

DRUG POLICY ALLIANCE

Reason. Compassion. Justice.



New Directions for New York: **A Public Health and Safety Approach to Drug Policy**

Summary **Of** **Conference Proceedings**

Over 300 Participants & 15 Sponsors & 71 Partners

Elected/Appointed Officials in Attendance

- Joseph Baker, JD, NYS Deputy Secretary for Health and Human Services
- Hon. Sheldon Silver, Speaker of the NYS Assembly
- Hon. Jeffrion Aubry, Chair, NYS Assembly Committee on Corrections
- Hon. Keith Wright, Chair, NYS Assembly Social Services Committee
- Hon. Ruth Hassell-Thompson, NYS Senate Chair, Majority Conference; Chair, Committee on Crime Victims, Crime and Corrections
- Thomas White, NY City Council
- Melissa Mark-Viverito, NY City Council
- Oliver Koppell, NY City Council
- Leroy Comrie, NY City Council
- A representative from NY City Councilwoman Inez Dickens' office
- Marty Horn, Commissioner, NYC Department of Corrections
- Monica Sweeney, MD, MPH, Assistant Commissioner, Bureau of HIV/AIDS Prevention and Control, NYC DOHMH
- Hon. Velmanette Montgomery, Chair, NYS Senate Committee on Children and Families
- Daliah Heller, MPH, Assistant Commissioner, New York City DOHMH
- Hon. Eric Adams, Chair, NYS Senate Committee on Veterans, Homeland Security, and Military Affairs
- Karen Carpenter-Palumbo, Commissioner, NYS Office of Alcoholism and Substance Abuse
- Hon. Joseph Lentol, Chair, NYS Assembly Committee on Codes
- P. David Soares, Albany County District Attorney
- Hon. Richard Gottfried, Chair, NYS Assembly Health Committee
- Thomas Frieden, MD, MPH, Commissioner, NYC DOHMH

Friday, January 23

Opening Plenary

Where We Are Now: Drug Policy on the International, Federal, State, and City Levels

The perspective from the various elected officials can be described in terms of cautious optimism with clear support and plans for strategic action towards reforming drug policy in New York State and shifting the paradigm to a public health approach. With the change in political winds and the urgency over deteriorating health and socio-economic outcomes, there is a consensus that now is the time to get movement on the issue. New York State Assemblyman, Jeffrion Aubry, pointed out that the hesitancy and caution over Rockefeller Drug Law reform is born from the slim majority that Democrats have and fear losing. However, he reiterated that this is the year, and regardless of which party is in the majority, there are allies to be had on both sides. He also emphasized the need to not stop at changing policy because there is still work that must be done in the communities.

Daliah Heller, Assistant Commissioner for the New York City Department of Health and Mental Hygiene, spotlighted the pivotal role that community-based programs have played for addressing drug use and other support services. She also stated that changes in the current healthcare system and expansion of services are still needed. Integration of healthcare services and systems, use of evidence based research, education for healthcare providers, access to information for treatment as well as other social services and an expansion of harm reduction models were cited as necessary steps. New York State Senator Velmanette Montgomery reiterated the need for community programs (especially for people in crisis), prevention, mental health and more – all of which go hand in hand. She affirmed that unless these services, like housing, domestic violence, drug treatment programs, etc., are directly in the community, a large segment of the population is left out.

Incarceration was agreed to be among the least effective strategies for addressing drug use but, if necessary, should be equipped with programming related to treatment and discharge planning. Hiawatha Collins from Voices of Community Advocates and Leaders expressed concern that programs that are currently in Rikers are not well funded and face potential cuts. He cited the Good Samaritan Law as another example of policy besides Rockefeller reform that needs to be pushed through legislatively. Collins also noted that there is a distinction between drug use and drug abuse that needs to be recognized. The Good Samaritan Law is also another example of where criminal justice could play a constructive role and why there must be dialogue with the police.

