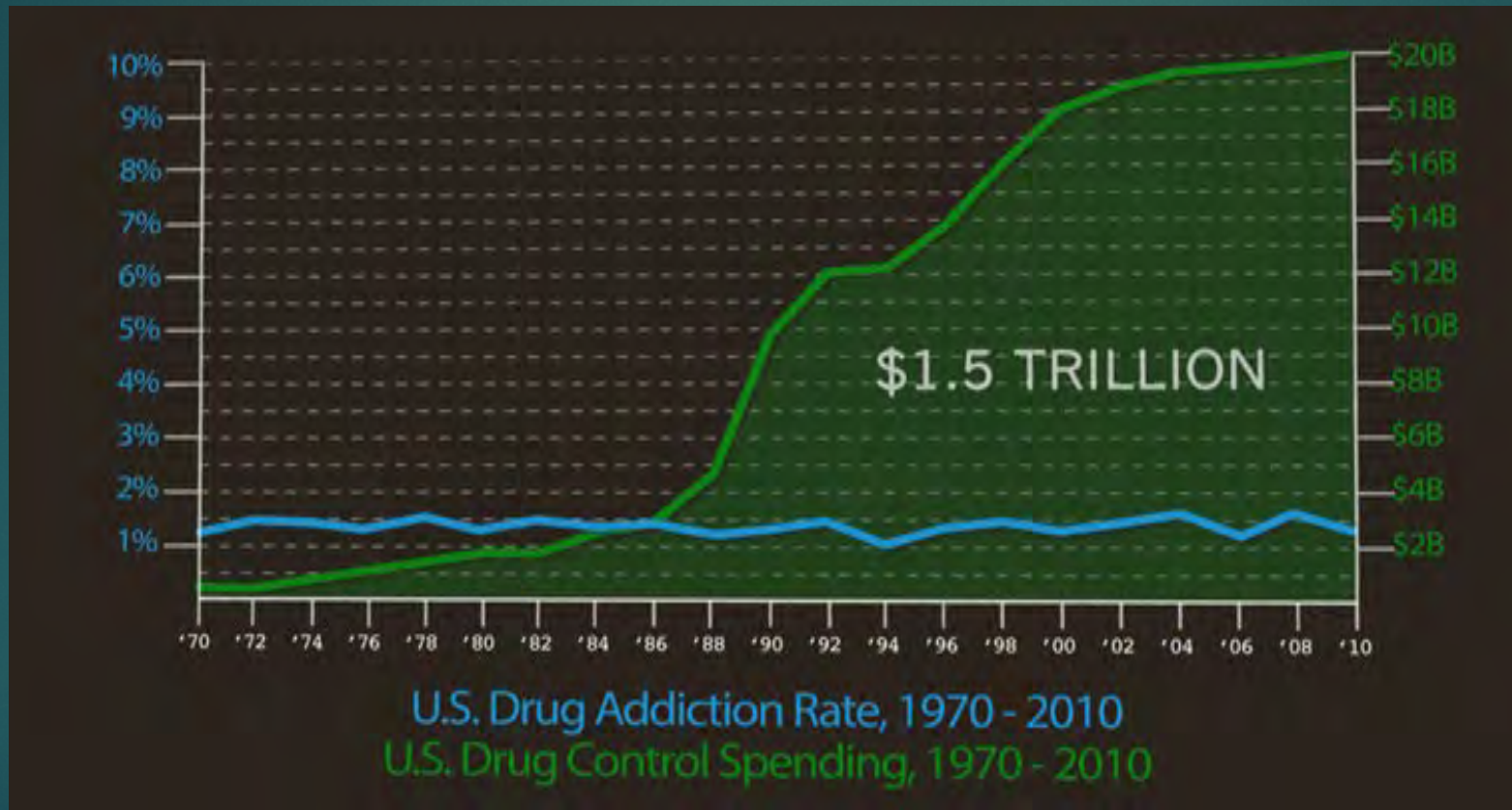


Source  
DNDCP  
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Additional Information:  
United States, fiscal years 2012 to 2021

STRUCTURAL DETERMINANT: GOVERNANCE

# Drug Spending Relative to Addiction

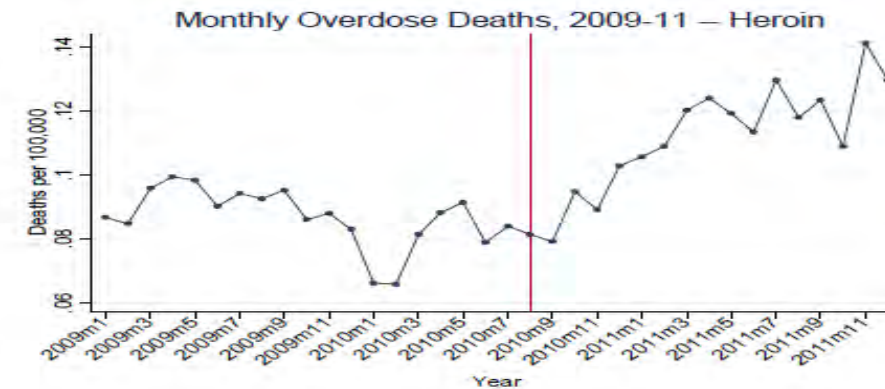
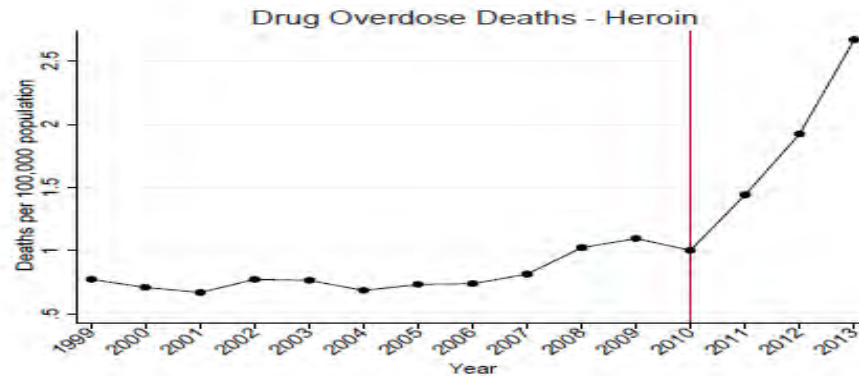
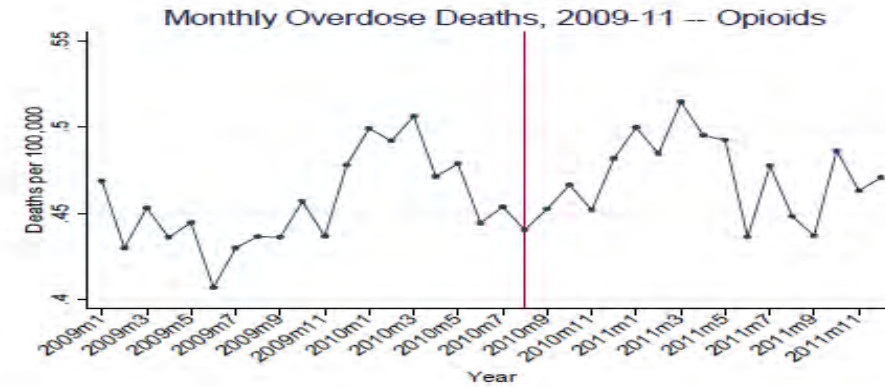
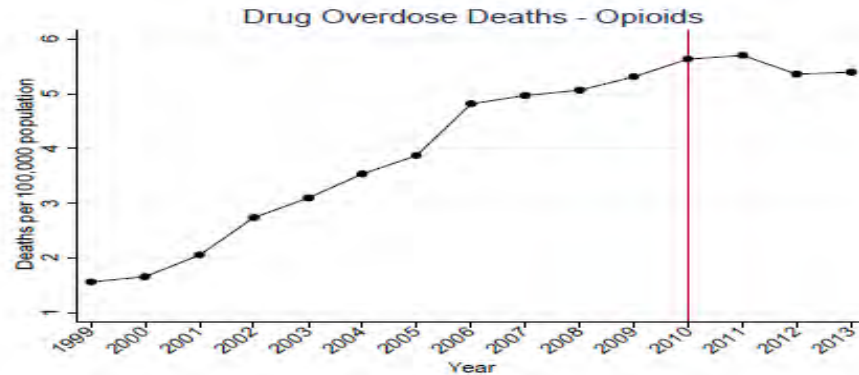




# The Problem with Prohibition

SUPPLY SIDE SUBSTITUTION AND MASS INCARCERATION

# Supply side substitution



**Notes:** Deaths per 100,000 population from the National Vital Statistics System (NVSS). Opioid overdose deaths are coded using ICD-10 codes for underlying cause of death X40–X44, X60–X64, X85, and Y10–Y14 with a multiple cause code of T40.2 for natural and semisynthetic opioids (e.g., oxycodone and hydrocodone), T40.3 for methadone, and T40.4 for synthetic opioids excluding methadone (e.g., fentanyl and tramadol). Heroin deaths are coded using T40.1 and a drug poisoning underlying cause of death.



