

Chapter 1 : Eight Steps To Effectively Control Drug Abuse & The Drug Market

So, preventing early use of drugs or alcohol may go a long way in reducing these risks. Risk of drug use increases greatly during times of transition. For an adult, a divorce or loss of a job may increase the risk of drug use.

The Best Strategy Why is adolescence a critical time for preventing drug addiction? Remember, drugs change the brain—and this can lead to addiction and other serious problems. So, preventing early use of drugs or alcohol may go a long way in reducing these risks. Risk of drug use increases greatly during times of transition. For an adult, a divorce or loss of a job may increase the risk of drug use. For a teenager, risky times include moving, family divorce, or changing schools. Often during this period, children are exposed to substances such as cigarettes and alcohol for the first time. When they enter high school, teens may encounter greater availability of drugs, drug use by older teens, and social activities where drugs are used. A certain amount of risk-taking is a normal part of adolescent development. Can research-based programs prevent drug addiction in youth? Scientists have developed a broad range of programs that positively alter the balance between risk and protective factors for drug use in families, schools, and communities. A Research-Based Guide for Parents, Educators, and Community Leaders, can significantly reduce early use of tobacco, alcohol, and other drugs. National drug use surveys indicate some children are using drugs by age 12 or Prevention is the best strategy. These prevention programs work to boost protective factors and eliminate or reduce risk factors for drug use. The programs are designed for various ages and can be used in individual or group settings, such as the school and home. There are three types of programs: Universal programs address risk and protective factors common to all children in a given setting, such as a school or community. Selective programs are for groups of children and teens who have specific factors that put them at increased risk of drug use. Indicated programs are designed for youth who have already started using drugs. These brain images show the reward-related circuitry in the cortical and subcortical regions of the brain that tend to be more active when a child is successful at achieving a reward. While all of the images show the regions of the brain that are active to reward, the regions in yellow and red are the most active. Adapted from Casey et al.

Chapter 2 : More Imprisonment Does Not Reduce State Drug Problems | The Pew Charitable Trusts

about what works to reduce drug abuse. The United States National Drug Control Strategy seeks to put resources where research and experience have proven that they can have the greatest effect in.

Understanding that drug use is a complicated phenomenon and that some methods of drug use are safer than others. Determining that quality of life is the criteria for successful approaches and rejecting the idea that total abstinence is the only way to address the issue of drug abuse. Using non-judgmental services and providing resources to people who use drugs and their communities, without forcing them to participate. Making sure that drug users have a say in the programs and policies of which they are a part. Seeing drug users as the ones who have control over preventing the harms of drug use and empowering them to share information and support each other. Facing the realities and risks of drug abuse. Harm reduction can be very effective. Studies have found that: Between and , these programs are estimated to have prevented more than 32, new HIV infections in Australia. Methadone maintenance programs are tied to decreases in death rates. Methadone maintenance is effective at reducing heroin use, crime, and risk behaviors for HIV. There were also fewer new infections of HIV and hepatitis C from sharing needles. The main areas of focus are the reduction of harm associated with alcohol and opioid addiction, the prevention of overdose deaths, and the reduction of disease transmission. Opioid Addiction Treatment One of the most common forms of harm reduction is medication-assisted treatment MAT for people who are addicted to opioids such as heroin and prescription painkillers. The most common drugs used in MAT are methadone, buprenorphine, and naltrexone. MAT combines medications with counseling and behavioral therapies to help people recover from addiction. Other treatment drugs e. For example, they learn how to recognize thought patterns that can lead to drug use, identify situations that can lead to relapse, and tap into their motivation for recovery. Reducing the dangers of drug use, such as contracting HIV and other infections. Minimizing the likelihood that the person will engage in criminal activity. Improving the health of babies born to mothers who have been opioid-dependent. Opioid Overdose Prevention Overdoses from opioids have reached epidemic proportions in the U. Naloxone is used to reverse an opioid overdose by blocking opioid receptor sites in the brain. It can be given as a metered nasal spray or an injection. Even though emergency response personnel usually administer naloxone, doctors and pharmacists can show drug users, their family members, and caregivers how to use it. This method acknowledges that not all alcoholics are ready for recovery. The Harm Reduction Therapy Center in Oakland, California allows clients to continue drinking while they set small but achievable goals that may include reducing their intake of alcohol, not drinking and driving, or eventually quitting. Carrying condoms when you go out drinking. Planning one abstinence day if you drink daily. Research on Alcohol Harm Reduction A study found that treatment that emphasized controlled drinking was likely as effective as abstinence treatment for at least some people with alcohol problems. Another study found that problem drinkers who drank less during treatment had significantly fewer alcohol-related effects and better mental health. One successful program, the Alcohol Misuse and Prevention Study AMPS , targeted children in grades 5 and 6 and educated them about the dangers of alcohol use and how to handle peer pressure. A follow-up study showed that participants had fewer alcohol problems than students who did not participate in the program. A study on a comparable program in Australia showed similar results. These programs allow people who inject drugs to 1 obtain a sterile needle or syringe for each time they use drugs and 2 safely dispose of used needles. Other services might include prevention materials such as alcohol swabs, vials containing sterile water, condoms, and education on safer injection practices. Increasing the likelihood that a drug user seeks treatment. Reducing deaths from overdose. Preventing needlestick injuries among first responders and the public. Minimizing healthcare spending related to disease transmission. According to the Centers for Disease Control and Prevention, people who inject drugs are 5 times more likely to enter addiction treatment when they use a syringe services program.

