

DRUG CONFERENCE WHITE PAPER
Executive summary of the landmark two day conference on Drug Policy
Trinity College Hartford, Connecticut
October 21 & 22, 2005

The conference “Illicit Drugs: Burden and Policy” sponsored by the City of Hartford, held at Trinity College and underwritten by the Aetna Foundation, provided a unique opportunity for multiple stakeholders to begin a dialogue around the problem of drugs in our city. Law enforcement officers on a local, state, and national level met with advocates of change as well as ordinary citizens. Participants reflected on the implications of illicit drug use, the ‘drug war’ and societal needs for treatment, rehabilitation, recovery and re-integration of illicit drug users into useful and self-gratifying roles.

The Present Situation

The ‘drug war’, officially waged for nearly 35 years and unofficially for much longer, has not produced results that satisfy most citizens and analysts. Drugs remain a significant problem at all levels of society, across ethnic, racial, economic, and educational lines. Drugs are cheaper, of higher (though not consistent) quality and more accessible—especially to the very young. Research data strongly suggest that traditional prevention models (such as Drug Abuse Resistance Education or D.A.R.E.) do not have long term success and in fact may be less successful. Treatment beds are in short supply and supervised treatment programs are lacking in adequate numbers and funds. Coordination between the Department of Corrections (DOC) and post-incarceration programs, though much improved, is still inadequate to meet the demand.

Crime and Punishment

A shocking percentage of people are imprisoned in our country—the United States has the highest per capita prison population in the world—for non-violent, drug related offenses. Although the proportion of our citizens using illegal drugs is spread across all segments of society, a vast majority of those imprisoned for drug related crimes are the poor and the minority populations. Citizens released from prisons having served their time for drug related offenses carry the stigma of ‘drug felon,’ limiting their ability to find work, obtain a mortgage, or receive federal college loans.

Children are being lured or coerced from school to the streets to participate in a drug economy, which offers an (unrealistic) opportunity to become rich. The double problem of the addicted citizen and the crime-related economy supporting that addiction imposes a cost on society which must be paid using the same resources needed for improving education, public safety and quality of life. As a result, a small segment of society is holding the remainder hostage in an environment of danger, fear, low educational attainment, and low job opportunities.

The Economy of the Drug War

At the conference we learned that about \$50 billion is spent (mostly for interdiction) by federal, state and local agencies (\$20 billion by federal agencies) on the various aspects of waging the drug war while another \$165-200 billion exchanges hands in the criminal drug economy nationwide. By extrapolation on a per capita basis, that would suggest these efforts cost Connecticut taxpayers \$1.5-2.0 billion/year.

Even if a way were found to divert some of these funds to a better system of dealing with drug use and addiction, no one at the conference was able, for instance, to say what the cost of establishing an effective, flexible, personal treatment program of appropriate dimensions would cost here in Connecticut. The figure in other states has been described at \$6,000/yr. Compare this to an average cost per year of over \$30,000 for incarcerating a person in Connecticut.

Now What?

Most people involved in the conference believe we could do better than the present drug policy. Recognizing that law enforcement officials are given the difficult and often dangerous job of carrying out policy they have not authored, participants said that ways should be explored to foster collaboration so police are more fully invested in the policies and enforcement methods. Attendees believed initial steps should be taken now and conversation over additional steps could begin simultaneously. Those initial steps could be advocated in concert with groups already active in drug policy legislative initiatives.

Brainstorm of Possible Next Steps (priority items are indicated by an asterisk)

Changes in legislation:

- Support '**clean slate legislation**', wiping a convicted drug offender's felony conviction from his/her record once the 'debt to society' has been paid.
- *Assemble a group of employers committed to hiring ex-felon clients. Clients should be recommended and monitored by a community group who has received education on the issues.
- Regulate and control **marijuana** for medical purposes.
- Campaign at national legislative level to treat marijuana in the same fashion as alcohol and nicotine with control over production, distribution, and sales—making certain that children do not have access.
 - Coordinate DOC and post incarceration programs with judicial, pre-trial, and alternative sanction programs

- Create legislation for **street worker/police training programs** to increase referrals to treatment programs, needle exchange services, medical care, and other supportive services for people who ask for help
- Push for legislation for prisoners who need and will accept substance abuse treatment in prison to get appropriate treatment—**detoxification** is not treatment. **Methadone** should be offered and arrangements made to enable this to continue after release from incarceration.
- **Repeal** the law asking for **mandatory jail terms** for sale of drugs within 1500 feet minimum distance from schools and instead increase penalty for sale within **200 feet of schools** when they are open
- Divert State Administered General Assistance funds to support “housing first” programs
- *Involve Chief Public Defender Gerald Smyth and Deputy Chief Susan Storey as advisors for what **law changes** would make it easier to re-integrate their clients back into **productive life** in Hartford and what support services are needed.

