Testimony Before the

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Hearing in Reference to "America's Insatiable Demand for Drugs:

Examining Alternative Approaches"

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Good morning. I would like to thank Chairman Johnson and the rest of the Homeland Security and Government Affairs Committee for inviting me to testify. I am Ethan Nadelmann, the founder and executive director of the Drug Policy Alliance, the leading organization in the United States promoting alternatives to the failed war on drugs.

The Drug Policy Alliance (DPA) is the nation's leading organization promoting drug policies that are grounded in science, compassion, health and human rights. Our supporters are individuals who believe the war on drugs is doing more harm than good. Together we advance policies that reduce the harms of both drug use and drug prohibition, and seek solutions that promote safety while upholding the sovereignty of individuals over their own minds and bodies. We work to ensure that our nation's drug policies no longer arrest, incarcerate, disenfranchise, and otherwise harm millions – particularly young people and people of color who are disproportionately affected by the war on drugs.

The war on drugs has had a devastating impact on the world: murder and mayhem in Mexico, Central America, and so many other parts of the planet, a global black market estimated at 300 billion dollars a year, prisons packed in the United States and elsewhere, police and military drawn into an unwinnable war that violates basic rights, and ordinary citizens just hoping they don't get caught in the crossfire. Meanwhile, there are just as many people using drugs as ever. It is our country's history with alcohol Prohibition and Al Capone, times 50.

Even routine drug law enforcement can increase violence by destabilizing markets and creating power vacuums. A systematic review of more than 300 international studies found that when police crack down on people who use or sell drugs, the result is almost always an increase in violence.[1] Two studies conducted in 1991 and 1999 found that when there has been a major increase in the homicide rate in the U.S., it could be positively associated with intensified enforcement of alcohol Prohibition or drug prohibition.[2] In recent years, the escalation of the war on drugs in Mexico and other Latin American countries has led to the deaths of tens of thousands of people in those countries.[3] Hundreds, if not thousands, of Americans die on U.S. streets in drug prohibition-related violence every year, although it goes largely untracked.[4]

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[1] International Centre for Science in Drug Policy, Effects of Drug Law Enforcement on Drug-Related Violence: Evidence from a Scientific Review (2010), 22, available at http://www.icsdp.org/docs/ICSDP-1%20-%20FINAL.pdf

[2] Friedman, Milton, "The War We Are Losing," in Searching for Alternative: Drug-Control Policy in the United States, M.B. Krauss and E.P. Lazear, eds. (Hoover Institution: Stanford, CA: 1991), 53-67; Jeffrey A. Miron, "Violence and the U.S. Prohibitions of Drugs and Alcohol," American Law and Economics Review 1-2 (1999): 78-114, available at http://aler.oxfordjournals.org/content/1/1/78.full.pdf.

[3] In Mexico, over 70,000 people have been killed, 25,000 have been disappeared, and hundreds of thousands have been internally displaced in prohibition-related violence in the past six years, while several Central American countries have some of the highest homicide rates in the world, prompting the U.N to describe the region as the most violent in the world outside of active war zones. See, for example, Booth, William. *Mexico's crime wave has left about 25,000 missing, government documents show.* Washington Post (2012); David A. Shirk, The Drug War in Mexico Confronting a Shared Threat, Council on Foreign Relations (2012), http://i.cfr.org/content/publications/attachments/Mexico_CSR60.pdf; and United Nations, "Drug-related violence has reached alarming levels in Central America – UN," (February 2012), http://www.un.org/apps/news/story.asp?NewsID=41407&Cr=drug+trafficking&Cr1#.UQI_gr88CSo. See also Cory Molzahn, Octavio Rodriguez Ferreira, and David A Shirk, "Drug Violence in Mexico: Data and Analysis through 2012," (Trans-Border Institute, 2013); "Epn En 100 Días: 4 Mil 549 Ejecuciones," *Zeta*, 11 de marzo, 2013; Angélica Mercado, "Violencia Saca De Sus Pueblos a 1.2 Millones," Milenio, 19 de noviembre, 2012; Gloria Leticia

Drug control strategies that seek to interrupt the supply at its source have failed over and over again for cocaine, heroin, marijuana, and virtually every drug to which they have been applied – including alcohol during alcohol Prohibition.[5] Fundamental economic principles demonstrate why: As long as a strong demand for a drug exists, a supply will be made available at some price to meet it.[6] Worse than simply being ineffective, supply-side strategies drive immutable market forces to expand cultivation and trafficking, generate unintended consequences, and, in many instances, ultimately worsen the problem.