Chapter 3 : Harm Reduction - racedaydvl.com

The research for Promising Strategies to Reduce Substance Abuse was conducted by Drug Strategies, a nonprofit research institute based in Washington, D.C. Drug Strategies' mission is to promote more effective approaches to the nation's drug problems.

Typically delivered in one or two sessions, such sessions can take place by mail, online, or in person. Cognitive-behavioral interventions seek to change behavior by helping the student to recognize when and why he or she drinks too much and then providing tools for changing that behavior. The students can see how their own drinking compares to that of their peers. These programs typically incorporate interactive components along with information about alcohol and its effects. Some also provide students with tips on how to build skills for monitoring and limiting their drinking. Student drinking is not confined to college campuses—students drink off-campus in surrounding communities. Partnerships between colleges and communities can help enforce laws related to setting and maintaining a minimum drinking age, reducing alcohol-impaired driving, raising the price of alcoholic beverages, limiting the number of stores selling alcohol, and training retailers to provide responsible beverage service. However, these collaborations with community partners, such as police departments and local governments, may be difficult to develop. Companies have the opportunity to offer a range of support programs, for example through employee assistance or medical care programs. These programs benefit not only employees and society in general,⁵ but also employers, who can reap savings in medical costs and higher worker productivity. Workplace prevention programs can help address some of the factors that may accompany abusive drinking. For example, lifestyle campaigns have shown promise in encouraging workers to ease stress, improve nutrition and exercise, and reduce risky behaviors such as drinking, smoking, and drug use. Programs that promote social support and worker peer referral to substance abuse or other treatment programs can be beneficial. Such approaches include asking for identification checks, making sure alcohol retailers near a base do not serve minors, increasing the number and frequency of driving under the influence DUI checks, fostering community-based awareness, and supporting media campaigns to reduce drinking and promote alternative activities that do not include alcohol. Web-based programs have clear advantages and disadvantages compared with traditional face-to-face efforts. They may be cost-effective for colleges, because they do not require staff training and scheduling of interviews. Web-based programs are convenient for students to access. Because their privacy is protected, some students may feel less accountable about giving accurate responses about their drinking. The relative lack of effort needed to complete some Web-based programs, compared with face-to-face interventions, might lead students to assign less value to such interventions. Multiple distractions are at hand while completing Web-based programs texting, watching television, or talking on the phone while using the programs that are not found in face-to-face settings. For instance, abstainers, moderate drinkers, and heavy drinkers each may receive different messages from a Web-based program, which may in turn increase its impact and effectiveness. Such policies also can help prevent the adverse consequences of alcohol consumption in wider audiences, and on a larger scale, than any other category of interventions. For example, from 1984 to 1996, when all 50 States enacted basic impaired-driving laws, the United States saw a remarkable drop in alcohol-related fatal crashes, accounting for 44 percent of the reduction in the total number of such accidents. Restrictions in these areas make alcohol less available and have been effective in reducing alcohol abuse and related problems, as noted in major policy reviews. Prevention efforts are especially important for young people, a group at particular risk for the consequences of alcohol use. Communities, schools, and workplaces provide essential venues for reaching risky drinkers with prevention messages and strategies. Research continues to support the development of new approaches and new ways of delivering effective prevention messages. The risks associated with alcohol use and alcoholism. Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. Strategies to Reduce the Harmful Use of Alcohol: Accessed October 25, 2011. The road to a World Health Organization global strategy for reducing the harmful use of alcohol. Economic costs of excessive alcohol consumption in the U. American Journal of

