

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

Towards an Alternative Approach in U.S. Drug Policy: Perspectives From the War on Drugs to
Decriminalization

A graduate project submitted in partial fulfillment of the requirements

For the degree of Master of Public Administration in Public Sector Management and Leadership

By

Mary Herrera

August 2020

Copyright by Mary Herrera 2020

The graduate project of Mary Herrera is approved:

Dr. Rhonda Franklin

Date

Dr. Eric Shockman

Date

Dr. Henrik Minassians, Chair

Date

California State University, Northridge

Table of Contents

| | |
|---|-----|
| Copyright Page | ii |
| Signature Page | iii |
| Abstract | vi |
| Introduction | 1 |
| Literature Review | 4 |
| Origins of the U.S. War on Drugs | 4 |
| Enforcement and Effectiveness | 7 |
| Social Construction | 8 |
| Implications | 11 |
| Misinformation and the Lack of Change | 13 |
| Criminalization, Prohibition and Abstinence as the Primary Approach | 14 |
| Perspectives From Administrators | 15 |
| Considering Alternatives | 16 |
| An International Approach | 18 |
| Knowledge Gap | 20 |
| Methodology | 22 |
| Research Question | 22 |
| Research Design | 22 |
| Background | 23 |

| | |
|--------------------------------|----|
| Sampling | 24 |
| Method | 24 |
| Limitations and Considerations | 25 |
| Conclusion | 26 |
| References | 27 |
| Appendix | 33 |

Abstract

Towards an Alternative Approach in U.S. Drug Policy: Perspectives From the War on Drugs to Decriminalization

By

Mary Herrera

Master of Public Administration in Public Sector Management and Leadership

The misuse of illicit drugs in America has continuously been a national concern for years. Yet, through the U.S. War on Drugs initiatives, the United States has made it a priority to criminalize illicit drug consumption with the hopes of steering illicit drugs away from consumers. The literature found on the U.S. War on Drugs discusses the common theme of how ineffective this approach has been and how health-based approaches may be more effective in alleviating the situation. Among the most successful drug policies found in literature is the decriminalizing approach that Portugal established, with a focus on health over crime. Thus, the study in this research aims to find the perspective of drug policy administrators in the County of Los Angeles, California, and how they would feel about a shift from criminalizing illicit drug consumption to decriminalizing as Portugal did. A qualitative research will be conducted with a focus sample group of six county sheriffs and six licensed health practitioners through one-on-one interviews concerning the matter. A thematic analysis will be done on the data collected in order to obtain information about common feelings and concerns among administrators and U.S. drug policy.

Introduction

The misuse of drugs has been one of the most arduous social complexities that nations all over the world have had to deal with. Among the countries with the highest rates of substance misuse is the United States (Richie & Roser, 2019). According to their article, *Drug Use*, in the United States more than five percent of the population has a substance use disorder. In reference to illicit drug consumption, in 2018 the percentage of the population age 12 and over who used illicit drugs increased in comparison to 2015 and 2016 but remained analogous to 2017 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019a). Marijuana has been the top illicit drug used, following opioids (SAMHSA, 2019a). Furthermore, *The Behavioral Health Barometer* report published by SAMHSA (2019b) provided the most relevant demographics on the population with drug abuse disorder. The report indicated that 5.1 million young adults between the ages of 18 and 25 in the United States had a substance use disorder in 2017. In recent years, drug use seems to have increased amongst middle-aged adults. The National Institute of Drug Abuse (NIDA, 2019) indicates that recent studies have demonstrated the rise of marijuana use among middle-aged and older individuals, and opioid (prescribed or illicit) misuse among older individuals.

Deaths due to substance use disorders have also increased. The Centers for Disease Control and Prevention (CDC, 2018) indicates that the death rate due to drug- poisoning tripled in the United States between 1999 to 2016: from 1.6 per 100,000 members of the population to 19.8 per 100,000. Additionally, the age range with the highest drug-poisoning deaths was individuals between the ages of 25-54. To put into perspective, in 2017 the United States accounted for more deaths caused by drug overdose than by road accidents, making it one of the leading causes of death in the country (Richie & Roser, 2019). Thus, the rise of dangerous

substance misuse has become a national crisis due to the negative impact that substance use disorder has on the lives of individuals.

Looking deeper into the national issue on a micro level, the data of alcohol and drug misuse in Los Angeles County (LAC), California, is quite revealing. According to the Los Angeles County Department of Public Health (DPH, 2019), of the 8.6 million LAC residents over 12 years of age, 25% are considered to use alcohol and drugs in a risky manner, 8.4% have a substance use disorder, and only 0.4% individuals are participating in publicly funded substance use disorder treatment. Furthermore, the data indicates that while two cents per dollar spent in California go towards prevention and treatment, 98 cents per dollar go towards consequences implemented by the justice system. Those consequences constitute to a 33% arrest made annually on individuals with alcohol and drug related offenses. Furthermore, 65 % of incarcerated individuals had a substance use disorder, 25% were incarcerated due to drug related violations, and 43% of arrestees were under the influence when they were detained. In total, DPH indicated that LAC spends about \$7.7 billion in criminal justice relating to substance use disorders. When it comes to exploring the current problem with drug use in Los Angeles County, the drug epidemic affecting the west coast is the high use of methamphetamine (Lopez, 2019). In his article, Lopez (2019) iterated the account of a current meth user who expressed that he would like to see more recovery housing and long-term treatment. Lopez (2019) also indicated that Los Angeles Police Department's Chief Moore stated that he would like greater assistance from "the health side" and does not believe that individuals who are chronic substance users should be criminalized.

Substance use disorders continue to prevail in the United States despite current arrest policies. Specifically, the War on Drugs approach towards prohibition and criminalization of

illicit drug consumption has not led to effective methods of minimizing illicit drug use. The rhetoric of War on Drugs includes a deeply imbedded initiative to criminalize and marginalize illicit drug consumption. Furthermore, substantial literature has indicated that such an approach has not only been historically ineffective, but also led to other issues. If the goal is to reduce the problem of substance use disorders in the United States, then a deep analysis of the War on Drugs approach is required to understand why U.S. drug policy has been ineffective. Through this understanding, better alternatives to reduce substance use disorders can be developed. Therefore, the purpose of this paper is to review the fallacies of current federal drug policy based on the War on Drugs, in which law enforcement and criminalization have been the cardinal implementations for drug related offenses, and opens the question as to whether a health concern approach like Portugal's decriminalization would be considered suitable and effective for U.S. Drug Policy. In order to obtain a ray of information to the proposed alternative, the perspective of front-line public administrators will be necessary. Thus, the study of this paper will focus on obtaining the perspective on the War on Drugs and the possible shift towards decriminalization through the lens of public health and law enforcement administrators within Los Angeles County.