Chief Constable Kash Heed from the West Vancouver Police Department, and Donald MacPherson, Drug Policy Coordinator for the City of Vancouver, shared important lessons they learned from their experience with transforming drug policy in Vancouver. Borrowing strategies from other countries, MacPherson introduced the Four Pillars Model to Vancouver. The Four Pillars Model includes prevention, treatment, harm reduction, and enforcement.

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From his extensive career in the Vancouver Police Department, Constable Heed learned that arresting your way out of the problem of drug use does not work. The overemphasis on arrests coupled with its lack of efficacy has to be taken seriously. In order to change the way law enforcement does business, Heed reinforced the sentiment that the criminal justice and law enforcement sector has to be at the table.

MacPherson spoke on his experience with pushing the Four Pillars through city government and gaining public support. There was an emphasis on having dialogue with all sectors of government and the community. Forming effective drug policy is a long, contentious process that involves coalition building and inter-agency involvement.

Morning Concurrent Sessions

Harm Reduction Pillar – Coordinating Strategies

Sharon Stancliff, Medical Director of the Harm Reduction Coalition, moderated the panel, which covered topics from the challenges of integrating harm reduction into police and prison systems to taking a drug user's experience into account.

Dr. Frederick L. Altice, Professor of Medicine at Yale University School of Medicine, opened by talking about how "harm reduction" has become a politically charged word and specifically highlighted the need for representatives from several areas – from police to community organizers to treatment providers – to start working together to provide harm reduction services as a "continuous system of care."

Jill Reeves, member of Voices of Community Activists and Leaders (VOCAL) and an active drug user, spoke about how she sees harm reduction as part of a working drug policy. She said that interventions like buprenorphine and methadone treatment give people like her the option to live a crime-free lifestyle, when they so often feel boxed in by current drug laws that are racist, classist and alienating. She stressed the need to work hard to get to more humane drug policies – like the "no brainer" of lifting the federal ban on needle exchange.

Although he personally believes in legalization, Peter Moskos, Professor at John Jay and former Baltimore beat cop, framed his comments in terms of approaching police and other public safety officials about harm reduction and handling their resistance. His clear message was that advocates must find a way to frame harm reduction practices in terms of public safety if they want to reach the law enforcement community. For example, advocates could stress that harm reduction saves lives and ultimately reduces neighborhood violence.

New York State Senator Tom Duane spoke from personal experience: the perspective of an individual who is in recovery. He said that often stigma and stereotypes about what "should" work or who "should" be responding exist for those dealing with addiction problems, even from within the treatment community. He is not convinced government spending is at the right levels or focused on the right practices, but expressed his certainty that we are putting too many people in jail under our current drug laws.

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Anita Marton, Vice President of the Legal Action Center, talked about a study that LAC recently completed that has relevance for those promoting harm reduction practices, especially broadening treatment. Their study showed that reforming drug laws in the state of New York in 2009 would lead to \$267 million in savings. This number is mostly based on a shift from incarcerating drug-involved individuals to treating them through various methods, from residential treatment to offering buprenorphine and methadone access. She closed by noting that this was just the beginning; other laws (dealing with expungement and Medicaid enrollment) would need to be reformed to maximize a positive impact on New York.

The New York Academy of Medicine's Crystal Fuller, who works as an investigator in their Center for Urban Epidemiologic Studies, began by saying that she's been doing harm reduction work for 18 years. She lives in Harlem and started by giving out bleach for needles and condoms – and didn't realize that was harm reduction. She said that the African American community has come a long way since she began and that harm reduction itself has come a long way: it's about more than clean needles at this point. She emphasized that everyone has different definitions about what harm reduction is, but the best thing to do is to continue to see each other as colleagues and to work toward a common language.

