

A NEW BOTTOM LINE IN REDUCING THE HARMS OF SUBSTANCE ABUSE

WHEREAS, the United States Conference of Mayors has long been concerned about substance abuse and its impacts on cities of all sizes; and

WHEREAS, this Conference recognizes that addiction is a chronic medical illness that is treatable, and drug treatment success rates exceed those of many cancer therapies; and

WHEREAS, according to the 2005 National Survey on Drug Use and Health, an estimated 112,085,000 Americans aged 12 or over (46.1% of the US population aged 12 and over) have used an illicit drug at least once; and

WHEREAS, the United States has 5% of the world's population, but 25% of the world's prisoners, incarcerating more than 2.3 million citizens in its prisons and jails, at a rate of one in every 136 U.S. residents—the highest rate of incarceration in the world; and

WHEREAS, 55% of all federal and over 20% of all state prisoners are convicted of drug law violations, many serving mandatory minimum sentences for simple possession offenses; and

WHEREAS, the U.S. Conference of Mayors adopted a resolution at its 74th Annual Meeting opposing mandatory minimum sentencing on both the state and federal levels and urging the creation of fair and effective sentencing policies; and

WHEREAS, drug treatment is cost-effective: a study by the RAND Corporation found that every additional dollar invested in substance abuse treatment saves taxpayers \$7.46 in societal costs, a reduction that would cost 15 times as much in law enforcement expenditure to achieve; and

WHEREAS, the National Treatment Improvement Evaluation Study shows substantial reductions in criminal behavior, with a 64% decrease in all arrests after treatment, making public safety a primary beneficiary of effective drug treatment programs; and

WHEREAS, the U.S. Conference of Mayors adopted a "Comprehensive National Substance Abuse Strategy" at its 69th Annual Meeting, and a "Comprehensive Drug Prevention and Treatment Policy" at its 66th Annual Meeting, both of which called for treatment to be made available to any American who struggles with drug abuse; and

WHEREAS, federal, state, and local costs of the war on drugs exceed \$40 billion annually, yet drugs are still widely available in every community, drug use and demand have not decreased, and most drug prices have fallen while purity levels have increased dramatically; and

WHEREAS, according to the Office of National Drug Control Policy (ONDCP), only 35% percent of the federal drug control budget is spent on education, prevention and treatment combined, with the remaining 65% devoted to law enforcement efforts; and

WHEREAS, over one-third of all HIV/AIDS cases and nearly two-thirds of all new cases of hepatitis C in the U.S. are linked to injection drug use with contaminated syringes, now the single largest factor in the spread of HIV/AIDS in the U.S.; and

WHEREAS, the U.S. Conference of Mayors has, on three separate occasions, adopted resolutions in support of expanded access to sterile syringes by people who inject drugs as a public health strategy to decrease the transmission of blood-borne diseases and provide links to treatment without increasing drug use; and

WHEREAS, virtually all independent analyses have found ONDCP's drug prevention programs to be costly and ineffective: the Government Accountability Office (GAO) recently found that both the National Youth Anti-Drug Media campaign and the Drug Abuse Resistance Education (DARE) program have not only failed to reduce drug use, but instead might lead to unintended negative consequences; and

WHEREAS, blacks, Latinos and other minorities use drugs at rates comparable to whites, yet face disproportionate rates of arrest and incarceration for drug law violations: among persons convicted of drug felonies in state courts, 33% of convicted white defendants received a prison sentence, while 51% of black defendants received prison sentences; and

WHEREAS, women are the fastest growing prison population in the U.S., increasing by over 700% since 1977, to 98,600 at the end of 2005. Drug law violations now account for nearly one-third of incarcerated women, compared to one-fifth of men; and

WHEREAS, at year end 2005, over 7 million U.S. residents—about 3.2% of the adult population, or 1 in every 32 adults—were incarcerated or on probation or parole, of whom 28% were under correctional supervision for a drug law violation; and

WHEREAS, at its 73rd and 72nd Annual Meetings, the U.S. Conference of Mayors adopted a resolution to promote the successful reentry of people leaving prison or jail, through job training, transitional housing, family reunification, drug abuse and mental health treatment, and the restoration of voting rights; and

WHEREAS, the cost of local law enforcement and of providing services to formerly incarcerated residents is borne primarily by local governments; and

WHEREAS, cities across the country have experienced a rise in violent crime and must prioritize scarce law enforcement resources, yet the nation's police arrested a record 786,545 individuals on marijuana related charges in 2005—almost 90% for simple possession alone—far exceeding the total number of arrests for all violent crimes combined; and

WHEREAS, there is no easy, "one-size-fits-all" solution to substance abuse and drug-related harms: individual cities, counties, and states face unique challenges and therefore require local flexibility to pursue those policies that best meet their specific needs;

NOW, THEREFORE, BE IT RESOLVED that the United States Conference of Mayors believes the war on drugs has failed and calls for a New Bottom Line in U.S. drug policy, a public health approach that concentrates more fully on reducing the negative consequences associated with drug abuse, while ensuring that our policies do not exacerbate these problems or create new social problems of their own; establishes quantifiable, short- and long-term objectives for drug policy; saves taxpayer money; and holds state and federal agencies accountable; and

BE IT FURTHER RESOLVED that U.S. policy should not be measured solely on drug use levels or number of people imprisoned, but rather on the amount of drug-related harm reduced. At a minimum, this includes: reducing drug overdose fatalities, the spread of HIV/AIDS and Hepatitis, the number of nonviolent drug law offenders behind bars, and the racial disparities created or exacerbated by the criminal justice system; and

BE IT FURTHER RESOLVED that short- and long-term goals should be set for reducing the problems associated with both drugs and the war on drugs; and federal, state, and local drug agencies should be judged - and funded - according to their ability to meet specific performance indicators, with targets linked to local conditions. A greater percentage of drug war funding should be

spent evaluating the efficacy of various strategies for reducing drug related-harm; and

BE IT FURTHER RESOLVED that a wide range of effective drug abuse treatment options and supporting services must be made available to all who need them, including: greater access to methadone and other maintenance therapies; specially-tailored, integrated services for families, minorities, rural communities and individuals suffering from co-occurring disorders; and effective, community-based drug treatment and other alternatives to incarceration for nonviolent drug law offenders, policies that reduce public spending while improving public safety; and

BE IT FURTHER RESOLVED that the Conference supports preventing the spread of HIV/AIDS, hepatitis and other infectious diseases by eliminating the federal ban on funding of sterile syringe exchange programs and encourages the adoption of local overdose prevention strategies to reduce the harms of drug abuse; and

BE IT FURTHER RESOLVED the impact of drug use and drug policies is most acutely felt on the local communities, and therefore local needs and priorities of drug policy can be best identified, implemented and assessed at the local level. A successful national strategy to reduce substance abuse and related harms must invest in the health of our cities and give cities, counties, and states the flexibility they need to find the most effective way to deal with drugs, save taxpayer dollars and keep their communities safe.