

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 203  
(A-23)

Introduced by: Medical Student Section

Subject: Drug Policy Reform

Referred to: Reference Committee B

---

1 Whereas, In 2019, 197.5 million Americans (71.8%) aged 12 and over used a substance in  
2 the past year, with 179 million using alcohol, 72 million using tobacco, and 57.2 million using  
3 an illicit drug, including 9.7 million using prescription opioids, 6 million using hallucinogens,  
4 5.9 million using prescription tranquilizers or stimulants, 5.5 million using cocaine, 2 million  
5 using methamphetamine, and 745,000 using heroin<sup>1</sup>; and  
6

7 Whereas, In 2019, 20.4 million Americans (9.7% of those who used a substance in the past  
8 year) aged 12 and over met substance use disorder (SUD) criteria, including 14.5 million  
9 Americans with alcohol use disorder and 8.3 million with an SUD involving an illicit drug<sup>1</sup>; and  
10

11 Whereas, The US classifies controlled substances into five schedules, but significant  
12 controversy exists over the schedules of certain drugs deemed to have “no medical use,”  
13 despite research showing that these drugs may have therapeutic potential<sup>2-5</sup>; and  
14

15 Whereas, Sentences and penalties for federal and state drug offenses vary depending on the  
16 drug’s schedule, amount of drug, circumstances of arrest, and previous drug convictions and  
17 criminal record<sup>6-8</sup>; and  
18

19 Whereas, Drug possession is defined as being found with an amount of a drug small enough  
20 for personal use (as determined by the government) without legal justification<sup>6-8</sup>; and  
21

22 Whereas, Under federal statute, drug possession is classified as a criminal misdemeanor and  
23 can be punishable by up to 1 year imprisonment and/or at least \$1,000 in fines for a first-time  
24 offense and up to 3 years imprisonment and/or \$5,000 in fines for repeat offenses, with  
25 greater sentences and penalties depending on amount of drug, previous drug convictions,  
26 and criminal record<sup>7-8</sup>; and  
27

28 Whereas, State statutes are most commonly used to charge people with drug possession  
29 and these statutes vary significantly, with many states (including Indiana, Kentucky, and  
30 Oklahoma) reclassifying possession from felonies to misdemeanors over the last decade,  
31 lowering mandatory minimums, and using savings from reduced incarceration to fund social  
32 services, while many other states (such as Idaho, Missouri, and Nebraska) continue to  
33 charge possession as felonies often punished with multiple years of imprisonment<sup>9-13</sup>; and  
34

35 Whereas, In some states, multiple drug felony convictions can result in being charged with a  
36 “violent offense,” despite no physical violence being committed against any person, which  
37 can further increase sentences and penalties and limit eligibility for parole<sup>14</sup>; and  
38

39 Whereas, Drug possession arrests comprise 10% of all arrests in the US and make up over  
40 80% of all drug offense arrests, and possession arrests drastically increased alongside

1 changing policies of the War on Drugs from 538,100 in 1982 to over 1.4 million in 2018, even  
2 as arrests for drug distribution and manufacture remained relatively stable since 1990<sup>15-16</sup>;  
3 and  
4

5 Whereas, Of the 2.3 million people incarcerated in the US, 450,000 (20%) are incarcerated  
6 for “nonviolent drug offenses,” including 120,000 unconvicted awaiting trial<sup>16</sup>; and  
7

8 Whereas, Defelonization refers to the reclassification of an offense from a felony to a  
9 misdemeanor, reduces the probability and potential length of imprisonment and decreasing  
10 the long-term harms associated with incarceration<sup>17-19</sup>; and  
11

12 Whereas, “Decriminalization” is distinct from legalization and only refers to the removal of  
13 criminal charges associated with drug possession and its reclassification as a civil infraction,  
14 which is a prohibited action that results in civil penalties and sanctions against a person<sup>17-20</sup>;  
15 and  
16

17 Whereas, “Legalization” would move beyond decriminalization by eliminating civil infractions  
18 for drug possession and creating a regulatory system to control legal production and sale of  
19 drugs to adults without a prescription, as with alcohol and tobacco<sup>17-20</sup>; and  
20

