Foundation for Drug Policy Solutions

BLUEPRINT FOR EFFECTIVE DRUG POLICY

The Hyannis Consensus

GoodDrugPolicy.org

VISION:

We envision a world in which children and families thrive, substance use is prevented, and there is rapid access to quality treatment and meaningful pathways to recovery for individuals with substance use disorders.

MISSION:

To scale up drug policy solutions by educating decision makers and the public about ways to harness science to prevent drug use, treat addiction, and forge pathways to recovery.

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A WORD FROM OUR CEO

Kevin A. Sabet, PhD
President & CEO Foundation for Drug Policy Solutions

Throughout 2020 and 2021—in the midst of the pandemic—like many of us, I finally had some time to think. I began calling scores of drug policy leaders to ask them a question: do you think our field needs a new, prevention and recovery-oriented organization that can address all facets of drug policy? Across the board, the answer was a resounding yes.

During the period in which I made those calls, the drug policy landscape was rapidly changing. In 2020, Oregon had voted to enact Measure 110, an initiative that decriminalized all drugs statewide. In 2021, our country's drug crisis transformed into a national nightmare with over 100,000 Americans dying from an overdose. Discussions about the goals and philosophical underpinnings of drug policy reached a new intensity, with many questioning whether abstinence should even be the goal of recovery. Drug policy debates over legalization, supervised injection sites, "safe supply," compulsory treatment, fentanyl as a WMD, and other controversial issues were entering the national spotlight.

At that time, there was no existing public health-centered organization whose mission was to tackle these vexing drug policy issues and more.

In September 2022, I gathered many of the same leaders I spoke to the year prior and officially launched the Foundation for Drug Policy Solutions (FDPS) at the University Club in Manhattan. Our mission, while simple, is challenging: to scale up drug policy solutions by educating decision-makers and the public about ways to harness science to prevent drug use, treat addiction, and forge pathways to recovery.

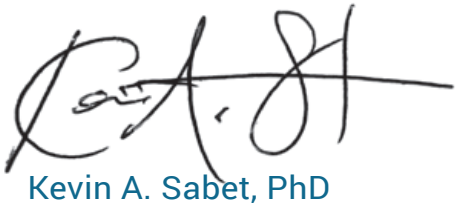
The *Blueprint for Effective Drug Policy* is the embodiment of that mission. It is the product of more than two years of hard work completed by nearly 100 experts across all areas of drug policy.

A follow-up meeting with select experts at the Kennedy Compound in Hyannisport refined and cemented the document, hence *The Hyannis Consensus*.

The Blueprint serves as a policy guide for decision makers, Congressional and Executive Branch staff, grassroots organizers, non-profit organizations, and anyone who wants to change the course of the drug crisis. We knew that putting forward effective solutions required creating a comprehensive plan of action, not one in which issues are siloed. That's why we created the Blueprint's Five Pillars: Prevention, Intervention and Treatment, Recovery Support, Criminal Justice, and International Cooperation. Working groups containing experts on each pillar collaborated with each other to ensure that the Blueprint's policy recommendations were practical and cohesive. The result is a final product that we know will change our approach to drug policy for the better.

In the Blueprint, you will read about a wide range of important drug policy issues and recommendations. What underlies it all, though, is a bold vision: we should strive to create a world in which children and families thrive, substance use is prevented, and there is rapid access to quality treatment and meaningful pathways to recovery for individuals with substance use disorders. We hope the Blueprint for Effective Drug Policy will provide the building blocks leaders need to realize that vision.

I sincerely thank the FDPS team, and members of the working groups, for their steadfast commitment to this Blueprint and our mission. This would not have been possible without you all.



Kevin A. Sabet, PhD
President and CEO FDPS

Foundation for Drug Policy Solutions

GOOD DRUG POLICY IS GROUNDED IN THESE PRINCIPLES

The use of addictive substances, such as alcohol, nicotine, and other drugs, should be highly discouraged throughout one's lifetime, with special attention focused on children.

Drug policy must be informed by science, data, and evidence-based practices. Those with lived experience, victims of drug use and addiction, and others should also inform policy. Good policy must be free from political influences that contradict science and from economic interests that are misaligned with public health. It should be presented in a format accessible to decision-makers and the public.

A comprehensive array of strength-based strategies and supports are needed to ensure the health and wellness of individuals, families, children, youth, and communities can thrive.

The full range of prevention strategies must be implemented to meet the needs of universal, selective, and indicated populations to stop the initiation of psychoactive substance use, delay the age at which use begins, provide brief interventions, prevent escalation to a substance use disorder, and prevent relapse among those seeking recovery.

Reducing substance use to the lowest possible rates, with the visionary goal of being "drug-free" is important in setting the overarching goal for drug policy advocacy and helping all people achieve their highest life potential and standard of health.

A substance use disorder is a preventable, chronic, yet treatable brain disorder with behavioral expression – a unique biobehavioral disorder from which people can and do recover.

All individuals with a substance use disorder deserve access to evidence-based treatment, including medication-assisted treatment (MAT), which should be as accessible and affordable as any other kind of health treatment.

There are many paths to recovery, and relapse can be part of this path. If symptoms resurface, treatment should be made available or adjusted as clinically indicated.

Recovery is a voluntarily maintained lifestyle composed and characterized by sobriety, personal health, and citizenship. Wellness from a substance use disorder takes place on a continuum, where a life without the use of illicit substances and activity is the ultimate goal for individuals and families.

Drug law enforcement plays a crucial role in limiting drug supply and an equally crucial role in promoting justice and preventing and limiting collateral damage created by drug markets and supply, including limiting violence, corruption, and other adverse effects on quality of life.

Policies designed to prevent or limit the movement of drugs and their precursors across international borders from their initial cultivation and production to consumer retail sale necessarily rely upon a comprehensive plan with international cooperation for its successful implementation.

Policymakers should consider implications for equity and cost-effectiveness when deciding whether to implement and fund an intervention.

While arrest is one means to limit the supply of drugs and their collateral damage, it is also critical to achieve this goal in ways that provide alternatives to incarceration.

A significant number of individuals involved in the justice system suffer from a substance use disorder, so this is a unique and essential venue to connect people with the treatment and services they need.

Timely and comprehensive data must be prioritized as quality data is necessary to quickly respond to emerging trends and threats.

Justice systems encounter a wide variety of individuals involved with drugs, and need to understand when to utilize enforcement, when to facilitate therapeutic interventions, and when to employ punishments.

Multi-system collaborations between justice, health, and community such as deflection and diversion are needed to help individuals with substance use disorders who become entangled with the justice system for non-violent charges, applying components of prevention, treatment, recovery, and accountability, where appropriate.

ESSENTIAL ELEMENTS OF GOOD DRUG POLICY

PREVENTION

1. A culture of prevention normalizes practices that promote healthy brain and social development and strengthen protective factors that attenuate the risk of substance use.
2. Population-level changes in substance use require sufficient ongoing investments in permanent, embedded, multi-sector prevention infrastructures at the federal, state, and community levels that incorporate assessment, capacity, planning, implementation, evaluation, sustainability, and cultural competence.

INTERVENTION AND TREATMENT

1. Individuals and families benefit most from treatment, including medication, and care that is available, accessible, affordable, and attractive to those being served.
2. Interventions should occur along a continuum of care and must be tailored to the unique needs of each patient, addressing the physical, psychological, social, and spiritual aspects of recovery.
3. Evidence must support all the following outcomes for an activity to be considered as treatment: an end to drug use, which leads to symptom reduction, prevention of complications, improved functioning, and ultimately recovery.
4. Sufficient permanent funding, including insurance coverage, that incentivizes cost effective and demonstrably clinically effective services along the full continuum of care is required to achieve its full impact.
5. In conjunction with recovery-oriented care, people who use drugs should have access to evidence-based harm reduction interventions, like naloxone, which can reduce—but not eliminate—the life-threatening risks that face them.
6. The fact that many people reach recovery without benefit of treatment does not obviate the need for treatment and recovery for those who do not.

RECOVERY

1. Recovery should incorporate the recognized benchmark of sustained remission from addiction, achieved through individualized combinations of treatment and support, with interventions as needed.
2. Recovery takes place in a community – at times but not always starting in treatment – where people can access culturally, spiritually, and developmentally appropriate services and supports that help them.
3. Ongoing investment in a structure that utilizes a strength-based approach, delivers the right care and support when and where people need it to, promotes the development of recovery capital, and achieves abstinence is needed to achieve recovery.

CRIMINAL JUSTICE SYSTEM APPROACHES

1. At a minimum, justice systems are called upon to make the critical distinctions among: (1) high-level and/or specialized participants in drug supply (drug manufacturers, producers, marketers, money launderers, and traffickers); (2) low-level functionaries involved in drug supply (mules, couriers, retail sellers, etc.); (3) those with drug possession/use who commit violent or other serious criminal offenses (including residential burglary, armed robbery and vehicular homicide or vehicular assault); (4) those with drug possession/use who commit minor non-drug crimes (from impaired driving to shoplifting and other minor property crimes); and (5) those charged only with simple possession and no other crimes (some but not all of whom will have substance use disorder).
2. All punishments should be genuine, certain, and calibrated to redress harm, maximize deterrence, and reinforce healthy social norms, while taking into account the category of the charge and the nature of the individual's involvement with drugs. This is the primary approach in the first three categories.
3. For those with a substance use disorder, multi-system alternatives to incarceration (ATI), such as deflection and diversion, should incorporate appropriate levels of treatment, care, and accountability, and should often be the primary approach. The CJS can help encourage and motivate recovery.

INTRODUCTION AND OVERVIEW OF THE DRUG CRISIS IN AMERICA

Drug policy must be informed by science, data, and evidence-based practices. It must also produce positive outcomes for both users and nonusers alike. For families. Communities. And, of course, individuals. Good policy must be free from political influences that contradict science and presented in a format accessible to decision-makers and the public.

The United States is facing an unprecedented drug crisis. According to the CDC's WONDER database, the number of overdose deaths increased from 16,849 in 1999 to 105,007 in 2023, rising 523%. Provisional estimates from the CDC's NVSS database indicate that there were 89,740 overdose deaths in the 12-month period ending in August 2024, suggesting that overdoses have begun to decline as the nation emerges from the COVID-19 pandemic. The overdose death rate for 14- to 18-year-olds has increased to approximately 5 deaths per 100,000, representing more than 20 teen deaths a week.

There is reason to be cautious about this decline; an FDPS-affiliated Viewpoint in the Journal of the American Medical Association pointed out that the decline in overdose deaths between 2017 and 2018 was nevertheless associated with a continued increase in the number of disability-adjusted life years lost to drugs. Policymakers should aim to reduce the drug-attributable burden of harm, not only the number of overdose deaths.

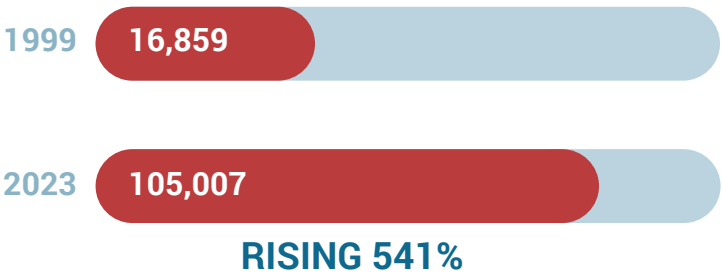
To bend the curve of the drug crisis, policymakers must advance a new drug policy that draws on the lessons of the past and is grounded in the best available evidence.

The current drug epidemic has evolved through three stages and is now entering a fourth. The first involved prescription opioids, such as Oxycontin, and expanded between the late 1990s until about 2010. During that time, prescription drugs were overprescribed to patients and pharmaceutical companies heavily promoted them as non-addictive solutions for pain management. Some doctors operated what became known as "pill mills," where individuals without a medical need could purchase prescriptions for opioids. Prescription opioids were relatively easy to obtain, and rates of addiction rose accordingly.