Literature Review

The literature review presented provides literature about the origins of the U.S. War on Drugs approach for drug policy and its types of enforcement. Furthermore, it provides the findings on social construct discourse and implications that have emerged from the U.S. War on Drugs. The literature also discusses the misinformation, manipulation of information, minimal learning and the strong stance on prohibition that have resulted in a stagnant evolution of drug policy. Current research findings on administrators' perspective, and alternative drug policies are discussed. Finally, findings of Portugal's decriminalizing drug policy is discussed in order to pose the aim of this study.

Origins of the U.S. War on Drugs

In order to examine the declared War on Drugs approach in the United States, it is important to analyze the rise of this framework within the republic. The governmental regulation of drugs is dated as far back as early 1900's with the Food and Drug Act of 1906 (Stemen, 2017). The Food and Drug Act of 1906 was responsible for controlling the manufacturing and production of drugs, while the added Harrison Narcotics Act of 1914 criminalized the unauthorized production and distribution of narcotics. Further federal regulations emerged, such as the Narcotics Drug Import and Export Act of 1922, the Marijuana Act of 1937, the Boggs Act of 1951, and the Narcotics Control Act of 1956, which were responsible for criminalizing illegal possession of narcotics and marijuana, and expanded the penalties for drug offenses to mandatory sentences for some transgressions (Stemen, 2017).

Changes were not only occurring on a federal level; they were also occurring on a state level. The most notable state law was the "Rockefeller Drug Laws" enacted by New York in 1973 (Riggs et al., 2014). These laws were the first state laws to implement elongated prison

sentences for those that committed drug offenses. The significance of New York's drug laws resulted in a domino effect, in which other states began to replicate this approach, and federal dominions began to enact it by the late 1970s.

The national circumstances of the 1970s drove federal politicians to establish further stringent drug laws. At the time, crime and drug use were at an all-time high. In his article, Stemen (2017) mentioned the rate in crime between 1960 to 1970, which increased to 110%, and the rate in violent crime that increased to 125%. Furthermore, the nation was dealing with a growing heroin epidemic, along with the rise of first-time marijuana and cocaine users (Reuter, 2013; Stemen, 2017). Thus, the Control Substance Act of 1970 was put in place and became the main regulation for psychoactive substances (Reuter, 2013). Furthermore, between 1971 and 1975, the Nixon administration also took initiatives to fund and create federal subsidized drug treatments, which predominated antidrug spending, with a goal of helping individuals that had committed drug offenses after they served their sentence. Although by 1971 Nixon had made his declaration of the "War on Drugs" as a way to attack what he considered "America's public enemy number one", and established the Drug Enforcement Administration (DEA) by 1973, the aim to provide rehabilitative treatment was still pertinent (Reuter, 2013; Stemen, 2013). However, in 1974 author Robert Martidon published his article titled *What Works*, which reviewed the effectiveness of correctional treatment programs (Reuter, 2013). Upon his findings, he contemplated that treatment and rehabilitation failed to have desirable effects on individuals that had a substance use disorder. This led to the dismantling of rehabilitative approaches as politicians swayed away from treatments and put an emphasis on castigation, deterrence and punitive correctional approaches (Reuter, 2013). Consequently, the War on Drugs began to shift

its primary focus towards enforcing harsh correctional punishment for drug production, distribution and consumption.

By the 1980s, President Reagan had established multiple strategies, such as increasing expenditure on anti-drug prosecution and the establishment of a national drug task force (Cooper, 2015). Through his rhetoric, he also constructed a culture that stigmatized drug use and individuals that used illicit drugs by demonizing it. At the time, his wife Nancy Reagan had also initiated her famous “Just Say No” program in order to promote drug abstinence among the youth (Reuter, 2013). Furthermore, to combat the “especially vicious virus of crime”, the Reagan administration enacted the Comprehensive Crime Control Act of 1984, significantly altering federal mandated sentencing on individuals that committed drug offenses and obliterating discretionary prison releases (Stemen, 2017). The Anti-Drug Abuse Acts of 1986 and 1988 followed, furthering enhancing the framework of lengthy and strict federal prison sentencing for individuals that consume drugs (Reuter, 2013).

Literature regarding the War on Drugs after the 1990s and details of drug policy administration was not as descriptive as it was during and before the 1980s. Reuter (2013) stated that the rhetoric of President George H.W. Bush in 1989 was still giving focus to the punitive initiatives against drug use, and found that not much changed from that during the Clinton administration. Gorman (1998) indicated in his article that after the Anti-Drug acts of 1986 and 1988, much of the attention and federal funding went to the expansion of school-based drug prevention programs during the 1990s, which were geared towards drug prevention in adolescents. Most of the discussion in literature during this era denotes the increasing incarceration rates and disproportional disparities between Whites and African Americans. The rise of incarceration rates among African Americans as a result of the Anti-Drug Abuse Acts

were becoming evident throughout the 1990s and 2000s. Yates and Whitford (2009) found data which indicated that by 2000, African Americans who were in prison for drug offenses composed the highest rate of incarceration, above any other offenses combined.

Changes in rhetoric about drug policy came along during George W. Bush's administration, where prevention and treatment were becoming a greater discussion; however federal drug budget did not shift towards that direction (Reuter, 2013). During the Obama administration, not much change was made, but there was beginning to be an acknowledgement within the administration that the use of drugs is a health concern (Minhee & Calandrillo, 2019). However, the Trump administration intends to continue to criminalize drug use and possession, emphasizing the strong use of law enforcement to combat the issue (Minhee & Calandrillo, 2019).