21 Whereas, AMA Policy H-95.924, “Cannabis Legalization for Adult Use,” states that our AMA  
22 “supports public health based strategies, rather than incarceration,” and the AMA Council on  
23 Science & Public Health’s Interim 2020 report on cannabis states that “AMA policy supports  
24 decriminalization of cannabis (i.e., reduction in the penalty associated with possession of a  
25 small amount of cannabis from a criminal offense subject to arrest to a civil infraction)”<sup>21</sup>; and  
26

27 Whereas, Various states are considering policies to expunge (destroy) certain offenses (such  
28 as drug offenses, especially those due to cannabis) from a person’s criminal record after  
29 completion of sentences and penalties, but expungement processes can still be costly and  
30 complicated, hindering eligible people from applying (for example, expungement in Missouri  
31 costs \$250)<sup>22-26</sup>; and  
32

33 Whereas, The Marijuana Opportunity Reinvestment & Expungement Act, which was passed  
34 by the US House of Representatives in December 2020 but has not yet been considered in  
35 the Senate, contains language to “create an automatic process, at no cost to the individual,  
36 for the expungement, destruction, or sealing of criminal records for cannabis offenses;  
37 and...eliminate violations or other penalties for persons under parole, probation, pre-trial, or  
38 other State or local criminal supervision for a cannabis offense”<sup>27-28</sup>; and  
39

40 Whereas, The US Department of Health & Human Services’ Healthy People 2020 initiative  
41 considers incarceration a key issue within the broad category of social determinants of  
42 health, due to poor physical and mental health outcomes and cross-generational effects on  
43 the children of those incarcerated, with evidence demonstrating the disproportionate impact  
44 of the “War on Drugs” on minoritized communities<sup>29-31</sup>; and  
45

46 Whereas, While only 5% of people who use drugs are Black, arrests of Black people  
47 comprise nearly 30% of all drug arrests, and Black people are nearly six times more likely to  
48 be arrested for a drug offense than a white person, even when controlling for differences in  
49 drug use, exacerbating racial injustice<sup>32,33</sup>; and

1 Whereas, Research shows that incarceration is ineffective and does not significantly reduce  
2 recidivism, drug use, drug overdose deaths, or drug arrests, with a 2013 Washington state  
3 study finding that overdose was the leading cause of death for people previously  
4 incarcerated<sup>34-36</sup>; and

5  
6 Whereas, Drug criminalization is associated with increased stigma and discrimination against  
7 people who use drugs, impairing their mental and physical health and hindering treatment  
8 efforts; has fueled the growth of illegal markets, organized crime, and violent injuries; and  
9 detrimentally affected public health by increasing overdose deaths due to drug contamination  
10 and spreading HIV and hepatitis C<sup>37-41</sup>; and

11  
12 Whereas, Previous incarceration of people who use drugs is associated with lack of access  
13 to health insurance, even after the implementation of the Affordable Care Act, while  
14 possession arrests, regardless of conviction, can negatively impact employment, housing,  
15 and student loan eligibility, leading to widespread and multifactorial health consequences<sup>42-44</sup>;  
16 and

17  
18 Whereas, Drug felony convictions can lead to lifelong bans from receiving government  
19 assistance (such as SNAP and TANF), employment and housing discrimination, and loss of  
20 the right to vote or serve on a jury<sup>7,45-48</sup>; and

21  
22 Whereas, People who are incarcerated are at higher risk of chronic conditions such as  
23 cardiovascular disease, hypertension, and cancer compared to the general population, with  
24 an important 2013 New York state study finding that each year spent in prison corresponded  
25 with a two-year decline in life expectancy<sup>49,50</sup>; and

26  
27 Whereas, Drug criminalization is costly, ineffective, and stigmatizing, exposing people to  
28 incarceration, encouraging more dangerous drug consumption methods, and discouraging  
29 people from receiving health services<sup>51-53</sup>; and

30  
31 Whereas, 83% of Americans believe that the “War on Drugs” has failed, 66% support  
32 “eliminating criminal penalties for drug possession,” and 61% of voters support reducing  
33 sentences of people currently incarcerated for drug offenses, with similar findings replicated  
34 across multiple states<sup>54-58</sup>; and

35  
36 Whereas, California reclassified drug possession from a felony to misdemeanor in 2014 by  
37 passing ballot initiative Proposition 47, “The Safe Neighborhoods and Schools Act,” leading  
38 to the release or resentencing of 3,000 people and saving the state \$156 million, with a later  
39 study finding no associated increase in crime<sup>59-63</sup>; and