In response, the federal Drug Enforcement Administration (DEA) introduced prescription drug monitoring programs, which helped to identify "pill mills" and individuals who were going to multiple doctors. Purdue Pharma, the maker of Oxycontin, came under increased scrutiny. As prescription

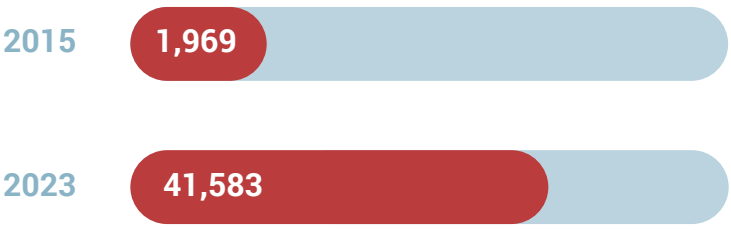
STATISTICS

UNITED STATES OVERDOSE DEATHS



RISING 541%

OVERDOSE DEATHS INVOLVING SYNTHETIC OPIOIDS AND STIMULANTS*



*Defined as overdose deaths involving synthetic opioids (primarily fentanyl; ICD-10 code T40.4) and either cocaine (T40.5) or psychostimulants with abuse potential (primarily methamphetamine; T43.6).

opioids became better regulated and more difficult to obtain, users turned to the illicit market, where they were met with a supply of heroin. Between 2010 and 2016, the number of heroin-involved overdoses quintupled from 3,036 to 15,482. The increased use of heroin constituted the second wave of the opioid epidemic.

Soon thereafter, heroin was replaced by fentanyl, a synthetic opioid that is up to 50 times stronger than heroin, marking the third and current wave. Synthetic opioids other than methadone—primarily fentanyl—accounted for 782 overdose deaths in 2000, 3,007 in 2010, 56,516 in 2020, and 72,776 in 2023. Fentanyl has made the drug crisis exponentially worse.

Now, fentanyl is being increasingly co-used with stimulants. Between 2015 and 2023, the number of overdose deaths that involved a synthetic opioid other than methadone (primarily fentanyl) alongside either cocaine or methamphetamine increased from 1,969 to 41,583. This trend has led to what many foresee to be the fourth wave of the opioid epidemic.

However, despite the increase in opioid-involved overdose deaths, the prevalence of opioid use has decreased in recent years. Between 2015 and 2023, according to the National Survey on Drug Use and Health, the number of past-year opioid users decreased from 12.69 million to 8.90 million, while the number of past-month users decreased from 3.96 million to 2.44 million.

Though opioid use has decreased, the use of other drugs has been increasing. The number of cocaine users increased from 4.83 million in 2015 to 5.01 million in 2023, while the number of methamphetamine users increased from 1.71 million to 2.62 million and the number of hallucinogen users increased from 4.69 million to 8.80 million. Likewise, the number of marijuana users increased from 36.04 million in 2015 to 61.82 million in 2023.

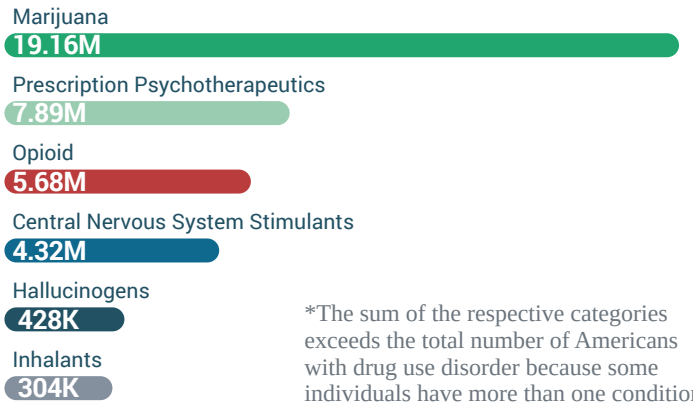
Beyond this, many users are now polydrug users, meaning that those who misuse one drug are more likely to misuse an additional substance as well. Combining drugs often provides a more intense "high," but sometimes drugs are used together to counteract the effects of one of the substances. Though some initially wondered whether marijuana and alcohol would act as substitutes, particularly for young adults, they are now viewed as complements, with individuals using more of both.

While usage rates among adults have generally been increasing, with the exception of opioids, usage rates among youth have been trending downward. According to the NIDA-funded Monitoring the Future study, the percentage of 12th graders who used "any illicit drug" decreased from 53.1% in 1980 to 32.5% in 1990, before increasing to 40.9% in

DAILY MARIJUANA USE IN THE PAST YEAR

12–17-YEAR-OLDS WITH CANNABIS USE DISORDER

IN 2023, 27.15 MILLION AMERICANS AGED 12 AND OLDER HAVE A DRUG USE DISORDER*



*The sum of the respective categories exceeds the total number of Americans with drug use disorder because some individuals have more than one condition.

2000, going to 38.3% in 2010 and down to 26.2% in 2024.

Though some estimates highlight diverging trends in the rates of youth use, highlighting the effectiveness of prevention efforts, there are also causes for concern. Between 2020 and 2023, based on the DSM–V criteria used by the NSDUH, the number of 12–17-year-olds that had a cannabis use disorder increased from 1.01 million to 1.23 million. At the same time, perceptions of risks about drug use have declined—a low perception of risk is a risk factor and predictor for use. According to the Monitoring the Future survey, the percentage of 12th graders that said there is great risk associated with using marijuana regularly declined from 78.6% in 1991 to 35.9% in 2024. The percentage of 12th graders that said there is great risk associated with trying LSD once or twice decreased from 48.6% in 1991 to 29.4% in 2024.

As more people use a certain drug, more inevitably misuse it. In 2023, 27.15 million Americans 12 or older had a drug use disorder, up from 24.48 million in 2021. In 2023, of these, 19.16 million had a marijuana use disorder, 5.68 million had an opioid use disorder, 1.78 million had a methamphetamine use disorder, and 1.26 million had a cocaine use disorder.

In 2023, there were

7,590,202

drug-related ED visits

Alongside rising rates of overdoses and substance use disorders, there has been an increase in drug-related emergency department visits, according to the Drug Abuse Warning Network, which was discontinued in 2014 and reinstated in 2022. In 2023, there were 7,590,202 drug-related ED visits. There were 3,114,472 alcohol-related ED visits in 2023, up from 2,996,516 in 2021. The number of marijuana-related ED visits increased from 804,285 in 2021 to 896,418 in 2023. And there were approximately 277,690 fentanyl-related ED visits in 2023, up from 123,563 in 2021.

Despite concerning increases in drug use, drug use disorder, drug-related emergency department visits, and overdose deaths, there has been a decrease in treatment admissions for most drugs, indicating that millions of Americans are not receiving the help they need. Between 2020 and 2022, the most recent year for treatment data, the number of treatment admissions declined from 1,568,291 to 1,498,034. Treatment admissions for opiates decreased from 406,088 to 355,180, while admission for marijuana decreased from 145,115 to 122,049. Admissions for cocaine increased from 74,244 to 77,034, while admissions for methamphetamine increased from 181,350 to 181,747.

In 2023, only

14.6%

of individuals with a substance use disorder received tratment.

– NSDUH

Put together, these drug-related harms and rising rates of drug use highlight the vital importance of demand reduction, which includes prevention and treatment. At the same time, supply reduction efforts play a vital role in drug control policy. Supply reduction operations aim to disrupt the production, distribution, and sale of illicit drugs. By focusing on all aspects of the supply chain, law enforcement agencies seek to disrupt the supply of drugs and increase their prices, which will ultimately lower the prevalence of their use. Given that the drug trade has become increasingly globalized, U.S. efforts must work with international allies and invest in capacity building. Neither demand reduction, supply reduction, or harm reduction interventions will work perfectly, highlighting why interventions across the continuum are necessary.

Though much of this report focuses on illicit drugs, it is important to note that legal, regulated prescription drugs also contribute to the drug crisis, as we saw with prescription opioids in the early 2000s. Some may develop a substance use

disorder when using medications as prescribed by their doctor. Progress has been made in the overprescription of opioids, yet similar issues are now arising with Adderall, a stimulant prescribed for ADHD. Prescription drugs are also diverted to the illicit market, where they are resold to individuals for misuse or for purported self-medication, which presents additional health-related risks to users.

Harm reduction represents a strand of drug policy that seeks to reduce drug-related harms. It is both an intervention and a philosophy within drug policy, but its goal should always be recovery from drug use. A few long-standing harm reduction interventions, which are supported by the National Institute on Drug Abuse, include the distribution of naloxone and syringe programs that lead people to treatment. However, part of this movement has rushed beyond its evidence base, with activists now calling for unproven policies like "safe supply" and "safe consumption sites." While current evidence does not show that these interventions are effective, more research is required to understand their potential consequences.

The public and policymakers can be forgiven for wanting to try something new. Overdose deaths have surpassed 100,000 each year, and many are rightly concerned about inequities in the criminal justice system and are exasperated by poor outcomes. These lessons from the past remind us of the importance of ensuring that equity is woven throughout all our drug policies and interventions. Rather than carving out equity as a single policy or focus below, we find that its theme and intentions should be considered in all drug policy decisions, from prevention and treatment to criminal justice reforms and grant funding. Equity is a value, not a specific policy, that underlies our approach to drug policy.

Policymakers must work proactively to expand the reach of evidence-based prevention and treatment programs and strategies, while working to reduce the supply of illicit drugs. But before policies can be implemented, policymakers must be educated about them and the related issues. To help them achieve these ambitious goals—and ultimately save lives—the Foundation for Drug Policy Solutions has crafted this *Blueprint for Effective Drug Policy*, which can serve as a dynamic guide to good drug policy.

Two readily available substances also take a significant toll on public health every year: tobacco and alcohol. Following decades of counter-advertising campaigns, stricter policies, and excise taxes, the prevalence of tobacco use has declined. Still, tobacco kills more than 480,000 people every year and is the top preventable cause of death in the United States, according to the American Lung Association. Likewise, the CDC found that alcohol caused nearly **180,000 deaths** each year during 2020-2021, compared to **138,000** during 2013-2014. After decades of their normalization — often fueled by the industries that produced and profited from them — public health leaders have finally begun to recognize their harms and have taken steps to reverse them. **The harms of these substances, particularly tobacco, should serve as cautionary tales against the legalization, normalization, and commercialization of other substances. But in many circles these warnings have gone unheeded.**

According to the National Conference of State Legislatures, 24 states have legalized recreational marijuana and 38 have legalized medical marijuana at the time of publication. To be sure, marijuana remains illegal at the federal level––it is a Schedule 1 substance, meaning it has a high potential for abuse and no accepted medical benefit. Despite claims about its therapeutic benefits, the Food and Drug Administration (FDA) has not approved marijuana for the treatment of any disease or condition (even though two marijuana-based components are in a handful of FDA-approved medications). Even so, the legalization and commercialization of marijuana––and thus, the normalization of this drug––continues to threaten public health and public safety.

These changes have been occurring within a drug policy landscape that has been evolving and threatening to exacerbate the drug crisis. In 1996, California became the first state to legalize so-called "medical marijuana." This was followed in 2012 by the legalization of recreational marijuana by Colorado and Washington, in defiance of federal drug laws that maintained that marijuana was a Schedule I substance with a high potential for abuse and no accepted medical benefit. The Food and Drug Administration (FDA) has not approved marijuana for the treatment of any disease or condition. Because the federal government has taken a hands-off approach to issue, states have been able to legalize marijuana without legal consequences.

The state-level legalization of marijuana opened the door to the normalization of drug use and the legalization of other drugs, notably psychedelics. In 2020, Oregon became the first state to legalize psychedelics for medical use. Colorado followed suit in 2022. Notably, in 2020, Oregon decriminalized the possession of all other drugs. This policy faced public backlash and resulted in rising rates of crime and overdoses, so the state recriminalized the possession of drugs in 2024. These initiatives normalize these substances and reduce associated risk perceptions, which are associated with increases in experimentation and use.

A central theme of these state-level reforms is their backing by well-funded special interest groups, such as the Drug Policy Alliance (DPA), which do not have public health as their overarching goal. The DPA, for example, wants to end all drug enforcement, drug testing, accountability-based treatment, and legalize all substances, no matter the consequences. These policies threaten to either undo and reverse progress made, including with the reduction in youth use, or to exacerbate the issues facing our country by contributing to more overdose deaths and a higher prevalence of substance use disorder. Public health organizations are often outfunded and cannot compare head-to-head against these organizations.

A related issue is that these policies often commercialize drugs and lead to the creation of new industries, whether they are profit-driven companies selling marijuana or psychedelics. Stemming from the concept of commercial determinants of health, these industries will pursue their profits and use their vast resources to advance their self-interest, which is at direct odds with public health and overall well-being. The marijuana industry is producing and promoting increasingly potent products to maximize its bottom line, while opposing regulations that would protect vulnerable populations. This is one reason why marijuana and its harms have been rising so steadily.

