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FOR PUBLIC POLICY

POLICY BRIEF

RECOMMENDATIONS FOR THE NEW ADMINISTRATION

Drug Policy Is Evolving. Prohibition Inhibits Progress.

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U.S. drug policy is at a critical juncture. Growing numbers of policymakers, local and state officials, medical professionals, and law enforcement personnel recognize that dreams of a "drug-free America" will never be fulfilled. Just 10% of American adults believe the war on drugs is a success, an all-time low.[1] Twenty-eight states allow some use of marijuana for medical purposes, eight permit its recreational use, and the numbers in both categories seem sure to grow. Rising concern about opioid abuse and overdose deaths has spurred calls for an increased focus on drug treatment and prevention as an alternative to harsh punishment. Given this climate, the next administration has an opportunity to move away from failed measures, establish a more sensible understanding of drug use, and influence drug policy at all levels of government.

This process is already underway, as reflected in the 2015 *National Drug Control Strategy* prepared by the White House Office of National Drug Control Policy.[2] That document speaks of increased emphasis on prevention over incarceration, early intervention with both youth and adults, expanded access to treatment, support of proven harm-reduction measures, efforts to reduce the stigma of problematic drug use and assist people in recovery from substance use disorders, and a "smart on crime" approach to drug enforcement and sentencing reforms. We applaud these developments.

We regard it as a fundamental fault, however, that the *Strategy* does not examine or even appear to acknowledge the possibility that the very foundation of U.S. drug policy—prohibition—is seriously flawed, can never succeed, and produces more harm than the drugs it seeks to control. It has stimulated the growth and prosperity of organized crime in Latin America and elsewhere. By incarcerating and labeling millions of individuals as criminals because of their drug use, it has created a burden society can no longer afford to bear. And despite periodic reports of record drug seizures, it has scarcely affected the supply of illicit drugs. When prohibition makes one drug harder to obtain, producers and dealers will supply another, often more dangerous substitute. Rates of illegal drug use remain about the same as they have for more than 40 years.[3]

We do not have a romantic or naive view of the quite real, damaging, and sometimes irreversible consequences of harmful drug-related behavior that affects millions of Americans each year. But there is broad consensus in the medical and scientific community that substance abuse should be treated as a medical and public health problem, not a crime. We already do that with the two-thirds of substance use disorders involving alcohol. It is time we widened that scope to include drugs that cause far less personal and social harm. Given this understanding, we offer the following recommendations, all of which can be expanded at length.[4]

Recommendation 1: Reschedule cannabis

Cannabis (marijuana) should be removed from Schedule I of the Controlled Substances Act, which deems it to have "a high

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This policy brief is part of a series of recommendations from the Baker Institute for the incoming president's administration.

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potential for abuse" and "no currently accepted medical use in treatment in the United States." Heavy use of cannabis can have significant negative effects, but fewer than 10% of users get into trouble with it. The assertion that it has no currently accepted medical use is patently false, as a rapidly growing body of scientific research and extensive practical experience by people with myriad afflictions make clear.

Whatever scheduling of drugs is needed should be done by properly credentialed and impartial scientists, not by the Drug Enforcement Administration, a law enforcement agency that has benefited handsomely from cannabis prohibition.

Recommendation 2: Advocate for expanded funding for treating and managing opioid use disorders

The Comprehensive Addiction and Recovery Act (CARA), signed into law in 2016, was an important step toward establishing a federal commitment to addressing opioid use. It shifts focus from punishing drug users to expanding their access to treatment, but it remains seriously underfunded. The $181 million that was authorized falls short of the estimated $1 billion needed.[5] The administration should push for increased funding to strengthen CARA and boost support for opioid-management tools not included in CARA.

Recommendation 3: Encourage research

All aspects of drug policy should have a strong research component, an essential element of progress toward sensible policy. Cannabis is an obvious candidate for research, not only to establish with reasonable confidence whether and which of the claims by proponents, opponents, and impartial researchers regarding the therapeutic potential of marijuana rest on solid ground, but also to provide empirical information about real and alleged risks of legalizing cannabis for "recreational" use. After decades of blocking research on the potential benefits of cannabis, the National Institute on Drug Abuse has acknowledged that such research is needed and the DEA has agreed to increase the number of sites to grow the strains needed for proper research, but this remains a slow process. The White House should exert pressure to establish a clear pathway for this research to proceed.

Research should also include careful examination of the costs and benefits of harm-reduction and health-oriented approaches other nations are using to deal with drug use and abuse. Notable and largely successful examples are the Netherlands' "coffee shops" that sell cannabis to adults; Uruguay's legalization of sales through government-run dispensaries; Switzerland's heroin maintenance programs; and Portugal's decriminalization of all drugs, balanced by substantial investments in prevention, treatment, and resources to help marginalized users reintegrate into society.

CONCLUSION

If followed, these recommendations would be a significant but sensible pivot away from the failed policies of prohibition toward a realistic approach to drug use. By taking the lead on research and communication with the public about policy alternatives, the White House could provide political cover to legislators and encourage bipartisan solutions at all levels of government.

ENDNOTES

1. Rasmussen Reports, "Americans Still Think War on Drugs is Failing," November 10, 2015, http://bit.ly/2d81dFw.

2. Office of National Drug Control Policy, "2015 National Drug Control Strategy," http://bit.ly/2cVt60b.

3. See "Drugs by the Numbers," Baker Institute for Public Policy, http://bit.ly/2d0M8QP.

4. See, for example, "Rx for U.S. Drug Policy," Baker Institute for Public Policy, http://bit.ly/2ddrmyD.

5. Cybil G. Roehrenbeck and Rachel Stevenson, "Comprehensive Addiction and Recovery Act: Addressing the Opioid Crisis," *The National Law Review*, July 18, 2016, http://bit.ly/2cG0rJi.