Prevention Pillar – In More Places Than You Think

The major themes that emerged from the prevention session were the importance of rehabilitation, employment and education. There was clear dissatisfaction with the Rockefeller Drug Laws but also over the punitive approaches that are seen in communities and schools. New York State Senator Eric Adams, however, noted that along with the Rockefeller Drug Laws, the Broken Windows Policing has also been a drug policy failure that has contributed to the unfair criminalization of young people of color. He supported the use of best practices in policy and programming and the engagement of young people. Senator Adams is open to more ideas which can be sent to his email, voiceofconcern@aol.com.

New York State Assemblyman Keith Wright added that jobs and education were essential to prevention. In addition, he urged that we continue to “agitate, agitate, agitate” our policy makers for reform in drug policies. Commissioner Karen Carpenter-Palumbo of the NYS Office of Alcohol and Substance Abuse Services echoed the need for movement and cited Recovery as being a necessary focal point for advocates of prevention. The youth, in particular those at-risk, are also a priority for her agency.

Todd Clear, Professor at John Jay College of Criminal Justice, shifted the focus to incarceration and its contradictory outcomes with regards to prevention and making people safer. The outcomes for people who were incarcerated included a higher likelihood for their children to also go to prison and be mentally ill, addicted and divorced. Men who are incarcerated are also more likely to have reduced earnings and unemployment. The community effects include higher teen pregnancies and crime rates as well as less economic earnings and development.

Liz Sullivan, Program Director from the National Economic and Social Rights Initiative, spoke on the failure and overuse of punitive strategies in drug policy in the setting of schools. She

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promoted the need for schools to shift to a caring and preventative approach that includes using restorative practices, quality education, and school connectedness. This approach will help the development and protect the dignity of the child while fostering participation from everyone, including young people and parents.

Kyung Ji Rhee, Director of the Institute for Juvenile Justice Reform and Alternatives, noted the costly investment the city made in policing and surveillance of schools and its limitations. Although there may be a cultural belief in the need for more police resources (that are in ineffective in her view), there is a growing realization that prevention and an overall paradigm shift in drug policy wins on the money argument which can be used as the ultimate incentive for change. Taking a page out of Green economics, Kyung Ji Rhee called for an investment in renewable strategies – Kids who become responsible and working adults are renewable.

Afternoon Concurrent Sessions

Treatment Pillar – Taking Provision and Access Seriously

Dr. Robert Newman, Director of the Baron Edmond de Rothschild Chemical Dependency Institute at Beth Israel Medical Center introduced the panel, which focused mainly on explaining new forms of treatment, accessing new or underserved audiences, and the impact of drug laws and the criminal justice system on the efficacy of treatment.

Dr. Carl Hart, a researcher and Associate Professor at Columbia University, gave his presentation on his recent studies testing out modafinil/provigil as a cocaine substitution therapy. He reported that it did decrease cocaine self-administration in the lab and cocaine-taking behavior in the clinic, but that it's a very expensive form of therapy. Dr. Hart raised larger questions about excessive focus on treatment as a one-size-fits-all answer to drug dependency and concluded that we need to take a nuanced approach to drug use.

John Coppola, the Executive Director of the New York State Association of Alcoholism and Substance Abuse Providers, began his presentation by requesting that we make a distinction between drug users who need treatment and those who do not. He focused his remarks on those who *do* need treatment. Concerning that population, Coppola was concerned that NYS is not able to provide treatment on-demand, as it does for almost all other health services. He was also concerned that existing treatment programs may not be well-structured to serve the LGBT population. Overall, he pushed for an all-inclusive, more easily accessible treatment model for New York.

Senator Ruth Hassell-Thompson spoke about her pre-NYS Senate experience, when she worked as a nurse at a methadone clinic. She told a story about working with a Puerto Rican mother of five who was kicked out a hospital after giving birth to her sixth child. The woman relapsed and left her child alone. The child died and the mother went to prison because of it. Hassell-Thompson closed her presentation by tying her experience into her current work on the Senate: one of her goals is to change the language and the dialogue around treatment provision and access, so that the next generation can have a different, more positive experience.