In 2011, the year before Colorado and Washington became the first states to vote to legalize recreational marijuana, 29.73 million Americans 12 or older were past-year users

of marijuana, or 11.5% of this population. By 2023, this had doubled to 61.82 million Americans, or 21.8% of those 12 or older. Similarly, the number of Americans that were past-month users of marijuana, which is a measure of heavier use, increased from 18.07 million to 43.65 million, rising from 7.0% of the population to 15.4%. The number of daily or almost daily marijuana users in the past year increased from 4.98 million in 2011 to 15.74 million in 2023, or 1.9% of those 12 or older to 5.6%. While more Americans are using marijuana, the most concerning increases are among the heaviest users.

19.16 MILLION AMERICANS
12 or older had a cannabis use disorder, representing approximately 3 in 10 USERS.

Among users between the ages of 12 and 17, the percentage that had a cannabis use disorder increased to 42.3%

or more than 4 in 10 USERS.

The number of marijuana-related ED visits increased from 804,285 in 2021 to 896,418 in 2023. These events range from an individual getting too high, to a toddler consuming a package of their parent's edibles, to someone experiencing cannabinoid hyperemesis syndrome.

More marijuana users are also driving under the influence of this drug. Between 2021 and 2023, the number of Americans 16 or older that self-identified as driving under the influence of marijuana increased from 10.88 million to 12.14 million. In 2023, 20.0% of past-year marijuana users over the age of 16 drove under the influence of marijuana, compared to 11.6% of past-year alcohol users over the age of 16 who drove under the influence of alcohol. Of note, this data from drivers who self-identified as driving under the influence includes those who drove under the influence of only THC, as well as those who used multiple drugs alongside THC, though the latter is far more dangerous. A 2022 report from the National Traffic Safety Board noted that marijuana is the second most commonly detected substance after alcohol in arrests for impairment and crashes.

A leading concern with legalization is that it has ushered in a for-profit marijuana industry, which works to maximize its profits at the expense of public health. The marijuana industry, following the playbook of the tobacco industry, has worked to produce and promote ever-stronger products, which are increasingly addictive and linked to a range of mental health issues, including depression, anxiety, psychosis, and even a loss of IQ.

Supporters also assured skeptical voters that legalization would displace the illicit market, yet the opposite has occurred, seeing an expansion of the underground market in "legal" states.

In October 2022, President Joe Biden directed the Department of Health and Human Services to review marijuana's schedule. The Department, through the FDA, ultimately recommended that marijuana be placed in Schedule 3, indicating that marijuana has a lower potential for abuse and medical benefits. However, the FDA's review broke from decades of precedent for determining the appropriate schedule of a drug. Following this recommendation, the Drug Enforcement Administration initiated its own review of marijuana. As of February 2025, a final determination from the DEA has not been made about marijuana's schedule.

PREVENTION

Summary: Preventing substance use, particularly among youth, is not only a laudable goal in the interest of public health and overall financial savings, but it is one that is achievable. If a child does not use substances by age 21, they are unlikely ever to do so. Unlike many other disorders, substance use disorders—and the preceding initiation of substance use—are preventable. This underscores the importance of primary prevention and the need for early intervention when a young person initiates substance use. If we reduce the initiation of substance use, we will markedly reduce drug use and its consequences, including addiction.

"While investment in prevention doesn't show immediate returns, playing the long game and investing in prevention interventions can save lives and dollars."

– Nora Volkow, MD,
Director of the National Institute on Drug Abuse

Goals:

- The past-year use of illicit drugs among 12–17-year-olds is reduced by 20% by 2030, from 14.7% in 2023 to 11.8% in 2030.
- The mean age of past-year initiates of marijuana, cigarettes, and alcohol is increased by 10% by 2030.
- The percentage of 12–17-year-olds that saw or heard drug or alcohol prevention messages in school is increased by 20% by 2030, from 68.1% in 2022 to 81.7% in 2030.

EVIDENCE

As detailed in the 2019 Institute of Medicine Report, at least 17 evidence-based family and parenting programs have been shown to significantly improve the quality of home life, helping to prevent many behavioral problems, including substance use. Numerous tested school-based interventions can prevent these problems as well, from early childhood into adulthood, by improving school climate, learning, and school attachment. Prevention strategies have the added benefits of improved academic performance, reduced bullying and violence, and better emotional and physical health that enhance positive community participation.

CHALLENGES

Certain policies, such as the legalization and commercialization of marijuana, have reduced risk perceptions and increased the availability of drugs, which are predictors of future drug use. There has been insufficient funding for prevention programs, and those that are funded and implemented are not always those grounded in evidence-based practices. The growing normalization of drug use threatens to reverse long-term declines in the youth use of drugs.

COST-EFFECTIVENESS

Every $1 invested in effective substance use prevention programs is estimated to result in savings of between $2 and $20. Extensive analyses of the costs and benefits of these programs indicate that most cost far less than they save in reduced healthcare, criminal justice, mental health, and educational costs, and in increased income among recipients. A 2016 report from the Surgeon General noted, "Interventions that prevent substance use disorders can yield an even greater economic return than the services that treat them."

SPECIFIC RECOMMENDATION 1

Drug policies must reduce the appeal, exposure, and access to substances, counteracting the growing normalization of substance use.

SUMMARY: Prevention messaging, programming, and interventions can succeed only if enacted within a policy and environmental landscape that reduces the appeal, exposure, and access to substances. Legalization, at least in the United States, begets commercialization, wherein for-profit industries shape public perceptions and work to increase appeal for their products. Policies must counteract the growing influence of these well-funded, well-connected for-profit industries, addressing all spheres of the social ecological model of health.

DESCRIPTION: In order to protect youth from initiating substance use, progressing to regular use, and experiencing the harms of substance use, policymakers must:

1. **Counteract the impact of legalization of substances:** Policies must blunt industries' ability to commercialize their products. Limiting the reach of legalization will help to reduce the normalization of substance use and allow the public to have an accurate perception of their risks. At a minimum, new models of legalization should more closely adhere to how cigarettes, rather than alcohol, are regulated since the taxes are for the most part quite high and increasing with inflation; there are significant, policy-imposed restrictions on marketing and packaging, including effective warning labels; and there are limits on extensions such as flavorings. This also includes regulation of the quantity of substance delivered. When possible, legalization and commercialization should be resisted.

2. **Demand reduction:** Proven policies to reduce demand and use among youth include minimum age laws and their enforcement, higher prices (through taxes, minimum pricing, and restrictions on price promotions such as discounting and happy hours), restrictions on advertising and marketing, regulating the design and content of the products to reduce appeal (e.g., banning flavors, appealing packaging), and limiting exposure to substances by restricting public use and sale in areas where young people typically congregate (e.g., near schools, parks). Public awareness and education campaigns also help to inform the public and reduce demand—successful programs should be brought to scale. Anti-smoking campaigns contributed greatly to the reduction of cigarette use and should be considered as a model for drug use reduction.

3. **Supply reduction:** Reducing supply can be accomplished through policies that restrict the amount and potency of nicotine, THC, and other addictive ingredients in products so that experimentation does not escalate to regular use; restrict the number of retail outlets that can operate within a given geography or population density; strictly enforce laws that prohibit sale to underage youth (where the penalties fall on retailers, not young people); and fund adequate data collection and monitoring of the drug supply to anticipate and address emerging and escalating drug threats.

SPECIFIC RECOMMENDATION 2

A culture of prevention normalizes practices that promote healthy brain and social development and strengthen protective factors that attenuate the risk of using substances.

Summary: A visionary strategy should promote a health standard that normalizes the non-use of substances. This strategy should strengthen protective factors and address risk factors. Legislative actions should mitigate the impact of adult use and inform the attitudes of youth.

Description: The multiple life-course conditions that influence whether an individual will develop an addiction are alterable and, in many cases, preventable. Protective conditions can be strengthened, while detrimental conditions can be attenuated or eliminated altogether. Implementation of effective policy solutions will, in turn, inform wiser expenditures with potential to make a measurable dent in the drug problem.

1. Programs and policies need to be implemented across the life-course, with special emphasis on early childhood and adolescence. For example, the Drug-Free Communities Support Program from the national Office of National Drug Control Policy represents a scalable youth-focused program that engages diverse sectors of a community. Infrastructure at the community level and supported by federal legislation is needed to systematically and effectively implement this visionary health standard, from universal prevention to more targeted and indicated interventions. A community-based comprehensive service delivery system would provide and sustain an array of evidence-based preventive services. Local, state and federal policies can thus be formulated to equip communities to meet the diverse needs, values, customs, and preferences of their members in a culturally appropriate way.

2. Programs and policies should also be incorporated into cross-sector service delivery systems (e.g., child welfare, healthcare, education with a focus on K-12, justice, integration with faith-based communities), which would substantially expand the scale at which benefits are achieved. The end goal is to spur a shift in cultures, priorities, and practices that, in turn, influence policies, distribution of resources and system-level relationships. Proactive strategies for early identification of the warning signs and preventing exposure to contributory conditions during childhood are most promising. In short, true improvements in our nation's drug policies require a more balanced portfolio that supports tertiary approaches (e.g., treatment, regulations) and a hefty dose of prevention, guided by empirical evidence.

3. A "Culture of Prevention" should normalize prevention practices in our daily lives to foster healthy developmental pathways and avoid negative outcomes. There are three basic drivers of normalization. First, increasing knowledge that the science of human development has potential to change attitudes and mindsets. The second driver is that underage substance use greatly risks the normal development of the still maturing adolescent brain. The third driver is the adoption of the active ingredients of proven programs, which have been shown to influence specific behaviors. Integrating a wide range of these practices and principles into daily interactions has potential to more broadly and sustainably promote health and wellbeing, independent of a particular intervention or limited money stream.

SPECIFIC RECOMMENDATION 3

Population-level changes in substance use require sufficient ongoing investments in permanent, embedded, multi-sector prevention infrastructures at the federal, state, and community levels that incorporate assessment, capacity, planning, implementation, evaluation, sustainability, and cultural competence.

Summary: There is a need to develop and sustain the proper infrastructure for substance use prevention at all levels of government. Absent this explicit focus, youth substance use issues are usually ignored and subject to denial.

Description: The necessary infrastructure to achieve population-level changes requires the following evidence-based processes: 1) assess prevention needs based on epidemiological data; 2) build prevention capacity; 3) develop a strategic plan; 4) implement effective prevention programs, policies and practices; 5) evaluate efforts for outcomes; 6) ensure these efforts are sustainable through adequate funding and emphasis; 7) and ensure all efforts reflect cultural competence for the populations and sub-populations being served.

1. The baseline level of implementation for substance use prevention should include the mix of strategies, programs, policies, and services to meet identified needs for "universal" prevention (aimed at everyone who has not yet initiated use) throughout all relevant settings (community, schools/peers, workplace, houses of worship, family, etc.). As part of the comprehensive process for planning, implementation, and evaluation, states and communities will have identified needs and gaps for programs and services for higher risk subgroups in the population including individuals and groups identified as "selected and indicated" under the IOM definition of prevention.14

2. In order for states and communities to build, strengthen and maintain the infrastructure for substance use prevention, it is imperative to educate, train and provide technical assistance for a substance use prevention professional workforce as well as others in ancillary fields that are participating in sectors and settings aligning with the implementation of the strategic prevention framework.

3. The comprehensive infrastructure for state and community-based substance use prevention must be taken to scale with adequate investments of Federal, state and local resources allocated to fully implement it at all levels of government. Funding should reach communities in an equitable manner, ensuring that all populations receive the benefits of prevention.

INTERVENTION AND TREATMENT

Summary: Treatment must be expanded to meet the individualized needs of Americans with substance use disorder, a treatable condition with identifiable criteria in DSM-5. These treatment models—spanning the continuum from the earliest interventions to detoxification, then treatment and re-entry—must be developmentally personalized and grounded in evidence and acknowledge that all pathways to recovery are different. Likewise, interventions along a continuum of care must be tailored to the unique needs of each patient, addressing the physical, psychological, social, and spiritual aspects of recovery. To help the greatest number of individuals, treatment must also be affordable and within reach of those who would benefit from it. Increasing connections to treatment is a vital step for helping people who use drugs overcome their conditions and regain control of their lives.

Goals:

- The percentage of Americans with a drug use disorder is reduced by 20% by 2030, from 9.6% in 2023 to 7.7% in 2030.
- The number of treatment admissions is increased by 25% by 2030, from 1,482,543 in 2021 to 1,853,179 in 2030.
- The percentage of admissions that did not need to wait 1 or more days to enter treatment is increased by 15% by 2030, from 70.9% in 2021 to 81.5% in 2030.

