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Turning the Page on the War on Drugs: A Balanced Approach to Bending the Curve of the Overdose Epidemic

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Background

An unprecedented 93,331 Americans were lost to overdose deaths in 2020—nearly 30 percent more than in 2019 and nearly 2,000 percent more than the 4,506 lost in 1990. Having passed, in June 2021, the fiftieth anniversary of President Richard Nixon’s declaration of the War on Drugs, it is clear that the War on Drugs has failed and that a new approach is required.

Additionally, a 2018 Rasmussen poll found only 9 percent of likely voters believed the United States was winning the War on Drugs, while 75 percent thought the country was not.² The nation has lost faith in this approach, and rising overdose death rates confirm its failures. Policy makers must turn the page on the War on Drugs and implement fairer, more effective policies to bend the curve of the overdose epidemic.

In San Francisco, California, where drug dealers are sparingly prosecuted and syringes are widely distributed, the issues stemming from substance misuse have proliferated unabatedly. As a result, nearly three times more San Franciscans died from drug overdoses (713) than COVID-19 (255) in 2020, in addition to thousands of overdoses reversed by naloxone, the opioid overdose reversal drug.³ President Donald Trump called this the “crisis next door,” and not one community or congressional district has evaded the scourge of drugs.⁴

Based on its FY 2022 budget request and policy priorities, the White House Office of National Drug Control Policy (ONDCP), which develops and implements our national strategy to confront the drug crisis, is working to expand nationwide a strategy that shares many of the same goals as the approach pioneered in San Francisco.

The Biden administration’s FY 2022 budget request “devotes an historically high 57.3 percent of national drug program resources to demand reduction programs and activities.”⁵ Demand reduction represents the category of programs championed in San Francisco, which aims to reduce the demand for and usage of drugs by promoting prevention, harm reduction, treatment, and recovery. In turn, supply reduction, which aims to keep drugs out of our nation and neighborhoods, is being defunded to a historically low percentage of the national drug control budget.

ONDCP maintains that it is “making critical investments to reduce the supply of illicit substances in the United States.”⁶ However, critics may say the office’s FY 2022 budget request overlooks the issue fueling the drug crisis: the ever-growing supply

of lethal drugs. Of the \$669.9 million increase to the national drug control budget over FY 2021, only 6 percent will support supply reduction; the remaining 94 percent will fund demand reduction. This increase is expected to repel the inflow of drugs and address emerging drug threats, including fentanyl, which increased by 4,000 percent along the border and is responsible for most overdose deaths.⁷

The Biden administration has further shifted the nation's approach toward demand reduction in part because supply-reduction efforts have nevertheless failed to curb rising overdose death rates and have unintentionally exacerbated racial disparities in the criminal justice system. Although Blacks and Whites use drugs at similar rates, Blacks are 2.7 times more likely than Whites to be arrested for drug-related offenses.⁸ For example, the American Civil Liberties Union found Blacks were 3.6 times more likely to be arrested for marijuana possession than Whites in 2018.⁹ Thirty-nine percent of drug offenders in federal prison were African Americans, compared to the proportion of Whites at 22 percent. Would there have been a greater urgency to address these disparities had the ratios been reversed?

The incarceration of nonviolent offenders with a substance use disorder weakens the social fabric of communities and results in countless children being raised without one or both parents. Nowhere is this felt more than in communities of color, which also face higher poverty rates and have less access to health care and quality education.

Researchers found adolescents “who live with only one parent are more prone to emotional distress, negative behavior, delinquency, and drug use.”¹⁰ This often leads to an intergenerational revolving door with the criminal justice system. After parents are imprisoned for drug use, their children become more likely to enter the criminal justice system and use drugs. Policy makers must break this cycle and work to revivify the social capital of communities, which will simultaneously improve the health and well-being of Americans.

The overdose epidemic is uniquely positioned to unite the two major political parties, because it impacts every congressional district and there is little incentive to downplay it. For example, the House of Representatives, in 2018, passed the sweeping SUPPORT for Patients and Communities Act, which worked to address the consequences of the opioid epidemic, with a 396–14 vote. Keith Humphreys, a health policy professor at Stanford, provides further evidence for the bipartisan potential of drug policies, stating, “If you look at it in terms of the incredible dysfunction of Congress on everything, it's actually one of the few things they've been able to do together as parties.”¹¹ Given the issue's bipartisan support, much-needed solutions can be passed and implemented.

Recommendations

Once a director of the Office of National Drug Control Policy, known as the drug czar, is confirmed by the United States Senate, he or she must commit to implementing evidence-based policies. These policies must (1) expand the continuum of

care—to help those with a substance use disorder live healthy, drug-free lives; and (2) stop illegal drugs from being trafficked, which will help prevent the initiation of and the continuation of substance misuse.

The first step in bending the curve of the overdose epidemic is to treat those at greatest risk of overdosing. Data show only 10 percent of Americans with a substance use disorder receive treatment.¹² All Americans must have access to evidence-based treatment, often delivered in the form of buprenorphine or other medication-assisted treatment options, which are considered the gold standard of care within treatment plans. Making treatment more accessible will ensure that those who are most vulnerable have a fair chance to live drug free.

