

## Where are the doctors?

Senators Looney and Toni Harp have introduced a bill to decriminalize possession of less than 1 oz of marijuana. This will be controversial a topic. Fear of drug use is understandable because of the adverse effects of hard drugs on personal health and to our children. Misinformation is common, such as the belief that marijuana is a gateway drug (it isn't) or that relaxing any drug law is a step down a slippery slope. At the very least, this bill should foster serious and informed conversations within the medical community about updating our society's approach to illegal drugs. A majority of physicians have remained silent on this public health issue.

For the past fifty years, our country has adopted an increasingly stringent approach to the use of category II drugs as listed by the Controlled Substances Act of 1970. Spending anywhere from \$50-70 billion dollars per year, state and federal agencies have sprayed foreign drug crops, intercepted huge quantities of drugs being transported into this country, and vigorously enforced drug laws within our country. The number of people in custody on drug charges has increased 13-fold in the past 25 years. Unfortunately, during this same period, the quantity of drugs available in this country has increased, the quality and purity have greatly improved, and the cost of drugs has decreased. Our cities have become shopping centers for the drug trade and centers for the crime associated with that trade. Our suburbs have not escaped harm either since in Connecticut the suburbs are where 80% of drug overdose deaths occur. Issues related to drug use and abuse are serious, but our approach in the Drug War has been a costly, even harsh, failure.

A majority of Connecticut residents believe the present US drug policies are ineffective, but a majority are also concerned that any change would make matters worse. We are, after all, worried that our children will be sucked into the world of illegal drugs and addiction. Of course, they already are involved and some are dying. Our present approach is not working. Is it really sensible that we treat the use of these drugs punishable by imprisonment? Unfairly, although drug use is about equal across all strata, we don't imprison drug users in professions or their children at the same rate we imprison poor people of color.

I would suggest that it would make more sense for our drug policies to be based on a public health or medical model, rather than a legal one. Should we be punished for what we put into their bodies, absent harm to others? Do we understand that drug addiction can be successfully treated? That recidivism is part of the treatment regimen? Do we know that neither cocaine nor heroin, let alone marijuana, causes as many deaths as nicotine or alcohol? Can we talk about how we might safely remove control of the drug trade from criminal organizations? We ended the crime associated with alcohol by ending prohibition and putting alcohol production, distribution, and sales under government control ('regulated legalization'), and taxing it. Can we apply a similar model to presently illegal drugs and use the money for education, counseling, prevention, and treatment?

Where are the doctors in this discussion? There is plenty to discuss. Well-to-do drug users in Connecticut have access to insurance-paid treatment; physicians who have an addiction problem have access to a structured evaluation and treatment system without imprisonment. Poor drug users have neither. Washington State diverts Medicaid non-violent drug abusers from prison to treatment, using the \$35,000 per year savings per prison inmate for treatment and prevention. Switzerland and Vancouver, Canada have reduced crime with innovative harm reduction programs. Connecticut should be looking at these alternatives.

Would not a working group of medical professionals, members of the Bar Association, drug treatment providers, the Department of Public Health, and the Department of Mental Health and Addiction Services discussing alternatives to what we do presently make sense? Shouldn't doctors be driving this discussion with facts, by destroying myths, and by reviewing successful alternatives found in other countries? Shouldn't doctors begin to prod our legislators to research more solid information on harm reduction programs that reduce crime and youth drug involvement or on the value of needle exchange in reducing the spread of disease and the threats of hepatitis and HIV/AIDS? Certainly these are real threats to medical workers. Of all professions, aren't physicians the most logical group to advise society on the need for more appropriate, affordable and accessible treatment programs?

I think so. The Connecticut State Medical Society should be the driving force in this effort.