



Harm Reduction— Informing Policies, Creating Community

Policies enacted by the state and the federal government have historically criminalized and punished drug use, leading to limits on employability, denial of access to housing, loss of eligibility for student loans and professional licenses, and termination of parental rights. As a result, those who engage in high-risk behaviors are alienated from or fearful of the services that can help them and relegated to living on the margins of the community. Further, the fact that 90 percent of drug offenders admitted to prison in Illinois are African-American calls into question Illinois' drug enforcement strategy as the state leads the nation in racially disproportionate incarceration of African-American drug offenders.

Huge sums of money are spent on the war against drugs, yet the level of drug use remains static and drugs are cheap, easy to obtain, and are more pure than ever before. The cost of prohibition:

- \$15 billion dollars was budgeted for federal drug control in FY 2010:
 - 25 percent of that was for treatment;
 - 11 percent was for prevention; and
 - 54 percent was for law enforcement and national and international interdiction efforts.
- State and federal dollars spent enforcing drug prohibition is estimated to be close to \$49 billion.
- According to the American Corrections Association, the average daily cost per state prison inmate per day in the U.S. is \$67.55 (in 2007); the states spent \$17,110,425 per day to imprison 253,300 drug offenders.

The cost of the failure to prevent and treat substance use is even more stunning when the cost of health care and hospitalization for 70 other diseases that untreated addiction causes or exacerbates is factored in; in 2005, that figure was estimated to be \$357.4 billion.

We believe that the interest of the larger community is better served when drug use and related issues are viewed through the lens of harm reduction and considered a public health concern. The legislature must shift from criminalizing and marginalizing those who engage in risky behaviors, and move instead toward reducing the barriers that prevent people from engaging in health seeking activities.

The costs and benefits of treatment:

- A study by the RAND Drug Policy Research Center found that treatment is 10 times more cost effective than interdiction in reducing cocaine use.
- The same study found that every dollar invested in substance use treatment saves taxpayers more than \$7 in societal costs (crime, violence, loss of productivity, healthcare).
- Additional law enforcement costs 15 times as much as treatment to achieve the same reduction in societal costs.
- The 1997 National Treatment Improvement Evaluation Study, which studied 4,411 people one year before and one year after treatment, found that with treatment,
 - drug use decreased by 48 percent,
 - drug selling decreased by 78 percent,
 - shoplifting decreased by 82 percent, and
 - assaults decreased by 78 percent;
 - there was also a 64 percent decrease in arrests for any crime
 - Employment increased 19 percent
 - Welfare recipients decreased by 11 percent

- Homelessness decreased by 43 percent
 - Alcohol or drug-related medical visits declined by 53 percent
 - Inpatient mental health visits decreased by 28 percent
- A study published by the Robert Wood Johnson Foundation in 2006 found that at least \$3,200 is generated in job earnings and decreased health care costs for every individual treated.

Compassionate assistance and restorative practices in lieu of exclusionary punishment should inform legislative policy.

One such policy enacted in Illinois in recent years was the decision to allow pharmacies to sell syringes without a prescription—thus providing injection drug users easy access to clean needles and cutting down on the transmission of infectious disease. Even before this legislation, Illinois had permitted needle exchanges to operate. Illinois is also in the forefront of compassionate overdose prevention with its support of naloxone training programs: heroin users are trained to administer this drug to someone who has overdosed on opiates, in order to reverse the overdose. Nationally, overdose has become the second highest cause of accidental death (the highest is car accidents), while Cook County has seen a decline of 34 percent in overdose deaths since 2001. Other policies considered but not enacted: the legalization of marijuana for medical use and the 911 amnesty bill that would have granted immunity from prosecution to those who reported an overdose from illicit drug use.

We encourage legislators and policy makers to promote justice in order to reduce crime, and to create laws that are based on inclusion rather than exclusion.

For example, in 2004 Illinois considered, but did not enact, legislation around student drug testing. Should a bill supporting this resurface in the future, we urge you to oppose it, as drug testing has been found to make no difference in the drug use of students, it drives students away from the activities that support a drug-free life, and it undermines trust. Instead, we urge you to support assertive and balanced education that goes beyond the zero tolerance approach, provides factual information, and encourages an open and honest dialogue.

As Illinois struggles with massive re-entry concerns related to ex-offenders, we encourage you to support treatment alternatives to incarceration, including treatment that offers consumers choices by supporting positive change, reduced harm, and moderation, as well as abstinence. We also encourage you to support efforts to reduce barriers to employment, supportive services, education and housing.

For a harm reduction perspective on legislative initiatives, contact:

Valery Shuman, ATR-BC, LCPC
Associate Director
Heartland Health Outreach
Midwest Harm Reduction Institute
773-334-7117 ext. 1021
vshuman@heartlandalliance.org