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Chapter 4 : Preface | National Institute on Drug Abuse (NIDA)

To reduce a teenager's risk for becoming involved with alcohol, tobacco, and illegal drugs, here are the top 10 effective ways to prevent or reduce teenage drug and alcohol abuse: 1. Model the behavior you seek.

Those who left state prisons in had been behind bars an average of 2. To explore this question, The Pew Charitable Trusts examined publicly available data from federal and state law enforcement, corrections, and health agencies. The evidence strongly suggests that policymakers should pursue alternative strategies that research shows work better and cost less. Sharp rise in federal drug imprisonment yields high cost, low returns More than three decades ago, Congress responded to the rise of crack cocaine by requiring that more drug offenders go to prison and stay there longer. The rate of federal drug offenders who leave prison and are placed on community supervision but commit new crimes or violate the conditions of their release has been roughly a third for more than three decades. In , more than 33, Americans died from an opioid overdose, and heroin-related deaths climbed 20 percent from the previous year, according to the Centers for Disease Control and Prevention. But the 50 states have made different policy choices regarding drug penalties, which has led to considerable variation in drug imprisonment rates. In , Louisiana had the highest drug-offender imprisonment rate in the nation at In raw numbers, Louisiana had more drug offenders in prison on the last day of than every state except California, Florida, Illinois, and Texas, which have much larger populations. Lawmakers across the country are trying to address the rise in opioid misuse, which includes prescription drugs and illicitly manufactured heroin and fentanyl. If imprisonment were an effective deterrent to drug use and crime, then, all other things being equal, the extent to which a state sends drug offenders to prison should be correlated with certain drug-related problems in that state. The theory of deterrence would suggest, for instance, that states with higher rates of drug imprisonment would experience lower rates of drug use among their residents. To test this, Pew compared state drug imprisonment rates with three important measures of drug problems—self-reported drug use excluding marijuana , drug arrest, and overdose death—and found no statistically significant relationship between drug imprisonment and these indicators. In other words, higher rates of drug imprisonment did not translate into lower rates of drug use, arrests, or overdose deaths. State pairings offer illustrative examples. Conversely, Indiana and Iowa have nearly identical rates of drug imprisonment, but Indiana ranks 27th among states in self-reported drug use and 18th in overdose deaths compared with 44th and 47th, respectively, for Iowa. Some associations though not causal relationships did emerge among the demographic variables. Is not white, the higher the drug imprisonment rate. Is unemployed, the lower the drug imprisonment rate. The statelevel analysis reaffirms the findings of previous research demonstrating that imprisonment rates have scant association with the nature and extent of the harm arising from illicit drug use. On the other hand, reduced prison terms for certain federal drug offenders have not led to higher recidivism rates. In , the Sentencing Commission retroactively cut the sentences of thousands of crack cocaine offenders, and a seven-year follow-up study found no increase in recidivism among offenders whose sentences were shortened compared with those whose were not. A report by the Police Executive Research Forum found that law enforcement agencies in several states are collaborating with other stakeholders to develop alternative approaches to drug offenders, such as diverting those with substance use disorders into treatment. Over the past 10 years, many states have revised their drug penalties and reduced their prison populations without seeing an increase in crime rates. In , as part of a larger reform effort, South Carolina expanded probation and parole opportunities for people convicted of drug offenses. A systematic review of drug courts in 30 states concluded that a combination of comprehensive services and individualized care is an effective way to treat offenders with serious addictions. An estimated 22 million Americans needed substance use treatment in , but only about 1 in 10 received it. Food and Drug Administration FDA -approved medication—is the most effective intervention to treat opioid use disorder. In March , Kentucky enacted a law eliminating barriers to treatment in county jails and providing funds for evidence-based behavioral health or medication-assisted treatment for inmates with an opioid use disorder. Several evidence-based approaches are available to help patients and medical providers ensure appropriate use of prescribed opioids. One, a patient review and