Enforcement and Effectiveness

Abundant literature details the ineffective outcomes of the U.S. War on Drugs. Strategies and tactics enforced primarily by law enforcement are meant to deter illicit drug consumption. The objectives of strategies imposed by law enforcement are to restrict the supply of illicit drugs, decrease their availability in the United States, and make it harder for consumers to obtain illicit drugs by the consequential rise of cost (Ferreira, 2015). From president Nixon to Obama, these tactics have involved no-knock searches, seizures, mandatory sentences, removal of probation and parole, and longer incarceration terms (Ferreira, 2015). However, Cooper (2015) pointed out that policing has failed to decrease national drug activity. In her research, she found that illicit drug sales have remained low in the streets, and drugs have remain available across the nation. She further indicated that tactics like raids and crackdowns, have minimal results on drug availability, relocate drug activity to different areas, and create a surge of drug associated

violence (Cooper, 2015). Thus, the objective of utilizing law enforcement to reduce drug consumption through law enforcement and punitive consequences has proven to be ineffective.

Literature also indicates that the objective of dismantling the drug trafficking networks through U.S. War on Drugs initiatives have been ineffective as well. Alexandris Polomarkakis (2017) found that police efforts to detain drug traffickers becomes unsuccessful due to the increase number of traffickers. He explained that even though drug supply quantity is reduced when detected, the number of individuals trafficking illicit drugs is increased. This occurs because a “new player” ultimately takes over a market that is already established and still has a demand for production (Alexandris Polomarkakis, 2017). Thus, just like an organization, a leader can be removed, but behind them, there are plenty that are ready to take their place to keep the business and production going.

Social Construction

The literature on U.S. War on Drugs discusses the social construct of such a policy approach, and the implications that its language has on stakeholders. “Constructionist language has been adopted in political science more recently as discussion turned to focus on the processes of public policy and how problems come to be defined” (Lancaster, 2014, p. 949). Thus, the language that is used to define the problem of drugs shapes the way the problem will be handled. Lancaster (2014) discussed the association between social construction and the policy process. In her article, *Social Construction and The Evidence-Based Drug Policy Endeavor*, she questioned whether a shift in thinking regarding policy activity can open the door for different approaches, such as the development of evidence-based policy (Lancaster, 2014). Evidence-based theory refers to the ability of being able to identify “what works” for a specific policy, through the utilization of quality research that provides useful information to policy makers (Lancaster,

2014). Since drug policy is too politicized, decisions made about drug policy have been based on beliefs, morality, sensationalist media, and opinion, rather than qualitative and informative knowledge (Lancaster, 2014). For example, Alexandris Polomarkakis (2017) indicated that due to ideology ingrained in the theory of destructiveness and emerging from authoritarian presumptions of drug use being wrong, policy makers consider drugs as a malevolence that must be obliterated. Therefore, drug policy is frequently rooted in uncompromising morality politics where illicit drug consumption is regarded as a sin, preventing policy alternatives and opting for prohibition (Roberts & Chen, 2013). Thus, perceptions, ideologies and beliefs influence political decision making and policy process, which may hinder alternative approaches to drug U.S. policy development.

The social construct of the problem framed within U.S. drug policy and how it is defined also has an influence on policy approach and on the way individuals that consume illicit drugs are viewed. In their cross-national analysis between Australia and Britain, Lancaster et al. (2015) examined two reports from these countries and their perception of “recovery” within drug policy. They looked at how the problem and those that use drugs were defined in recovery discourse. The researchers found that “the British ‘vision for recovery’ problematizes a particular way of thinking about drug treatment; while the vigorous defense of the existing treatment system proffered in the Australian context constitutes recovery as a threat” (Lancaster et al., 2015, p. 623). Their findings indicate that the issue of drugs is not static; it is flexible and molded by contextual factors. Therefore, political approaches towards a problem depend on the way the problem is perceived, and once defined, a particular solution will be developed. Thus, defining the drug problem as a “war on drugs” creates the perception that there is a threat that must be fought and stopped. By consequence, such perception limits the scope to alternatives resolutions.

Within their research, the aforementioned authors also identified how social construction accounts for the way individuals that use drugs are viewed. Their research coincides with other research that indicates that stigmatizing individuals that use drugs as “irresponsible” or “patients” is predetermined by the constructed discourse (Lancaster et al., 2015). Therefore, if drug consumption is perceived as a crime under the U.S. War on Drugs approach, then individuals that use illicit drugs will be viewed as criminals. Consequently, such stigmatization leads to negative views towards those that consume illicit drugs. Gowan et al. (2012) stated in their article that Americans who have a substance abuse disorder are frequently stigmatized as criminals, deviants, and as a risky population. Robert and Chen (2013) also add that the population most stigmatized cross-culturally are those individuals that have an illicit drug abuse disorder. They are more stigmatized than those who have a criminal record, suffer from alcoholism, or homelessness.

Views towards individuals who have a substance abuse disorder also depend on race and class (Gowan et al., 2012). For instance, a study conducted on the social construction created within news media and drug policy about “truth-claims”, found an unequal and imprecise association between African Americans and violence, drugs, and criminal acts that may serve as an unjust mechanism (Langner & Zajicek, 2017). The implication of this study suggests that race and social stigmas can lead to formulated misconceptions about certain groups. The term, “moral panic”, developed by Stanley Cohen further explains the role that the government and the media have in labeling and magnifying certain behaviors as aberrant, thus instilling threat and fear in society (Roberts & Chen, 2013). Furthermore, stigmatization also jeopardizes the identity of individuals that have a substance abuse disorder because it strips them from their identity, making them feel as if they are indeed unworthy and powerless due to their “addiction” (Gowan

et al., 2012). Yet in their ethnographic study on a harm reduction program, Gowan et al. (2012) concluded that the primary benefit of harm reduction programs was the destigmatization of individuals that use drugs. Therefore, the studies found on social construction and drug policy implicate that language and definition of the problem correspond to the type of approach that is established, and the views that society will have on those pertaining to the issue. The U.S. War on Drugs has established an approach to criminalize and by consequence, stigmatize individuals that consume illicit drugs, but shifting to a health-based discourse may change the stigmas imbedded in individuals who have a substance abuse disorder, and the way politicians and the public view them.

