

Blueprint for a Public Health and Safety Approach to Drug Policy

Executive Summary

The New York Academy of Medicine (NYAM) and the Drug Policy Alliance (DPA) are pleased to present this *Blueprint for a Public Health and Safety Approach to Drug Policy*. DPA and NYAM are organizations with very different missions and histories but a shared understanding that New York's current policy approach to drugs is failing. We joined together to examine New York's current drug policies and to reimagine how those policies could realize better health *and* public safety outcomes, through a more coordinated, public health-oriented approach based on the four pillars model of prevention, treatment, harm reduction, and public safety. Believing that good public policies should be developed in collaboration with those directly affected by them, we spent over a year holding community consultations across the state asking New York residents how drug use and drug policies affected them and their neighborhoods and what should be done to move the state forward. We also met with experts, policymakers, and service providers and conducted an extensive review of the literature. This *Blueprint* is the result of these research activities.

New York's Current Approach to Drug Policy

Some of the problems with our current drug policies stem from the fact that these policies have been largely bifurcated between two different and often contradictory approaches. One treats drug use as a crime that cannot be tolerated and should be punished; the other views addiction as a chronic relapsing health or behavioral condition requiring ongoing treatment and support. Neither of these views is all encompassing—it should be recognized that there are patterns of drug use that do not result in significant harm or health problems and therefore require no intervention. The public health approach presented here takes the view that our focus should be on the harm caused by drug use and the harm caused by our policy responses to it. We have focused specifically on illicit drugs, not because they are by themselves more harmful (in fact, tobacco causes more morbidity and mortality than any illicit drug), but because it has become increasingly clear that our current policies to manage illicit drugs are failing.

Drug policy in New York is further complicated by multiple actors that all play some role in preventing or responding to drug use. Without a unified framework and better coordination, they often work at cross-purposes. For instance, while New York has grown its network of innovative harm reduction, drug treatment, and alternative-to-incarceration programs, it has also been aggressive in policing and penalizing the same population that accesses these services for possession of drugs and syringes and for relapses. The result is a system that is not working well for anyone. Drug use and its associated harms continue, and our policy responses have resulted in the mass incarceration of New Yorkers, increased racial disparities, stigmatization of individuals and whole subpopulations, fragmented families, deep distrust between police and the communities they serve, and millions of dollars in costs during times of both economic prosperity and, more recently, fiscal crisis.

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New York's Current Approach to Drug Policy, cont.

In an era of limited resources, we simply can no longer afford to keep doing what we have been doing when our actions have shown to be largely ineffective and even detrimental:

- *Drug use affects New Yorkers.* The New York State Office of Alcoholism and Substance Abuse Services (OASAS) estimates that one in 13 New York State residents suffers from a substance abuse condition. An estimated 447,000 people in New York State need treatment but do not get it.¹ Statewide, over 1.8 million New Yorkers (1.77 million adults and 156,000 young people ages 12-17) have a substance abuse condition.² Many more are affected by the drug use of a family member, friend, or colleague.
- *Incarceration has proven ineffective at reducing drug use.* With one in every 100 U.S. adults now in prison and many more involved in the criminal justice system,³ incarceration is increasingly seen as an important public health issue and as a social determinant of health that exacerbates existing health disparities.^{4,5} In 2011, there were 104,897 adult drug arrests overall in New York City—21,149 were felony arrests and 83,748 were misdemeanors.⁶ That same year, the New York City Police Department made over 50,000 arrests for marijuana possession⁷ yet overall rates of drug use, including marijuana, have remained relatively stable.⁸
- *Our drug policies are driving unacceptable racial disparities in our criminal justice system.* Despite the relative consistency in the prevalence of drug use across races, the vast majority of those arrested and incarcerated for drug offenses are people of color. In New York City in 2011, more than 85 percent of those arrested for marijuana possession were Black and Latino, mostly young men,⁹ even though young white males use marijuana at comparable, if not higher, rates.¹⁰

Figure 1



- *Illicit drug use and our current policy responses to it are costly and require a revised approach.* The economic cost of illicit drug use to the U.S. is estimated to be more than \$193 billion annually.¹¹ The average annual cost of incarceration to New York tax payers is estimated at \$3.6 billion.¹² As incarceration has increased substantially over the last 40 years, illicit drug use has not seen a substantial reduction.

New York is poised for change. There is much momentum to move our drug policies toward a public health-based approach. At the local level, communities around the state are actively calling for a new approach. They are challenging criminal justice-dominated strategies for dealing with drug use—such as stop, question, and frisks leading to arrests for low-level marijuana possession—and mass incarceration. At the policy level, New York in 2009 became one of the first and biggest states in the country to move away from the harsh mandatory sentencing laws that characterized drug policy in the U.S. throughout much of the past four decades. The significant reform to the Rockefeller Drug Laws was advanced by a historic conference held at NYAM in January 2009. The conference, called *New Directions New York: A Public Health Safety Approach to Drug Policy*, helped to delineate a public health and safety approach as a clear alternative to existing policy. The conference made clear that a wide array of community, government, health, and other stakeholders agree that at the center of all our drug policies whether addressing legal or illicit drugs—should be the question, “What impact will our policies have on the public’s health and safety?” This *Blueprint* seeks to outline an approach that responds to this question using the best evidence available coupled with the input of hundreds of New Yorkers.