restriction PRR program, identifies individuals at risk for prescription misuse and ensures that they receive controlled substance prescriptions only from designated pharmacies and prescribers. A nationwide telephone survey of 1, registered voters, conducted for Pew in by the Mellman Group and Public Opinion Strategies, found that nearly 80 percent favor ending mandatory minimum sentences for drug offenses. More than 8 in 10 favored permitting federal prisoners to cut their time behind bars by up to 30 percent by participating in drug treatment and job training programs that are shown to decrease recidivism. Twenty percent said drug couriers or mules should receive a year minimum sentence, and 25 percent said drug dealers who sold illegal substances on the street deserved a minimum year term. In addition, public opinion polls in four states, also conducted for Pew by the Mellman Group and Public Opinion Strategies between February and March , reveal significant and broad political support for reducing prison sentences for nonviolent offenders and reinvesting the savings in alternatives, including drug treatment. Requiring offenders to get treatment and increasing community supervision rather than sending them to prison will more effectively stop the cycle of addiction and make our communities safer. Support for both of these reforms spanned political parties and demographic groups. Consensus was broadly bipartisan for this question as well, with backing from 80 percent of Republicans, 82 percent of independents, and 87 percent of Democrats. Conclusion Although no amount of policy analysis can resolve disagreements about how much punishment drug offenses deserve, research does make clear that some strategies for reducing drug use and crime are more effective than others and that imprisonment ranks near the bottom of that list. And surveys have found strong public support for changing how states and the federal government respond to drug crimes. Putting more drug-law violators behind bars for longer periods of time has generated enormous costs for taxpayers, but it has not yielded a convincing public safety return on those investments. Instead, more imprisonment for drug offenders has meant limited funds are siphoned away from programs, practices, and policies that have been proved to reduce drug use and crime. Data and methodology This analysis used imprisonment data collected from state corrections departments, the Bureau of Justice Statistics National Corrections Reporting Program for California and Maine only , and the Federal Bureau of Prisons. Imprisonment data included offenders in state and federal facilities; federal drug offenders were assigned to state counts based on the location of the federal district court in which they were sentenced. Correctional facilities in the District of Columbia were not included in the analysis. Federal offenders in community corrections, military, and foreign facilities and local jail inmates up to 70 percent of whom are being held pending trial⁵³ also were not included. Department of Health and Human Services. This analysis utilized NSDUH data for adults 18 or older, comprising approximately 96, individuals. For this brief, illicit drug use rates excluded marijuana, which has been legalized for medicinal and recreational use in several states. The state-level drug arrest rates include marijuana since UCR data is not broken out by drug type. Unless otherwise noted, all data are from , the most recent year for which complete data are available for each of the four measures. To measure whether a relationship exists between drug imprisonment rates and state drug problems, Pew performed a simple regression test. Demographic data were drawn from the U. Census Bureau, and unemployment and income data were derived from the U. Bureau of Labor Statistics. The analysis did not draw conclusions about causality between state drug imprisonment rates and the aforementioned indicators of state drug problems. The nationwide poll cited in this report captures findings from a telephone survey of 1, registered voters conducted for Pew by The Mellman Group and Public Opinion Strategies between Jan. The margin of error for the survey was plus or minus 2. The four state polls also capture findings of telephone surveys⁵⁴ also conducted by the Mellman Group and Public Opinion Strategies⁵⁵ of likely voters per state, which similarly included cellphones and landlines selected from official voter lists. Each survey had a margin of error of plus or minus 4. The field dates for the state surveys were Feb. Although the reviewers provided many constructive comments and suggestions, neither they nor their organizations necessarily endorse the conclusions or recommendations. Department of Justice, Bureau of Justice Statistics , <https://www.bjs.ojp.gov/>; Pew used the period to capture all available yearly data. Ellis, and Hilary L. Exploring Causes and Consequences Washington, D. The National Academies Press, , The authors assess tactics used by law enforcement in the United Kingdom. Nicholas Corsaro et al. Ojmarrh Mitchell et al. Roman, and Carrie B. Abraham, and Paul M. Kentucky State Legislature, S. According to one estimate, about , people

were held in local jails on drug charges in ; about 70 percent of them were not convicted but were being held pending trial.