EVIDENCE

Treatment options can vary and may include medical detoxification, inpatient or outpatient rehabilitation programs, counseling, therapy, support groups, including 12-step programs, and medications for opioid use disorder. While opioid use disorder can be treated with medications, such as methadone and buprenorphine, comparable interventions do not exist for other SUDs. Contingency management is an increasingly promising intervention to help those with stimulant use disorder. And policies that nudge people into treatment, including drug treatment courts, healthcare provider incentives, and testing and sanctions programs should be much more widely adopted.

CHALLENGES

According to the 2023 National Survey on Drug Use and Health, the top five reasons cited by individuals for not receiving substance use treatment were: 1) they thought they could handle their drug use on their own, 2) they were not ready to start treatment, 3) they were not ready to stop or cut back on using alcohol or drugs, 4) they were worried about what people would say or think if they got treatment, and 5) they thought it would cost too much. Additionally, many clinical treatment programs do not meet adequate standards of care and patients may face long wait times.

COST-EFFECTIVENESS

A 2016 report from the Surgeon General concluded, “studies show that every dollar spent on substance use disorder treatment saves $4 in health care costs and $7 in criminal justice costs.”

In 2020, Oregon became the first state to vote to decriminalize the possession of all drugs, including fentanyl, cocaine, heroin, and methamphetamine. This policy change followed millions in funding from pro-legalization groups, such as the Drug Policy Alliance. By nearly all indicators, Measure 110 has been recognized as a failed policy experiment.

Between 2020 and 2022, the number of overdose deaths in Oregon increased 75%, compared to only 18% nationally. Likewise, Oregon was one of only two states that had a rate of nonfatal overdoses more than 200% above the national average.

Oregon now has the highest rate of past-month illicit drug use, not including marijuana, and this measure increased 6.9 times faster than the national average. At the same time, Oregon now has the lowest share of residents that say there is great risk associated with trying heroin once or twice or using cocaine once a month. Measure 110 appears to have further normalized hard drugs and increased their use.

Source: Center for Disease Control and Prevention

Oregon's Department of Transportation said the passage of Measure 110 "has resulted in a predictable increase in drug-impaired driving crashes and related injuries and deaths."

While Measure 110 did increase funding for much-needed services, it is important to recognize that these changes could have been implemented without the decriminalization of all drugs. *Oregon Public Broadcasting* reported, "the combined result of all the legislative efforts on Measure 110 was to leave Oregon with no carrot and no stick to steer people into treatment." The removal of criminal penalties eliminated a policy lever that was often used to guide individuals with a substance use disorder into treatment, such as through a drug court.

Moreover, between 2020 and 2023, the number of individuals experiencing homelessness increased by 10.8% in Oregon, while it decreased in neighboring states. The *Associated Press* reported that public drug use in Oregon became "rampant." The violent crime rate increased by 17.3% in Oregon between 2020 and 2022, despite decreasing 4.5% nationally.

In turn, public support for decriminalization fell rapidly. Though Measure 110 passed with 58% of the votes in November 2020, a poll from August 2023 found that only 2% of voters think Measure 110 has been a success, compared to 61% that think it has been a failure. A separate poll found that nearly two-thirds of Oregonians–including 74% of Black Oregonians and 79% of Hispanics–wanted to repeal parts of Measure 110 and reinstate penalties for possession.

In late February and early March 2024, the Oregon legislature voted to reinstate criminal penalties for the possession of drugs, effectively undoing the central premise of Measure 110. This failed policy experiment should serve as a cautionary tale to other states that are considering decriminalization.

SPECIFIC RECOMMENDATION 4

Individuals and families benefit most from treatment and care that is available, accessible, affordable, and enagaging to those being served.

Summary: In order for individuals to benefit from treatment, they must first be able to find an appropriate program that is accessible, available, and affordable. Treatment programs should be tailored to meet the unique needs of patients and accommodate their preferences within reason and without compromising quality, accountability, or effectiveness. Policies should aim to overcome barriers to enrolling in treatment, including wait times and geographic distances.

Description: To best meet the needs of those with a substance use disorder, treatment must be:

1. **Available.** Similar to the treatment of other conditions in general health care, the treatment of SUDs must be considered an essential service that should be readily available to those in need. It is important for communities, healthcare systems, and governments to invest in and support the development and availability of comprehensive SUD treatment programs, including developing the treatment workforce and addressing reimbursement rates. These programs should address the unique needs of individuals, consider co-occurring mental health disorders, provide ongoing support and aftercare to promote long-term recovery, and provide support for families trying to find care for a loved one with a SUD.

2. **Accessible.** SUD treatment should be easily accessible to individuals who need it. Easy accessibility can help ensure that people struggling with SUDs can receive timely and appropriate care, increasing their chances of recovery and improving their overall well-being. Additionally, efforts should be made to reduce the stigma associated with substance use, as it can be a barrier to seeking treatment. Treatment should also extend to hard-to-reach populations, including those who are unhoused and those who are involved with the criminal justice system. This includes rural areas, where treatment is often limited and the workforce is scarce, highlighting the importance of providing virtual and telehealth services for SUD treatment.

3. **Affordable.** SUD treatment can be costly, and financial barriers should be minimized. Insurance coverage, including Medicaid and private insurance plans, should adequately cover substance use treatment services. Government programs and funding should be available to individuals who are uninsured or cannot afford treatment. Integrating SUD treatment into primary care settings can also make it easier for individuals to seek help.

4. **Engaging.** Making treatment attractive and engaging can play a crucial role in encouraging individuals to seek help and actively participate in their treatment process. Treatment programs can incorporate a person-centered, holistic approach that considers the developmental status, physical, psychological, and social aspects of recovery. Treatment should also cater to different learning styles and preferences and address practical concerns, such as providing flexible scheduling options, childcare assistance, and transportation support, or help with employment or educational needs. All pathways to treatment should be explored, whether they are mandated by the criminal justice system or pursued on a voluntary basis by the individual.

SPECIFIC RECOMMENDATION 5

Evidence must support all the following outcomes for an activity to be considered as treatment: an end to drug use, which leads to symptom reduction, prevention of complications, improved functioning, and ultimately recovery.

Summary: In the area of treatment for substance use disorder, any activity to be considered a treatment must have evidence that this activity can result in 4 outcomes: 1) symptom reduction, 2) prevention of complications, 3) improved functioning, and 4) respect for human rights. This is particularly important for administrators and decision makers who often face a difficult decision whether to use public dollars to fund "a treatment."

Description: All four criteria must be present for an activity to be considered a treatment.

1. **Symptom reduction:** Ending compulsive drug use, the "symptom," is a challenging but achievable goal. This typically requires a comprehensive, individualized, and multi-faceted approach, involving both professional help and personal commitment. Relapses are common along one's recovery journey, but they don't mean failure. Over time, with the right support and effort, positive changes can be achieved.

2. **Prevention of complications:** Preventing complications is a crucial aspect of treating SUDs. The primary goal of SUD treatment is not only to help individuals stop substance use, but also to address the physical, psychological, psychiatric and social consequences of or pre-existing problems associated with SUD. By preventing complications, we can significantly improve an individual's overall health and quality of life. Some of the ways in which SUD treatment can focus on preventing complications include: early intervention, comprehensive assessment, medical management, psychosocial interventions, supportive services, relapse prevention planning, and social and community support.

3. **Improved functioning:** Improving functioning is a fundamental goal in the treatment of substance use disorders. SUDs can have a profound negative impact on various aspects of an individual's life, including physical health, mental well-being, relationships, employment, criminality, and overall quality of life. The primary objective of SUD treatment is not only to stop drug use, but also to help individuals regain control over their lives and improve their functioning in various domains.

4. **Treatment must respect human rights:** Treatment of SUDs must uphold and respect human rights, as individuals with SUDs are entitled to the same human rights and dignity as any other person. Approaches to treatment should be compassionate, non-discriminatory, and adhere to principles that protect and promote human rights, such as informed consent and the confidentiality of patient information. This includes trauma-informed care, and the need to define a global standard for such care to apply across demand reduction strategies.

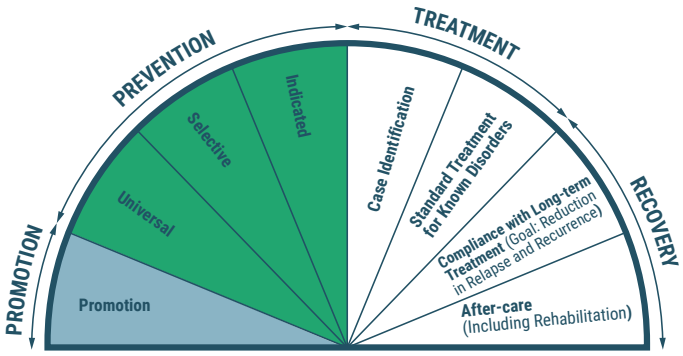
SPECIFIC RECOMMENDATION 6

Sufficient permanent funding, including insurance coverage, that incentivizes cost effective and demonstrably clinically effective services along the full continuum of care is required to achieve its full impact.

Summary: Policymakers must work to reduce barriers to treatment and ensure that there is sufficient funding in place for treatment to remain accessible into the future. To achieve this goal, they should ensure that treatment programs meet standards of clinical effectiveness and are cost-efficient, which will require coverage for those with insurance and those without it. Access to treatment can also be improved by integrating treatment into primary care settings.

Description: Treatment must be:

1. **Cost-efficient:** Substance use disorder treatment is often expensive, hindering the ability of patients to receive the help they need. Individuals should be made aware of existing low-cost or free programs with proven track records, particularly 12-step programs. To improve access, clinically effective and cost-efficient residential treatment should qualify for the Institution of Mental Disorder (IMD) exclusion that is legislated. To ensure sufficient, permanent funding for treatment into the future, there must be coordination and collaboration between federal, state, and local governments, in addition to private insurance companies. The 2022 National Drug Control Strategy stated, "Wherever possible, inexpensive oral methadone and sublingual buprenorphine should be the backbone of our treatment system for caring for people with opioid use disorder, and selected far more often because of their relative safety, efficacy, and low cost."



MENTAL HEALTH INTERVENTION SPECTRUM
(Institute of Medicine, 1994)

2. **Covered by Insurance:** SUD treatment can be costly, and financial barriers should be minimized. Insurance coverage, including Medicaid and private insurance plans, should adequately cover substance use treatment services. Government programs and funding should be available to individuals who are uninsured or cannot afford treatment. Policymakers must also ensure compliance with federal parity laws, allowing for behavioral health conditions to be covered the same way that physical conditions would be.

3. **Integrated into Primary Care:** Integrating SUD treatment into primary care settings can make it easier for individuals, particularly adolescents and teenagers, to seek and receive help. This can involve training primary care providers to identify and address substance use issues, offering screening and brief interventions, and providing referrals to specialized treatment centers when needed. This is particularly important for health care for children and adolescents.

SPECIFIC RECOMMENDATION 7

As part of the continuum of care, people who use drugs should have access to evidence-based harm reduction interventions, which can minimize—but not eliminate—the life-threatening risks that face them. These interventions must always come with true treatment linkage and not as standalone programs.

Summary: Evidence-based harm reduction interventions, such as the use of naloxone to reverse an opioid-induced overdose, have the potential to reduce the harms facing people who use drugs; however, more research must be done into the effectiveness of other proposed interventions. Harm reduction strategies represent one additional lever along the continuum of interventions.

Description: Harm reduction has emerged as a suite of interventions that seeks to reduce the harms facing people who use drugs. It should not be seen as incompatible with treatment. Supporters argue that these individuals must be kept alive until they are ready to enter treatment on their own accord. Former Congressman Patrick Kennedy has said we must "meet people where they are at, but not leave them there."

1. **Harm reduction interventions**—such as naloxone and syringe services programs—have the potential to reduce harm and connect people to support services. Rather than viewing harm reduction as an approach that allows for, and perhaps even facilitates, drug use, policymakers must situate these tools within a broader framework that remains focused on connecting people to treatment and helping them achieve recovery. For example, if someone overdoses on an opioid, is given naloxone, and is then transported to a hospital, hospital staff should be ready to refer this individual to treatment and encourage them through this process—however, we recognize that this is rarely done.