Figure 2



Overview of Findings

This *Blueprint* details a number of specific findings related to the four pillars model: prevention, treatment, harm reduction, and public safety. Two clear, overarching themes emerged from our work. First, structural issues—like disparities in income, education, and opportunity—profoundly shape individual experiences of drug policies, as does the neighborhood in which a person lives. In New York, these structural issues are overlaid with issues of race and racism so that communities of color, while just as affected by problematic drug use as white communities, are far more profoundly and detrimentally affected by our current policy responses to such use. Simply put, even though drug use is spread roughly evenly throughout the population, our responses to drug use—how we police and the services and resources available to people in need—vary tremendously. Poorer communities and communities of color generally have fewer resources with which to prevent and address drug use. They face more intensive policing, surveillance, and penalties from multiple government agencies than more affluent white communities.

Most current approaches to drug use tend to intervene at the level of the individual, failing to take into account the larger environmental, community, family, and economic contexts that contribute to harmful drug use.¹³⁻¹⁴ The public health and safety approach we outline in this *Blueprint* includes strategies that address the individual within the context of communities. All sectors of society (not just criminal justice or treatment) need to be involved if we are to address the social factors—racial segregation, income inequality, poverty, unemployment, community norms, literacy issues, deteriorating housing, disinvestment—acknowledged as having an effect on drug use behavior, the health of people who use drugs, and the differential rates of illness among people who use drugs from different racial and ethnic groups.¹⁵⁻²⁰

Similarly, all sectors need to address the harm that has resulted from some of the current drug policies, particularly arrests and incarceration and their concentration in certain neighborhoods and among people of color.²¹⁻²² Enforcement practices like marijuana arrests and illegal “stop, question, and frisks” are among the most glaring examples of policies that must be reevaluated for effectiveness and their contribution to poor life outcomes. These practices, about which community members spoke most passionately, primarily target people of color and result in the stigmatization of entire communities and groups of people.

Taking these structural issues seriously means that we must both critically examine the impact of policies and practices that create racial disparities and broaden our drug policy framework, expanding from an individual enforcement-based approach to efforts such as community development, education, and the better integration of health, mental health, drug treatment, and social service systems.

The second overarching theme is that, when problematic drug use does occur, our response should be to offer help instead of sanctions. Many of our current policies and practices reflect a “zero tolerance” view that either criminalizes or demonizes people who use drugs in ways that do little to help them or their families or to ensure that our communities are safer. In fact, responding to drug use primarily as a crime leads to a cascade of negative outcomes (e.g., breaking up families, creating barriers to employment, disqualification from student loans, denial of access to public housing, loss of children) and prevents more constructive responses. Zero tolerance policies fail to recognize that drug use is endemic (it has happened throughout history and across all populations) or that addiction is a chronic relapsing condition. When people do become addicted, they need treatment, not punishment. In place of zero tolerance, we need systems and supports that help those with drug use problems minimize problematic use of drugs and decrease the harm associated with that use. Our communities will be healthier and safer if those who have drug use problems have access to medical care, harm reduction services, housing, and social services. Those who have quit using drugs also need ongoing support. We would never penalize someone with diabetes—a chronic condition, like addiction, that requires both medical treatment and a change in behavior. We should not penalize those who use drugs if they are not harming others. Our drug policies should not be driven by moral judgments but by the goal of improving the health and safety of individuals, families, and communities.

Overview of Recommendations

The *Blueprint* offers a series of detailed recommendations. Overall, we call for strong leadership at the state and local level to align our policies across agencies and sectors with the goal of improving the health and safety of our communities. To this end, we recommend that the Governor of New York convene a multiagency task force. It should include all of the state agencies that serve people who use drugs; state agencies involved in enforcing current drug laws; communities most affected by drug use; a variety of human service providers; community members, including people in recovery, people who currently use drugs, and formerly incarcerated people; and experts. We recommend that the task force be chaired by a senior member of the Governor's office and that it focus its attention on assessing and evaluating all state agency drug policies and programs to work toward their alignment. To be effective, the task force must include meaningful representation from and collaboration with New York City officials. We also recommend that New York City should, because of the size of its population, the complexity of its own agencies and programs, and its unique drug policy environment, convene its own multiagency, cross-sectoral mechanism to examine city-level policies. We recommend that these entities define their charges broadly, recognizing that the state and the city's health reform efforts, economic and community development, infrastructure investments, and educational programs, as well as more traditional health and social services, all have a role to play in preventing harmful drug use, helping individuals and families involved with drugs, and strengthening our communities.

While some policy changes will require a multiagency structure to resolve competing demands and leverage existing resources, other policies will not. Therefore, we have also made a series of recommendations for specific state and city agencies to eliminate those policies and practices that penalize people who use drugs and deepen racial disparities; to work with communities to modify current or develop new policies that will help individuals, families, and communities prevent drug use; reduce the harm for those who cannot or will not stop using drugs; and offer those leaving the criminal justice system and those in recovery the ongoing services and support they need to reintegrate into their families and communities. New York can lead the nation in re-envisioning and implementing an approach to drug policy that is humane, fair, and effective. We hope that this *Blueprint* can guide a comprehensive effort to transform our drug policies from the existing, confusing mix of contradictory approaches into an integrated approach that improves the health and safety of all New Yorkers.

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