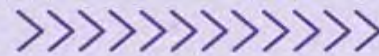
# IRON LAW OF PROHIBITION

THE HARDER THE ENFORCEMENT, THE HARDER THE DRUGS

INCREASING LAW ENFORCEMENT



INCREASING COST OF ILLEGALITY



INCREASING POTENCY OF THE SUBSTANCE



Need to Avoid Detection  
(Less Weight and Volume, Easier to Hide, Store and Transport)

Beer and Wine



Spirits



Moonshine

Cannabis



High THC Cannabis



Synthetic Cannabinoids

Coca Leaf/Tea



Powder Cocaine



Crack/Paco/Basuco

Opium



Heroin



Fentanyl/Carfentanyl

Ephedra



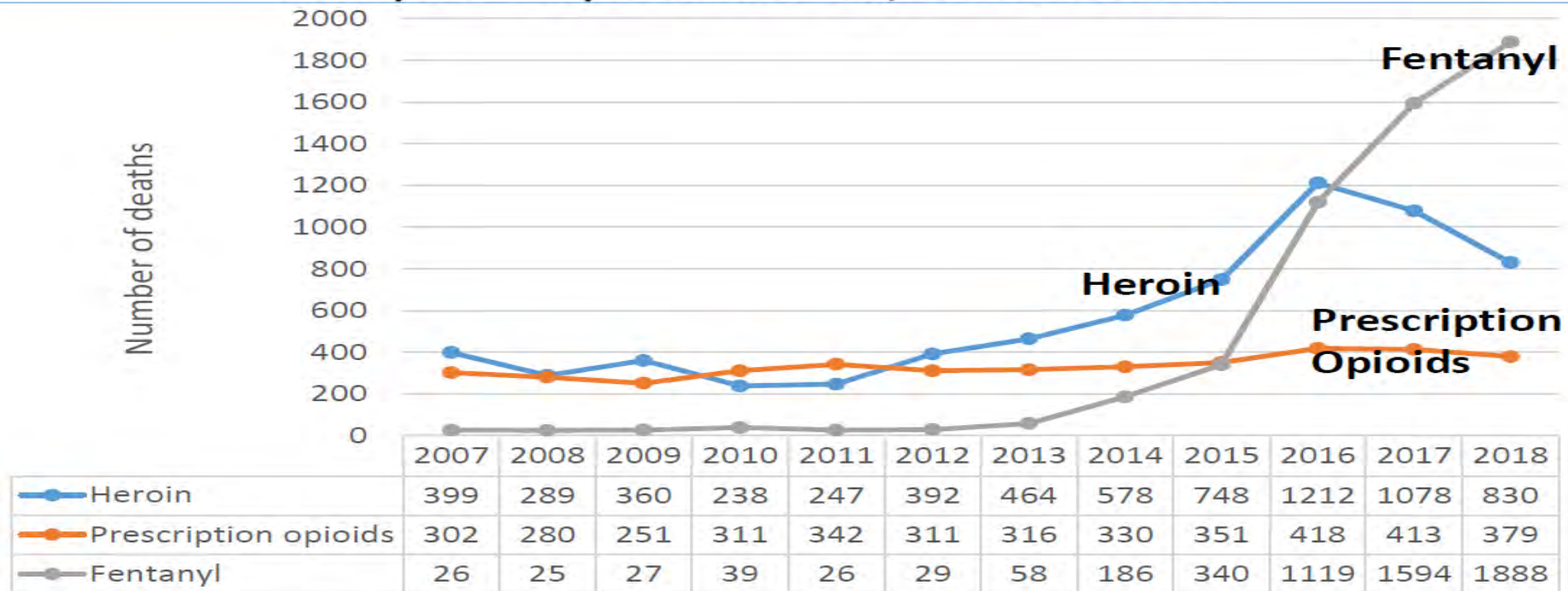
Amphetamine



Ice/Methamphetamine

# Spotlight Maryland

**Figure 7. Number of Opioid-Related Deaths Occurring in Maryland by Substance, 2007-2018.**

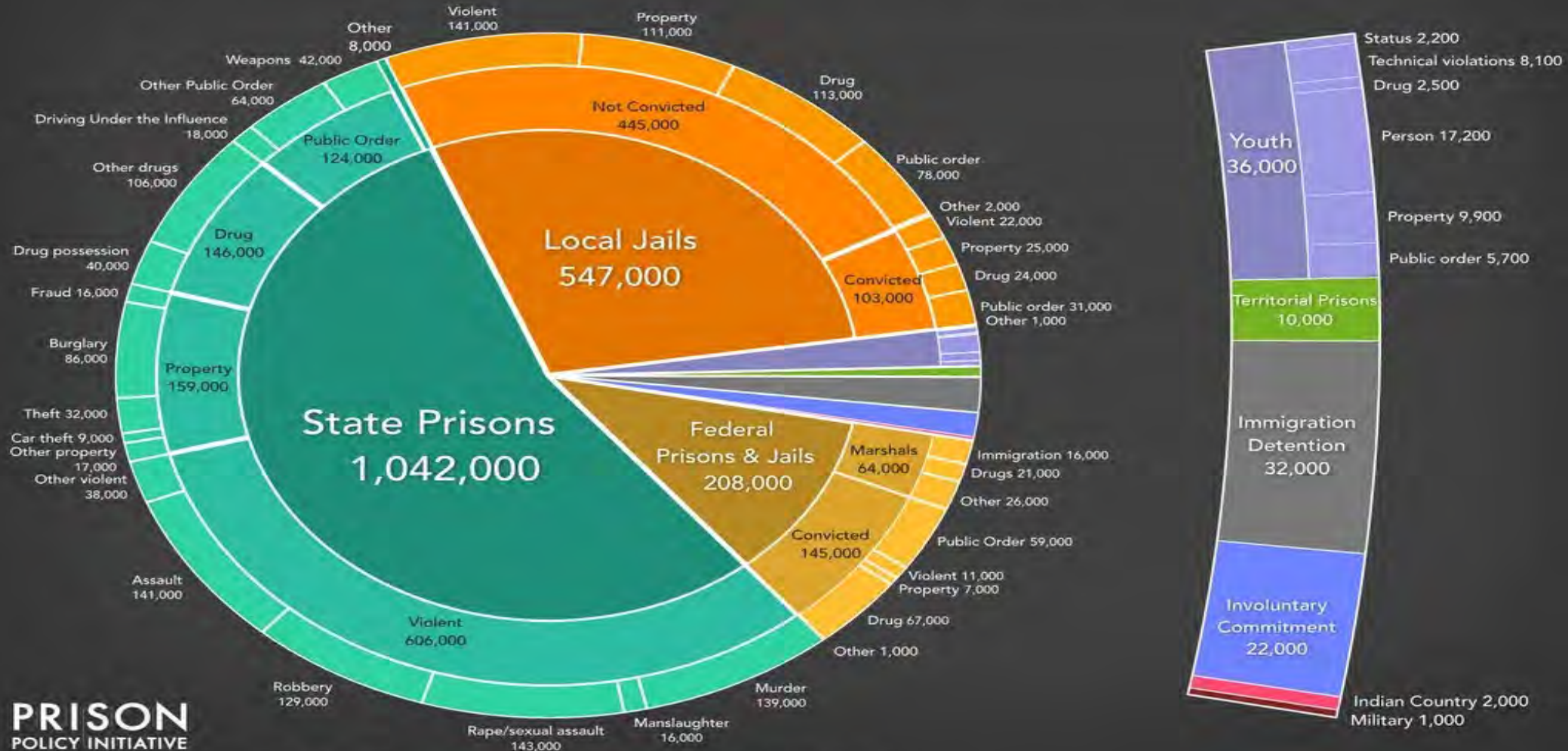


\*Total opioids include heroin, prescription opioids, and illicit forms of fentanyl.

# Mass Incarceration as a Social Determinant

## How many people are locked up in the United States?

The U.S. locks up more people per capita than any other nation, at the staggering rate of 573 per 100,000 residents. But to end mass incarceration, we must first consider *where* and *why* 1.9 million people are confined nationwide.



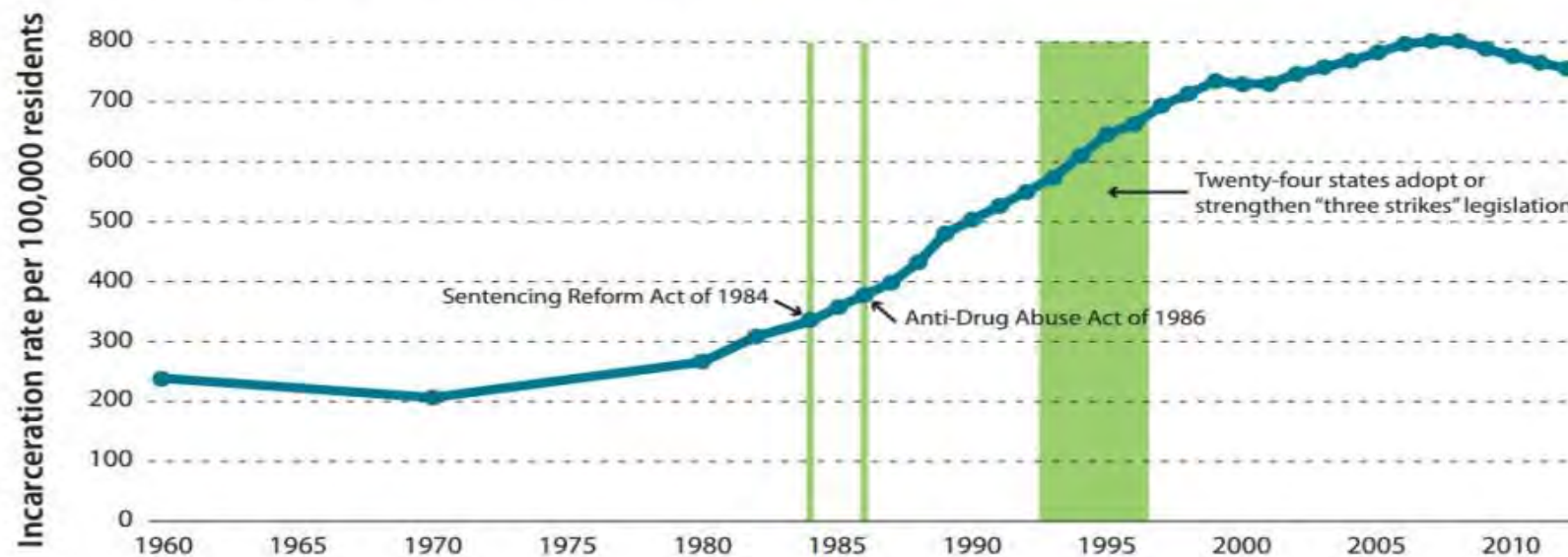
**PRISON**  
POLICY INITIATIVE

Sources and data notes: See <https://www.prisonpolicy.org/reports/pie2022.html>

# Shaped by policy choices...

## Incarceration Rate in the United States, 1960–2012

Federal policies, such as the Sentencing Reform Act, and state policies, such as “three strikes” legislation, were major contributing factors to the 222 percent increase in the incarceration rate between 1980 and 2012.