Employ TV, radio and social media to educate families about drug-abuse prevention. This has been repeatedly shown to reduce the non-medical use of narcotic pain pills. 4.

Public health approaches offer effective, evidence-based responses, but some of the most effective interventions are not currently allowed in the United States owing to outdated drug laws, attitudes, and stigma. Substance misuse treatment is too often unavailable or unaffordable for the people who want it. A criminal justice response, including requiring arrest to access health services, is ineffective and leads to other public health problems. This policy statement calls on federal, state, and local elected officials and agency staff, health care professionals, community health workers, and other stakeholders to support a full reorientation toward a health approach to drug use, including the evaluation of promising practices from other countries for domestic implementation. In addition, it recommends ending the criminalization of drugs and drug consumers, prioritizing proven treatment and harm reduction strategies, and expanding and removing barriers to treatment and harm reduction services, including repealing any bans on funding syringe access programs. Overdose is second only to motor vehicle accidents as a leading cause of injury-related death in the United States. For example, legal and bureaucratic barriers still prevent people who inject drugs from accessing sterile syringes in the United States, despite decades of evidence proving that syringe access programs help to reduce the spread of diseases. The federal ban is estimated to have cost thousands of lives and hundreds of millions of dollars. While drug war budgets have generally increased, effective treatment programs are chronically underresourced, and in the United States practically no federal funds are invested in programs that will reduce harms related to injection drug use. Although rates of drug use and selling are comparable across racial and ethnic lines, Blacks and Latinos are far more likely to be criminalized for drug law violations than Whites. One in 9 Black children have an incarcerated parent, as compared with one in 28 Latino children and one in 57 White children. In addition, criminal records are cited as justification for deporting legal residents and barring other noncitizens from visiting the United States. Such exclusions create a permanent second-class status for millions of people and, as with drug war enforcement itself, fall disproportionately on people of color. The Vienna Declaration calls for an acknowledgment of the limits and harms of drug prohibition, for ending the criminalization of people who use drugs, and for drug policy reform to remove barriers to effective HIV prevention, treatment, and care. The Hidden Hepatitis C Epidemic, which again called for the decriminalization of drug use and the expansion of proven, science-based solutions to reduce hepatitis C, including sterile syringe access, supervised injection facilities, and heroin prescription programs. Joining those distinguished colleagues and peers, APHA agrees that the criminalization of people who use illicit drugs is fueling the HIV epidemic and has resulted in overwhelmingly negative health and social consequences, and that a full policy reorientation is needed. End the criminalization of drug possession and people who use drugs: In , Portuguese legislators enacted a comprehensive form of decriminalization of low-level possession and consumption of all illicit drugs and reclassified these activities as administrative violations. On the basis of these findings, the commission can order someone to attend a treatment program, complete other monitoring activities, pay a fine, or submit to other administrative sanctions. Drug trafficking and non-drug offenses remain illegal and are still processed through the criminal justice system. Between and , the number of cases of HIV among people who inject drugs declined from to , and the number of AIDS cases decreased from to . These highly significant declines are largely attributable to the increased provision of harm reduction services and efforts made possible by decriminalization. Alongside its decriminalization law, Portugal significantly expanded its treatment and harm reduction services, including access to sterile syringes as well as methadone maintenance therapy and other medication-assisted treatments. Expand access to harm reduction interventions: Harm reduction programs including sterile syringe access, supervised injection facilities, and medication-assisted treatment should be scaled up to eliminate HIV and hepatitis C transmission among people who inject drugs. Interventions that have proven effective in other countries should be evaluated for implementation in the United States, and legal and political barriers to programs with evidence of