> *"The answer to the question: 'What do we do after Naloxone works on someone?' is one that is rarely addressed. And this neglect is costing us dearly."*
>
> – Dr. Kevin A. Sabet, CEO, Foundation for Drug Policy Solutions, former senior advisor at the White House Office of National Drug Control Policy

2. **Policymakers should increase access to naloxone nationwide.** Naloxone, also known as Narcan, is a medication that can reverse an opioid-induced overdose death. In March 2023, the FDA approved over-the-counter access to naloxone. Further measures must be taken to ensure that naloxone is accessible and affordable. Naloxone should be carried by all first responders, as they are often the ones first on the scene of an overdose. Additionally, families should be encouraged to have naloxone available, and it should be widely accessible for the public, as automated external defibrillators are available in the community.

3. **More research must be done into the effectiveness of other harm reduction interventions in leading people to recovery**. Dr. Nora Volkow, the director of NIDA, a leading funder of drug policy research, stated we must "build the evidence base to see what other harm-reduction approaches could help in the current crisis and how they can be adapted to diverse communities." More research must be done into the potential benefits and unintended consequences of other harm reduction interventions that have been proposed—including safe injection sites, fentanyl test strips, and so-called "safer supply," among others—before policymakers proceed with their implementation.

RECOVERY

"Recovery is something that you have to work on every single day and it's something that doesn't get a day off."

– Demi Lovato,
Singer and Actress in Recovery

Summary: Twenty-three million Americans are in recovery, demonstrating that substance use disorder can be and is often overcome. SAMHSA defines recovery as "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." There are four dimensions of recovery: health, home, purpose, and community. To sustain recovery, individuals must have community and support services, including housing, support networks, and gainful employment. It is vitally important for individuals in recovery to build "recovery capital" to address the physical, psychological, social, and spiritual disturbances that characterize substance use disorders. Recovery is an ongoing process of growth to achieve the outcome of a substance-free life that allows an individual to reach their full potential. The only viable long-term solution to our addiction crisis is to get more people with substance use disorder into sustained recovery, shifting the industry to focus on outcomes, such as the number of people in recovery, rather than inputs, such as the number of participants offered treatment. The recovery field should further establish an evidence base.

Goals:

- All 50 states will operate a recovery-ready workplace initiative by 2030, up from 13 in 2021.
- The number of peer-led recovery community organizations will be increased by 100% by 2030, from 221 in 2021 to 442 in 2030.
- The number of certified recovery residences will be increased by 50% by 2030, from 7,448 in 2021 to 11,172 in 2030.

EVIDENCE

SAMHSA concluded, "recovery housing is associated with a variety of positive outcomes for residents including decreased substance use, reduced likelihood of return to use, lower rates of incarceration, higher income, increased employment, and improved family relationships." The U.S. Department of Labor stated the benefits of recovery-ready workplace policies include "an expanded labor force, increased worker well-being, decreased turnover, improved productivity, and reduced health care costs."

CHALLENGES

Too many Americans do not have access to wrap around recovery support services and face challenges related to finding employment and housing. Those in recovery may face stigma, potentially undermining their ability to achieve and sustain recovery. Relapses may occur along one's recovery journey, yet many may lack a support system in place to get back on track.

COST-EFFECTIVENESS

The National Institute of Environmental Health Sciences noted that employers who hire workers in recovery save an average of more than $8,500 in annual costs related to absenteeism and healthcare utilization; avoid $4,088 in annual turnover and replacement costs; and "reduce absenteeism as workers in recovery are absent 13.7 less days per year compared to workers with a SUD." The White House Office of National Drug Control Policy agreed, "Adopting recovery-ready workplace policies is also critical for businesses seeking to expand and strengthen their workforces and improve their bottom line."

SPECIFIC RECOMMENDATION 8

Recovery should incorporate the recognized benchmark of five years sustained remission from addiction, achieved through individualized combinations of treatment and support, with interventions as needed.

Summary: Protocols should be established to support addiction recovery the same way as cancer remission, as evidenced by sustained remission over a five-year period.

Description: The recognized benchmark for sustained remission from addiction is five years, as is cancer remission. Early recovery is met within the first 12 months of recovery, sustained recovery is met between 12 months and 5 years, and stable recovery is achieved after 5 years. If we provided oncology services in short duration, single-focused interventions, and then dropped people out of care after a single round of treatment without regard to the outcome, cancer outcomes would look a lot like what addiction outcomes do now.

There are many pathways to recovery, including through the use of medications for substance use and other co-occurring disorders. There is no wrong door to recovery. Despite these differences, these pathways share the aim of improving quality of life and enhancing overall wellness as identified by the individual, including freedom from other compulsive behaviors and dependencies.

If we treated addiction as aggressively as we did cancer, we would offer people multiple interventions and supports until we found individualized combinations of treatment and support that work for them. Medication and non-medication options need to be available within the array of services offered, as well as support for mental health issues. Once they got into remission, we would connect them with support and follow them over time to ensure that they remained in remission, intervening as needed. Insurance companies will play a role in this process.

We need to concurrently reverse our deep cultural perceptions about people who experience addiction and those in recovery. Americans must know that recovery can be the probable outcome for individuals with a substance use disorder.

This approach should include the establishment of recovery centers in every community—places where people in recovery support each other. Services needed in recovery generally diminish in intensity over time based on an individual's needs. In the event of a resumption of use, more intensive services should be resumed without arbitrary limits from insurers. Once an individual achieves stable recovery, they will be provided with an annual recovery check-up at least through the five-year mark, when the return to active addiction is unlikely.

SPECIFIC RECOMMENDATION 9

Recovery takes place in community – at times starting in treatment – where people can access culturally, spiritually, and developmentally appropriate services and supports that help them.

Summary: Community integration has long been the foundational element in building and sustaining recovery. Funding and support to sustain community-based support has not historically received much traction, given that our care system has been oriented toward acute treatment. Efforts to expand recovery community would require a fundamental shift to acknowledging and supporting community as the primary healing agent in the recovery process. Reorienting our systems in this way would harness a largely untapped resource and augment the capacity of our treatment systems to effect healing for those impacted by addiction.

Description: Recovery initiatives have expanded to include services and supports beyond our acute, fragmented care systems. Recovery-oriented supports include recovery housing programs, recovery community centers, recovery high schools, and recovery community programs, among others like family support programs. To help more Americans achieve and sustain recovery, policymakers must:

1. **Meet people where they are and give them a hand up** – We must ensure that every person in America can get help when they need it and we keep supporting their healing over the long term, starting at the moment of contact and continuing after their completion of treatment. Individuals must be integrated into support networks, including peer support with appropriate accountability measures that will help them sustain recovery. It is also important to support the individual's loved ones and educate them on how best to support those in recovery.

2. **Reorient our care and support systems to center recovery** – Since 2000, efforts have been made to develop Recovery-Oriented Systems of Care (ROSC). To move our systems towards ROSC, we would need to uphold the fundamental right of people who have experienced addiction. Those in recovery need to be meaningfully involved in the systems of healing within our care systems. This must include authentic inclusion in the design, implementation, facilitation, and evaluation of policies and programs that impact our lives. To ensure quality, recovery community organizations should have a form of accreditation, as recovery houses do.

3. **Focus systems on expanding recovery capital** – Expand our conceptualization of addiction and its remedies and leverage resources to communities of recovery in order to support the development of Recovery capital at the micro, mezzo, and macro levels. Recovery capital includes all the strengths and resources that people bring to the recovery process; it is made up of all the assets, both material and non-material, that can help an individual start and stay in recovery. Similar to the concept of social capital, a focus on expanding it reduces deteriorative facets in communities while augmenting determinants of healing.

SPECIFIC RECOMMENDATION 10

Ongoing investment in a structure that utilizes a strength-based approach, delivers the right care and support when and where people need it to, promotes the development of recovery capital, and achieves abstinence is needed to achieve recovery.

Summary: Policymakers must expand the recovery infrastructure, including recovery community organizations (RCOs) system, recovery housing, collegiate recovery and a myriad of ancillary support that work for and are nested in the diverse communities who use them.

Description: Policymakers must make investments in the network that support individuals on their journey to recovery. These steps include:

1. **Research Recovery:** Too often, recovery-oriented initiatives lack supportive data. We need empirical data to understand the diversity of our communities of recovery in order to understand inherent strengths, critical thresholds in the recovery process and the myriad of dynamics that encompass the experience of recovery. Longitudinal studies on recovery will help us understand the diversity of strengths and barriers across the recovery ecosystem. This will assist us in identifying promising practices for additional research and establishing an evidence base for recovery. Moreover, the demonstration of positive outcomes will help ease the insurance reimbursement process, ultimately helping to increase access.

2. **Invest in our SUD Peer Workforce**: Our workforce crisis has been deepening over the course of a generation. Low wages, high administrative burden and a lack of career pathways are long-term challenges. In recent years, we have also seen that many of our most senior workers retire and are not replaced with people who make a career of this work. We have made it harder for people with lived experience to enter our workforce, in part as a result of stigma associated with SUD recovery. The peer worker rung is at this point the most likely point of access to a career in our field. We need to retain and grow these workers through apprenticeship programs and loan forgiveness options, while ensuring credentials are standard, meaningful, and consistent. We need to invest in supervision so that they are retained over an entire career. To do this, we should understand that the peer workers of today will potentially be program CEOs of the future if we properly invest in their growth and development.

3. **Change how we fund recovery-oriented programs:** We fund senior centers in communities across America because we understand that investing in older adult communities is an inexpensive and effective way to strengthen and support these members of our community. This is accomplished outside of the fee-for-service model. We fund the centers, not the services, because it is the center that engages the community in their own wellness. We need to fund the recovery community in a similar manner. Policymakers should focus on capacity expansion, particularly for reaching justice-involved individuals and underserved areas, including rural areas. Policymakers should develop a hybrid funding model that is sustainable, including through Medicaid.

REDUCING THE SUPPLY OF DRUGS AND RELATED HARMS OF THE DRUG MARKET TO COMMUNITIES

Summary: There are ongoing efforts to reduce the supply of illicit drugs and displace the criminal organizations that produce and traffic them. Law enforcement agencies across all levels of government work in coordination to reduce the production of drugs, the distribution of them into our borders, and the sale of them to domestic users, in addition to targeting the financial networks that launder drug-related proceeds after the sale. Multinational cooperation, as well as leadership at international forums, plays a central role in addressing the globalized drug trade. The drug crisis has evolved to include synthetic and plant-based substances, which have different trafficking patterns and require different interdiction strategies.

"The plentiful supply and widespread availability of high potency illicit drugs fuel drug consumption across all sectors of American society."

– National Drug Control Strategy

Goals:

- The number of doses of fentanyl seized by U.S. Customs and Border Protection increased by 100% by 2025, from 1.2 billion doses in FY 2023 to 2.4 billion doses in FY 2030.
- The number of counties that are given a HIDTA designation is increased by 25% by 2030.
- The production potential of cocaine is reduced by 33% by 2030; the production potential of heroin is reduced by 33% by 2030.

EVIDENCE

Interdiction efforts have proven successful in seizing large quantities of illicit drugs, which can temporarily reduce their availability in American communities. Interdictions increase the cost of drugs, potentially reducing the quantity that is purchased by users—cheaper drugs would be used more heavily, other things equal. The Institute for Behavior and Health stated, "Supply reduction is an effective tool for demand reduction because when drugs cost more and are more difficult to obtain there are fewer drug users and less demand for illegal drugs." It is unlikely that anyone would argue for the opposite and claim that a greater supply of illicit drugs would improve the drug crisis.

CHALLENGES

International cooperation has been hindered by adversarial nations that shirk responsibility for their role in the drug crisis. Supply reduction interventions do not always lead to lasting improvements and do not necessarily address the underlying issue of demand for the illicit drugs. The drug trade has been globalized, with different steps occurring in different countries. Drugs are also trafficked by sea, air, and land, with constantly evolving routes.

COST-EFFECTIVENESS

The 2022 report from the High Intensity Drug Trafficking Areas program stated, "The combined value of the illegal drugs seized and the cash and assets taken from traffickers equates to a return on investment (ROI) of $68.18 for every HIDTA dollar budgeted in 2020."

SPECIFIC RECOMMENDATION 11

Capacity building and political will at the national level are needed to decrease supply and target, disrupt, degrade, and dismantle transnational criminal organizations, networks, and their facilitators in furtherance of both domestic and transnational priorities.

Summary: In order to limit the supply of illicit drugs and advance national interests, there must be increased capacity and political will for targeting and disrupting transnational criminal organizations and their financial networks.