I wrote my Ph.D dissertation on international drug control and have written and co-authored books on international policing, including drug control. I have interviewed hundreds of DEA and other law enforcement agents all around Europe and the Americas and asked them what they think the answer is.

In Latin America, they would tell me you can't really cut off the supply; the answer lies back in the U.S., in cutting off the demand. When I talked to people involved in anti-drug efforts in the U.S., they said you can't really cut off the demand; the answer lies over there, and you have to cut off the supply. Then I talked to guys in customs trying to stop drugs at the borders, and they would say you're not going to stop it here; the answer lies over there, in cutting off supply and demand. And it hit me: Everybody involved in this thought the answer lay in that area about which they knew the least.

That is when I started reading everything I could about psychoactive drugs: the history, the science, the politics, all of it. The more I read, the more it hit me how a thoughtful, enlightened, intelligent approach would take us one direction whereas the politics and laws of our country were taking us in a far less effective and more destructive direction. That disparity struck me as this incredible intellectual and moral puzzle.

Research into the history, science, and politics of psychoactive drugs reveals that there has probably never been a drug-free society. Virtually every society has ingested psychoactive substances to deal with pain, increase our energy, socialize, even commune with God. Our desire to alter our consciousness may be as fundamental as our desires for food, companionship, and sex. So our true challenge is to learn how to live with drugs so they cause the least possible harm and in some cases the greatest possible benefit.

Diaz, "Desplazados 1.6 Millones De Mexicanos Por Guerra Contra El Crimen Organizado," Proceso, 28 de noviembre, 2011.

[4] "Crime in the United States 2011 - Arrests," FBI Uniform Crime Report, "Murder Circumstances, by Sex of Victim, 2011," (Washington, DC: US Dept. of Justice, October 2012), http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2011/crime-in-the-u.s.-2011/tables/expanded-homicide-data-table-13 (reporting that in 2011, an estimated 14,612 people were murdered, including at least 390 that the FBI attributes to "narcotic drug laws", another 494 labeled "gangland killings", and over 5,000 other homicides in which the circumstances were unknown or unspecified).

[5] Boyum, David, and Peter Reuter. An Analytic Assessment of U.S. Drug Policy. Washington, D.C.: American Enterprise Institute Press, 2005; Reuter, Peter. "The Limits of Supply-Side Drug Control." The Milken Institute Review Santa Monica, CA, First Quarter 2001: 15- 23; and Youngers, Coletta, and Eileen Rosin, Ed. "Drugs and Democracy in Latin America: The Impact of U.S. Policy." Washington Office on Latin America Special Report Washington, D.C., Nov. 2004: 1-5.

[6] Reuter, Peter. "The Limits of Supply-Side Drug Control." The Milken Institute Review Santa Monica, CA, First Quarter 2001: 15-23.

The reason some drugs are legal and others are not has almost nothing to do with science or health or the relative risk of drugs, and almost everything to do with who uses and who is perceived to use particular drugs.[7] In the late 19th century, when most of the drugs that are now illegal were legal, the principal consumers of opiates in this country and others were middle-aged white women, using them to alleviate aches and pains when few other analgesics were available. And nobody thought about criminalizing it back then because nobody wanted to put Grandma behind bars.

But when hundreds of thousands of Chinese people started showing up in our country, working hard on the railroads and the mines and then relaxing in the evening just like they had in the old country with a few puffs on that opium pipe, that's when the first drug prohibition laws were put in place, in California and Nevada, driven by racist fears of Chinese transforming white women into opium-addicted sex slaves.[8] The first cocaine prohibition laws were similarly prompted by racist fears of black men sniffing that white powder and forgetting their proper place in Southern society.[9] The first marijuana prohibition laws were all about fears of Mexican migrants in the West and Southwest.[10]

I used to be a professor teaching about this at Princeton. Now I'm a human rights activist, and what drives me is my shame at living in an otherwise great nation that has less than five percent of the world's population but almost 25 percent of the world's incarcerated population. It's the people I meet who have lost someone they love to drug-related violence or prison or overdose or AIDS because our drug policies emphasize criminalization over health. And it's the good people who have lost their jobs, their homes, their freedom, even their children to the state, not because they hurt anyone but solely because they chose to use one drug instead of another.

