

# Drug Policy: History, Issues and the Future

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## Reflections on Four Decades of Drug Abuse Research

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### Key Largo in The Conch Republic

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# There is Always History

1. The original 13 colonies had very different alcohol and drug policies.
2. In many ways, today's policy debates are very similar to those from the 17<sup>th</sup> to the 19<sup>th</sup> centuries.
3. In the 19<sup>th</sup> century, drugs were widely advertised in a relatively open market.
4. Musto (1999) and Inciardi (2002) characterized the U.S. as having integrated very powerful drugs into every day life by the end of the 19<sup>th</sup> century.



# Social Reform

1. The reaction to “open drug policy” began as part of broad social reform directed at unlabeled and contaminated foods and medicines – often at state level.
2. Starting at the state level, reform led to the Harrison Act of 1914, the Volstead Act of 1919 and the Marijuana Tax Act of 1937.
3. Demonization of drug law violators characterized public policy from government edicts to mass media with the role of mass media to this day remaining strong.



# The Drug Revolution and Policy Impact

1. Increases in drug use from the 1960s until the late 1970s caused significant policy discussions.
2. Discussions of drug legalization – marijuana and perhaps cocaine.
3. Diversion to treatment began – LEAA & TASC.
4. Open discussions of “legalization” at Federal levels.




# Policy Reactions to the Drug Revolution in the 1980s

1. “Just Say No” and mandatory minimums (the banning of social science terms).
2. Policy discussions very difficult:
  - a. Full range from strict prohibition to open markets were advocated
  - b. Very oppositional ideological debates ignoring science.
  - c. Federal agencies could not discuss policy alternatives; NIDA left the room – harm reduction a code for legalization?



# Points Along a Policy Continuum

1. Strict Prohibition: the deterrence approach – mandatory minimums.
2. Harm Reduction: education, clean needles, treatment diversion, drug law reform.
3. Medicalization: marijuana.
4. Legalization/Regulation: based on tobacco and alcohol models.
5. Open Markets: Libertarian – Darwinian.



## Modifications to the Reaction: Toward Policy Diversity in the 1990's and the New Millennium

1. Modification of mandatory minimums.
2. Marijuana legalization (formal and informal).
3. Harm reduction – needle cleaning to diversion to treatment.
4. Devolution of authority to the states and communities.
5. Significant state variance in medicalization, legalization and penalty statutes.

Policy at state and local levels may be more affected by research



# Current Antithetical Policy

## Developments at the State Level

1. Medicalization/legalization for some drugs in over 20 states (marijuana).
2. Increased penalties and demonizations for others (crack penalty discrepancies, methamphetamine and its precursors, ecstasy).
3. Wide diversity in community drug policy from routine diversion for juvenile cocaine sales to transfer to adult court for juvenile drug law violators.
4. State variance provides significant policy research opportunities.



# Policy Directions in Treatment

1. Some states are developing laws/regulations and treatment payment standards requiring proven practice services based on Institute of Medicine (2006) and NIDA Blue Ribbon Panel recommendations.
2. Emphasis on evidenced-based treatment/prevention, but not evidence-based interdiction.
3. Mezzo-level policy development aimed at system integration – treatment & wide variety of community agencies including faith communities.



# Little Interest in Macro Policy

1. Few attempts to understand etiology of drug abuse and apply it to policy.
2. Best hope for successful policy development may lie in local community and state/community governments (vs. federal) in:
  - a. State/community prevention level prevention from economic policy to community efforts based on evidence based practices.
  - b. State licensure/accreditation/payment based on quality standards.
  - c. State experiments in medicalization/legalization/deterrence.
  - d. And their impact on attitudes, perceptions, behavior crime and health costs.



# Summary

1. There has always been variance in US drug policy.
2. Today's variance by state and community provides unique policy research opportunities.
3. Best current hope may be in community/state experiments. Perhaps it is there that science matters?
4. Ideology remains a strong barrier to open discussion and policy development.
5. There is a need for national macro policy development from health care access and prevention to economic development.



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