Descriptions: To further both domestic and transnational priorities in the drug policy arena, policymakers must:

1. **Ensure there is sufficient political will for supply reduction efforts:** Policymakers—in both the legislative and executive branches—must ensure political will remains for addressing the drug crisis, including by supporting supply-side interventions. Policymakers must remain committed to upholding and enforcing our nation's drug laws against those who produce, transport, and sell drugs, as they are needed for the disruption of the organizations they work for. Political will is particularly important on the international stage, given that many of the illicit drugs that are misused in the United States are produced beyond our borders. Supply reduction should not be viewed as a partisan issue.

2. **Invest in capacity building at the national level:** Amid the ever-evolving nature of the drug crisis, policymakers must invest in capacity building in order to stay one step ahead of the transnational criminal organizations that are producing the drugs behind the crisis. This includes investing in training and technology to help law enforcement better detect and interdict illicit drugs as they are being produced and transported. Capacity must be increased for intelligence and surveillance efforts. Interdictions must target all steps along the supply chain, ranging from the distribution of precursor chemicals to the sale of finished products. Border security must also be enhanced, as most drugs are transported across legal ports of entry.

3. **Target the financial operations of transnational criminal organizations:** We must continue to expand our ability to track and disrupt the ability of transnational criminal organizations to transfer their financial resources through and out of the country. Officials should also pursue the leaders of these organizations and work to seize their assets. Notably, a group of former leaders of the Drug Enforcement Administration and Office of National Drug Control Policy warned that the SAFE Banking Act, a bill introduced to allow marijuana companies to transfer their proceeds into banks, could be exploited by the cartels to launder their ill-gotten funds. By targeting the finances of these criminal organizations, we can undermine their ability to expand their operations and fuel the drug crisis.

SPECIFIC RECOMMENDATION 12

Political commitments from governments in partnership can effectively reduce the collective global drug threat through a range of multinational strategies and tactics.

Summary: International cooperation is central to drug control policy. The United States must secure commitments from foreign governments to confront the drug trafficking organizations that operate within their borders, while continuing to provide leadership in international dialogues and sharing intelligence with trusted allies.

Description: The 2022 National Drug Control Strategy stated, "The increasingly dynamic and complex nature of the international illicit drug trade demands enhanced cooperation with international partners that reflects the reality of a globalized supply chain for illicit drugs and their precursor chemicals," adding that "strengthening foreign partnerships is a crucial element in our efforts to reduce the supply of illicit substances in America's communities." Specifically, policymakers must work to:

1. **Foster multinational cooperation:** From China to India to Colombia and Mexico, the United States must work directly with the nations that supply the drugs—and their precursor chemicals — that ultimately end up in our communities. This step recognizes the increasingly globalized nature of the drug trade and that transnational criminal organizations often operate across borders to conceal their operations. The United States should work to secure commitments from key countries to target drug producers within their jurisdictions. Premised on shared responsibility, the United States can pursue alternative development, particularly in Latin American countries.

2. **Expand intelligence sharing:** Intelligence is vital for understanding the innerworkings of transnational criminal organizations; the National Drug Control Strategy has cited the importance of "Five Eyes," an intelligence sharing collaborative between the United States, Australia, New Zealand, Canada, and the United Kingdom. Intelligence can be gathered by human assets, as well as through the use of technology. Intelligence sharing between trusted nations is vital for better understanding distribution routes and emerging trends, in addition to coordinating international law enforcement operations.

3. **Provide leadership at international forums and engagements:** The United States must continue to provide unwavering leadership at international forums, including at the Commission on Narcotic Drugs through the United Nations. Additionally, the United States works through the North America Drug Dialogue, the Organization of American States, and the U.S.-EU Political Dialogue on Drugs to better address drug threats and collaborate with partner nations. The Drug Enforcement Administration hosts the International Drug Enforcement Conference, which is attended by representatives from more than 100 nations. International forums often discuss emerging drug trends and potential responses, such as the scheduling of new substances. Political will is necessary for advancing our interests at home and abroad alongside partner and competing nations. Diplomatic engagement is also needed between countries to bring about reforms, such as extraditions and resource mobilization. Integrating drug policy goals with those such as Sustainable Development Goals (SDGs) are also vital to advancing good drug policy interests.

SPECIFIC RECOMMENDATION 13

Balanced approaches incorporating drug supply reduction and drug demand reduction recognize the interrelationship between both sides of the drug problem required to achieve comprehensive results.

Summary: Supply reduction interventions aim to disrupt the production, distribution, and sale of illicit drugs, while demand reduction interventions focus on prevention, treatment, and recovery. Our drug policy must recognize the importance of both and aim to strengthen the connections between the two, particularly at the community level.

Description: D. Christopher Evans, the then-Acting Administrator of the Drug Enforcement Administration, proclaimed in the 2020 National Drug Threat Assessment, "Only by working together — law enforcement, public health officials, educators, and community advocates — can we develop and implement the innovative solutions required to overcome this public health crisis." To build on this vision, policymakers should:

1. **Promote cooperation between local law enforcement and public health through combined engagement within the community thereby showing unity between approaches.** This approach acknowledges their shared responsibility for addressing the drug problems facing communities. As law enforcement are often the first responders at the scene of overdoses, it is vitally important for them to carry Narcan and be trained in how to administer it. Law enforcement officers are a top referral source to treatment, helping to facilitate connections and set people on their pathway to recovery.

2. **Engage with community members to identify challenges within neighborhoods.** Known as community policing, this approach is premised on law enforcement officers working with residents to identify and solve community-level problems, thereby improving quality of life. Law enforcement can also collaborate on outreach initiatives, educational programs, and community forums, helping to raise awareness about the harms of drugs. Given the occurrence of drug use (both outdoors and in private) and drug dealing, in addition to homelessness, law enforcement can work to address these challenges, simultaneously improving public health and safety.

3. **Allocate additional resources to community safety and homeless outreach programs to remove burdens from local police.** Rather than having local police respond to all non-violent encounters with homeless individuals, many of these individuals would be better served by alternatives that work in partnership with public health and law enforcement, including street ambassador programs, homeless outreach teams and street medicine. As many homeless people have a substance use disorder or mental health disorder, there is the added benefit of providing them with needed support services, while allowing police to prioritize other community issues.

CRIMINAL JUSTICE SYSTEM APPROACHES

Summary: Those who come into contact with the criminal justice system should be screened and diverted to treatment, when appropriate. Among these individuals, all punishments should be genuine, certain, and calibrated to redress harm, maximize deterrence, and reinforce healthy social norms. The primary approach for responding to individuals with substance use disorder should be to offer them an alternative to incarceration, primarily as participation in a drug court, which would provide them with the support and care they need. Drug courts, diversion programs, probation/parole, and restorative justice processes are appropriate places for criminal justice reforms to contribute to drug policy solutions. Policymakers must ensure there is equity in the application of the law.

Goals:

- Increase the number of drug courts in operation by 15% by 2030, from 3,856 in 2022 to 4,434 in 2030.
- Increase the number of drug court participants by 100% by 2025, from 140,042 in 2019 to 280,084 in 2025.
- Increase funding for testing and sanctions (e.g. HOPE, 24/7 Sobriety) by 1000% over the next 2 years.

EVIDENCE

Drug courts are more effective than traditional forms of treatment. In 2019, drug courts had 140,042 participants and their "cumulative graduation rate was 59.7%," according to the National Drug Court Resource Center. In comparison, the national average completion rate for treatment was 42.6%, according to SAMHSA's 2020 Treatment Episode Data Set. Hawaii's Opportunity Probation with Enforcement (HOPE) program was associated with reduced rates of crime and drug use among offenders, too and represents another kind of testing and sanctions program that can work in conjunction with drug court. South Dakota's 24/7 Sobriety program does this for impaired driving, and Congress has recently introduced the SOBER Act to support this evidence-based program.

CHALLENGES

Many jails and prisons do not offer evidence-based treatment to inmates with substance use disorder, threatening to create a revolving door with the criminal justice system due to addiction and its consequences. Lengthier carceral sentences have not been found to deter drug use or trafficking. There has been a failure to adequately measure the drug market, as well as market-related harms, which undermines the ability to set performance measures that are associated with desired outcomes and objectives.

COST-EFFECTIVENESS

The Urban Institute estimated that every $1 spent on drug courts yields $2.21 in benefits. The Stanford Network on Addiction Policy estimated that a drug court "typically costs between $2,500-$4,000 annually for each offender, compared to $20,000-$50,000 per person per year to incarcerate a drug-using offender."

"Everyone in this courtroom wants you to succeed," Hawaii Judge Steve Alm intoned in his black robe from the bench in that first week of the new program. He understood from the beginning, "punishment alone is not effective." His goal—his hope—he explained, was always to get defendants into treatment and recovery. "That was revolutionary. If people are violently dangerous and won't stop stealing and using, by all means we want to send them to prison. But the majority of drug users who violate their community supervision should be put on probation, not jail. And in the first week [of the program], I had 16 drug offenders on my hand, and the first words out of my mouth were, 'Everybody in the courtroom, I want you to succeed. Any violation of your probation, you go to jail. No violation—no jail. If you stop using on your own, you don't need to go to treatment. If you test positive a couple of times, I'll send you to treatment. If you mess up, come in and admit it, and you get two days in jail. If you don't show up, you get 30 days in jail.' And you could see in their faces that someone was talking to them straight for the first time."

"When I went to the legislature for money, I had a name for it—'HOPE.' What we did was cut through denial, and the positive test rate got lower and lower. Missed appointments, which started at 20 percent, went down to 4 or 5 percent. And it stayed at a successful rate until I got off the bench in 2016."

Research conducted by Pepperdine University and UCLA demonstrated strong results for the HOPE program. The one-year randomized controlled trial found that HOPE probationers were:

55% less likely to be arrested for a new crime

61% less likely to skip appointments with their supervisory officer

72% less likely to use drugs

53% less likely to have their probation revoked[i]

"There's a lesson here," Judge Alm concluded. "If drug defendants are on felony probation and you treat them fairly and set expectations, they are going to rise to meet those expectations."

"Establishing and expanding treatment court programs for low-level non-violent drug offenders as an alternative to incarceration not only provides people with the underlying treatment they need for their SUD but also begins to address existing disparities in the criminal justice system in a safe and equitable fashion."

– Office of National Drug Control Policy

SPECIFIC RECOMMENDATION 14

At a minimum, justice systems are called upon to make the critical distinctions among: (1) high-level and/or specialized participants in drug supply (drug manufacturers, producers, marketers, money launderers, and traffickers); (2) low-level functionaries involved in drug supply (mules, couriers, retail sellers, etc.); (3) those with drug possession/use who commit violent or other serious criminal offenses (including residential burglary, armed robbery, and vehicular homicide or assault); (4) those with drug possession/use who commit minor non-drug crimes (from impaired driving to shoplifting and other minor property crimes); and (5) those charged only with simple possession and no other crimes (some but not all of whom will have substance use disorder).

Summary: The criminal justice system must differentiate between individuals who come into contact with the illicit drug trade.

Description: It will be helpful for criminal justice systems to recognize that there are several general categories of offenders affected by drug policy: (1) drug manufacturers, producers, cultivators, marketers, and traffickers; (2) drug distributors; (3) drug possessors/users who do not distribute drugs to others but who commit other criminal offenses besides possession (from impaired driving to property crimes to violent crimes); and (4) simple possessors/users of drugs who commit no other crimes. Indeed, the 4th category can usefully be further subdivided into those who do and those who do not have SUD. Importantly, within categories 1 and 2, there are those whose actions are particularly harmful to society. Notably that, includes drug distribution that proximately causes the deaths of individuals to whom they distribute drugs, but it can also include those who corrupt government officials, those who employ youth, those who distribute drugs in the immediate vicinity of schools and drug treatment centers, and those who possess firearms in the course of the drug distribution activities.

To effectively contribute to sound drug policy, criminal justice systems should set genuine and certain punishments based on the above offender categories and be calibrated to (1) redress harm to victims and (2) leverage commitment to treatment and recovery. There are offenders in all four categories who do not suffer from SUDs. In those cases, genuine and certain punishment should be imposed at a level of severity that reflects the harm caused and maximizes deterrence and reinforcement of healthy societal norms. Such offenders, especially those who supply large quantities of the most harmful substances for substantial profits, should be punished at the same level as serious violent offenders. But when an offender in any category does suffer from a SUD, the same punishment should be deployed primarily to leverage treatment and recovery.