effectiveness should be removed. Treatment providers, health professionals including primary care physicians, community health workers CHWs, and other stakeholders should receive professional preparation and training with respect to proven treatment and harm reduction interventions. CHWs play a critical role in making contact and building trust with hard-to-reach, drug-using populations at high risk and connecting them to health services or delivering those services to them. Criminalization, by contrast, makes the essential harm reduction functions of CHWs more difficult or even impossible. Restricting access to sterile syringes among people who inject drugs has been proven to lead to syringe sharing, a major cause of HIV infections. Medically supervised injection facilities SIFs are controlled health care settings where people who use drugs can more safely do so under clinical supervision and receive health care, counseling, and referral to health and social services, including drug treatment. SIFs are proven to reduce unsafe injecting practices and the transmission of blood-borne viruses; prevent overdose fatalities; increase access or referrals to treatment programs, including medication-assisted treatment and detoxification services; decrease societal costs associated with emergency room visits and crime; and reduce the social harms associated with injection drug use, such as public disorder, public intoxication, public injecting, and publicly discarded syringes. Such therapies include methadone and buprenorphine,[88] as well as pharmaceutical heroin treatment, and they have proven successful in many countries. Denial of these treatments can result in untreated addiction, preventable HIV risk behaviors, and heightened vulnerability to fatal overdose. APHA declares that it will seek and support state and federal legislation to eliminate the profit motive in the illicit sale of drugs by making medically approved drugs and regimens of the most suitable and clinically evaluated methods readily available to known drug addicts at specially designated health centers equipped with professional staffs competent to deal with the comprehensive rehabilitation of the addict by means of: Medical care—psychological and psychiatric counseling; social, economic, and welfare counseling aimed at increased employability [and] provision of the necessary funding to enable states, communities, and consumer action groups to give priority and coordinated action to implement establishment of such centers. A systematic review of all published studies to date on heroin-assisted treatment HAT showed significant reductions in illicit drug use and crime and improvements in the health of participants. As a corollary, it is often argued that reducing or eliminating criminal penalties for drug possession or expanding access to harm reduction services such as syringe exchanges, supervised injection facilities, or medication-assisted treatments enables problematic drug use; promotes the initiation of drug use; increases rates of drug misuse, crime, and related problems; and worsens public health and public safety. Yet, available evidence does not support these assertions. Not only has the dominant drug war paradigm completely failed to curb drug use or supply,[13] but the evidence consistently shows that this approach has significantly amplified the harms of drug misuse and addiction. Moreover, empirical evidence from jurisdictions around the world has demonstrated rather conclusively that policies that eliminate criminal penalties for drug possession or allow limited drug availability do not increase drug use to any appreciable degree. Clearly, by itself, a punitive policy towards possession and use accounts for limited variation in nation-level rates of drug use. It also appears that a number of drug-related problems have decreased. Syringe access programs, on the contrary, have been proven not to contribute to increased drug use, drug injection, crime, or unsafe discarding of syringes. Coerced treatment is ethically unjustifiable, especially when voluntary treatment can yield equal or more positive outcomes. Instead of arresting and booking people for certain drug law violations, including drug possession and low-level sales, police in a pair of Seattle neighborhoods will immediately direct them to drug treatment or other supportive services. LEAD allows law enforcement to focus on serious crime but to still play a key role in linking people with certain drug law violations to services before they enter the justice system. To be most successful, local, state, and national drug policies must empower health professionals to assess and deliver services to each individual. CHWs, for example, should be enabled and given adequate resources to serve as the point of contact, source of referrals and information, and service provider for certain low-threshold services directly. Ultimately, the removal of criminal sanctions in favor of optional, non-punitive, proportionate, administrative sanctions—alongside a major expansion of proven, evidence-based harm reduction, treatment, and prevention services—offers more promise in achieving a