Implications

The implications that have resulted from the implementation of the U.S. War on Drugs approach has resulted in repercussions that have affected society. The revolving theme around U.S. drug policy and the War on Drugs demonstrates the social disparities that derived during enforcement. The most notable evidence discussed among researchers is the unequal mass incarceration rates, which highlight significant disparities between African Americans and Caucasian Americans. Even though both groups consume drugs at approximately the same rate, the national data of incarcerations during the emergence of the War on Drugs demonstrates much higher rates of incarceration among African Americans (Stemen, 2017). For instance, from 1982 to 2007, the number of drug possession arrests had tripled, going from about 500,000 arrests to 1.5 million arrest, becoming the largest subgroup of arrest within the United States (Cooper, 2015). Yet, while African Americans encompassed about 12% of the total population, they accounted for 40% of arrests that were drug related, in comparison to Caucasians who encompassed 82% of the total population and accounted for 59% of total drug related arrests

(Cooper, 2015). Looking at more relevant data, Stemen (2017) found similar disparities in 2014, pointing out that for every 100,000 African Americans, 828 were arrested for drug related offenses, compared to 339 out of every 100,000 Caucasians. The data highlights how despite comprising a minimal total of the population compared to Caucasians, African Americans were significantly affected by the war on drugs policies.

As discussed in literature about the U.S. War on Drugs, the difference in the type of drug possession and sentencing laws also account for racial disparities. For example, during the 1986 Anti-Drug Abuse Act, the same prison sentencing between crack cocaine and powder cocaine was based on a 1:100 ratio; thus, individuals trafficking five grams of crack cocaine versus 500 grams of powder cocaine were both sentenced to five years in prison (Stemen, 2017). In correlation to the obvious disparity between African American and Caucasian incarcerations, this type of sentencing differentiation created racial disparities that affected the African American community at a greater level since crack cocaine was mostly associated with minorities (Stemen, 2017).

Furthermore, research findings demonstrated the effects that the War on Drugs and its enforcement had on individuals and communities. For example, a study about the correlation between police brutality and African American youth and adults, examined the use of police strategies such as stop and frisk, and Special Weapons and Tactics (SWAT) and found that policing strategies derived from the War on Drugs initiative seemed to intensify police brutality towards Black communities, even though such strategies made insignificant progress in minimizing street-level drug movement (Cooper, 2015). Murch (2005) documented in her article that in Los Angeles, specific locations such as south central, where Latinos and African Americans resided, were targeted through the militarization of law enforcement, resulting in

mass incarceration of Latinos and African Americans. Furthermore, Lynn (2018) conducted a study in which she interviewed 17 males that were formerly incarcerated during the implementation of the War on Drugs and mass incarceration era. Through their narratives, she found that former arrestees had correlating sentiments between incarceration and Jim Crow laws. As a matter of fact, several researchers found that the mass incarceration that resulted from the U.S. War on Drugs is referred to as the “New Jim Crow”, which has perpetuated a new form of slavery for African Americans (Cooper, 2015; Lynn, 2018; Robert & Chen, 2013).

Misinformation and the Lack of Change

Considering the pronounced ineffectiveness and implications of the U.S. War on Drugs, it is important to review the research that attempts to explain the reasons as to why the approach of criminalization is still in place. In his research, Ferreira (2015) evaluated the role that misinformation has in obstructing change to U.S. drug policies. For instance, he analyzed how the 2013 Office of National Drug Control Policy (ONDCP) report provided data on the success of seizures, but failed to mention the declining price of illicit drugs, and the increased availability of them. Ferreira (2015) also argued that negation of strategical and tactical failures also blocks governmental learning. His findings indicated that due to a narrow scope of framed successes and dismissal of failures, policy makers continue to use current US drug policy approaches unchanged. Furthermore, Stemen (2017) points out that deconstructing U.S. drug policy is not easy considering how War on Drugs enforcement is deeply enmeshed in the criminal justice system. This argument also closely aligns with Reuter’s (2013) study about the minimal change that has occurred in U.S drug policy within the past 30 years. In his analysis, he indicated that considerable change to policy domain happen seldomly, and when it does happen, it is usually a response to a convergence of factors.

Several researchers also indicate that War on Drug policies have not changed due to limited evidence-based and quality research, unwillingness to move beyond prohibition and abstinence, singular, individualistic approach, unwillingness to learn new ideas, and unwillingness to learn about failures and debate for change (Alexandris Polomarkakis, 2017; Walker & Netherland, 2019; Werb, 2018). The inability of policy makers to acknowledge the actual research on the War on Drugs, and the continued approach of narrowly framing the issue, leaves the U.S. War on Drugs virtually unmodified.

Criminalization, Prohibition and Abstinence as the Primary Approach

Since the proclaimed U.S. War on Drugs, the core enforcers of US drug policies have been the judicial system and law enforcement agencies. Viewing illicit drug production, distribution and consumption as pure sin and evil, has given motive to make it a priority to keep criminalizing it. Additionally, public administrators such as law enforcers do what they perceive as being the correct thing, which based on the compliance theory, it is the belief that law enforcement unquestionably prevents crime (Meier & Smith, 1994). Another explanation discussed by Reuter (2013) is that federal drug policymakers are reluctant to shift their approach because politicians do not want to be portrayed as being soft in crime, even though there is no evidence indicating that lighter sentencing will increase drug availability. Furthermore, Gowan et al. (2012) indicated that persistence of prohibition emerges from an ideology of personal responsibility and political discipline to those that do not comply to the ideology of social righteousness. Robert and Chen (2013) also elaborate that prohibition has been justified by making it a national “combat duty” to keep the evil of drugs away. In their examination of why some drugs are prohibited and others are not, they stated that misinformation, political beliefs, religious ideology, moral panic, and political interests do not permit policy decision makers to

think beyond a narrow scope, with evidence, logic, and reason. In terms of encouraging abstinence, Minhee and Calandrillo (2019) pointed out that federal government believes that prevention of youth from consuming drugs will solve the problem. Thus, pertinent push for prohibition, abstinence and criminalization by politicians involved, close the opportunity to learn about the ongoing failures. Much research points out that such a view impedes the option of other alternatives among policy decision makers.