Offenders suffering from SUDs who successfully commit to treatment and recovery should receive some reduced-punishment consideration, but not to a degree that shields them completely from criminal consequence for harm to others.

SPECIFIC RECOMMENDATION 15

All punishments should be genuine, certain, and calibrated to redress harm, maximize deterrence, and reinforce healthy social norms, while taking into account the category of the charge and the nature of the individual's involvement with drugs. This is the primary approach in the first three categories.

Summary: All punishments should be genuine, certain, and calibrated to redress harm.

Description: Criminal justice systems plays at least four distinct roles: (1) Constraining supply (keeping prices high, availability low), (2) Minimizing market-related harms (e.g., addressing violence committed by traffickers), (3) Creating incentives that discourage use and encourage treatment and recovery, and (4) investigating, prosecuting, and punishing people with SUD for non-drug crimes they commit, just as it would investigate, prosecute, and punish people without SUD who commit those same crimes. The latter two roles create opportunities for using calibrated punishments as levers to maximize individuals' commitment to and success in prevention, treatment, and recovery ("PTR") for the subset of defendants who have an SUD.

It would be unwise, however, to restructure criminal justice systems to directly deliver PTR. Therefore, we recommend that criminal justice systems be adjusted to advance the delivery of PTR by behavioral health professionals and community organizations, including through the use of medications for opioid use disorder where appropriate. We further recommend that custodial components of criminal justice systems support the provision of care as their circumstances allow. Finally, we recommend such adjustments be made without compromising the deterrence and victim-healing values that come from punishing crime. Those values are highest when enforcement focuses on stemming drug supply and incapacitating offenders whose trafficking/distribution is causing substantial physical harm to others.

The value of enforcement/punishment/criminal consequences in strengthening PTR is recognized in several principles established by sociology, criminology, and PTR itself. First, research confirms that criminal consequences for behaviors that harm others are essential to establishing healthy social norms for behavior in society. Second, healthy social norms reinforced by criminal consequences are proven to deter a certain amount of harmful behavior. Importantly, research also indicates that social norms backed by punishment promote victim healing via societal recognition of the harms they have suffered. Third, the threat of genuine, certain punishment and criminal consequence has proven to motivate individuals to commit to treatment and recovery.

Finally, criminology and sociology research indicate that the certainty of a punishment is both a more effective deterrent and a more effective "treatment/recovery motivator" than the severity of that punishment (e.g., the length of the carceral sentence). Similarly, debilitating consequences such as permanent diminishment of housing or employment opportunities actually exacerbate drug involvement. It is important to note that the criminality of drug use varies between criminalization, depenalization, decriminalization, and legalization.

SPECIFIC RECOMMENDATION 16

For those with a substance use disorder, multi-system alternatives to incarceration, such as deflection and diversion, should incorporate appropriate levels of treatment, care, and accountability, and should often be the primary approach.

Summary: Alternatives to incarceration should be offered to individuals with substance use disorder, providing them with opportunities that incorporate treatment and care.

Description: To play their drug-policy role effectively, criminal justice systems should not attempt to provide treatment and recovery (unless they choose to do so in appropriate custodial settings), but they should align their "consequences systems" to facilitate deflection, diversion, restorative justice processes, and connections to treatment and recovery services in the community unless otherwise in a custodial setting to maximize the likelihood of success. This should be achieved primarily through drug-court type supervision models appropriate to the characteristics and resources of a given criminal-justice jurisdiction. By providing certain enforcement, facilitating therapeutic interventions for offenders suffering from SUDs, and narrowing retributive punishments to those who do the most harm, criminal justice systems can successfully contribute to effective drug policy.

For all individuals with a substance use disorder who are involved in the justice system, laws and policies should be reformed to ensure that jail – particularly pre-trial detention – not interfere with established healthcare, including medication-assisted treatment and care for mental health disorders. Likewise, community supervision models should incorporate treatment and support services to promote rehabilitation and prevent future justice involvement. It is worth reminding policymakers that not all interactions with someone who has a substance use disorder are for drug law violations; and not all drug offenders have a substance use disorder. The first weeks after release from incarceration should be recognized as a period with elevated risk of overdose because the individuals have a reduced tolerance and may resume drug use upon release.

Citing drug courts, the National Drug Control Strategy made it a priority to "divert non-violent individuals to the appropriate community-based services at the point of arrest, arraignment, and sentencing when appropriate." Related programs are associated with significant cost savings, due to reduced costs related to incarceration; they are also associated with improved outcomes for the offender.

These interventions also provide the opportunity for multi-system collaboration with non-governmental organizations, which can support the provision of treatment and mental health programs, as well as support upon re-entry. Programs should be brought to scale that consider the social determinants of health, helping to address many of the underlying risk factors that are associated with drug use and crime. Additionally, police should consider the deflection of individuals with children, ensuring sufficient support and care are offered to these families.

NATIONAL POLICYMAKERS

The President's drug control strategy is delegated to the authority of the Office of National Drug Control Policy (ONDCP). The Director of ONDCP, often called the Drug Czar, is a Senate-confirmed position that is responsible for informing the President on all things drug policy related. The Drug Czar manages the nation's response to the drug crisis, in part by crafting the National Drug Control Strategy, certifying the budgets of the federal drug control agencies, and coordinating the drug-related efforts of 19 federal agencies.

The role of the Director of ONDCP has been in and out of the cabinet since its inception. Re-elevating this position to the Cabinet would empower the Drug Czar to cut through bureaucratic red tape, allowing the office to better lead a whole-of-government response to our nation's drug crisis. The reinstatement is popular amongst members of the House and Senate in addition to former ONDCP leadership, various advocacy groups, treatment centers, and was the first recommendation in the U.S. Commission on Combating Synthetic Opioid Trafficking's 2022 report.

Department of Agriculture
- Office of Rural Development
- U.S. Forest Service
- Appalachian Regional Commission
- Corporation for National and Community Service
- AmeriCorps

Court Services and Offender Supervision Agency for the District of Columbia
- Pretrial Services
- Community Supervision Program

Department of Defense
- Defense Security Cooperation Agency
- Drug Interdiction and Counterdrug Activities
- Defense Health Program
- Defense Intelligence Agency

Department of Education
- School Safety National Activities
- Office of Elementary and Secondary Education's Office of Safe and Supportive Schools

Department of Health and Human Services
- Office of the Assistant Secretary for Health
- Conters for Disease Control and Prevention
- Centers for Medicaid and Medicare Services
- Food and Drug Administration
- Health Resources and Services Administration
- Indian Health Service
- National Institutes of Health
- Substance Abuse and Mental Health Services Administration
- Administration for Children and Families' Family and Youth Services Bureau
- Agency for Healthcare Research and Quality
- Office of the Assistant Secretary for Planning and Evaluation
- Substance Abuse and Mental Health Services Administration
- Office of Disease Prevention and Health Promotion

Department of Homeland Security
- U.S. Customs and Border Protection
- Federal Emergency Management Agency
- Federal Law Enforcement Training Center
- U.S. Immigration and Customs Enforcement
- Science and Technology Directorate
- U.S. Coast Guard

Department of Housing and Urban Development
- Office of Community Planning and Development
- Recovery Housing Program

Department of the Interior
- Bureau of Indian Affairs
- Bureau of Land Management
- National Park Service
- Office of Law Enforcement and Security

Department of Justice
- Assets Forfeiture Fund
- Bureau of Alcohol, Tobacco, Firearms and Explosives
- Bureau of Prisons
- Criminal Division
- Drug Enforcement Administration
- Federal Bureau of Investigation
- Organized Crime Drug Enforcement Task Forces
- Office of Justice Programs
- U.S. Attorneys
- United States Marshals Service
- National Institute of Justice
- Bureau of Justice Statistics
- Office of Community Oriented Policing Services
- Bureau of Justice Assistance

Department of Labor
- Employee Benefits Security Administration
- Employment and Training Administration
- Office of Disability Employment Policy
- Office of the Inspector General
- Office of Workers Compensation Programs
- Employment and Training Administration
- Office of Federal Contract Compliance Programs
- Office of Disability Employment Policy

Department of State
- Bureau of International Narcotics and Law Enforcement Affairs
- United States Agency for International Development

Department of Transportation
- Federal Aviation Administration
- National Highway Traffic Safety Administration
- Federal Motor Carrier Safety Administration

Department of the Treasury
- Financial Crimes Enforcement Network
- Internal Revenue Service
- Office of Foreign Asset Control
- Office of Terrorist Financing and Financial Crimes

Department of Veterans Affairs
- Veterans Health Administration
- Health Care for Reentry Veterans
- Veterans Justice Outreach

United States Postal Service
- United States Postal Inspection Service
- Contraband Interdiction and Investigations Program

U.S. Consumer Product Safety Commission

United States Interagency Council on Homelessness

United States Agency for International Development

Executive Office of the President
- National Security Council
- Office of Management and Budget
- Office of Personnel Management
- Office of Science and Technology Policy

*Because state oversight varies greatly by state, funding, and agency, this section focuses on national policymakers.

CONGRESSIONAL ACTION:

There is no silver bullet to solve the drug crisis. Congress needs to take a comprehensive approach, passing legislation that will support overall mental health, strengthen prevention and treatment services, and reduce the supply of drugs. Policymakers can confront the drug crisis head-on by passing legislation that has already been drafted and introduced. Whether it's legislation to combat fentanyl trafficking, innovate our addiction treatment system, or bolster substance use treatment parity laws, Congress must act.

That said, there is also pending legislation that would significantly worsen our nation's drug epidemic. Bills that help to commercialize drugs, such as the SAFE Banking Act or the Federal Kratom Consumer Protection Act, must be defeated.

Scan the QR code or read below to see a breakdown of the legislation we support and oppose.

SCAN HERE

HOUSE AND SENATE APPROPRIATIONS

The Appropriations Committees are crucial to drug policy for two reasons: agency funding and policy riders. Government agency funding levels are decided through the appropriations process, and an increase or decrease in funding could be the difference between a program thriving or failing. Whether it's more resources for DEA interdiction strategy, money allowing for the implementation of treatment programs, or funding for addiction research, the appropriations process makes our government's response to the drug crisis possible. Ensuring that we direct funds properly and safeguard crucial programs is of the utmost importance.

Even though appropriations bills are not supposed to include authorizing language (policy changes), policy riders are a reality of the appropriations process.

Recommendations:

Support the drug legalization rider, which bans funding to promote the legalization of any Schedule I controlled substance, including marijuana, except in cases when there is significant medical evidence of a therapeutic benefit or federally funded clinical trials are underway. Appropriate more funds for drug treatment, drug court implementation, and domestic and international drug interdiction efforts.

HOUSE AND SENATE ARMED SERVICES

Drug testing for military recruits and active-duty service members is important to the health and safety of our nation's armed forces. As state marijuana laws have relaxed the dialogue around military marijuana testing has shifted. The Armed Services Committees also supports counterdrug activities.

Recommendations:

We need to ensure our service members are able to serve our country to the best of their ability. Oppose any NDAA provision that prohibits marijuana testing for military recruits. This effort is opposed by the bipartisan members of Congress.

Increase support for counterdrug efforts such as fentanyl interdiction.

HOUSE RULES

The Rules Committee is one of, if not the, most important committees in Congress. The Rules Chairman can unilaterally strike language from bills advanced out of committee and the full committee decides which amendments to make in order. By advocating within the Rules Committee in support of amendments bolstering prevention, treatment, and recovery and opposing amendments worsening the drug crisis, grassroots activists can dramatically impact the state of drug policy.

Recommendations:

Do not consider non-germane drug policy amendments.

House and Senate Judiciary

Both Judiciary Committees have jurisdiction over issues areas dealing with the criminal justice system. They also provide crucial oversight of agencies like the Department of Justice, and Drug Enforcement Administration. By calling in the Attorney General or DEA Administrator, members of the committees can get on-the-record responses about issues affecting drug policy.

The Senate Judiciary Committee is also responsible for confirming key executive branch appointments. The list of nominees who deal with drug policy that the Senate Judiciary Committee must confirm include the Attorney General, DEA Administrator and Deputy Administrator, Drug Czar, ATF Director, FBI Director, all U.S. Attorneys, and the Director of National Drug Control Policy.

In addition, the Senate Judiciary Committee oversees the Office of National Drug Control Policy. It shares this oversight responsibility with the House Committee on Oversight and Accountability. With this jurisdiction, these Committees are responsible for reauthorizing ONDCP, something which they should make a priority as the current authorization is expired.