So is legalization the answer? On that, I'm torn. There's the possibility that more people would become addicted but also no doubt that legally regulating and taxing most of the drugs that are now criminalized would radically reduce the crime, violence, corruption and black markets, and the problems of adulterated and unregulated drugs, and improve public safety, and allow taxpayer resources to be developed to more useful purposes.

The markets in marijuana, cocaine, heroin, and methamphetamine are global commodities markets just like the global markets in alcohol, tobacco, coffee, sugar, and so many other things. Where there is a demand, there will be a supply. Knock out one source and another inevitably emerges. People tend to think of prohibition as the ultimate form of

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[7] See for instance, King County Bar Association, "Drugs and the Drug Laws: Historical and Cultural Contexts," (2005), accessed June 1, 2016, https://www.kcba.org/druglaw/pdf/report_hc.pdf. Licit and Illicit Drugs; The Consumers Union Report on Narcotics, Stimulants, Depressants, Inhalants, Hallucinogens, and Marijuana - Including Caffeine (1973).

[8] Herbert Hill, Anti-Oriental Agitation, Society, 10:43-54, 1973; p. 51; Andrew Sinclair, Prohibition: Era of Excess (1962); Arnold Trebach, The Heroin Solution (1982).

[9] Dr. Edward H. Williams, "Negro Cocaine 'Fiends' Are a New Southern Menace,"The New York Times, Feb. 8, 1914; Dr. Christopher Koch, Literary Digest, March 28, 1914, p. 687; Richard Ashley, Cocaine: Its History, Uses and Effects, p. 60; "The Growing Menace of the Use of Cocaine," New York Times, August 2, 1908.

[10] R.J. Bonnie and C.H. Whitebread, The Marihuana Conviction (Charlottesville: University of Virginia Press, 1974); Ernest L. Abel, Marihuana: The First 12,000 Years, p. 207

regulation when in fact it represents the abdication of regulation, with criminals filling the void. That's why putting criminal laws and police front and center in trying to control a dynamic global commodities market is a recipe for disaster. What we really need to do is bring the underground drug markets as much as possible above ground and regulate them as intelligently as we can to minimize both the harms of drugs and the harms of prohibitionist policies.

With marijuana, that obviously means legally regulating and taxing it like alcohol. The benefits of doing so are enormous, the risks minimal. Will more people use marijuana? Maybe, but it's not going to be young people, because it's not going to be legalized for them, and quite frankly, they already have the best access to marijuana. Youth marijuana use is actually falling in the states that have legalized marijuana, as are arrests. Meanwhile, tax revenue is up.[11]

As for the other drugs, look at Portugal, where all drugs were decriminalized in 2001. Nobody goes to jail there for possessing drugs, and the government is deeply committed to treating addiction as a health issue. People who don't fear arrest become more likely to seek help when they need it. Both adolescent drug use as well as overall problematic drug use has decreased since 2003 in Portugal.[12] Overdose fatalities have decreased.[13] Treatment admissions are up.[14]

A growing number of national and international organizations and experts support decriminalization, including the American Public Health Association, World Health Organization, Organization of American States, International Federation of Red Cross and Red Crescent Societies, NAACP, Human Rights Watch, American Civil Liberties Union, National Latino Congreso, and UN agencies that focus on health, development, and human rights. Recent polls of primary voters in New Hampshire[15] and South Carolina[16] found a substantial majority of voters believe people caught with a small amount of drugs should be evaluated and offered treatment but not be arrested or face jail time.

California and Maine recently downgraded drug possession from a felony to a misdemeanor. Thirty-two states and the District of Columbia have adopted 911 Good Samaritan overdose prevention laws, which essentially decriminalize simple possession and other minor drug

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[11] http://www.drugpolicy.org/sites/default/files/Drug_Policy_Alliance_Status_Report_Marijuana_Legalization_in_Washington_July2015.pdf; State of Colorado (2013) 'Task Force Report on the Implementation of Amendment 64: Regulation of Marijuana in Colorado'; Transform (2015), "Cannabis Regulation in Colorado: early evidence defies the critics" http://www.tdpf.org.uk/blog/cannabis-regulation-colorado-early-evidence-defies-critics; "As Fear And Intolerance Of Marijuana Declined, So Did Adolescent Use", Jacob Sullum, Forbes, June 2, 2016.