Perspectives From Administrators

The literature projecting the viewpoints from public administrators and drug policy provide a scope on how they feel about the War on Drugs and current U.S. drug policy. A qualitative interview study conducted with public health providers from New York's Rockefeller Reform of 2009, which functions like a drug court program geared towards treatment versus incarceration, found that healthcare providers felt that treatments under the terms of criminal justice system were hard to provide (Riggs et al., 2014). Similar sentiments emerged from a study done by Klein et al. (2004) when they interviewed key informants from eight counties involved in California's Prop 36, which also serves as a drug court program. They concluded that because the criminal justice system ultimately had control of access to treatment and terms, this limited the type of resources and treatments individuals could receive. Both findings express the limitations that public health providers encounter with the justice system. From a different standpoint, Bergen (2013) conducted a worldview study on U.S. drug policy by interviewing drug policy administrators from 14 European countries that acquired training in drug policy and drug enforcement from the United States. He found that the drug policy administrators perceived public health to be of minimal importance in U.S. drug policies. From a law enforcement perspective, Jorgensen (2018) conducted a survey study in which he explored police officers'

perspective on drugs from a southern metropolitan police department. In his literature, he found that younger officers were less inclined to punitive consequences, which may be associated with living in a generation of progressive attitudes. His study further indicated that respondents of his survey were most punitive against sellers versus individuals that consumed drugs (Jorgensen, 2018). He also found that police officers' political beliefs and education had a stronger association with drug attitudes, as opposed to their professional police ranking. Jorgensen (2018) also noted that officers thought that much can be done to control drug activity through interventional approaches.

Studies conducted with administrators of drug policies should be validated and acknowledged when considering changes to U.S. drug policy because administrators are the ones exposed to the issues and can provide insight that policy makers do not have knowledge of. As Maynard-Moody and Musheno (2012) pointed out in their study on street-level workers and social equity, that policy administrators such as police officers and rehabilitation counselors, go through tensions between norms and procedures institutionalized by the agencies they operate in, and the experiences they have in the field with citizens. On one level, when asked "what is justice?", at point blank, administrators such as the ones mentioned, responded that justice implies "following the rules" and "doing the right thing"; however, Maynard-Moody and Musheno's findings indicated that complexities of judgement were evident during administrators' narratives and story-telling. Such findings highlight the importance of obtaining insight from public administrators that ultimately implement drug policy.

Considering Alternatives

In order to cultivate learning in the development of U.S. drug policy, research indicates that it is not only important to observe the ineffectiveness of the War on Drugs, but also to

explore the alternative approaches that may provide insight of what may be more effective (Minhee & Calandrillo, 2019). The literature on U.S. drug policy continuously arrives at the conclusion that policy decision makers need to shift away from acting upon beliefs, morality, ideology, and misinformation and consider looking into other types of drug policies that have been in place elsewhere (Ferreira, 2015). Much of the effective changes within drug policy in states and other countries have derived from a health concern basis. For instance, a study done on a harm reduction program in New Jersey demonstrated that the program served as a gateway to provide healthcare services to individuals that use illicit drugs (Burr et al., 2014). DeSimone's (2005) study on males that were formerly arrested for drug related offenses in 24 U.S. cities concluded that accessibility to needle exchange programs resulted in a reduction in needle sharing behavior and drug injection. An ethnographic study also done on a harm reduction program in a midwestern United States city, concluded that a health concern approach which understands addiction as a continuum rather than a "powerless sin" can significantly change the stigmas that surround individuals that use drugs, which can make them feel empowered and not judged (Gowan et al., 2012). Nadelmann and LaSalle (2017) concluded in their analysis between U.S. politics and harm reduction policy that even though federal U.S. drug policy continues to support abstinence only treatments, support of harm reduction programs have been emerging from state and local regions.

Alternative approaches to drug policy under a health concern aspect have also been implemented on a federal level in other nations. For instance, Csete and Wolfe (2015) indicate that the pioneering country of syringe exchange programs (SEPs) and supervised injection facilities (SIFs), derived as a result of federal authorities acknowledging the value of including health professionals in the discussions of drug policy, which was previously dominated by law

enforcement. The motive behind Switzerland's shift was the rise of HIV infections among individuals that injected drugs. Furthermore, an empirical study on North America's first medically supervised injection facilities (SIFs) in Canada and mortality rates among individuals that injected drugs, found that within a 500 mile radius from the location of an open SIF, the mortality rate among individuals that inject drugs had been reduced to 35% (Marshall et al., 2011). Thus, the literature on effective alternatives to drug policy consider an approach that services those affected by illicit drug consumption through health care, rather than enforcing abstinence and criminalization.

An International Approach

The possibility of shifting the perspective towards a health concern rather than criminalization through the War on Drugs initiative can create a different rhetoric and social construct to federal U.S. drug policy and possibly lead to different outcomes, as it has in Portugal. In 2001, as a desperation to alleviate the nation's problematic narcotic and psychotropic substance consumption, Portugal chose to decriminalize the consumption, attainment, and possession of illicit drugs that were obtained for personal use and did not exceed over an amount of a 10-day period (Cabral, 2017). Portugal did not legalize drugs, as individuals with possession can still be punished with administrative infractions (Csete & Wolfe, 2017). However, rather than sending them to prison, individuals who are caught using drugs are sent to a task committee which questions them on whether they feel they have an addiction problem. If they answer no, then they pay the fine, but if they answer yes, then they are referred to medical treatment (Cabral, 2017). The committee does not enforce treatment, as it is not mandatory and they can just choose to pay the fine and go, but if the individual accepts medical treatment, then

the fine is waived. The objective of the Portuguese law is to treat the citizen as an individual who may be suffering from an illness and needs help, instead of treating him or her as a criminal.

Portugal's policy of decriminalization towards consumers of illicit drugs has been taken into consideration within drug policy research due to its unexpected success. Findings have revealed that consumption of illicit drugs decreased, cases of HIV among individuals that use drugs decreased, and overdose deaths are at one of the lowest in the European Union (Cabral, 2017). Through the information obtained in 2007 and in 2009 from 13 stakeholders, Hughes and Stevens (2010, p. 1018) indicated that Portuguese policy makers expressed that "such reform, while not a swift or total solution, holds numerous benefits, principally of increased opportunity to integrate drug users and to address the causes and damages of drug use" (2010, p. 1018). Banbury et al. (2018) also found that observers from the outside, such as drug service providers from the United Kingdom who have a similar drug policy as the United States, feel that Portugal's integrative drug policy approach should be considered.