Sources: Austin et al. 2000; Cahalan 1986; personal communication with E. Ann Carson, Bureau of Justice Statistics, January 24, 2014; Census Bureau 2001; Glaze 2010, 2011; Glaze and Herberman 2013; Raphael and Stoll 2013; Sabol, Couture, and Harrison 2007; Sabol, West, and Cooper 2010; authors' calculations.

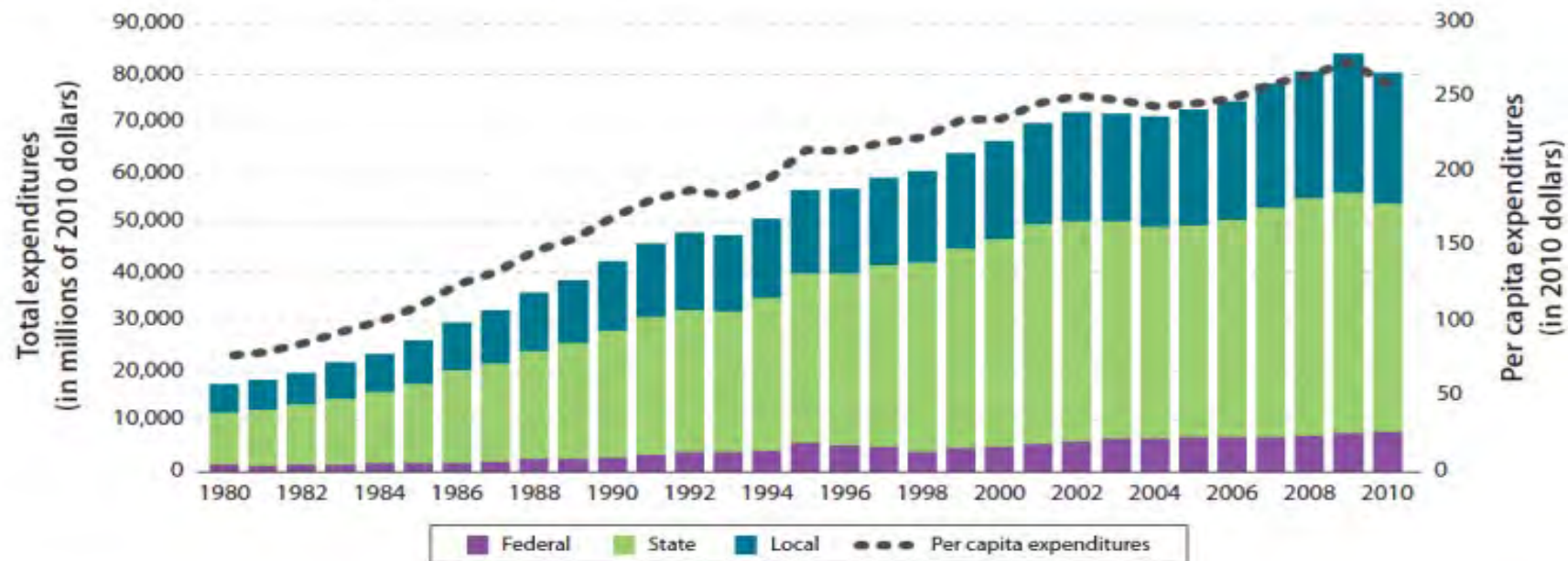
Note: Incarceration rate refers to the total number of inmates in custody of local jails, state and federal prisons, and privately operated facilities within that year per 100,000 U.S. residents. The three events highlighted in this figure are examples of the many policy changes that are believed to have influenced the incarceration rate since the 1980s. For more details, see the technical appendix.

Influenced by the distribution of money, power and resources at the national state and local level...

FIGURE 8.

## Total Corrections Expenditures by Level of Government and Per Capita Expenditures, 1980–2010

In real terms, total corrections expenditures today are more than 350 percent higher than they were in 1980, while per capita expenditures increased nearly 250 percent over the same period.



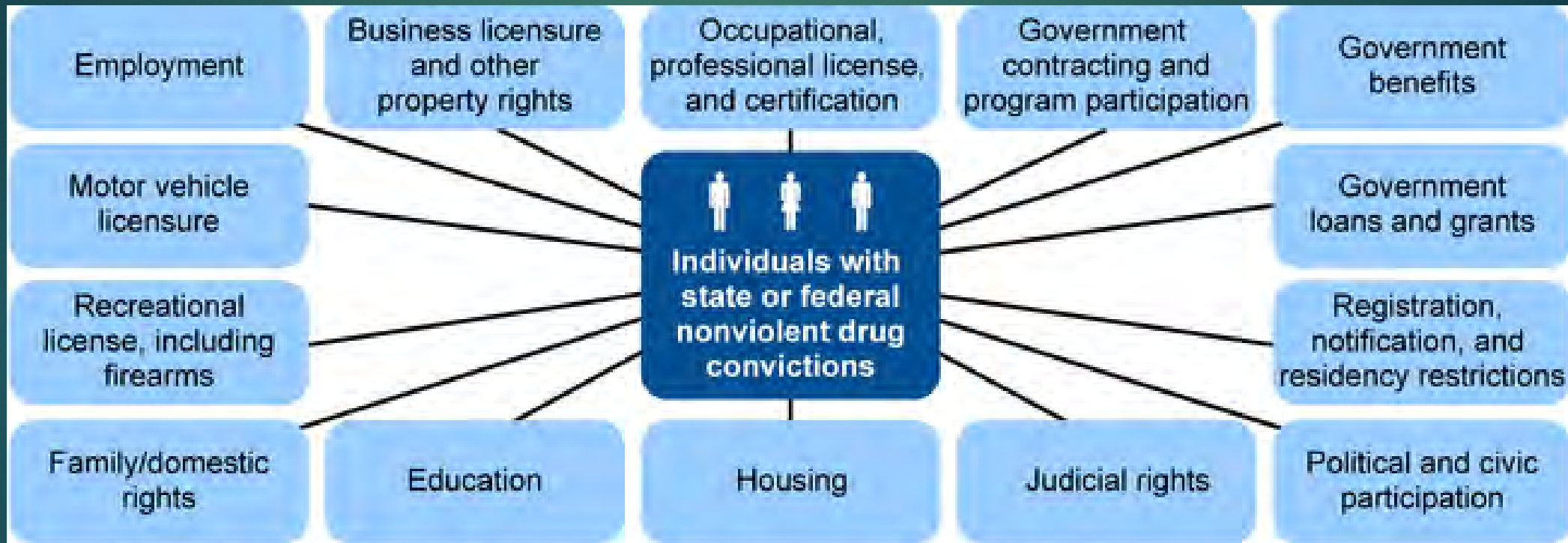
Sources: Bauer 2003a, 2003b; Census Bureau 2001, 2011, 2013; Gifford 2001; Hughes 2006, 2007; Hughes and Perry 2005; Perry 2005, 2008; Kyckelahn 2012a, 2012b, 2012c; Kyckelahn and Martin 2013; authors' calculations.

Note: The dollar figures are adjusted to 2010 dollars using the CPI-U-RS (Consumer Price Index Research Series Using Current Methods). Population estimates for each year are taken from the Census Bureau's estimates for July 1 of that year. The figure includes only direct expenditures so as not to double count the value of intergovernmental grants. For more details, see the technical appendix.

# Mass Incarceration Undermines Social Capital through Collateral Consequences

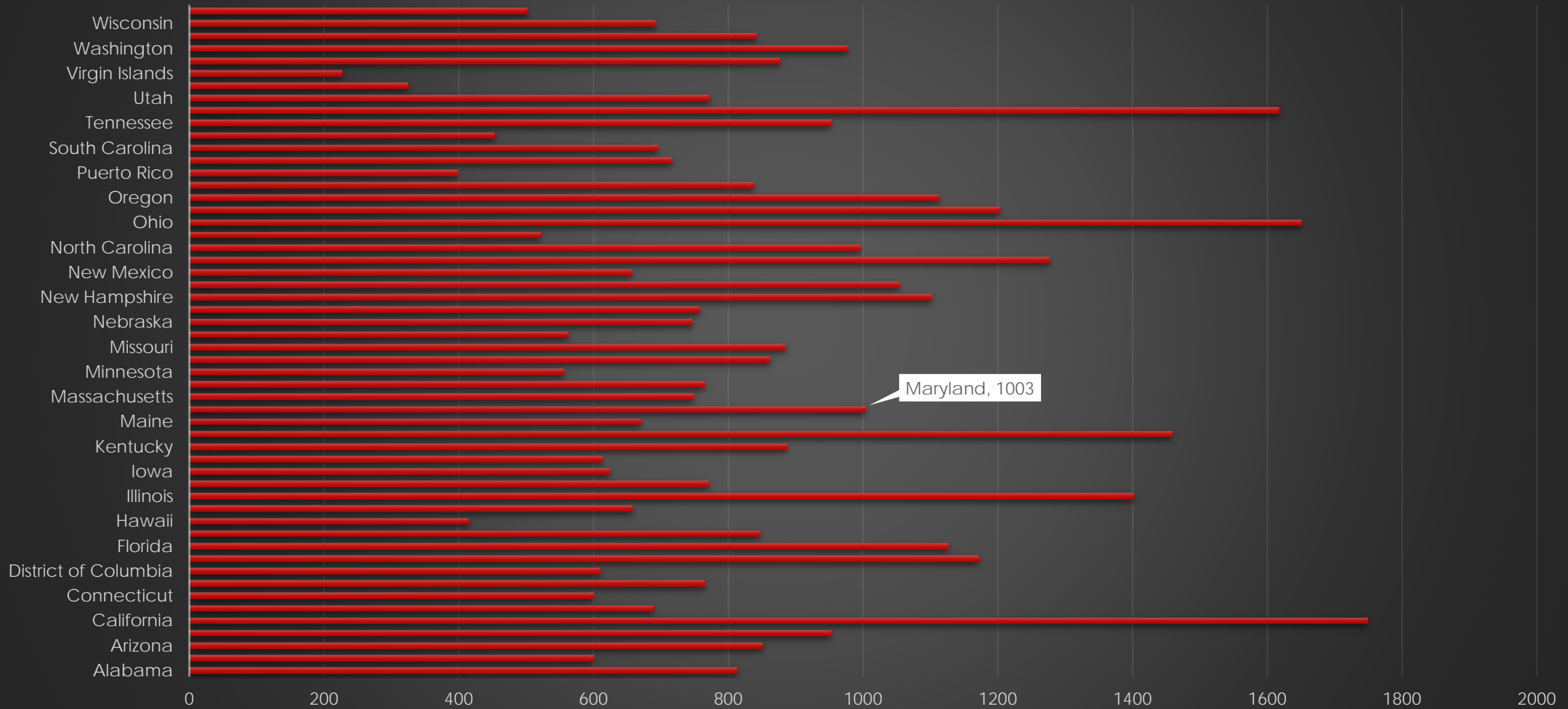
- ▶ Social capital within a community consists of the following:
  - ▶ The density of community and personal networks
  - ▶ Civic engagement and participation
  - ▶ A sense of belonging in the community
  - ▶ Reciprocity and cooperation with fellow citizens
  - ▶ Trust in the community