[12] Hughes and Stevens, "What Can We Learn from the Portuguese Decriminalization of Illicit Drugs?," 999-1022; Mafalda Ferreira, Margarida Gaspar de Matos, and José Alves Diniz, "Risk Behaviour: Substance Use among Portuguese Adolescents," Procedia - Social and Behavioral Sciences 29(2011): 486-92.

[13] Hughes and Stevens, "A Resounding Success or a Disastrous Failure: Re- Examining the Interpretation of Evidence on the Portuguese Decriminalisation of Illicit Drugs," 107; (SICAD), "Relatório Anual 2013 – a Situação Do País Em Matéria De Drogas E Toxicodependências," 64.

[14] Hughes and Stevens, "What Can We Learn from the Portuguese Decriminalization of Illicit Drugs?," 1015; Instituto da Droga e da Toxicodependência, "Relatório Anual 2011 – a Situação Do País Em Matéria De Drogas E Toxicodependências," (2012), Anexo, 32. As a result of changes to Portugal's national treatment data collection and reporting processes, data published after 2011 are not directly comparable to data published before 2011. Laqueur, "Uses and Abuses of Drug Decriminalization in Portugal."

[15] http://www.drugpolicy.org/sites/default/files/NHResults_012616.pdf

[16] http://www.drugpolicy.org/sites/default/files/SC_poll_0216_PPP.pdf

offenses at the scene of an overdose by providing immunity from prosecution to those who seek help. Policies such as Law Enforcement Assisted Diversion (LEAD) – which operate in Seattle and Santa Fe and are now being adopted in other major cities – seek to reduce the role of the criminal justice system at the point of contact for low-level offenses like drug possession, minor drug sales, prostitution, and petty larceny. Police use their discretion to refer people to voluntary, harm reduction-oriented treatment and other services instead of arresting and booking them.

A growing number of countries – including Canada, Denmark, Germany, Spain, Switzerland, and the United Kingdom – now provide pharmaceutical heroin and helping services in medical clinics. The results are clear: Illegal drug abuse, disease, overdoses, crime, and arrests all go down while health and well-being improve, taxpayers save money, and many drug users even put their addictions behind them.[17]

Evaluations of these heroin-assisted treatment programs demonstrate that "prescribed pharmaceutical heroin does exactly what it is intended to do: it reaches a treatment refractory group of addicts by engaging them in a positive healthcare relationship with a physician, it reduces their criminal activity, improves their health status, and increases their social tenure through more stable housing, employment, and contact with family."[18] Moreover, these substantial benefits come with improved cost-savings compared to standard treatments[19] and with no negative impacts on the larger community.

Though heroin-assisted treatment programs only serve a small minority of the population that uses heroin, it is this subgroup that consumes the majority of the heroin supply. For this reason, heroin maintenance can actually help destabilize local heroin markets. One published article concluded that heroin maintenance participants had "accounted for a substantial proportion of consumption of illicit heroin, and that removing them from the illicit market has damaged the

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[17] See, e.g., Fischer, B., Oviedo-Joekes, E., Blanken, P., et al. (2007). Heroin-assisted treatment (HAT) a decade later: A brief update on science and politics. J Urban Health, 84, 552-62; Strang, J., Groshkova, T. & Metrebian, N. (2012). New heroin-assisted treatment: Recent evidence and current practices of supervised injectable heroin treatment in Europe and beyond. European Monitoring Centre for Drugs and Drug Addiction Insights. Luxembourg: Publications; See, e.g., van den Brink, W., Hendricks, V. M., Blanken, P., et al. (2003). Medical prescription of heroin to treatment resistant heroin addicts: two randomised controlled trials. British Medical Journal, 327, 310–316; Haasen, C., Verthein, U., Degkwitz, P., et al. (2007). Heroin-assisted treatment for opioid dependence. British Journal of Psychiatry, 191, 55–62; March, J. C., Oviedo-Joekes, E., Perea-Milla, E., Carrasco, F. et al. (2006). Controlled trial of prescribed heroin in the treatment of opioid addiction. Journal of Substance Abuse Treatment, 31, 203–211; Oviedo-Joekes, E., Brissette, S., Marsh, D., et al. (2009). Diacetylmorphine versus methadone for the treatment of opiate addiction. The New England Journal of Medicine, 361, 777–786; Perneger, T. V., Giner, F., del Rio, M. & Mino, A. (1998). Randomised trial of heroin maintenance programme for addicts who fail in conventional drug treatments. British Medical Journal 317, 13–18; Strang, J., Metrebian, N., Lintzeris, N., et al. (2010). Supervised injectable heroin or injectable methadone versus optimised oral methadone as treatment for chronic heroin addicts in England after persistent failure in orthodox treatment (RIOTT): a randomised trial. Lancet, 375, 1885–1895. See, e.g., Ferri, M., Davoli, M., & Perucci, C.A. (2005). Heroin maintenance for chronic heroin dependents. Cochrane Database Syst Rev., 2.