Portugal's approach towards decriminalization is a health-based approach towards drug policy that is quite polar to the current War on Drugs in the United States. Considering the criminalizing approach of the United States on individuals that consume illicit drugs, research has pointed out that it has been least effective on individuals who have a misuse substance disease. In their study, Harding, Wyse, Dobson and Morenoff (2014) highlight the hardships that individuals who have been incarcerated for crimes such as recurring drug consumption endure. Based on their longitudinal qualitative research with former prisoners from Michigan, they found that factors such as stress, unemployment, and lack of social support, social services and housing have a connection to drug relapse, and criminal activity to fund drug habit. Thus, the resulting effect of criminalizing drug consumption results in greater effects on individuals that are getting

out of prison and trying to make ends meet but find themselves in uncertain situations and a revolving door of recurring drug related offenses.

Portugal's decriminalizing approach to personal drug consumption is unique in the sense that it incorporates a priority to help their citizens affected by drugs, through multidimensional axis of assistance. As Hughes and Stevens (2010) explained, the task committees known as the Commissions for the Dissuasion of Drug Addiction (CDTs) are composed of three individuals, which are usually lawyers, healthcare providers, and social workers. The committees are the ones that assess an individual that feels they may be addicted to a drug, and they work together to develop a personalized plan to assist the individual with their drug usage. In their study, Walker and Netherland (2019) created the UnBounded Knowledge (UBK) Project, in which they gathered drug researchers, clinicians, scholars, and policy experts to collaborate in sharing knowledge and ideas on how to develop an effective U.S. drug policy. Through this collaboration of diverse experts in the subject matter, they concluded that there is a desire for interdisciplinary research and policy design. Portugal's approach has indeed demonstrated that it takes more than one agent to handle the problem of substance misuse and addiction. It has also demonstrated better outcomes for citizens through personal consumption decriminalization.

Knowledge Gap

Although there is a need for U.S. drug policy change, and an extensive amount of research indicating the fallacies of the War on Drugs, literature on the aspect from public administrators implementing drug policy is limited, especially in the United States. Most of the literature reviewed here pronounced a need for the United States to consider seeking an alternative to the current War on Drugs, and moving towards a health concern approach (Minhee & Calandrillo, 2019; Reuter, 2013, Walker & Netherland, 2019). Yet, the perspective of those

agents involved in implementing drug policy are voices that must be heard in order to contribute to the field of U.S. drug policy and administration. As Maynard-Moody and Musheno (2012) concluded in their research, it is ultimately administrators that give meaning to policies at hand, and much can be learned through their experiences and knowledge if given the opportunity.

Methodology

Los Angeles County health and law enforcement administrators' perspective of decriminalizing illicit drugs can establish an alternative approach in U.S. policy as in Portugal. Not far from the idea, Minhee and Calandrillo (2019) indicated in their article that some have proposed California to be the best state to pilot a decriminalization. Considering the prevalent issues of substance misuse in the United States, and specifically in Los Angeles County, an alternative approach towards federal drug policy through decriminalization should be analyzed as a possible way to handle the situation. In order to obtain input to the proposed alternative, insight from those responsible for implementing drug policy should be utilized. Information, concerns and suggestions from stakeholders ahead of time can be taken into account during policy innovation, planning and strategic process. Questions such as what they know about decriminalization, how they perceive it, how they think it will affect them, and what they think the outcomes may be can bring useful information to those responsible for policy decision making and administration directors.

Research Question

Would Portugal's decriminalizing drug policy pose an effective approach towards U.S. drug policy? The aim of this question is to obtain the perspective of public health administrators and law enforcement officers who would be contributing their perspective on the idea of decriminalizing drug policy.

Research Design

A qualitative research consisting of interviews will be conducted to obtain information about the perception of Los Angeles County (LAC) public administrators in regard to current US drug policy pertaining to the criminalization of individuals that use illicit drugs, and their

perspective on a Portugal's decriminalizing health approach. The departments involved in this study will be the Los Angeles County Department of Public Health (DPH) and the Los Angeles County Sheriff's Department (LASD). The study will consist of a total of 12 participants that will be subjected to a one-on-one in-depth interview. The interview will consist of seven open ended questions. Upon data collection, answers will be coded according to a thematic analysis in which common answers or key words will grouped together by highlighted themes in order to develop interpretations.

Background

According to the Los Angeles County Sherriff's Department (LASD, n.d.), LASD is the largest department of sheriffs in the world. LASD has over 18,000 sworn officers operating in the department. They serve a population of about 10 million residents in the county. They provide law enforcement services to contracted and unincorporated cities, hospital, colleges, transit, and superior courts, to name a few. Their core values include "courage, compassion, professionalism, accountability, respect" (LASD, n.d.).

The Los Angeles County Department of Public Health (DPH) provides an array of health programs. Among their programs is the Substance Abuse Prevention and Control (SAPC) program (County of Los Angeles Public Health [CLAPH], n.d.). SAPC operates as a contracted network of community agencies that provide services to individuals with substance abuse issues. The services are provided to individuals of all ages. They facilitate access to agency providers that offer outpatient programs, inpatient programs, and drug diversion programs, to name a few. Through their website, individuals can find a treatment center that is located within LAC.

Sampling

Since the research question aims to acquire the perspective from Los Angeles County public administrators of US drug policy, a purposive sampling method will be applied. DPH and LASD were identified as the departments that contain participants relevant to the study. The goal is to hear from individuals in the positions of health care services and law enforcement that deal with individuals that use illicit drugs. Therefore, two focus groups have been selected for sampling. The sampling will consist of six licensed healthcare providers contracted by DPH and six law enforcement sheriff officers from LASD. Since DPH contracts agencies to provide substance abuse services, the Los Angeles Center for Alcohol and Drug Abuse (LACADA) was selected as the location to obtain participating licensed health providers. Also, since LASD has stations throughout the county, the Lakewood Sheriff station was selected as the place to obtain participating deputy sheriffs. The purpose of selecting these focus groups is to obtain the perception from individuals that are on the frontlines, dealing with individuals that use illicit drugs. In order to recruit participants, the point of contact from each department will be contacted to solicit participation. The LASD Lakewood Community Relations will be contacted for assistance in obtaining information about participants, such as a directory list, and LACADA will be contacted as well. Candidates will be contacted directly via telephone to invite them to participate. As an encouragement, a \$50 gift card will be offered as compensation for their participation. Participants will be selected on a first come first served basis.

Method

The method of study will involve a semi structure interview with participants which will be conducted via a virtual meeting through instruments such as Zoom, Skype, or Google Meet (whichever the participant favors). The interviews are projected to last between 30 to 45 minutes.