The treatment gap is especially pronounced in communities of color.¹³ To bridge this gap, which is consistent with President Joe Biden's priority of "advancing racial equity in [the nation's] approach to drug policy," policy makers must develop culturally appropriate forms of treatment and consider social determinants of health.¹⁴ This acknowledges that populations respond differently to targeted interventions and that cultural and social factors inform perceptions about drug use.

Our nation must also redouble investments in prevention, ensuring fewer Americans experiment with and become addicted to drugs. Regina LaBelle, who is President Biden's acting director of national drug control policy, said, "We know that delaying substance use until after adolescence decreases the likelihood of a person developing a substance use disorder."¹⁵ As such, prevention efforts must target youths, who are most likely to begin using drugs. As fewer Americans use drugs, fewer will become addicted and die from overdoses.

A robust offense may be the best defense against drugs. By hindering the distribution of illegal drugs, our nation can effectively prevent their usage and reduce the stress placed on the continuum of care. In fact, under the bold leadership of President Donald Trump and James Carroll, his drug czar, our nation achieved a decline in overdose deaths for the first time in nearly three decades.¹⁶ As outlined in an op-ed written by Carroll and First Lady Melania Trump, the Trump administration's approach consisted of taking "the fight directly to criminal drug trafficking organizations," including the cartels operating south of our nation's border.¹⁷

The benefits of supply reduction make intuitive sense to most Americans—it is unlikely that officials will argue that a greater prevalence of drugs will ameliorate the drug crisis. However, opponents of this approach may say our nation will never interdict 100 percent of narcotics and efforts to keep illicit drugs out of our neighborhoods have had unintended consequences.

In a good-faith effort premised on bipartisan solutions, our nation must acknowledge and undo the systems that have kindled inequities in our criminal justice system. President Biden's ONDCP has committed to building trust with communities of color; supply-reduction advocates must partner with them on this front. While

the current administration should be commended for prioritizing the advancement of racial equity, critics may say its defunding of supply-reduction programs to a historically low percentage of the national drug control budget will result in illegal drugs continuing to harm communities of color. Supply reduction must remain a priority and have a sufficient level of funding to disrupt drug trafficking and production.

The criminal justice system should be reformed to ensure no one is imprisoned solely for drug use. Nonviolent offenders with a substance use disorder would be better served by community-based alternatives, such as drug courts, than by ever more incarcerations and imprisonments, which often fail to facilitate treatment.

Expected Results

The closure of the treatment gap can result in “an approximate 50 percent decrease in the number of fatal overdoses,” according to American Addiction Centers.¹⁸ Additionally, the National Institute on Drug Abuse concluded, “After 3.5 years [following the start of treatment], the portion who reported being abstinent had risen further, to 61 percent, and fewer than 10 percent met diagnostic criteria for dependence on the drugs.”¹⁹ Medication-assisted treatment can reduce dependence on drugs and ultimately decrease the number of fatal overdoses by up to 50 percent.

In addition to the intangible value of the individual’s recovery and their expected contributions to the social fabric of their community, these programs are cost-effective. The National Institute on Drug Abuse found, “Every dollar invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1.”²⁰

Through the lens of implementation, prevention efforts would be scaled up through grants distributed by the Office of National Drug Control Policy, through its Drug Free Communities (DFC) Support Program. According to a recent DFC report, community-led organizations receiving DFC grants achieved a 25 percent reduction in alcohol use, a 34 percent reduction in tobacco use, a 13 percent reduction in marijuana use, and a 10 percent reduction in prescription drug use among middle school students.²¹ Moreover, high school students achieved a 21 percent reduction in alcohol use, a 31 percent reduction in tobacco use, a 7 percent reduction in marijuana use, and a 28 percent reduction in prescription drug use. The DFC program delivers results, and its expansion will ensure more Americans live drug free.

Prevention efforts also have a high return on investment. According to the National Institute on Drug Abuse, every dollar spent on prevention returns up to \$65 in averted medical costs and heightened productivity.²²

Twenty percent of the prison population consists of nonviolent drug offenders.²³ Conservative estimates found approximately 2.1 million Americans were incarcer-

ated in 2020. Thus, by directing nonviolent drug users to treatment rather than jail, the prison population could be reduced by approximately 420,000 individuals, resulting in untold savings and communal contributions. This reform underlies the importance of expanding treatment programs.

These evidence-based policies will help people of all races recover and live drug free while reducing incarceration rates and related costs. This balanced, bipartisan proposal synthesizes the Trump administration's approach to supply reduction with the Biden administration's prioritization of demand reduction and racial equity.

Our nation can bend the curve of the overdose epidemic and turn the page on the War on Drugs, often decried for its racial undertones, by confronting the inflow of drugs, promoting prevention and treatment, and ensuring no community or demographic is left behind. Many policy makers seemingly advocate for a one-sided approach premised on either supply reduction or demand reduction, but this proposal demonstrates how they can be complementary. The implementation of these reforms will begin to decrease the number of overdose deaths and restore the public's faith in our national approach to the drug crisis.

Endnotes

¹ Disclaimer: I interned with the White House Office of National Drug Control Policy from September 2020, during the Trump administration, to August 2021, during the Biden administration. The views expressed in this paper are my own and do not reflect the views of either administration.

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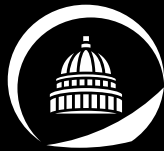
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