The Judiciary Committee has jurisdiction over criminal penalties for drug trafficking but also drug courts and the programs that provide funding to provide treatment services in prisons and jails. With the Controlled Substances Act in its purview, the Committee is responsible for how fentanyl analogues and other emerging drugs will be scheduled. The House and Senate Judiciary Committees have great influence over how drug crimes are treated in the United States and can create more opportunities for diversion/court mandated treatment as well as treatment within the criminal justice system.

Recommendations:

Ask every presidential nominee who deals with drug policy matters their views on drug policy issues like legalization, support for innovative solutions to the addiction crisis (i.e., drug courts), increasing funding for supply and demand efforts, and more.

Ensure ONDCP adheres to the rules and regulations laid out in their Congressional mandate and encourage the Drug Czar to be made a Cabinet-level official.

Examine and advocate for bringing successful state models for drug courts, like Hawaii HOPE, to the national level.

Investigate the benefits of mandatory drug treatment and implement a national plan to integrate more addiction treatment in our criminal justice system.

There are several bills pending that the Committee should consider, including:

The Fentanyl Safe Testing and Overdose Prevention Act (S. 2569) - a bipartisan bill introduced by Senator Chris Coons (D-DE) and Senator John Cornyn (R-TX) that would exempt fentanyl test strips from drug paraphernalia laws

Treatment Court Rehabilitation and Recovery Act (S. 2593) - a bill introduced by Senator Amy Klobuchar (D-MN) that would expand and reauthorize treatment courts

Residential Substance Use Disorder Treatment Act (HR 238) - a bill introduced by Representative Sheila Jackson Lee (D-TX) to reauthorize and improve drug treatment in prisons and jails

The Cooper Davis Act (S. 1080) - legislation introduced by Senator Roger Marshall (R-KS) which would require

social media platforms and other technology providers to report the unlawful sale or distribution of controlled substances on their platforms

Combatting Illicit Xylazine Act (S.993, HR 1839) - legislation introduced by Senator Catherine Cortez Masto and Representative Jimmy Panetta (D-CA) which would criminalize the illicit sale and distribution of xylazine.

House Energy and Commerce and Senate Health, Education, Labor and Pensions (HELP)

The House Energy and Commerce Committee and the Senate HELP Committee have broad jurisdiction over many issues, including substance use prevention and treatment and mental health care services. The Committees have oversight over the Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, the Centers for Disease Control and Prevention, the Food and Drug Administration, and the National Institute on Drug Abuse. As a result, much of the legislation addressing demand reduction goes through these two Committees.

Recommendations for bills to support:

Halt All Lethal Trafficking of Fentanyl (HALT) Act (H.R. 467). HALT Fentanyl would permanently classify fentanyl-related substances as a Schedule I drug. In the Senate, this bill was referred to the Judiciary Committee where it awaits action.

Randy's Resolution (H. Con Res. 87) - Introduced by Representatives Pete Sessions (R-TX) and Pete Ricketts (R-NE), the resolution expresses the sense of the House that certain federal agencies should conduct and support research on the health effects of high-potency marijuana and its impact on vulnerable populations such as youth. The resolution also expresses support for the development of educational programs and evidence-based policies regarding high-potency marijuana.

Support for Patients and Communities Reauthorization Act, (HR 4531, S. 3393) - this bill sponsored by Representatives Brett Guthrie (R-KY) Ann Kuster (D-NH) Senators Bernie Sanders (D-VT) and Bill Cassidy (R-LA), funds community-based prevention initiatives, makes Medications for Opioid Use Disorder more accessible, provides continuity for Medicaid coverage from incarcerated individuals, and more.

STOP Fentanyl Overdoses Act of 2023 (HR 3375) - Introduced by Representative Ann Kuster (D-NH), would improve overdose data collection, expand access to naloxone, and extend liability protection to those who administer naloxone.

Supporting Families Through Addiction Act of 2023 (S. 1810, HR 3879) - This legislation sponsored by Senators Gillibrand (D-NY) and Capito (R-WV) and Representatives Trone (D-MD) and Meuser (R-PA), would establish a grant program for community organizations that support families with a loved one struggling with substance use disorder.

Mental Health Professionals Workforce Shortage Loan Repayment Act (HR 4933) - This bill from Representative Napolitano (D-CA) would provide repayment assistance to individuals who agree to work for a period of time in the field of substance use disorder treatment.

Helping Kids Cope Act (HR 2412) - This legislation by Representative Blunt Rochester (D-DE) would increase national capacity to provide pediatric behavioral health services and support the pediatric behavioral health workforce

POST FAST Act of 2023 (HR 4710) - Introduced by Representative Mark Green (R-TN), this bill would require the Director of the Centers for Disease Control and Prevention to accelerate the collection and publication of data on suicide and drug overdoses

Modernizing Opioid Treatment Access Act (HR 1359) - This bill by Representative Norcross (D-NJ) expands access to methadone for an individual's unsupervised use to treat opioid use disorder.

Bruce's Law (HR 2867, S. 1235) - This legislation, introduced by Representative Trone (D-MD) and

Senator Murkowski (R-AK), would create an awareness campaign related to fentanyl.

Stop Overdose in Schools Act (HR 5652) - Introduced by Representative Newhouse (R-WA), this bill provides funding for opioid reversal agent administration training in schools.

House Foreign Affairs and Senate Foreign Relations

The Foreign Affairs and Foreign Relations Committees function, in part, as an oversight body for the State Department. The State Department's Bureau of International Narcotics and Law Enforcement Affairs plays an important role in international eradication and interdiction efforts.

By obtaining testimony from State about the status of global anti-drug trafficking efforts and considering legislation that streamlines these initiatives, the Foreign Affairs and Foreign Relations Committees can influence our country's ability to thwart drug cartels, put pressure on other countries who manufacture precursor chemicals for synthetic drugs like fentanyl, and build the rule of law in transit countries.

Recommendations:

Conduct diligent oversight over the State Department's anti-drug efforts and ensure that State is coordinating properly with other federal agencies.

Monitor changes to state and federal drug laws and ensure that our nation remains in alignment with our international treaty obligations (e.g., marijuana rescheduling).

House Financial Services and Senate Banking, Housing, and Urban Affairs

The House Financial Services and Senate Banking Committees have jurisdiction over banks and banking, including deposit insurance and Federal monetary policy. They also oversee issues pertaining to illicit finance, including drug money laundering.

Recommendations:

Oppose the SAFE Banking Act. This legislation would make it legal for marijuana dispensaries and companies to use banks for their business allowing opportunities for money laundering and investment from outside groups. Granting banking access to the marijuana industry would allow massive investment into the production of highly potent marijuana products that will be marketed to young people and could help criminal gangs and foreign cartels to launder proceeds. It is important that the SAFE Banking Act does not become law.

Increase support for anti-money laundering efforts, particularly against international organized crime groups trafficking drugs within the United States.

House Oversight and Accountability

The House Committee on Oversight and Accountability is the main investigative Committee in the House of Representatives. It has broad authority which includes oversight of the Office of National Drug Control Policy.

Recommendations:

Hold hearings to examine any issues related to the national drug strategy and take the lead on reauthorizing ONDCP. Reauthorizing the Office and ensuring it follows its Congressional mandates should be the primary legislative priority of the Committee.

House Education and the Workforce

The purpose of the House Education and Workforce is to ensure that Americans are prepared for the ever-changing economy and world. It oversees federal education programs and initiatives at all levels including drug training in the workplace and drug prevention education in schools.

Recommendations for bills to support:

The House Education and Workforce Committee houses the Subcommittee on Health, Employment, Labor and Pensions and the Subcommittee on Early Childhood, Elementary and Secondary Education which both deal with drug prevention initiatives. One such piece of legislation

that should receive support is the FACTS Act (H.R. 5625, S.3701), introduced by Representatives Bonamici (D-OR) and Kiley (R-CA) and Senator Hassan (D-NH) to require education about fentanyl and other synthetic opioids.

Other legislation to support – such as Expanding Student Access to Mental Health Services Act (HR 3669), introduced by Rick Allen (R-GA), Expanding Access to Mental Health Services in Schools Act of 2024 (HR 7108) by Rosa DeLauro (D-CT), and Student Support Act (HR 1638), introduced by Barbara Lee – aims at increasing the number of mental health counselors in schools.

With jurisdiction over the Department of Labor, the Committee also has oversight of the regulation of the Mental Health and Addiction Equity Act for private employment-based health plans. There is currently legislation, the Parity Enforcement Act of 2023 (HR 3752), introduced by Representative Norcross (D-NJ) to create civil penalties for violating the Act.

House Ways and Means and Senate Finance

The House Ways and Means and Senate Finance Committees are primarily known for their role in policies related to tax, trade, and entitlement programs such as Medicare, Medicaid, Social Security, and Temporary Assistance to Needy Families.

Recommendations for bills to support:

The Innovate to Save Lives Act of 2023 (HR 6979) provides a tax credit to small businesses for research activities related to the mitigation of certain drug threats.

The Medicaid and Medicare programs provide insurance coverage for behavioral health services, including substance use treatment. There are several bills pending before the Committees that would address the provision of those services including:

The Improving Access to Mental Health Act of 2023 (HR 1638), which increases the Medicare reimbursement rate for clinical social worker services.

The Telemental Health Care Access Act of 2023 (HR 3432), which eliminates certain restrictions relating to Medicare coverage of mental health services that are provided through telehealth.

The Alternatives to PAIN Act (S. 3832), which ensures appropriate access to non-opioid pain management drugs under part D of the Medicare program.

The Import Security and Fairness Act (H.R.4148) closes the de minimis loophole that allows packages worth less than $800 to come into the US without inspection, which makes it easy to smuggle fentanyl precursors

House and Senate Veterans' Affairs

Both the House and Senate Veterans' Affairs Committee oversee issues relating to clinical research for Veterans mental health treatment. The committee is responsible for recommending legislation expanding, curtailing, or fine-tuning existing laws relating to veterans' benefits. Recently, the House passed a veterans-focused marijuana and psychedelics amendment. House subcommittees relating to drug policy include Oversight and Investigations and Health. Related Senate subcommittees include Health, Hospitals and Healthcare, and Oversight and Investigation.

House Permanent Select Committee on Intelligence and Senate Select Committee on Intelligence

The Intelligence Committees in both the House and Senate oversee the United States Intelligence Community and write legislation annually to fund all intelligence-related activities. The Committee receives briefings from the Administration on a range of national security issues, including those related to drug trafficking.

House and Senate Homeland Security

The Homeland Security Committees in the House and Senate are responsible for oversight of the Department of Homeland Security, including Customs and Border Protection, Immigration and Customs Enforcement, the Coast Guard, and the Transportation Security Administration. The Committees play a critical role in policy related to border security, including the trafficking of narcotics into our country.

Recommendations for bills to support:

The END FENTANYL Act (HR 1401, S. 206 passed) to create uniformity in inspection practices to effectively detect illegal activity along the border including the trafficking of humans and drugs.

The CHECKPOINT Act (S. 2367) requiring effective training of U.S. Border Patrol agents regarding drug seizures.

The Stop Fentanyl at the Border Act (S. 3591) to enhance criminal penalties for destroying or evading border controls.

House and Senate Agriculture

Both Agriculture Committees are primarily responsible for drafting and passing a Farm Bill every five years, which sets the national agriculture, nutrition, conservation, and forestry policy. Its legislative oversight includes regulating the cultivation and sales of agricultural products in the U.S, including raw psychoactive substances or drug-adjacent crops. One of these includes hemp, a major crop used in everyday commodities and a plant in the botanical class of cannabis. In 2018, the Farm Bill passed legislation that legalized commercial sales of all hemp-derived cannabinoid products, which includes substances like Delta-8 THC.

Recommendations:

Ban psychoactive hemp products like Delta-8 THC in the Farm Bill. Efforts to get hemp intoxicants off the shelves are imperative to protecting kids and public health.

House Transportation and Infrastructure

The House Transportation and Infrastructure Committee has jurisdiction over the trafficking of illegal drugs within and across the U.S. borders. They conduct oversight of the Coast Guard and Maritime Transportation, which often includes illegal drug interdictions by sea. It can call on the Department of Transportation to get on-the-record answers about issues such as highway safety and mandated drug testing in hiring processes.

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The following individuals contributed to the development of this report. We are grateful for their contributions but wish to make it clear that their participation does not equate to an endorsement of the aforementioned policy positions and their inclusion in the working groups does not constitute an endorsement of past statements or policy positions by FDPS.

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