Collateral Consequences affect the way people are born, grow, live, work and age....



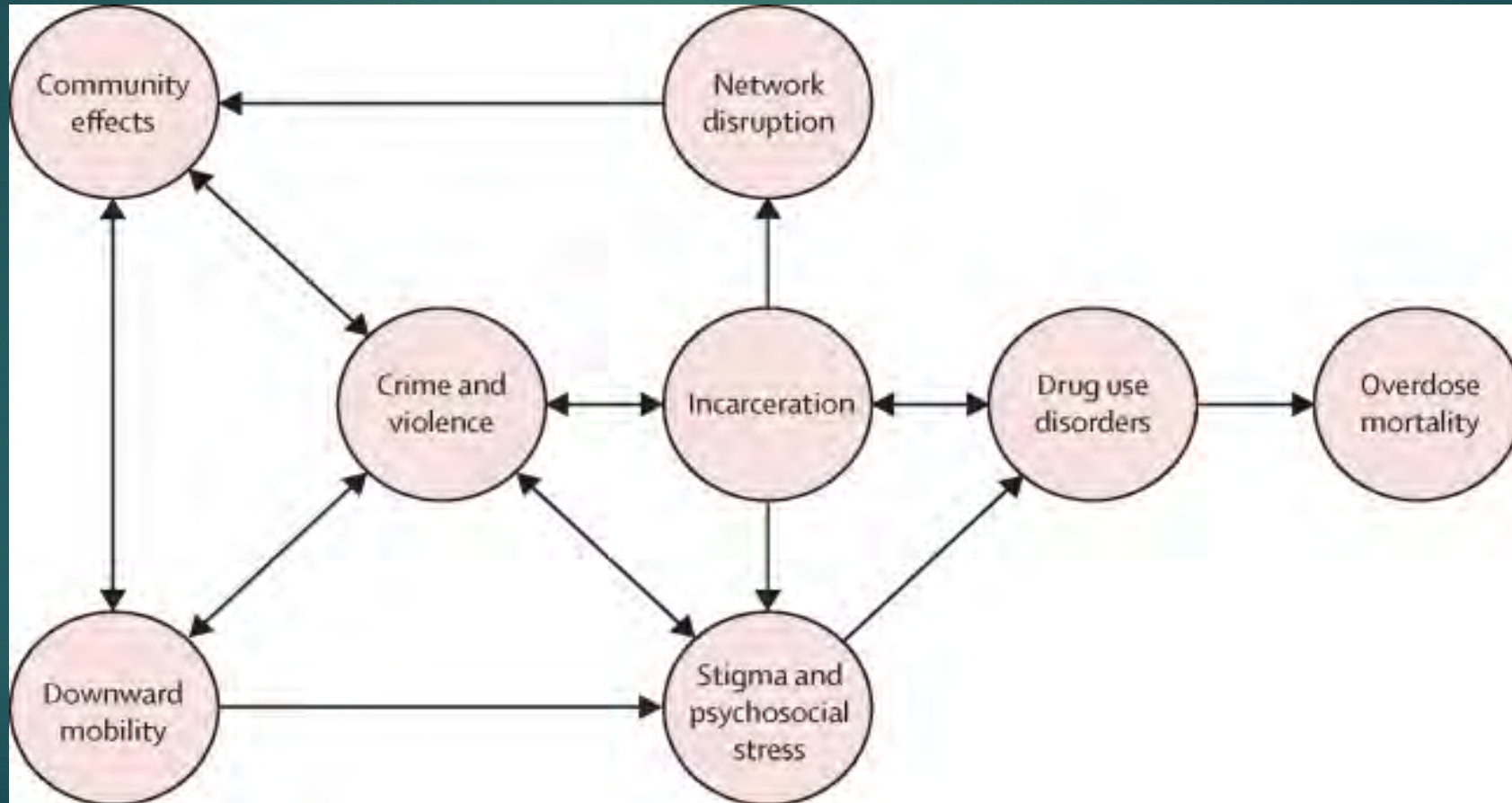
Source: GAO analysis of the American Bar Association's National Inventory of the Collateral Consequences of Conviction (NICCC). | GAO-17-691