Changes in law enforcement & the courts

- “**Destigmatize addiction**” by increasing available treatment opportunities for those who are addicted/use/abuse. Addiction should be addressed as a medical problem rather than a law enforcement one.
- Eliminate ‘overcharging’ for addicts/users by police who tack on ‘intent to sell by a non-addicted person’
- Decrease the police enforcement of **marijuana arrest laws**
- Establish **alternatives to incarceration** by creating graduated severity of sanctions, including post incarceration period
- Crimes committed against community, property, or persons related to drugs should be vigorously prosecuted as crimes, but **simple drug use** or **possession** should not be.
- *End **inappropriate judicial incarceration** of pre-trial, non-convicted persons unlikely to receive jail time as a way of giving them jail time anyway.
- Assure a **Drug Court Docket** in Connecticut with its associated referrals for medical assistance, job training, and mentoring for addicted citizens.
- Expand the **Access to Recovery Program** being used presently by Community Court

Changes in education & research studies

- Put together a better **prevention/education program** in the schools and in the media
- *Review **school policies** on **expulsion** and outside **suspension**, using resources such as Abigail Hughes, Superintendent of Connecticut Technical High Schools, to devise **alternative pathways** to deal with disruptive students to help them succeed rather than be pushed to the streets.

- Push for an **in-depth study** on an appropriate treatment system for addicted citizens and a realistic determination of its cost. This is to lead to an adequate statewide treatment system available to all who need and want it.
- *Develop a tightly controlled and monitored research pilot **heroin maintenance program** for chronically dependent persons who have failed traditional treatment modes and who are a heavy burden on the criminal justice and medical systems

Changes in treatment

- Create a private **insurance pool** to supplement public funds to cover basic drug treatment costs.
- *End practice of putting relapsed prisoners at the **end of the line** for treatment opportunities. **Relapse** should be expected and considered a part of treatment; multiple treatment interventions have increased long term success
- Prevention efforts were still emphasized as an important part of the drug story, but that **evidence based, proven programs** need to be more widely available.
- *End the practice of excluding those charged with drug sales from eligibility for treatment
- Expand the **needle exchange program**
- Establish protocols for **drug and alcohol screening** on all trauma patients in Connecticut hospitals such as was done in pilot programs in Danbury and Yale with referrals to supportive services as appropriate.
- Increase support for **methadone use** in appropriately trained and licensed physician offices.
- Train EMTs to carry **Narcan**, an anti-narcotic medication for use in drug coma

Other changes

- Encourage and facilitate collaborative working relationships between the State and the non-profit organizations which target the addicted person.
- With collaboration of Judicial, the state Office of Policy and Management (OPM), Department of Mental Health and Addiction Services (DMHAS), DOC and legislative leaders, develop appropriate treatment and other necessary services for all persons with substance abuse issues in the criminal justice system including resources to begin programs to re-integrate these persons back into the community on Day One of incarceration.

Community Involvement

A subsequent series of community discussions, located in branch libraries and schools or churches, will consider these points. Future follow up conferences will be scheduled beginning in early spring 2006 to consider the **economic aspects of present drug**

policies, (e.g., the economic burden on the local police force, the contribution of drug sales to family support, the degree of economic support for small businesses, the possible impact upon the city were the illicit drug economy to disappear; the elements of adequate and accessible **treatment programs**; the implications of decriminalization and **regulation of marijuana**; and **heroin maintenance** programs.

Drug policy issues will benefit from greater public awareness and impact. Cable access TV and the Connecticut Community for Addiction Recovery (CCAR) programming can assist in this process. A different approach may be required in presenting this material to the different communities and neighborhoods in the area, e.g., poor rural communities vs. rich suburban communities, vs. poor urban communities.

Topics Appropriate for Additional Discussion

- Complete economic analysis of the personal and societal consequences of drug abuse, dependence, and addiction
- Complete economic analysis of the amount of money which would be available from the legal sale, taxes, etc of different categories of drugs
- Costs of treating appropriately, flexibly, over time of drug dependency
- Costs of treating associated underlying mental disorders
- Savings projected by reducing prison populations by 25% and by 50% if non-violent drug crime and possession and addiction were directed away from prisons
- The social and fiscal costs of draining young men from minority communities through incarceration
- Costs to society of carrying the record of ‘convicted felon’
- How to change the culture of youth toward educational excellence and its means of breaking the pipeline to prison?

For more information, call Jennifer Cassidy at (860) 522-4888 extension 6106