With reassurance of confidentiality and the consent of the participant, the interview will be recorded. The interviews will consist of six proposed opened-ended questions pertaining to their sentiment towards current US drug policy, criminalization of individuals that use illicit drugs, and the concept of decriminalizing illicit drug use to use a health concern approach. The last question to finalize the interview will be an open-ended question regarding what they believe would be the best approach.

Limitations and Considerations

The research design established reflects limitations to the study. The purposive sample selected is by no means a true representation of the perception from all DPH, LASD, nor Los Angeles County. Through purposive sampling, other possible stakeholders were not taken into consideration. Also, since interviews are time consuming and costly, the study can only be limited to a few participants. The use of saturation may be necessary to receive sufficient responses from the participant, which may prolong the interview process. Furthermore, the responses shared during the interview are subjected to the individual's biases based on their position, experience, professional and personal values, cultural values, and personal beliefs. The research design also has biases pertaining to the researcher since the researcher is the constructor of the questions and interpreter of the data analysis.

Conclusion

Considering the limitations, this study aims to obtain the perspective of drug policy administrators on the current U.S. drug policy driven by the War on Drugs which criminalizes illicit drug consumers, and their perception on decriminalizing it as Portugal did. The goal here is not to ponder the possibility of creating a one size fits all type of policy that is governed primarily by a sole public bureau. Rather, the idea is to conceptualize the possibility of a future that consist of a drug policy that is multidimensional with a health concern basis rather than criminalization. Recreating the social construct of U.S. drug policy which changes the framework, eliminates negative stigmas, and shifts the views of the public from criminalizing illicit drug consumers to providing health assistance, may be the approach the United States needs to alleviate substance use disorders in America. Through the collection of information and knowledge from stakeholders, and public administrators, an empathetic multidisciplinary paradigm can be developed to provide assistance to citizens that need a second chance in life.

References

- Alexandris Polomarkakis, K. (2017). Drug law enforcement revisited: The “war” against the war on drugs. *Journal of Drug Issues*, 47(3), 396–404.
<https://doi.org/10.1177/0022042617697017>
- Banbury, S., Lusher, J., & Guedelha, F. (2018). Portugal’s 2001 drugs liberalisation policy: A UK service provider’s perspective on the psychoactive substances act (2016). *Journal of Alcohol & Drug Education*, 62(1), 27–45.
- Bergen, C. D. (2013). Perspectives of U.S. drug policy: Observations and advice from drug policy administrators in emerging democracies in central and eastern Europe. *World Medical & Health Policy*, 5(4), 362–388.
<https://doi.org.libproxy.csun.edu/10.1002/wmh3.74>
- Burr, C., Storm, D., Hoyt, M., Dutton, L., Berezny, L., Allread, V., & Paul, S. (2014). Integrating health and prevention services in syringe access programs: A strategy to address unmet needs in a high-risk population. *Public Health Reports (1974-)*, 129, 26-32. <https://doi.org/10.1177/00333549141291S105>
- Cabral, T. S. (2017). The 15th anniversary of the Portuguese drug policy: Its history, its success and its future. *Drug Science, Policy and Law*. <https://doi.org/10.1177/2050324516683640>
- Centers for Disease Control and Prevention. (2018, November 5). *NCHS Fact sheets - NCHS data on drug-poisoning deaths*. <https://www.cdc.gov/nchs/about/factsheets/factsheet-drug-poisoning.htm>
- Cooper, H. L. (2015). War on drugs policing and police brutality. *Substance Use & Misuse*, 50(8/9), 1188–1194.
<https://doi.org.libproxy.csun.edu/10.3109/10826084.2015.1007669>

County of Los Angeles Public Health. (n.d.). *About us*.

<https://admin.publichealth.lacounty.gov/phcommon/public/aboutus/aboutdisplay.cfm?ou=ph&prog=pho&unit=sapc>

County of Los Angeles Public Health. (2019, March). *SAPC data brief: Costs of alcohol and other drug misuse/abuse*.

<http://publichealth.lacounty.gov/sapc/MDU/MDBrief/CostBriefFinal.pdf>

Csete, J., & Wolfe, D. (2015). Turning a page in drug control and public health: Advancing HCV/HIV prevention through reform of drug law and policy. *Future Virology*, *10*(1), 17-26. <https://doi.org/10.2217/fvl.14.92>

DeSimone, J. (2005). Needle exchange programs and drug injection behavior. *Journal of Policy Analysis and Management*, *24*(3), 559-577

Ferreira, R. (2015). The war on drugs addiction: The role of misinformation in the persistence of U.S. drug policy. *Revue Européenne Des Sciences Sociales*, *53*(1), 265-291.

Gorman D. M. (1998). The irrelevance of evidence in the development of school-based drug prevention policy, 1986-1996. *Evaluation review*, *22*(1), 118–146.
<https://doi.org/10.1177/0193841X9802200106>

Gowan, T., Whetstone, S., & Andic, T. (2012). Addiction, agency, and the politics of self-control: Doing harm reduction in a heroin users' group. *Social Science & Medicine*, *74*(8), 1251-1260.

Harding, David J, Wyse, Jessica J. B, Dobson, Cheyney, & Morenoff, Jeffrey D. (2014). Making ends meet after prison. *Journal of Policy Analysis and Management*, *33*(2), 440-470.

Hughes, C., & Stevens, A. (2010). What can we learn from the portuguese decriminalization of illicit drugs? *The British Journal of Criminology*, *50*(6), 999-1022.

