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Developing new drug policies committed to reducing harm

Mary Ann McGivern | Nov. 14, 2012 NCR Today

A week ago, I facilitated a working dinner on drug policy. The organizer, the Missouri Association for Social Welfare, had sought a dozen diverse participants. We got them.

The drug court rep saw drug addicts as his constituents. Probation and Parole wants to keep convicted felons from returning to prison. The community organizer who works with youth gang members would ban alcohol as well as drugs from his neighborhood while the defense attorney wants decriminalization -- relief for those charged as felons for possession of small amounts of drugs. Legal Services brought up the heavy burden the legal system imposes on the poor who have a previous drug conviction.

For a while, the discussion was hot. But gradually, after everyone had spoken for their constituents, they began to find common ground, policies that they all want to see enacted.

1. Increased community-based inpatient treatment
2. Transitional housing
3. Drug testing generally used for therapeutic, not punitive, purposes
4. Attention to co-occurring issues, like schizophrenia and addiction
5. Good Samaritan immunity for heroin overdoses to encourage 911 calls
6. A central registry for prescription meds (Missouri is the only state without one.)
7. Expand drug court eligibility to include addicts with violent felony convictions

Underlying this policy wish list was recognition of the need for money: funding for treatment, for housing, for early childhood education, for development of positive messages to teens and curriculum to enhance decision-making skills.

Above all, everyone shares a commitment to harm reduction. We all see that current policies often increase human suffering. I ended the meeting promptly, after two hours, as promised. To my satisfaction, folks stayed another half an hour and kept talking.

The dinner was the weekend before the election. The state votes for marijuana use move these conversations out of the hypothetical realm.

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