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Executive Director Howard Josepher, a former heroin addict and trained social worker, gave his presentation on the innovative treatment program run by his organization, Exponents. In contrast to many treatment programs, Exponents has a very low threshold of entry and no abstinence requirement. If or when a client relapses, they are welcome to return. Josepher works to switch the treatment focus from individual pathology to an individual's strengths and spends a lot of time teaching coping skills, health and wellness with a holistic approach. He uses a peer-focused model and emphasized that people cannot be forced into recovery.

Mitigation specialist for the Legal Aid Society Shreya Mandal spoke next about her experience representing 100 individuals from upstate New York prisons who were released in 2005 under the first round of reforms to the Rockefeller Drug Laws. She talked in particular about Michael, an A2 felon who, when he came out, had an active cocaine addiction and required coordinated support from his parole officer in order to get employment and housing in a residential treatment facility. Mandal said that more training and education for workers within the criminal justice system and in treatment services was needed. Ultimately, Mandal concluded that treatment as control and punishment doesn't work – it takes time and patience for full recovery.

Tina Reynolds, Community Activist and Co-Founder of Women on the Rise Telling HerStory, talked about the perception of “people who have been in conflict with the law.” She argued that this (negative) perception has led to policies that judge people as having failed, without understanding the choices they make. Reynolds also talked about how these perceptions stigmatize not only the individuals themselves but also their children and families. She argued that this impacts treatment outcomes, and in order to increase effectiveness of treatment, providers must remember to truly incorporate the experiences of the affected populations.

Public Safety Pillar – Striking the Right Balance

The panelists spoke about the Rockefeller drug laws, policy reform, experience with law enforcement and incorporating a public health approach into public safety. New York State Assemblyman Joseph Lentol stated that reform should reflect the changing attitudes towards people who are abusing drugs and help people who are already in the system to lead a crime free life with the help of re-entry programs. He called for a comprehensive approach that integrates public health and safety and expresses his support for the Assembly's reform bill which among other things removes mandatory minimums and restores judicial discretion.

Albany County District Attorney, P. David Soares, agreed that judicial discretion is a good thing and asserted that, during these times when resources are scarce, attitudes are changing within law enforcement. He suggested that there are opportunities for good programs where the prosecutorial system and the public health system overlap, including drug courts. He called for programs that offer real alternatives to drug trade for young people living in low-income communities.

While reviewing the arrest statistics in New York, Harry Levine, Professor at Queens College, cited New York City as the drug possession arrest capital of the world – a strategy which is costing the city substantial amounts of money with zero returns. Levine called for dialogue over

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how to stop arresting people. Levine emphasized the need for civic organizations to shake off their timidity and take on the police department.

Marsha Weismann, Executive Director of the Center for Community Alternatives, declared that in order to make the criminal justice framework scientific and effective in its approach, outcomes need to be redefined and driven by research. Also, clients or patients and public education should be incorporated into our work. Participants have to inform the design of programs. Community level issues also need to be addressed. Weismann maintains that communities need to be invested in and empowered.

The lack of dialogue and cooperation with law enforcement in this issue was made even more evident when Raquel Algarin, Interim Executive Director from the Lower East Side Harm Reduction Center, spoke about her agency's interactions with the police. During the early stages of its syringe exchange program, the Lower East Side Harm Reduction Center did visits and presentations to precincts asking for cooperation. Unfortunately, an incident occurred where police officers had come into their space creating a scene, and participants were arrested. After complaints were filed and press coverage about the incident, an agreement was made to work with each other. Each one needed to understand the other in order to co-exist as a community.

Referring to the front lines in law enforcement, however, Terrance Wansley, retired NYPD and member of 100 Blacks in Law Enforcement Who Care, noted that police have very limited time and relationships with the people they come into contact with on duty. Law enforcement officers are not thinking about public health or any of the other three of pillars. Their fundamental mandate is enforcement. Law enforcement success is measured by arrests and arraignments – not drug treatment referrals. He predicted that this kind of change will take redeployment of personnel, which leads to questions of cost-effectiveness and training as well as re-training. All of which require a significant and sustained call for law enforcement to become involved in this process – a call that has largely been absent.