health-centered approach to drug misuse. Action Steps APHA believes that national and state governments and health agencies must reorient drug policies to embrace health-centered, evidence-based approaches that reduce the individual and community harms deriving from current policies and from illicit drug misuse, respect the human rights of people who use drugs, and allow for the redirection of financial resources toward where they are needed most. Urges Congress, the administration, and federal health agencies to convene relevant experts and stakeholders in the fields of public health, drug treatment, medicine, harm reduction, education and prevention, social work, and law enforcement, as well as people who currently use or formerly used drugs and affected communities, to critically review the effectiveness of current drug policies; to examine the potential public health gains of a range of new drug policies, including the decriminalization of personal drug possession and use; to open a public debate about regulatory alternatives to drug prohibition in order to address the public health and safety harms of illicit drug markets; and to produce a policy environment that will be most conducive to significantly expanding US treatment, education, and harm reduction programs. Urges federal, state, and local elected officials and agency staff to implement evidence-based and culturally appropriate prevention, regulatory, treatment, and harm reduction interventions, including but not limited to: Expanding proven, life-saving public health interventions and harm reduction and treatment programs, including medication-assisted treatment, and strengthening professional preparation and training in these interventions for health care providers, CHWs, and public health, allied health, health education, and health communication professionals. Investigating and, if results are favorable, implementing new innovative agonist and partial agonist replacement treatments and medically supervised injection facilities, which have demonstrated their safety and efficacy in several countries around the world but have not yet been attempted in the United States. Increasing funding for existing treatment modalities and ensuring they are available to all people who need them, including those who are incarcerated or under criminal justice supervision. Deprioritizing the use and funding of non-health agencies' such as drug courts and other court-based diversion programs' to deal with people who use drugs and redirecting resources from criminal justice programs toward public health interventions to improve the health of such individuals. Calls on Congress to permanently repeal the federal ban on syringe access funding, to fund such programs to the maximum extent possible, and to remove other detrimental barriers to proven interventions. Encourages state governments to leverage resources potentially available through the Affordable Care Act toward effective community-based drug treatment, harm reduction, and physical and mental health services. Urges Congress and state governments to eliminate federal and state criminal penalties and collateral sanctions for personal drug use and possession offenses and to avoid unduly harsh administrative penalties, such as civil asset forfeiture, and acknowledges that proportionate criminal penalties may be appropriate' consistent with principles of public health and human rights' for behavior that occurs in conjunction with drug use if that behavior causes or seriously risks harm to others, such as driving under the influence; however, such penalties should not be imposed solely for personal drug possession and use. References American Public Health Association. Accessed December 12, American Public Health Association. Ruiz P, Strain EC, eds. Wolters Kluwer Health; US drug war has met none of its goals. Volume I, Secondary School Students. 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Sydney, Australia: Overdosing among young injection drug users in San Francisco. Response to overdose among injection drug users. Am J Prev Med. Circumstances of witnessed drug overdose in New York City:

Chapter 6 : Effective Solutions to Drug Addiction - Narconon

Related APHA Policy Statements. APHA Policy Statement - A Public Health Response to the War on Drugs: Reducing Alcohol, Tobacco and Other Drug Problems among the Nation's Youth [1].

Criminal intelligence and information sharing I Countering kidnapping I Border management I Container Control In every country in the world, law enforcement officials are at the frontline of efforts to combat organized crime. Technical assistance includes institutional and operational capacity building of law enforcement and judicial bodies to strengthen investigation and prosecution of organized crimes. Training is offered to police investigators, prosecutors and judges, criminal intelligence analysts, specialized drug and organized crime investigators and customs officials. UNODC delivers a range of trainings to law enforcement officers on topics of relevance to fighting organized crime in their local contexts. It also employs modern technical training such as computer-based training as well as assistance in improving information exchange between law enforcement agencies, custom and border control authorities in different countries. UNODC also supports evidence-based law enforcement responses by analyzing report questionnaires submitted by States parties to the Organized Crime Convention. On this basis, research conducted by UNODC is vital in identifying regional and global organized crime trends, forecasting future trends and strengthening the capacity of States to respond reactively and proactively. Criminal intelligence and information sharing Criminal intelligence has been described as the lifeblood of the fight against transnational organized crime. A fundamental component of building law enforcement capacity involves enhancing understanding of how criminal intelligence works and how practically to develop, share and use it. In order to operate internationally, individual Member States must have the capacity within their own law enforcement structures to collect, collate, analyze and disseminate information on criminals and the organizations within which they operate. UNODC is supporting criminal intelligence capabilities of law enforcement agencies through the provision of policy advice, assessment and gap analysis, and training of criminal analysts including in using specialist analytical software , front-line law enforcement and policy makers, including through the use of a set of recently published criminal intelligence training manuals. In this context, UNODC has published a series of criminal intelligence guides for managers, analysts and frontline law enforcement respectively, to serve as reference tools for law enforcement officials performing their respective roles, or to accompany and reinforce training courses in the discipline. Capacity building initiatives are supported by training that emphasizes the importance of international cooperation in the investigation of transnational organized crime. Before a State can begin to respond to criminal threats, it must first understand them. Effective responses must be based on evidence as to the nature of organized crime and the extent to which organized crime groups affect States. Produced by UNODC in conjunction with Interpol, the SOCTA handbook represents the result of collaboration with dedicated law enforcement professionals, representatives of international and non-governmental organizations as well as academic institutions. The SOCTA handbook assists policy makers and managers to make better decisions about their responses to serious crime and provides practitioners with guidance on carrying out their own national threat assessments in line with international best practice. For more information, see the Global Programme. Countering kidnapping The international community is increasingly concerned about the use of kidnapping by organized criminal groups. In the most severely affected countries, several hundred kidnappings occur annually. Criminal groups are involved in kidnapping for the purpose of extortion, as a method of accumulating capital for other criminal activities, such as trafficking in firearms, money laundering, drug trafficking, trafficking in people and crimes related to terrorism. While definitional and recording problems make the crime difficult to assess the incidence of kidnapping at the international level, it is clear that States generally consider this crime to be a serious one. Three interconnected recommendations that appeared appropriate in response to information-gathering efforts by UNODC, concern increased efforts to: UNODC released a Counter-kidnapping Manual in aimed at providing authorities with guidance on preventing and investigating kidnapping cases. The manual is available upon request. Border management Border control officials are often at the frontline of defense against