### Number of Collateral Consequences Associated with Conviction

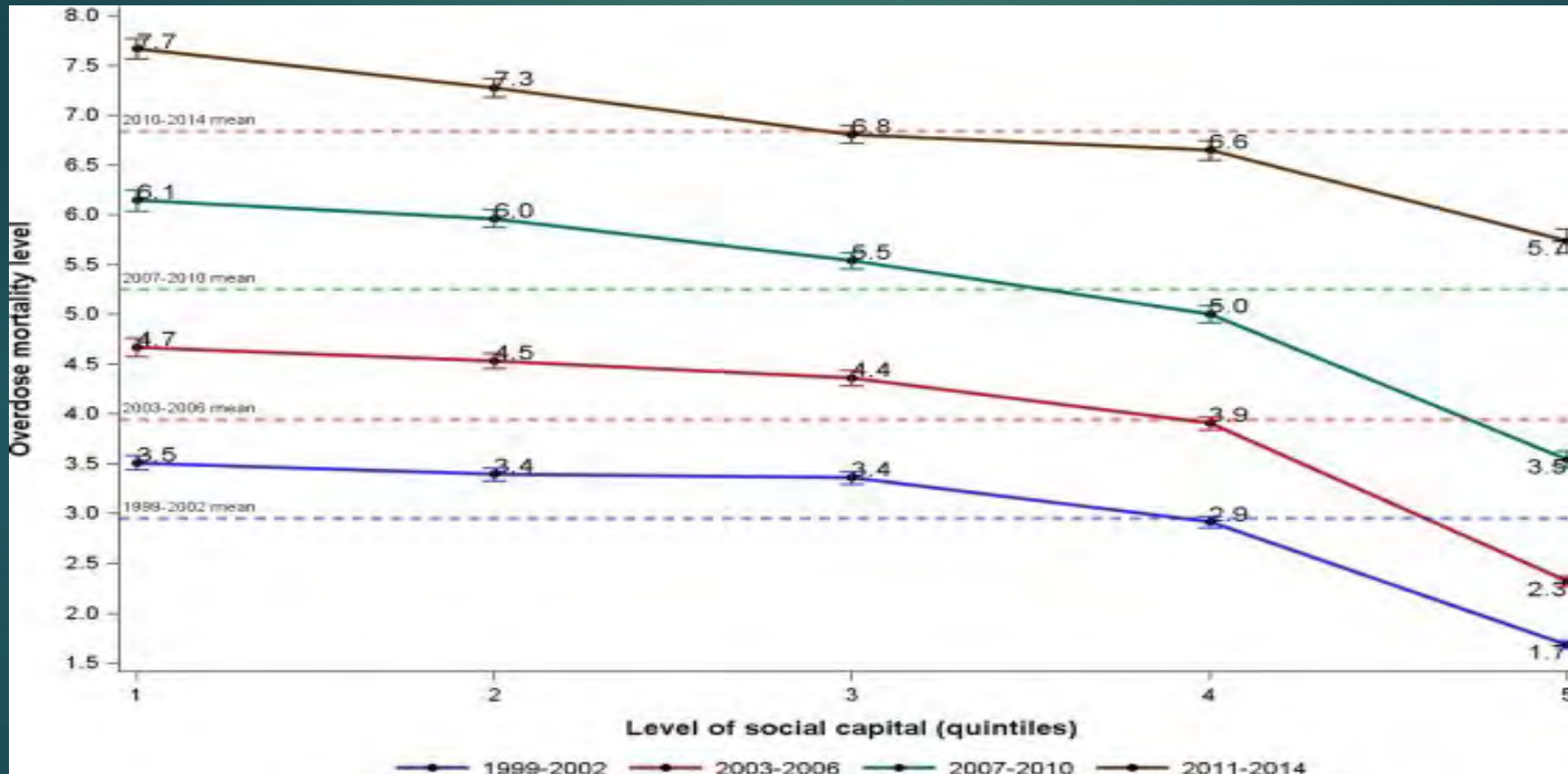




# Incarceration independently undermines social cohesion and social capital....

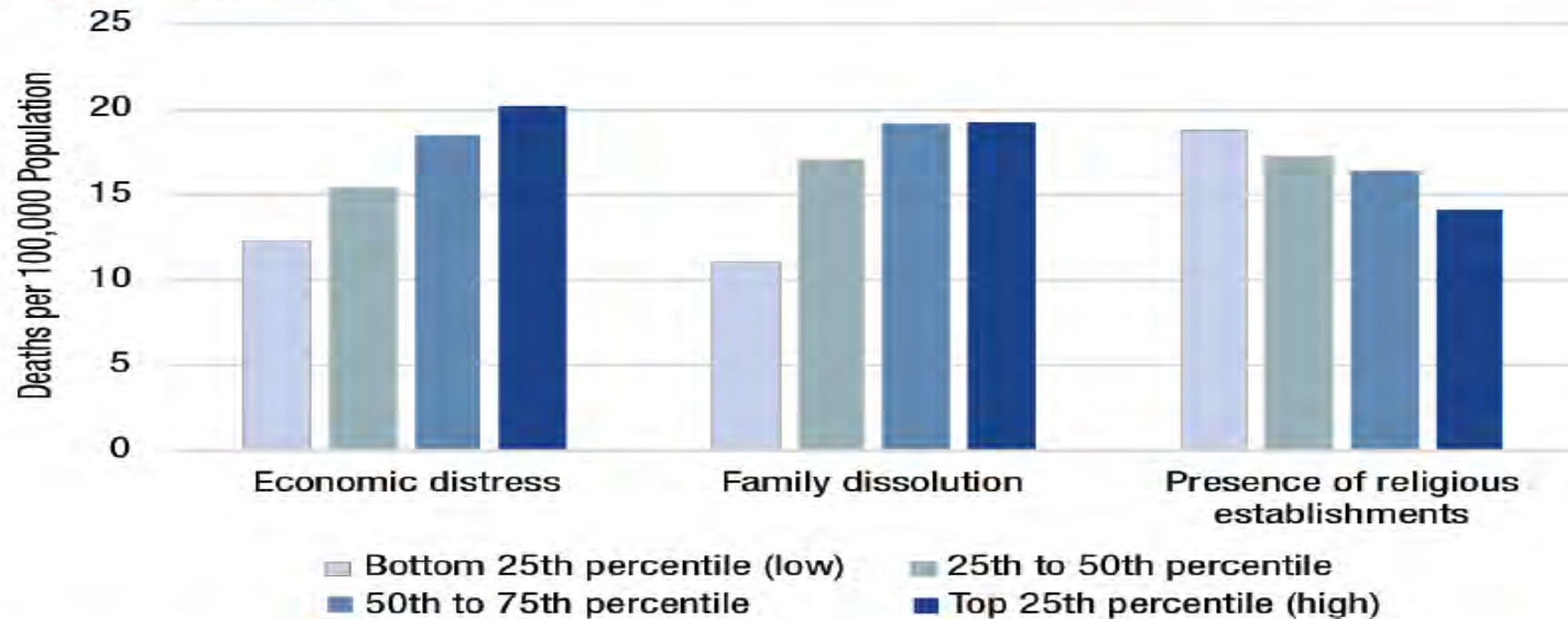


# Social Capital is Protective Against Overdose Mortality



# Social Cohesion also decreases overdose deaths....

**FIGURE 2. AVERAGE COUNTY DRUG MORTALITY RATES BY LEVELS OF ECONOMIC DISTRESS, FAMILY DISSOLUTION, AND PRESENCE OF RELIGIOUS ESTABLISHMENTS**



Sources: U.S. Centers for Disease Control and Prevention 2006–2015; U.S. Census 2000; Northeast Regional Center for Rural Development 2005.



# Shifting from Criminal Justice to Public Health

STRATEGIES TO MOVE ALONG THE CONTINUUM OF REFORM

# Ending Drug Criminalization

## Then & Now Portugal's Drug Decriminalization

Key developments since Portugal decriminalized drugs in 2001

### Overdose deaths

1999 369

2016 30

### New HIV diagnoses due to injecting

2000 907

2017 18

### Number of people incarcerated for drug offences

1999 3,863

2017 1,140

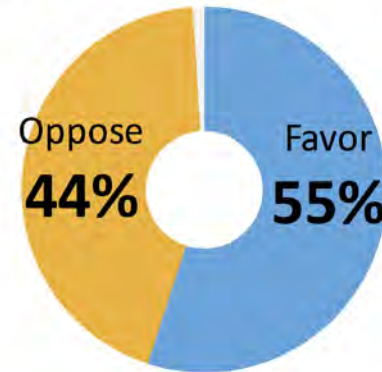


Sources: TheLancet, drugpolicy.org, EMCDDA, VHPA



## Americans favor decriminalizing drug offenses

Would you favor or oppose recategorizing drug offenses from felonies to civil offenses, meaning they would be treated like minor traffic violations rather than crimes?



CATO 2019 WELFARE, WORK, & WEALTH NATIONAL SURVEY  
Note: Don't Know/Refused 1%

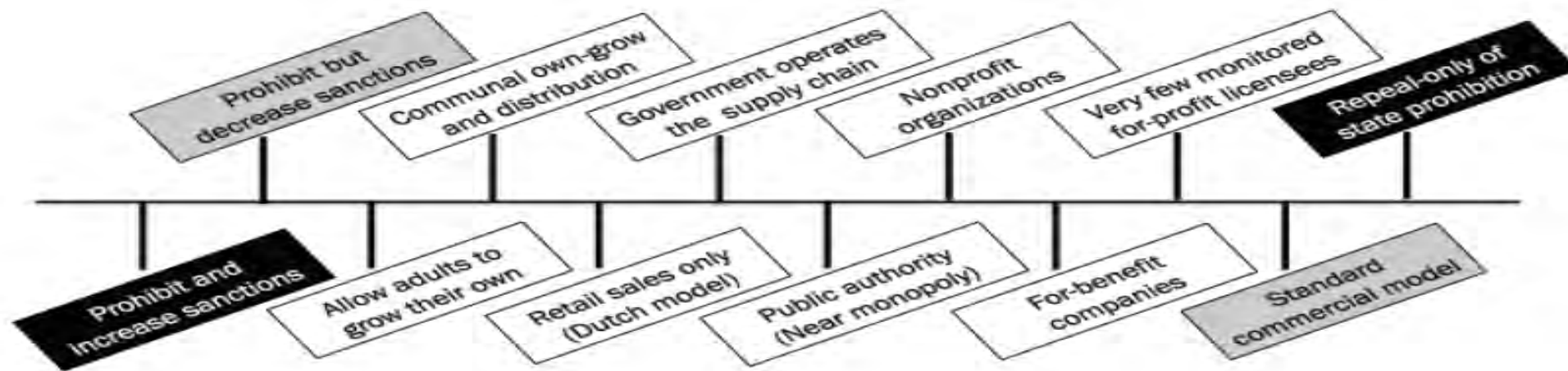


Oregon votes to decriminalize all drugs.

# Alternative Drug Regulatory Strategies

Learning lessons from cannabis policy reform

**Figure 4.1**  
Twelve Supply Alternatives to Status Quo Prohibition



- Extreme options
- Commonly discussed options
- Middle-ground options

# Harm Reduction: a vehicle for change

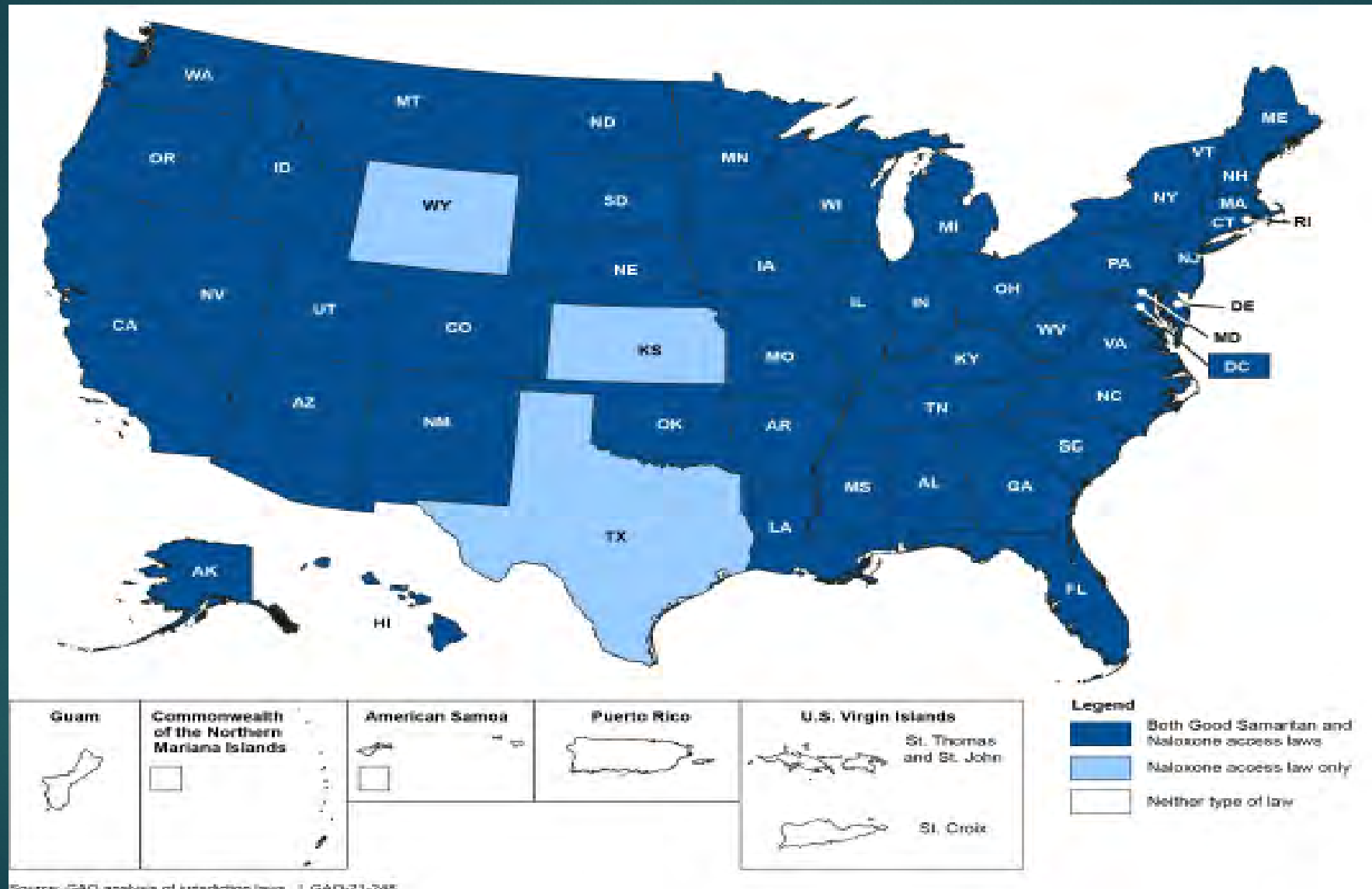
## Definition and goals

- ▶ A pragmatic public health approach with the explicit aim of reducing the negative harms associated with drug use
- ▶ Driven by the following public health goals:
  - ▶ Preventing Disease
  - ▶ Promoting Health and Well-Being
  - ▶ Prolonging Life