Closing Plenary

Setting the Course for New York: Today's Stance, Tomorrow's Policy

Glenn Martin, Vice President of Development and Public Affairs for the Fortune Society, moderated the closing plenary of the New Directions conference. Martin, who spent time in prison himself, asked attendees to think about where we might be one year from now or five years from now. He told a story about his brother, currently in prison on a weapons charge, who stole to support his drug habit and who will likely be released without ever addressing the problem of his drug use. Through this story, Martin reminded attendees that there are broad challenges left to face in terms of drug law reform and public health.

The New York Academy of Medicine President Jo Ivey Boufford told attendees that her organization was delighted to have hosted the conference on an area to which NYAM is deeply committed: namely, promoting health and preventing disease. She emphasized the importance of the bringing together a wide spectrum of participants and suggested that there is more work to be done in bringing public safety officers to the table. She briefly recapped each of the pillars /

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panels and told the audience that we have a lot of work but also a lot of opportunities ahead of us.

Chief Constable of the West Vancouver Police Department, Kash Heed discussed three options for circumventing the profits of the drug industry that attract criminals: 1) the market solution of legalization, which would narrow the gap between the cost of production and the price on the street, 2) decriminalization and treatment, Canada's current system, which separates the supply and demand side (offering treatment to address demand and jail to address supply), and 3) absolute prohibition, where enforcement tactics are used on all sides. Heed believes the only viable option at this point is the second and focused much of his presentation on overcoming hurdles to enlisting the support groups – especially police – for this approach.

Richard Gottfried, Chair of the New York State Assembly Health Committee and original author of New York City's decriminalization bill for marijuana, talked about what he sees ahead on the political horizon. He was hopeful that New York State would pass a medical marijuana bill and also that the federal government might make changes. He hopes to see a change in the NYPD's policy of massive amounts of marijuana arrests and said that many New Yorkers would have to speak up to see a change in that. He also spoke hopefully about passing a Good Samaritan bill and garnering more funds for treatment. While he was unsure of the possibility of overall decriminalization or legalization, he ended with several examples of work progressing and partnerships happening in unlikely places and encouraged attendees to take advantage of every opportunity they see.

Thomas Frieden, the Commissioner of the New York City Department of Health and Mental Hygiene, opened by underlining the fact that drug use is still a problem. However, to the palpable dismay of many on the room, he claimed that there was no strong advocacy community for the reform of drug laws or gaining more effective treatment services. In his view, the most immediate need in terms of prevention and treatment efforts were better studies to show what was truly working. For harm reduction, he said that the public is ahead of the politicians and suggested concrete policy changes like giving every overdose patient who is discharged a dose of Narcan to take with them. On the public safety end, he pointed to Rockefeller reform as important and said that we need to use the teachable moment of arrest as leverage to get people to enter treatment. He finished by emphasizing the need to discover what is truly working and proceed by expanding these services and policies.

Dana Diamond, Director of Client Support Services at Exponents, told her own personal story of addiction and recovery: she began using heroin, got kicked out of a methadone program, became homeless, was hospitalized twice, diagnosed with AIDS and Hep. C, and finally forced into treatment after being arrested. When she survived treatment, she decided it was a sign that she was meant to be helping others, and she chose to work at Exponents, a non-coercive treatment center. At the close of her story, she told attendees that they need to recognize the incremental changes in people in order for treatment to work.

Drug Policy Alliance Executive Director Ethan Nadelmann closed out the plenary by delivering a rousing address that was far-reaching in its scope. He applauded the work done at the

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conference and the conversations begun, but also warned about the dangers of a “slow learning curve.” Nadelmann spoke passionately about putting all the issues on the table. He said that we must promote a core principle that nobody deserves to be punished for what they put in their bodies absent harm to others and that this core principle will lead us to a far better place.