organized crime and may be called upon to identify and apprehend criminals and protect and assist victims. It is therefore essential that border control officers be supported in their role as first responders. Specific activities and interventions within the BLO programme differ depending on the particular context and the funding available. Often border officials are sparsely equipped, with limited resources with which to patrol borders and react when borders are breached. The BLO programme provides beneficiaries with technical resources such as computers and transport resources such as motorbikes with which to strengthen their responsive capacity. Additionally, the programme acts to build trust and dialogue between border staff on both sides of the border and strengthen communication between them so as to empower both sides to act and respond quickly to border threats. Increased confidence and trust between personnel has led to regular meetings between actors on both sides of the border, efficient information exchange and the development of joint operations, patrols and surveillance. This increased communication and collaboration in turn means that effective border management becomes self-sustaining. Container Control International trade is one of the significant contributing factors as well as by-products of globalization. Trade can significantly contribute to sustainable development through increased economic opportunities in movement of goods around the world. However, many developing countries do not have the capacity to effectively harness the goods of international trade, while also ensuring trade security and standards at their ports, handling terminals and borders. Although freight containers are an important part of the trade supply chain, they are used by organized criminals to traffic illicit drugs, precursor chemicals, weapons, explosives and other contraband. Where the trafficking of illicit goods through containers is not intercepted by law enforcement authorities, it fuels the commission of other serious crimes. For instance, trafficking of weapons and explosives raises concern about trafficking in containers being used directly or indirectly for terrorist attacks. The UNODC Container Control Programme, in partnership with the World Customs Organization, aims to assist governments to establish effective container controls that serve to prevent illegal activity while also facilitating legal trade. Through this programme, Joint Port Control Units, comprised of customs and police officers, are established at selected ports. Border guards, sea port authorities and other relevant agencies can also be beneficiaries of the programme. Staff are trained and equipped to identify and inspect high-risk freight containers with minimum disruption to legitimate trade and business. The Control Units have regular access to experts and specialist mentor services and are encouraged to forge partnerships and links with the trade and business community. A comprehensive basis for Joint Port Control Units is established for the exchange of information and intelligence and use of risk assessment and targeting techniques to identify high-risk consignments for law enforcement scrutiny, without hindering free flow of legitimate trade. The programme further aims to promote the formation of alliances between customs, trade and enforcement communities as a means of collectively preventing the abuse of legitimate commercial trade for the purposes of organized crime. More information about the Container Control Programme.

Chapter 7 : Law enforcement

strengthen programs and policies to reduce prescription drug abuse and overdose in the U.S. HHS has been at the forefront of the response to this serious public health issue and is committed to working with our federal, state, local governmental and non-governmental partners to further.

Chapter 8 : Defining and Implementing a Public Health Response to Drug Use and Misuse

Possibly because of numerous interventions to reduce prescription drug abuse at that time, prescription drug overdoses decreased slightly from to per , between and Of concern, though, is that fatal heroin overdoses doubled again during that time, which may reflect increased heroin use in the face of decreased access to.

Chapter 9 : Lock Your Meds IREDELL COUNTY

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-teaching students to make rational decision about their own drug use with the goal of reducing the overall harm produced by misuse and abuse affective education -affective domain focuses on emotions and attitudes, which may underlie some drug use.