## Central Tenets

- ▶ Psychoactive substance use is ubiquitous in human society, and sanctions against the use of particular drugs are driven more by cultural values than science.
- ▶ People who use drugs (PWUD) can be engaged in actively protecting their health and that of their communities by accessing services such as syringe access and medical care
- ▶ Many of the harms associated with drug use are not due directly to the drug itself, but are due to other factors that are possible to ameliorate-such criminal penalties, blood borne infections, and adulteration

# Naloxone Access and Good Sam Laws



Source: GAO analysis of jurisdiction laws. | GAO-21-245

Source:  
GAO



## Syringe Services Programs: More than Just Needle Exchange

**What is an SSP?** A community-based program that ideally provides comprehensive services



Free sterile needles and syringes



Safe disposal of needles and syringes



Referral to mental health services



Referral to substance use disorder treatment, including medication-assisted treatment



HIV and hepatitis testing and linkage to treatment



Overdose treatment and education



Hepatitis A and B vaccination



Other tools to prevent HIV and hepatitis, including counseling, condoms, and PrEP (a medicine to prevent HIV)



**SSPs DON'T** increase illegal drug use or crime  
**but DO** reduce HIV risk.

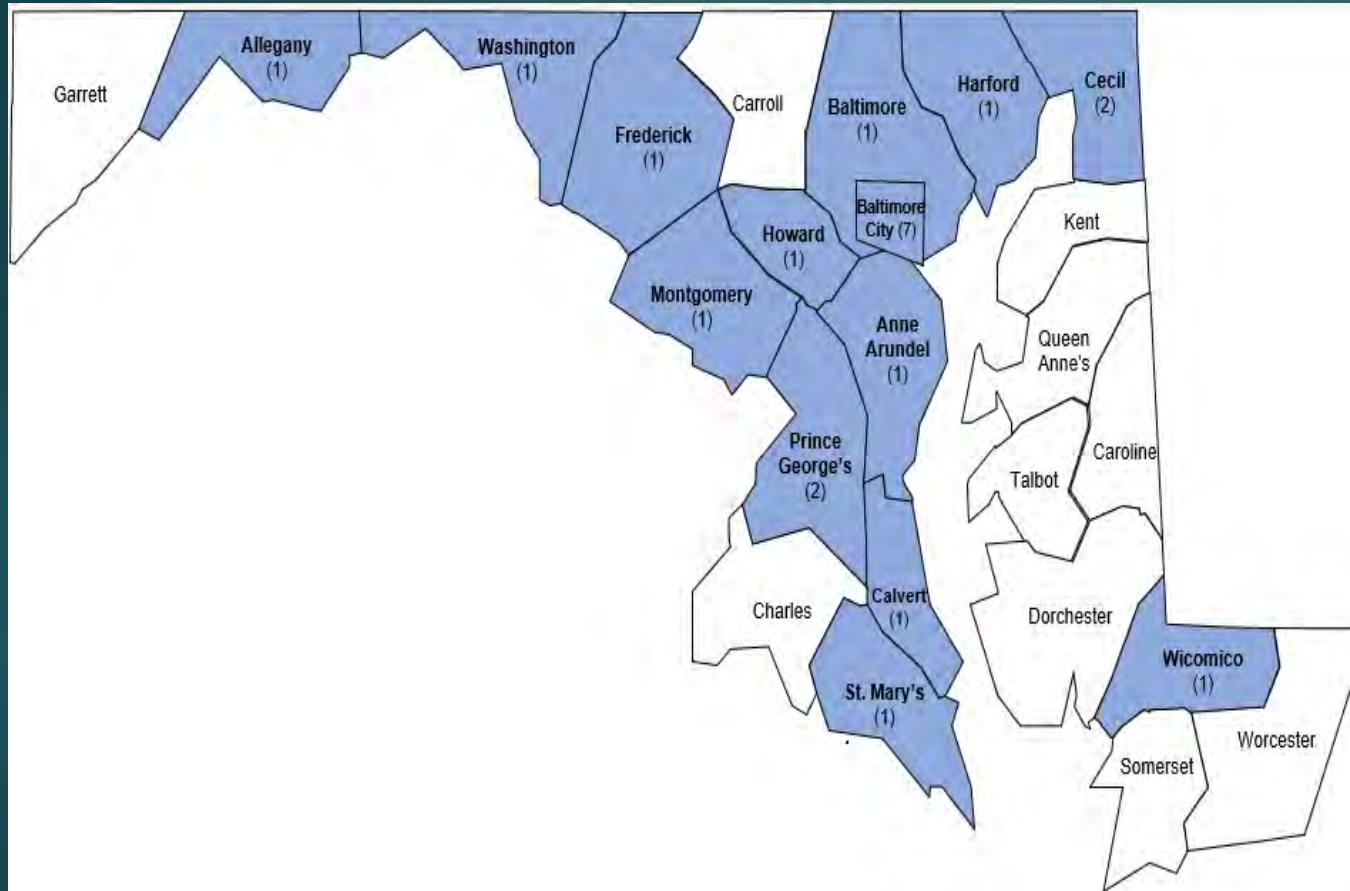
Syringe services programs: <http://bit.ly/2dhkAsq> Find an SSP: <http://bit.ly/2dhktgB>

**HIV diagnoses are down among PWID.  
More access to SSPs could help reduce HIV further.**

# SSP Results

- ▶ First established in late 1980s in response to the HIV epidemic
  - ▶ 204 known SSPs in the US in 2013
- ▶ Compelling evidence of SSPs effectiveness, safety and cost effectiveness for HIV prevention among PWID
  - ▶ Reduction in injection risk behaviors
  - ▶ Reduction in HIV incidence
  - ▶ No increase in drug use (e.g., no increases in initiation, duration or frequency)
  - ▶ Additional benefits (e.g., enrollment in substance use disorder treatment, higher HIV treatment retention, reduced needle stick injuries among first responders)
- ▶ Reach beyond enrolled SSP clients through secondary exchange and peer outreach

# Maryland SSPs



## 20 approved SSPs and the Baltimore City NEP

- ▶ 14 jurisdictions
- ▶ 2 programs not yet operational
- ▶ 1<sup>st</sup> multi-county program

9 out of 21 programs are CBOs

## Two Pharmacy Voucher Programs:

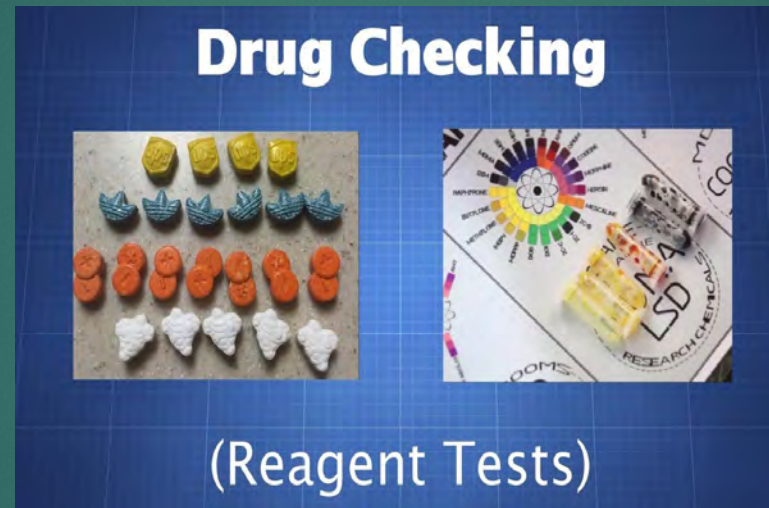
- ▶ Wicomico County
- ▶ Frederick County

# Drug Checking

- ▶ Drug checking (also known as pill testing or adulterant screening) allows people who use drugs to help identify the substance they intend on taking and therefore prevent harms associated with consuming an unknown substance.



Fentanyl Test Strips





Colorimetry



Mass Spectroscopy

# Drug Checking Utility

## Ways in which drug checking services can vary

Technique	Colormetric reagents	High-performance liquid chromatography	Gas chromatography	Mass spectrometry
Timing				
Testing for	Presence or absence of a component	Information on whole range of substances present		Quantitative information about all compounds
Setting	At home	On-site/mobile		Remote site
Who	Individuals	Professionals		
Results	Drug content	Public health alerts	Harm reduction information	Brief interventions
Use of results	Individual harm reduction		Public health action	Market monitoring

# Supervised Injection Facilities/Overdose Prevention Sites



Source: Insite



Source: OnPoint NYC

# Global SCS Prevalence

**Table 4.1. Supervised Consumption Sites Around the World**

<b>Country</b>	<b>Number of Cities with SCSs</b>	<b>Number of SCSs Operating</b>
Netherlands	25	31
Germany	15	24
Canada <sup>a</sup>	11 (5 more planned)	20 <sup>b</sup> (11 more planned)
Switzerland	8	12
Spain	7	13
Denmark	4	5
Norway	2	2
France	2	2
Australia	2	2
Luxembourg	1	1 (1 more planned)
Ireland	1 planned	1 planned

SOURCES: European Monitoring Centre for Drugs and Drug Addiction, 2017b; Health Canada, 2018.