[18] Small, D. & Drucker, E. (2006). Policy makers ignoring science and scientists ignoring policy: The medical ethical challenges of heroin treatment. *Harm Reduction Journal*, 3, 16.

[19] Bammer, G., van den Brink, W., Gschwend, P., et al. (2003). What can the Swiss and Dutch trials tell us about the potential risks associated with heroin prescribing? *Drug and Alcohol Review*, 22(3), 363-71; Dijkgraaf, M. G., van der Zanden, B. P., de Borgie, C.A., et al. (2005). Cost utility analysis of co-prescribed heroin compared with methadone maintenance treatment in heroin addicts in two randomised trials. *BMJ*, 330, 1297-1302.

market's viability."[20] The authors further state that "by removing retail workers [who] no longer sold drugs to existing users, and . . . no longer recruited new users in to the market . . . the heroin prescription market may thus have had a significant impact on heroin markets in Switzerland."

66 cities around the world in nine countries have supervised injection facilities (SIFs) that get people who inject drugs off the streets and make sterile injection equipment, information about reducing the harms of drugs, health care, treatment referrals, and access to medical staff available. These facilities not only benefit individuals who use drugs and their families; they also reduce public disorder associated with illicit drug use including improper syringe disposal and public drug use. Hundreds of evidence-based, peer-reviewed studies have proven the positive impacts of supervised injection facilities internationally.[21]

Research shows that supervised injection drug use facilities reach the intended target groups of long-term addicts, street injectors, homeless drug users, and drug-using sex workers and are thus facilitating contact with the most problematic and marginalized drug users.[22] One study of the Canadian safer drug use facility found that "regular use of the [facility] and having contact with counselors at the [facility] were associated with entry into addiction treatment, and enrollment in addiction treatment programs was positively associated with injection cessation."[23]

Supervised injection facilities target the "nuisance factor" of drug scenes – the hazardous litter and the seemingly intimidating presence of injectors congregating in city parks, public playgrounds, and on street corners – by offering them an alternative, supervised, and safe space. Another study of the Canadian safer drug use facility found "significant reductions in public injection drug use, publicly discarded syringes and injection-related litter after the opening of the medically supervised safer injections facility in Vancouver."[24]

The European Monitoring Centre on Drugs and Drug Addiction's review of the evidence in support of safer drug use facilities found that "[s]urveys of local residents and businesses, as well as registers of complaints made to the police, generally show positive changes following the establishment of consumption rooms, including perceptions of decreased nuisance and increases

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[20] Killias, M., Aebi, M.F., Jurist, K. (2000). The Impact of Heroin Prescription on Heroin Markets in Switzerland. *Crime Prevention Studies*, 11.

[21] Wrigh Potier, C., V. Laprevote, F. Dubois-Arber, O. Cottencin, and B. Rolland. "Supervised Injection Services: What Has Been Demonstrated? A Systematic Literature Review." Drug Alcohol Depend 145C (2014): 62 Frank Zobel and Francoise Dubois-Arber, Short appraisal of the role and usefulness of drug consumption facilities (DCF) in the reduction of drug-related problems in Switzerland (Lausanne, Switzerland: University Institute of Social and Preventive Medicine, 2004), 27. Brandon DL Marshall et al., "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, no. 9775 (2011): 1429-37. K. DeBeck et al., "Injection drug use cessation and use of North America's first medically supervised safer injecting facility," Drug Alcohol Depend 113, no. 2-3 (2011): 172-6.
15 Broadhead et al., "Safer injection facilities in North America: Their place in public policies and health initiatives," 329-55. MSIC Evaluation Committee, Final Report of the Medically Supervised Injecting Centre (Sydney, Australia: Authors, 2003).

