

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

What is a Public Health Approach to Drug Policy?

A public health approach to drug policy is a coordinated, comprehensive effort that balances public health and safety in order to create safer, healthier communities, measuring success by the impact of both drug use and drug policies on the public's health.

A public health approach emphasizes the need for a coordinated strategy involving multiple sectors. One successful strategy for engaging multiple sectors in transforming drug policies and improving public health is the *Four Pillars Model* (comprised of Prevention, Treatment, Enforcement and Harm Reduction). This model seeks to ensure coordination among various agencies, communities, levels of government, and stakeholders to achieve healthier, safer communities. First implemented in Switzerland and Germany in the 1990s, the Four Pillars Model is now employed in many cities and countries in Europe, North America, Australia and Asia, including Vancouver and Toronto. The Four Pillars approach has resulted in a dramatic reduction in the number of drug users consuming drugs on the street, a significant drop in overdose deaths, reduction in crime, and a reduction in the infection rates for HIV and hepatitis.^{1, 2}

New York is Ready for a New Direction

New York is uniquely prepared to develop more effective, coordinated drug policies. The recent reform of the Rockefeller Drug Laws was an important step in the direction of moving away from a criminal justice response to drug policy and towards a public health approach. The successful implementation can both help thousands of individuals directly affected by these laws and send a powerful message to policy makers here and across the country that a new paradigm for drug policy can work. New York City and State have emerged as national leaders in the fields of drug treatment and harm reduction – interventions that are often more effective and much cheaper than incarceration at reducing the death, disease, crime and suffering associated with drug use and addiction.^{3,4} To realize the promise of the Rockefeller reforms, New York must continue to build upon innovative public health solutions to reduce use of other substances which adversely affect the public's health. New York's public health response helped reduce rates of smoking by 11% for adults and 40% for high school students between 2000 and 2006,⁵ and there is no reason why efforts aimed at illicit drugs couldn't yield similar results.

A key challenge to making these kinds of public health gains in the arena of illicit substance use inhibiting our success is that service providers, policymakers, public safety personnel and community advocates do not all have a shared understanding of substance misuse and dependence as a public health problem. For nearly 40 years, the criminal justice approach prevailed. As a result, stakeholders who could be working together to resolve these difficult issues are often in adversarial relationships that diminish their ability to make real changes to benefit those affected by substance misuse and

dependence. Thus New York's policies for illicit drugs remain compartmentalized and disconnected. Historically, New York's drug policies have been bifurcated – with one pole focused on a criminal justice response and another focused on the treatment of people already addicted to drugs. Both of these approaches tend to intervene at the level of individual, failing to take into account the larger environmental, community, family and economic contexts that contribute to drug use.^{6,7}

To develop effective drug policies in New York, we need strategies that integrate prevention, treatment, enforcement and harm reduction to create policies and communities that are safe and healthy for all. The challenge and opportunity ahead is to develop a coordinated, comprehensive health-focused approach that addresses the individual within the context of communities. We need all sectors of society to help if we are to address the social factors – racial segregation, income inequality, poverty, unemployment, community norms, literacy issues, deteriorating housing – acknowledged as having an effect on alcohol and drug use behavior, the health of drug users, and the differential morbidity among drug users from different racial and ethnic groups.^{8,9,10,11,12,13}

At the center of all our drug policies – whether addressing legal or illicit substances – should be the question: *what impact will our policies have on the public's health and safety?*

¹ MacPherson, D., 2001. A Framework for Action: A Four-pillar approach to drug problems in Vancouver, Revised. City of Vancouver,.

² Kerr, T., Tyndall, M., Li, K., Montaner, J., and E. Wood. 2005. Safer injection facility use and syringe sharing in injection drug users. *The Lancet*, 366(9482):316-318.

³ Substance Abuse & Mental Health Services Administration (SAMHSA), 2008. National expenditures for mental health services and substance abuse treatment 1991-2001, SAMHSA: Rockville.

⁴ Cartwright, W.S., 2000. Cost-benefit analysis of drug treatment services: Review of the literature. *J Ment Health Policy Econ* March 1;3(1):11-26.

⁵ Thomas, K. and M. Farrelly, 2007. New York tobacco tracking., RTI International: Research Triangle Park.

⁶ Galea, S. and D. Vlahov, 2002. Social determinants and the health of drug users: socioeconomic status, homelessness, and incarceration. *Public Health Rep.*, 117 Suppl 1:S135-45. (1).

⁷ Vlahov, D., et al., 2007. Urban as a determinant of health. *J Urban Health.*, 84(3 Suppl):16-26.

⁸ Galea, S. and D. Vlahov, 2002. Social determinants and the health of drug users: socioeconomic status, homelessness, and incarceration. *Public Health Rep.*, 117 Suppl 1:S135-45. (1).

⁹ Ahern, J., et al., 2008. Population vulnerabilities and capacities related to health: a test of a model. *Soc Sci Med.*, 66(3):691-703.

¹⁰ Galea, S., et al., 2003. Racial/ethnic disparities in overdose mortality trends in New York City, 1990-1998. *J Urban Health.*, 80(2):201-11.

¹¹ Bernstein, K.T., et al., 2007. The built environment and alcohol consumption in urban neighborhoods. *Drug Alcohol Depend*, 91(2-3):244-52.

¹² Fuller, C.M., et al., 2005. Effects of race, neighborhood, and social network on age at initiation of injection drug use. *Am J Public Health*. 95(4):689-95.

¹³ Ezard, N., 2001. Public health, human rights and the harm reduction paradigm: from risk reduction to vulnerability reduction. *Int J Drug Policy*, 12: 207-219.