<sup>a</sup> Until 2017, there were only two operational SCSs in Canada.

<sup>b</sup> British Columbia has also deployed low-threshold SCSs in the form of “overdose prevention sites.” This count does not include such sites, which aim to reduce overdoses by allowing social workers and other injection drug users to set up facilities on the street to monitor injection drug use and distribute or administer naloxone.

# OPS Outcomes:

## Reduced overdose deaths/EMS Burden

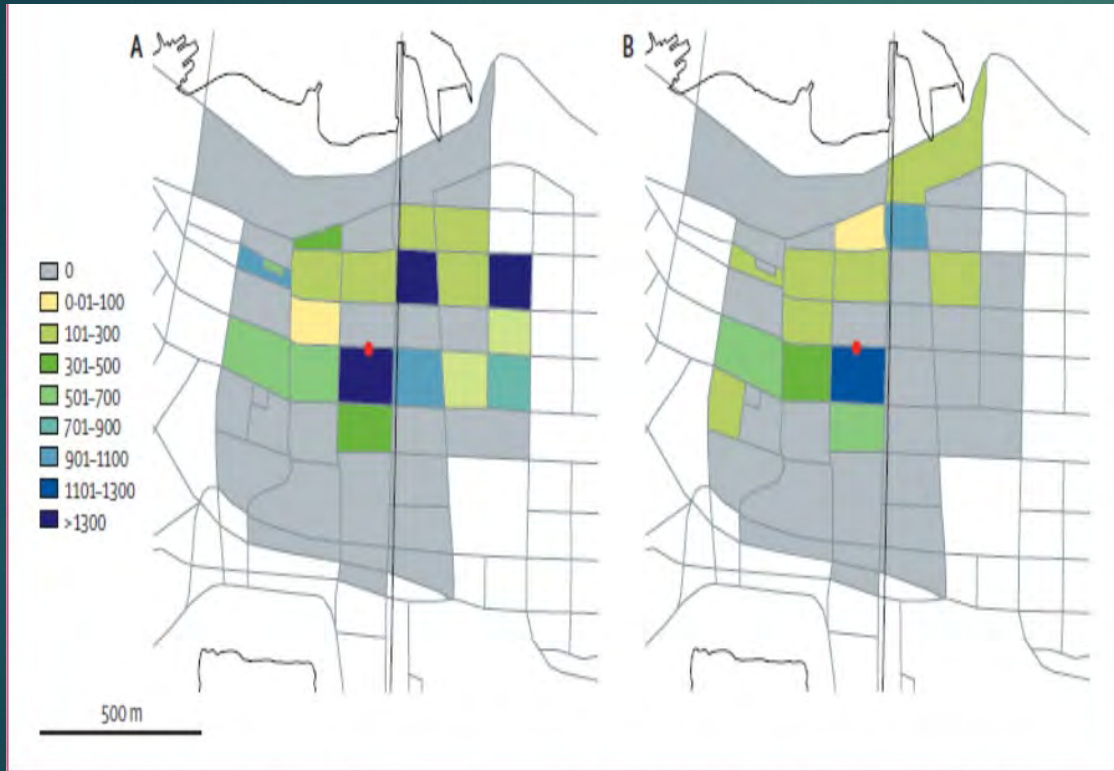


Figure 2: Fatal overdose rates before (A) and after (B) the opening of Vancouver's SIF (shown in red) in city blocks located within 500 m of the facility. Rates are given in units of 100 000 person-years and were calculated by aggregating the locations of death to the dissemination block level as shown.

Source:  
Lancet

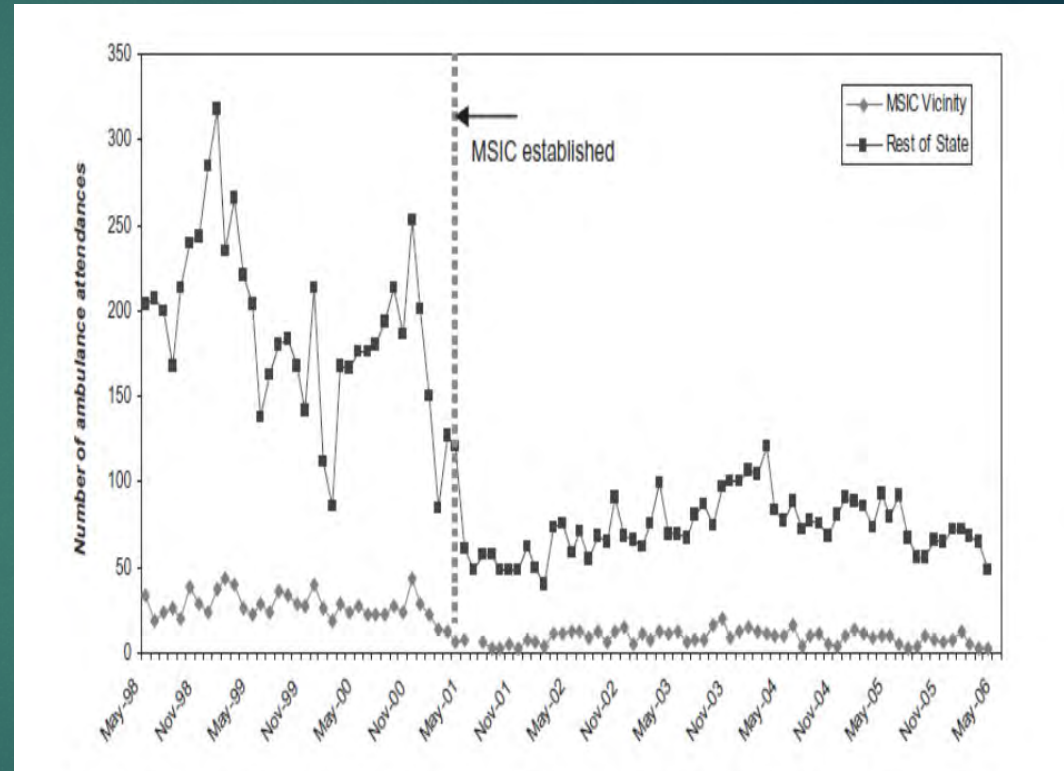


Figure 1 Ambulance attendances at opioid-related overdoses, within MSIC opening hours: May 1998–April 2006. MSIC: Medically Supervised Injecting Centre

Source:  
BMJ



# Heroin Assisted Treatment

## Aims and Outcomes:

- ▶ Engage patients into treatment as a platform for starting recovery
- ▶ Help patients stop using street drugs
- ▶ Help patients improve their health and quality of life
- ▶ Reduce criminal behavior and housing instability
- ▶ Help patients improve interpersonal relationships
- ▶ Help patients access employment



# Global HAT Prevalence

**Table 3.1. International Provision of HAT**

<b>Country or Province</b>	<b>Number of HAT Clinics</b>	<b>Number of HAT Clients</b>	<b>Number of MT Clients</b>
Canada (British Columbia)	1	150 (2018)	19,000 (2015)
Denmark	5	450 (2015)	7,050 (2015)
Germany	9	630 (2016)	78,500 (2016)
Luxembourg	1	Not available (pilot introduced in 2017)	1,085 (2016)
Netherlands	17	668 slots (2018)	5,241 (2015)
Switzerland	22	1,600 (2018)	18,000 (2018)
United Kingdom	Unknown	Estimated to be in the hundreds	138,000 (2016)

SOURCES: British Columbia Ministry of Health, 2017; European Monitoring Centre for Drugs and Drug Addiction, 2017b, 2018a, 2018b, 2018c; Federal Office of Public Health, 2018.

NOTES: The numbers in this table represent the best available indicators and may be approximations. In addition to the countries listed, Spain offers HAT to some users under compassionate use provisions.

Source: RAND

# HAT Results

- The North American Opiate Medication Initiative (NAOMI) trial, conducted in Vancouver from 2005 to 2008, compared injectable diacetylmorphine (pharmaceutical heroin) with oral methadone maintenance therapy in patients with opioid dependence that did not respond to treatment.
- This study found that injectable diacetylmorphine was more effective in retaining participants and reducing rates of illicit drug use or other illegal activity

**Table 1: Drop in Prevalence Rates of Police Contacts for Use/Possession of Hard Drugs by Matched Periods of Time Before and After Admission to the Program**

Substance	Observation Period			
	6 months before vs. 6 months after (N=604)	12 months before vs. 12 months after (N=336)	18 months before vs. 18 months after (N=153)	24 months before vs. 24 months after (N=108)
Heroin	-68%	-68%	-77%	-71%
Cocaine/ecstasy	-47%	-40%	-50%	-48%
Other drugs	-68%	-72%	-43%	-43%

**Table 4: Prevalence of Self-reported Use of Nonprescribed Heroin Before and After Admission, by Reference Periods of Six Months (N=237)**

	6 months before the beginning of the treatment	After 6 months in treatment	After 12 months in treatment	After 18 months in treatment
No use in the last six months	4%	61%	72%	74%
Some use in the last six months	14%	30%	20%	19%
(Almost) daily use	81%	6%	5%	6%
Answer not clear	0%	3%	4%	1%

# Additional unanticipated HAT effects

**Table 3: Prevalence of Self-reported Use of Cocaine Before and After Admission, by Reference Periods of Six Months (N=237)**

