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PUBLIC SAFETY

Drug misuse in New York is a leading cause of premature morbidity and mortality and one of the state's most intractable public health problems.[1,2] To reduce the harm of drug misuse on our families and communities, we need a comprehensive and integrated public health approach that includes prevention, treatment, harm reduction, and public safety. We need the cooperation and participation of all sectors of society to reorient our policies toward new measures of success -- improvements in the health of individuals, families, and communities. A coordinated and comprehensive approach can lead to reductions in overdose and other drug-related deaths; decreases in incidence of blood-borne diseases, like HIV and hepatitis; drops in drug-related injuries and emergency room visits; increases in the proportion of those needing treatment who receive it; and fewer family disruptions caused by incarceration, child abuse and neglect, and domestic violence.

The law enforcement and criminal justice systems are charged with responsibility to preserve public safety. Safe communities are those in which residents of all ages can lead healthy lives and have full opportunities for housing, education, employment, and social participation. However, just as "health" is more than the absence of disease, so is "safety" more than the absence of crime. Research increasingly suggests that neighborhood-level factors – such as income inequality, poverty, unemployment, community norms, literacy issues, deteriorating housing, drug availability -- affect alcohol and drug use, the health of drug users, and the differential morbidity among drug users from different racial and ethnic groups.[3,4,5,6,7,8,9] Therefore, a public health approach to drug policy requires a broader and more holistic perspective on public safety, with the police and criminal justice system in partnership with communities working to reduce crime, injury and death and to promote healthful and secure neighborhoods.

<u>The Impact of Drugs on the Criminal Justice System</u>

In addition to negatively affecting the health of communities and individuals, drugs and the enforcement of drug laws create a tremendous burden on our nation's criminal justice system. Nationwide, there were close 2 million drug-related arrests in 2006. The vast majority of these arrests (80%) were for possession and almost half were for possession of marijuana.[10] In New York, the Rockefeller Drug Laws, which remove judicial discretion and mandate sentences for possession of relatively small amount of drugs, have resulted in the incarceration of thousands of individuals each year. In 2007, in New York State there were almost 45,000 dispositions for felony drug arrests alone.[11] That same year, the New York City Police Department made almost 40,000 misdemeanor marijuana possession arrests.[12] Currently, there are almost 13,500 people convicted of drug offenses in prison in New York, comprising more than 21 percent of the male prison population and 33 percent of the female prison population.[13] The cost to society of illicit drug abuse alone is $181 billion annually;[14] including healthcare, criminal justice, and lost productivity.[15] Of that amount, $36.4 billion in total costs attributed to drug abuse were spent on the criminal justice system and crime victim costs; the largest component being for operations of state and federal corrections ($14.2 billion), followed by state and local police protection ($9.8 billion)[1]. Nationally, New York is among the

highest in state and local justice system expenditures with a per capita spending of $828 for every New York State resident, thereby totaling approximately $16 billion.[3]

Enforcement

Current drug laws focus on the type and weight of the drug being bought or sold rather than on the harm being caused by drugs (e.g., some substances are classified as illicit, while others are legal, and penalties vary depending on the amount in question as well as other factors). The inability of incarceration by itself to address drug abuse or public safety is evident by the fact that 25% of incarcerated individuals returned to prison within 3 years often for technical violations that include testing positive for drug use.[16] A public health approach focuses on the harm caused by drug use rather than on the properties of the drug itself. Such a shift was made in the case of alcohol. Although alcohol is now legal, a number of harmful and disruptive behaviors associated with alcohol use remain penalized (e.g. drunk driving, disorderly conduct, weapons possession). Recognizing that addiction is a disease, several police departments have refocused their efforts on targeting those who produce and traffic in illicit substances, while de-emphasizing the enforcement of possession laws except in cases where the user is engaged in harmful or illegal behaviors. For example, the Vancouver Police Department encourages its officers to focus on the person's behavior rather than the actual unlawful possession of a substance in deciding whether to lay a charge.[17] By focusing limited resources on these priorities, rather than simple possession, police send a clear message to both users and communities about what is, and is not, tolerated. Public safety is enhanced, and drug-related violence, neglect and abuse, and public health problems (e.g., overdose, blood borne disease, emergency room visits) reduced.

Traditional measures of success, like drug seizures and arrests, highlight what activities police engage in but do not assess the impact of these activities.[18] Elsewhere, police departments have been developing new performance frameworks that measure additional outcomes, such as the extent to which communities feel safe and secure as well as reductions in drug-related harm, like overdose deaths or drug-related emergency department visits.[19]

Harm Reduction

Given the chronic, relapsing nature of addiction, harm reduction is necessary to reduce a number of public heath problems, including HIV transmission and drug overdose. Simply put, harm reduction consists of any policies and programs which reduce the harm caused by drugs and drug abuse. Harm reduction strategies are consistent with the public safety goals of preserving and protecting life, and, to the extent that the public safety sector is creating safer and healthier communities, they are engaged harm reduction. Programmatically, harm reduction is often more narrowly conceived as a set of programs to help active users who are unable or unwilling to stop using drugs minimize the damage of using to themselves, their families, and communities. These programs, including syringe exchange, expanded syringe availability, overdose prevention, and "recovery readiness" programs, are often a precursor to successful treatment. Harm reduction can serve as an important bridge to treatment as well as reducing drug-related crime and disorder. Some harm reduction initiatives, such as syringe exchange programs, promote public order by redirecting unsafe activities (e.g., sharing or unsafe disposal of needles) from the street and to safer venues. In a comprehensive review of the literature on harm reduction and policing, researchers concluded that law enforcement officers could benefit from training about harm reduction but only if such training includes clear direction on how harm reduction principles translate into practical strategies for day-to-day operations and only if it is accompanied by high-level commitment to, and clarification of, the police role in harm reduction.[20]

Treatment

Like prevention, treatment serves the goals of public safety by reducing both drug use and drug-related crime.[21] Moreover, research increasingly suggests that treatment may be more cost-effective than arrest and incarceration. For every dollar spent on addiction treatment programs, there is an estimated $4 to $7

reduction in the cost of drug-related crimes. With some outpatient programs, total savings can exceed costs by a ratio of 12:1.[22] For those that do enter the criminal justice system, drug courts and/or jail- and prison-based treatment may help end the cycle of addiction and crime.[23,24] In Vancouver, the Police Department noted that police officers are sometimes in the best position to identify the chronic criminal offenders addicted to drugs, who are often responsible for a disproportionate amount of property crime.[25] Police can work with treatment professionals to fast-track those individuals most in need of treatment and most disruptive to public safety.[26,27]

Future Directions

Rationalizing our drug enforcement strategy by reforming the Rockefeller Drug Laws is an important step, but a public health approach to drug policy will require ongoing conversations that take seriously the concerns of police, district attorneys, courts, and communities struggling to combat drug-related crime. Ideally, we need a collaborative problem-solving approach that engages all sectors of society -- affected families, medical personnel, public health professionals, criminal justice professionals, court personnel, reform advocates, community members, and police. Given the polarizing nature of drug policy, achieving this ideal will be difficult. However, the Four Pillars approach provides an opportunity for all sectors to develop common goals and then question their own priorities and policies. For example, the criminal justice sector might ask itself: how do current marijuana enforcement strategies affect the health and safety of communities? Do police have a further role in prevention? How can the courts do more to improve health and increase access to treatment by expanding alternative to incarceration programs? All sectors must ask themselves: how can we work together towards a shared objective of building safe and healthy communities? By clarifying and coordinating the goals of our drug policy, each sector can work together to improve the health and safety of all New Yorkers.

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