- Jorgensen, C. (2018). Badges and bongos: Police officers' attitudes toward drugs. *SAGE Open*, 8(4), 2158244018805357.
- Klein, D., Robin E. Miller, Amanda Noble, & Speiglmán, R. (2004). Incorporating a public health approach in drug law: Lessons from local expansion of treatment capacity and access under California's Proposition 36. *The Milbank Quarterly*, 82(4), 723-757.
- Lancaster, K., Duke, K., & Ritter, A. (2015). Producing the 'problem of drugs': A cross national-comparison of 'recovery' discourse in two Australian and British reports. *International Journal of Drug Policy*, 26(7), 617-625. <https://doi.org/10.1016/j.drugpo.2015.04.006>
- Lancaster, K. (2014). Social construction and the evidence-based drug policy endeavour. *International Journal of Drug Policy*, 25(5), 948-951. <https://doi.org/10.1016/j.drugpo.2014.01.002>
- Langner, J. & Zajicek, A. (2017). Social construction of drug policies and target populations: U.S. policy and media discourse. *Acta Universitatis Lodzianis: Folia Sociologica*, (62), 47-62.
- Lopez, S. (2019, June). *Column: Meth addiction is an epidemic, and it's complicating the homeless relief effort*. Los Angeles Times. <https://www.latimes.com/local/california/la-me-lopez-meth-homeless-20190629-story.html>
- Los Angeles County Sheriff's Department. (n.d.). *About us*. [https://www.lasd.org/about_us.html#:~:text=The%20Los%20Angeles%20County%20Sheriff's,people%20\(2010%20U.S.%20Census\).](https://www.lasd.org/about_us.html#:~:text=The%20Los%20Angeles%20County%20Sheriff's,people%20(2010%20U.S.%20Census).)
- Lynn, V. (2018). Dialogues of the war on drugs: Towards restorative reentry initiatives. *Contemporary Justice Review*, 21(2), 159-184. <https://doi.org.libproxy.csun.edu/10.1080/10282580.2018.1455510>

- Maynard-Moody, Steven, & Musheno, Michael. (2012). Social equities and inequities in practice: Street-level workers as agents and pragmatists. *Public Administration Review*, 72(S1), S16-S23.
- Marshall, B. D., Milloy, M., Wood, E., Montaner, J. S., & Kerr, T. (2011). Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: A retrospective population-based study. *The Lancet*, 377(9775), 1429-1437. [https://doi.org/10.1016/S0140-6736\(10\)62353-7](https://doi.org/10.1016/S0140-6736(10)62353-7)
- Meier, K., & Smith, K. (1994). Say it ain't so, Moe: Institutional design, policy effectiveness, and drug policy. *Journal of Public Administration Research and Theory*, 4(4), 429-442.
- Minhee, C., & Calandrillo, S. (2019). The cure for America's opioid crisis? End the war on drugs. *Harvard Journal of Law and Public Policy*, 42(2), 547-623.
- Murch, D. (2015). Crack in Los Angeles: Crisis, militarization, and black response to the late twentieth-century war on drugs. *The Journal of American History*, 102(1), 162-173. <https://doi.org/10.1093/jahist/jav260>
- Nadelmann, E., & LaSalle, L. (2017). Two steps forward, one step back: Current harm reduction policy and politics in the United States. *Harm Reduction Journal*, 14(1). <https://doi.org/10.1186/s12954-017-0157-y>
- National Institute on Drug Abuse. (2019, July 10). *Drug use and its consequences increase among middle-aged and older adults*. <https://www.drugabuse.gov/news-events/nida-notes/2019/07/drug-use-its-consequences-increase-among-middle-aged-older-adults>
- Reuter, P. (2013). Why has us drug policy changed so little over 30 years? *Crime and Justice*, 42(1), 75-140. <https://doi.org/10.1086/670818>

Ritchie, H., & Roser, M. (2019, December 5). *Drug use*. Our World in Data.

<https://ourworldindata.org/drug-use#deaths-from-substance-use-disorders>

Riggs, R., Parsons, J., Wei, Q., & Drucker, E. (2014). From punishment to treatment: A providers' perspective on the implementation of 2009 Rockefeller Drug Law reforms in New York. *Health & Justice*, 2(1), 1-14. <https://doi.org/10.1186/2194-7899-2-10>

Roberts, B., & Chen, Y. (2013). Drugs, violence, and the state. *Annual Review of Sociology*, 39, 105-125.

Sevigny, E. L., Pollack, H. A., & Reuter, P. (2013). Can drug courts help to reduce prison and jail populations? *The ANNALS of the American Academy of Political and Social Science*, 647(1), 190–212. <https://doi.org/10.1177/0002716213476258>

Substance Abuse and Mental Health Services Administration. (2019). *Behavioral health barometer: United States, volume 5: Indicators as measured through the 2017 National Survey on Drug Use And Health and the National Survey of Substance Abuse Treatment Services*. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/National-BH-BarometerVolume5.pdf>

Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health*. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>

Stemen, D. (2017). Beyond the war: The evolving nature of the US approach to drugs. *Harv. L. & Pol'y Rev.*, 11, 375-418.

Walker, I., & Netherland, J. (2019). Developing a transformative drug policy research agenda in the United States. *Contemporary Drug Problems*, 46(1), 3–21.

<https://doi.org/10.1177/0091450918811178>

Werb D. (2018). Post-war prevention: Emerging frameworks to prevent drug use after the War on Drugs. *The International journal on drug policy*, 51, 160–164.

<https://doi.org/10.1016/j.drugpo.2017.06.012>

Yates, Jeff, & Whitford, Andrew B. (2009). Race in the war on drugs: the social consequences of presidential rhetoric. *Journal of Empirical Legal Studies*, 6(4), 874-898.

<https://doi.org/10.1111/j.1740-1461.2009.01163.x>

Appendix

The pre-arranged questions will be the following:

1. Based on your knowledge and experience, what is your perception of the effectiveness of the current federal U.S. drug policy?
2. How have current U.S. drug policies affected you in your profession?
3. How do you feel about the criminalization of nonviolent individuals that use illicit drugs?
4. What impact do you believe criminalization has on an individual that has been penalized for using illicit drugs?
5. Portugal is a country which decriminalizes individuals found with the possession of illicit drugs that is meant for personal consumption. If a person is caught by law enforcement, rather than proceeding them through the justice system, they are presented to a task committee that proposes a health treatment to those that feel they have a drug consumption problem. Based on Portugal's drug policy, how would you feel about similarly decriminalizing illicit drug consumption in the U.S.?
6. The objective of Portugal's decriminalizing drug policy is based on a health concern notion that aims to help citizens who have a drug consumption problem, rather than considering them as criminals. How do you believe that this approach will impact your profession, stakeholders, and society if it was done in the U.S.?
7. In your opinion, based on your profession, personal experience, and beliefs, what do you believe would be the best approach for U.S. drug policy to implement?

NOTE: Question 5 and 6 include a short brief about Portugal's decriminalizing drug policy, in case the participant is not aware about it.