[22] Kathleen Dooling and Michael Rachlis, "Vancouver's supervised injection facility challenges Canada's drug laws," *Canadian Medical Association Journal* 182, no. 13 (2010).

[23] K. DeBeck et al., "Injection drug use cessation and use of North America's first medically supervised safer injecting facility," *Drug Alcohol Depend* 113, no. 2-3 (2011): 172-6.

[24] E Wood et al., "Changes in public order after the opening of a medically supervised safer injection facility for injection drug users," *Can Med Assoc J* 171, no. 7 (2004): 733.

in acceptance of the rooms."[25] The Centre also found that "[p]olice, too, often acknowledge that consumption rooms contribute to minimising or preventing open drug scenes."[26]

New Zealand recently enacted a law allowing certain synthetic drugs to be sold legally, provided their safety can be established. In Brazil and other countries, a remarkable psychoactive substance, ayahuasca, can be legally bought and consumed provided it is done so within a religious context. In Bolivia and Peru, products made from the coca leaf, the source of cocaine, are sold legally over the counter with no apparent harm to people's public health.

Conversely, think about cigarettes: Nothing can both hook you and kill you like cigarettes. When researchers ask people addicted to heroin what's the toughest drug to quit, most say cigarettes. Yet in this country and many others, half of all the people who were ever addicted to cigarettes have quit without anyone being arrested or put in jail or sent to a "treatment program" by a prosecutor or a judge. What did it were higher taxes and time and place restrictions on sale and use and effective anti-smoking campaigns. Now, could we reduce smoking even more by making it totally illegal? Probably. But just imagine the drug war nightmare that would result.

So the challenges we face today are twofold. The first is the policy challenge of designing and implementing alternatives to ineffective prohibitionist policies, even as we need to get better at regulating and living with the drugs that are now legal. But the second challenge is tougher, because it's about us. The obstacles to reform lie not just out there in the power of the prison industrial complex or other vested interests that want to keep things the way they are, but within each and every one of us.

It is our fears and our lack of knowledge and imagination that stands in the way of real reform. Ultimately, I think that boils down to the kids, and to every parent's desire to put our baby in a bubble, and the fear that somehow drugs will pierce that bubble and put our young ones at risk. In fact, sometimes it seems like the entire war on drugs gets justified as one great big child protection act, which any young person can tell you it's not.

Here's what I say to teenagers. First, don't do drugs. Second, don't do drugs. Third, if you do do drugs, there are some things I want you to know, because my bottom line as your parent is that I want you to come home safely at the end of the night and grow up and lead a healthy and good adulthood. That's my drug education mantra: safety first.[27] Putting safety first requires that we provide our young people with credible information and resources. We also need to teach our teenagers how to identify and handle problems with alcohol and other drugs – if and when they occur – and how to get help and support.

The war on drugs has filled our jails and prisons with nonviolent offenders but hasn't made young people safer. Despite the incarceration of tens of millions of Americans and more than a

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[25] Hedrich, Dagmar. "European Report on Drug Consumption Rooms", European Center on Drugs and Drug Addiction, February 2004.
[26] Ibid.
[27] See Safety First: A Reality-Based Approach to Teens and Drugs, Marsha Rosenbaum, Drug Policy Alliance, http://www.drugpolicy.org/resource/safety-first-reality-based-approach-teens-and-drugs.

trillion dollars in spending since the modern drug war was launched 40-plus years ago, illegal drugs remain cheap, potent, and widely available. The harms associated with them continue to persist in every community. Meanwhile the war on drugs is creating problems of its own – broken families, increased poverty, racial disparities, wasted tax dollars, prison overcrowding, and eroded civil liberties.

Repeating the mistakes of the past will not improve the future. A new approach is needed, one that reduces both the harm caused by drugs and the harm caused by current drug control policies. We need to decriminalize drug use and possession and ensure that people who use drugs have access to good health services. We need to encourage different models for regulating marijuana. And we need, more broadly, to reduce the role of criminalization and criminal justice to the extent truly required to protect health and safety. It is time to put all options on the table and have a robust debate about the direction of U.S. drug policy.