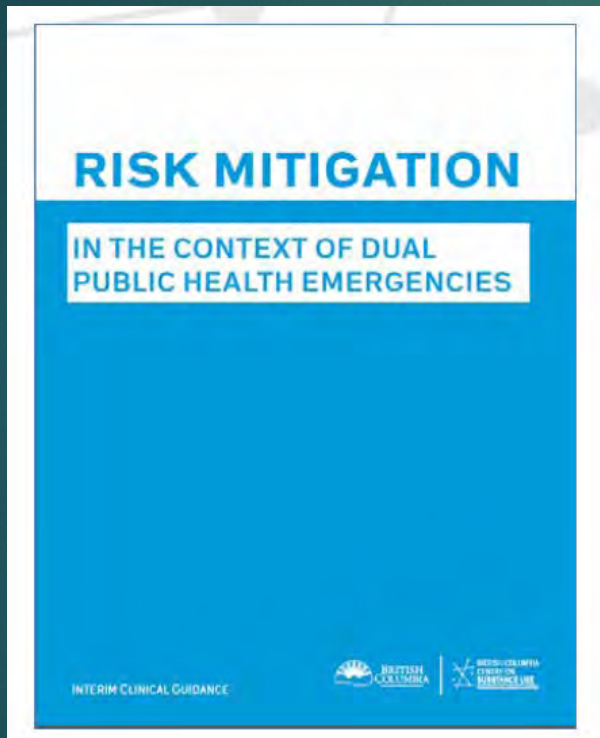
	6 months before the beginning of the treatment	After 6 months in treatment	After 12 months in treatment	After 18 months in treatment
No use in the last six months	15%	28%	35%	41%
Some use in the last six months	56%	63%	61%	52%
(Almost) daily use	29%	7%	4%	5%
Answer not clear	0%	3%	0%	2%

**Table 6: Drop in Prevalence and Incidence Rates of Police Contacts Related to Drug-trafficking, by Matched Periods of Time Before and After Admission to the Program**

	Observation Period			
	6 months before vs. 6 months after (N=604)	12 months before vs. 12 months after (N=336)	18 months before vs. 18 months after (N=153)	24 months before vs. 24 months after (N=108)
Prevalence	-63%	-51%	-61%	-61%
Incidence	-58%	-50%	-73%	-80%

# Safe Supply

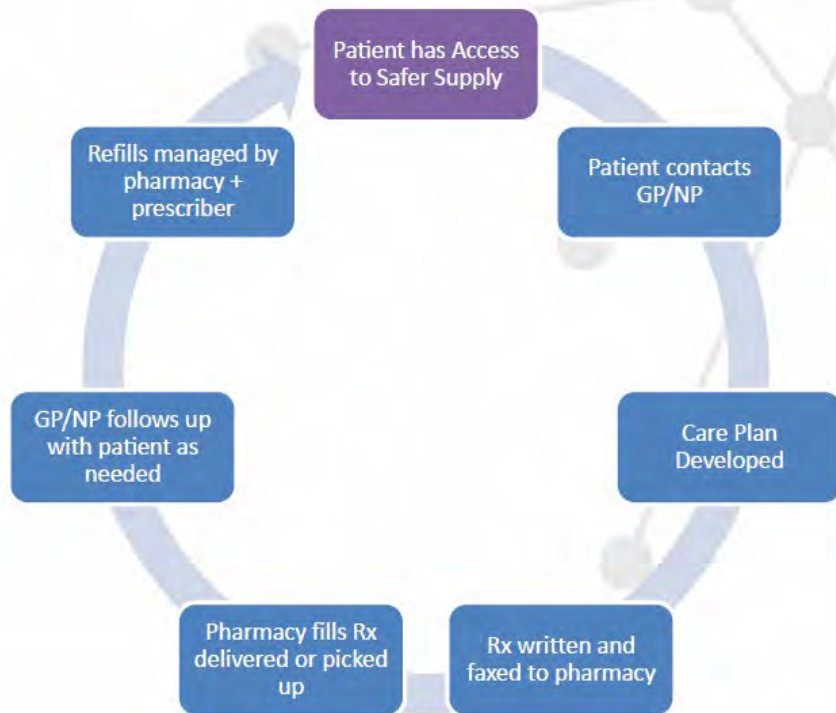
- ▶ Covid-19 introduced a new opportunity to manage the highly potent and highly adulterated drug supply.
- ▶ Currently being prompted by drug user unions and supported by physicians in an effort to lower overdose deaths in British Columbia, Canada.



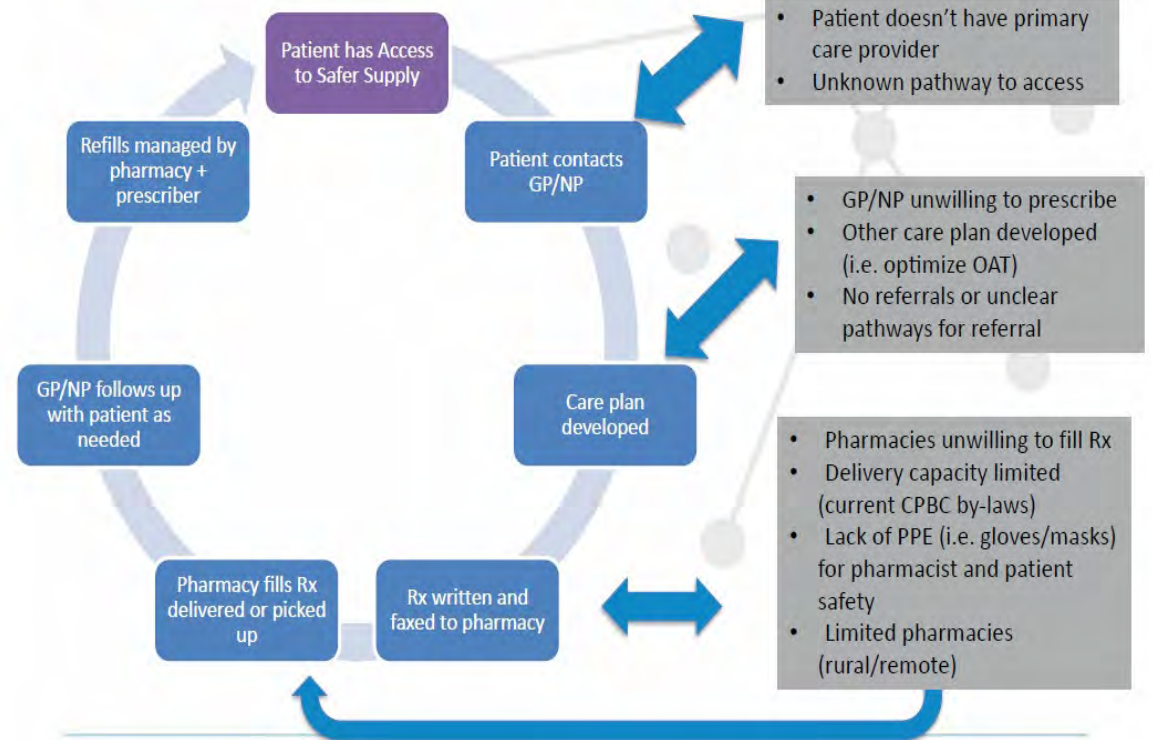
<p><b>Opioids</b></p> <ul style="list-style-type: none"> <li>• Oral hydromorphone (“Dilly 8’s”)                             <ul style="list-style-type: none"> <li>• 8mg tablets (1-3 tabs q1 up to 14 tabs)</li> </ul> </li> </ul> <p><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>• M-Elson (long-acting morphine)                             <ul style="list-style-type: none"> <li>• 80-240mg PO BID (no sprinkling)</li> </ul> </li> </ul> <p>+/- opioid agonist treatment: increase dose and carries as needed</p>	<p><b>Benzodiazepines</b></p> <ul style="list-style-type: none"> <li>• Careful dosing as illicit doses unknown                             <ul style="list-style-type: none"> <li>• Consider long acting BZD (e.g. clonazepam, diazepam)</li> <li>• Start with lower dose and up titrate</li> </ul> </li> </ul>
<p><b>Stimulants</b></p> <ul style="list-style-type: none"> <li>• Dexedrine (dextroamphetamine)                             <ul style="list-style-type: none"> <li>• For SR formulation: 10-20 mg BID (max dose 40 mg)</li> <li>• For IR formulation: 10-20mg IR BID-TID with a maximum dose of 80mg per day)</li> </ul> </li> </ul> <p><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>• Methylphenidate (Ritalin)                             <ul style="list-style-type: none"> <li>• For SR formulation: 20-40 mg PO BID (max dose 100 mg every 24hr )</li> </ul> </li> </ul> <p><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>• For IR formulation: 10-20 mg PO OD (max dose 100 mg every 24hr )</li> </ul>	<p><b>Alcohol/Tobacco</b></p> <ul style="list-style-type: none"> <li>• Nicotine replacement</li> <li>• If patient goal is to stop alcohol consumption: Naltrexone or acamprosate</li> <li>• Medications to help manage alcohol withdrawal</li> <li>• Managed alcohol or tobacco program (where available)</li> </ul>

# Safer Supply

## 'Ideal' Pathway for Access to Safer Supply



## 'Reality' for Access to Safer Supply



# Safe Supply Results

- ▶ Currently no peer-reviewed literature regarding the potential benefits or harms of safe supply programs
- ▶ Safe supply initiatives have begun in Canadian cities including Toronto (3), London and Ottawa without any overdose related deaths, and Vancouver has begun a pilot program that dispenses prescribed hydromorphone (Dilaudid) tablets.
- ▶ Further research is recommended to support evidence informed decision-making on safe supply substances, doses, and delivery methods as well as research to determine the cost-effectiveness, safety, benefits (19), and long-term outcomes of such programs.

# Takeaways

- ▶ Current US drug policy spends billions of dollars with an emphasis on criminal justice interventions
- ▶ This policy results in mass incarceration and increased drug potency
- ▶ Harm reduction provides a continuum of strategies which extends evidence based public health practice from medical institutions to the community with a focus on street-based populations of PWUD.
- ▶ These strategies are effective at reducing overdose mortality and criminal activity, engaging PWUD in treatment and providing them with tools and education to promote, maintain and improve their own health
- ▶ Promoting the health and well being of PWUD requires a continuum and combination of services ranging from intervention in life threatening overdose to provision of accessible and acceptable treatment options



Questions?