Common Sense Drug Policy: Still Mostly a Foreign Product

By Charles Heaney, Ph.D.

In early December, I attended one of the most eye-opening, rewarding, and in a very real sense, refreshing, professional meetings I’ve attended in a long time. “Exit Strategy for the War on Drugs: Toward a New Legal Framework” was organized by the King County Bar Association and co-sponsored by KCMS and several other professional and civic organizations. It was a logical outgrowth of the “Drug Policy Project”, which had been launched by the two societies in 2001 to promote a public health oriented approach to the chronic societal problem of substance abuse. Along with prompting the Legislature to grant courts greater sentencing discretion by adding treatment alternatives, this multi-year effort produced a comprehensive report on U.S. and international drug control policy, past and present, that was released early in 2005 and is available in PDF format on the bar association’s website (www.kcba.org/druglaw/proposal). A subsequent report, more focused on possible policy alternatives under the current prohibition-oriented regulatory environment, was released several months later. Both are well worth reading if this is an area that interests you, but allow yourself some time; they are not parsimonious with words.

Earlier, I used the word “refreshing” in describing the conference. At the close of the first day, in addition to the stimulation of being exposed to new knowledge and innovations from beyond our borders, I knew there was something else special about the meeting, but couldn’t quite put my finger on it until later that evening. It finally dawned on me that I had spent six hours in a room full of public officials, physicians, academics, police officers, attorneys, clergymen, and others and at no point did anybody accuse another of being soft on crime, endangering the well being of young people, or wanting to see pot for sale at Seven-Eleven. In this country, that’s refreshing.

Instead, experts from this country, the U.K., Canada, the Netherlands, and elsewhere described a variety of carefully designed, closely controlled programs and demonstration projects all aimed at minimizing the great harm to individuals and communities that flows from serious drug abuse. In contrast to this country’s zero tolerance approach that has been characterized by increasingly severe criminal sanctions over the past several decades, it appears that many other countries are leaning more toward a “harm reduction” philosophy that accepts psychoactive drug use as an unavoidable, multi-faceted element of modern society and focuses on keeping its most destructive consequences within acceptable societal limits. This non-judgmental, guiding concept was stated very well by the City of Vancouver, Canada, in a document setting out a multi-pronged approach to dealing with drug use in that municipality. Vancouver’s strategy “…acknowledges that the use of psychoactive substances is part of our society and can occur along a spectrum of use that ranges from beneficial use, including medications, to use that is relatively non-harmful, moving to problematic or harmful use and finally, to chronic dependency.”

Apart from the well-known, de facto legalization of marijuana in places like British Columbia and the Netherlands, two of the newest overseas trends in dealing with serious drug abusers have to do with the establishment of facilities for the safe administration of “hard” drugs and the actual prescription of pharmaceutical-grade heroin and other short-acting opiates. In the former instance, drug addicts administer their own drugs in supervised facilities where they are provided with sterile supplies and equipment. Such facilities are increasingly being used in Germany, Canada, the Netherlands, and Brazil. First started in Switzerland, the prescription of prohibited drugs to drug users has been adopted to varying degrees in Canada, Australia, Spain, the U.K., Germany, and the Netherlands. Under the Swiss model, chronic heroin addicts receive controlled, daily doses of soluble heroine under professional supervision at injection centers throughout the country, along with various psychosocial services. Oral doses are also available, and patients who have been successfully stabilized over a period of months may be give oral doses of heroine or methadone to take at home to counter withdrawal symptoms. And leave it to the practical Swiss, their

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2. Drug-Related Crime and Disorder: Practical Policy Options, King County Bar Association, Drug Policy Project, May, 2005
3. Preventing Harm From Psychoactive Substance Use, City of Vancouver, Drug Policy Program, November 2005
national health insurance plan covers seventy-five percent of the prescription costs with the patients responsible for the remainder. I doubt you would be surprised to learn that the professionals and public officials close to these efforts have reported reduced rates of overdose deaths and disease transmission, less street crime and public drug use, greater family and employment stability, and greater use of treatment services by formerly unreachable hard core addicts, and an overall reduction in the amount of drugs consumed.

To me, one of the most fascinating activities was a consensus exercise in which the audience was asked a long list of questions regarding how a state controlled regulatory structure might operate with respect to cannabis vs. methamphetamine. We were, in a sense, playing the role of a legislative committee or regulatory agency charged with designing a drug control program. Who would produce it, would there be a range of product strengths allowed, where could it be purchased, where could it be consumed, would facilities and handlers have to be licensed, what would appear on the label, and on and on. Not surprisingly, the requirements the group put on meth were much stricter than for cannabis.

This was a truly thought-provoking exercise that alone was worth the price admission.

Down at ground level, the KCBA, KCMS, the state medical and bar associations, and other professional and civic groups are supporting the state’s appointment of an expert panel to explore possible changes to the regulation of psychoactive substances in this state. I am currently working with a small group of KCBA attorneys to see what might be possible in the 2006 legislature. Perhaps the increasingly heavy burden of prison costs on state and local governments will provide the impetus for public officials to at least consider the possibility that other avenues to more effective drug control might be worth exploring, if not this time, then maybe next year.

Attempts to seek alternatives to the harsher aspects of our drug laws are not new. Throughout the 1970’s, bills were introduced in New York to regulate and tax cannabis in much the same way as alcohol was managed. Massachusetts entertained a similar proposal in 1981 and the Cannabis Revenue Act was submitted to Congress in 1982 that would have allowed states to choose among several methods for regulating and taxing cannabis. The federal proposal spawned similar efforts in Missouri, Oregon, and Washington during the next several decades. While none of these more substantive alternatives took hold, there have been several positive developments to mitigate some of the effects of the criminalization orientation of current drug laws. One that has taken hold in various forms around the country is the “drug court” in which some non-violent drug offenders are offered court-supervised treatment instead of incarceration. In some communities, drug courts have made a large contribution to the rehabilitation of addicts and the reduction of criminal activity and they have avoided the harsh economic and social costs of imprisonment. Then there is “de-policing”, in which police officers are encouraged to refrain from actively pursuing low level, non-violent drug offenses so that they can spend their time on crimes the public believes to be more a threat to its safety. In 2003, for example, Seattle voters passed Initiative 75 instructing the police to essentially ignore the possession and use of small amounts of marijuana by adults.

Just as drugs will always be with us, so to there will come a time when the 30 year old War on Drugs will be due for reassessment. Like health care, the issues are complex, controversial, and vulnerable to partisan manipulation. When that time comes, there will be no shortage of good ideas. The King County Bar Association has achieved national recognition for its efforts to inject common sense into the debate and I am proud of KCMS for being a part of that effort.

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