40  
41 Whereas, A 2018 study on cannabis decriminalization in five U.S. states did not find an  
42 increase in the prevalence of youth cannabis use as a result of decriminalization<sup>64</sup>; and

43  
44 Whereas, In 2010 the Czech Republic decriminalized personal drug possession after a  
45 comprehensive policy review determined that criminal penalties did not reduce use or harm  
46 and were instead costly and unjustifiable, with later studies demonstrating net societal  
47 benefits without increased rates of drug use<sup>65,66</sup>; and

48  
49 Whereas, Drug decriminalization in Portugal resulted in a decrease in heroin- and cocaine-  
50 related seizures, HIV and drug-related deaths, and decreased societal costs related to drug

1 use<sup>67,68</sup>; and

2  
3 Whereas, In 2019 the United Nations Chief Executives Board for Coordination issued a  
4 statement calling for the “promot[ion of] alternatives to conviction and punishment in  
5 appropriate cases, including the decriminalization of drug possession for personal use”<sup>18,69</sup>;  
6 and

7  
8 Whereas, Decriminalization of personal use and possession of drugs is supported by the  
9 World Health Organization, American Public Health Association, Human Rights Watch,  
10 Global Commission on Drug Policy, International Federation of Red Cross and Red Crescent  
11 Societies, NAACP, and National Latino Congress<sup>70-76</sup>; therefore be it

12  
13 RESOLVED, That our American Medical Association advocate for federal and state  
14 reclassification of drug possession offenses as civil infractions and the corresponding  
15 reduction of sentences and penalties for individuals currently incarcerated, monitored, or  
16 penalized for previous drug-related felonies (Directive to Take Action); and be it further

17  
18 RESOLVED, That our AMA support federal and state efforts to expunge criminal records for  
19 drug possession upon completion of a sentence or penalty at no cost to the individual (New  
20 HOD Policy); and be it further

21  
22 RESOLVED, That our AMA support federal and state efforts to eliminate incarceration-based  
23 penalties for persons under parole, probation, pre-trial, or other criminal supervision for drug  
24 possession. (New HOD Policy)

25  
Fiscal Note: Modest - between \$1,000 - \$5,000

Received: 3/27/23

#### REFERENCES

1. Han B. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health*. Rockville, MD: Center for Behavioral Health Statistics & Quality, US Substance Abuse & Mental Health Services Administration; 2020. <https://www.samhsa.gov/data/release/2019-national-survey-drug-use-and-health-nsduh-releases>.
2. Drug Scheduling. Drug Enforcement Agency. <https://www.dea.gov/drug-information/drug-scheduling>. Accessed August 24, 2021.
3. Veljko Dubljević. Toward an improved multi-criteria drug harm assessment process and evidence-based drug policies. *Front Pharmacol*. 2018;9:898. doi: 10.3389/fphar.2018.00898. Accessed August 24, 2021.
4. Feduccia, AA, Jerome L, Yazari-Klosinski B, et al. Breakthrough for trauma treatment: Safety and efficacy of MDMA-assisted psychotherapy compared to paroxetine and sertraline. *Front Psychiatry*. 2019;10:650. <https://doi.org/10.3389/fpsy.2019.00650>
5. Fuentes JJ, Fonseca F, Ellices M, et al. Therapeutic use of LSD in psychiatry: A systematic review of randomized-controlled clinical trials. *Front Psychiatry*. 2019;10:943. <https://doi.org/10.3389/fpsy.2019.00943>
6. *Mandatory Minimum Penalties for Drug Offenses in the Federal System*. Washington, DC: US Sentencing Commission; 2017. <https://www.ussc.gov/research/research-reports/mandatory-minimum-penalties-drug-offenses-federal-system>. Accessed September 15, 2021.
7. *US Code, Title 21: Food and Drugs, Chapter 13: Drug Abuse Prevention and Control, Subchapter I: Control and Enforcement, Part D: Offenses and Penalties*. Washington, DC: Office of Law Review Counsel, House of Representatives, US Congress; 2021. <https://www.ussc.gov/research/research-reports/mandatory-minimum-penalties-drug-offenses-federal-system.https://uscode.house.gov/view.xhtml;jsessionid=BCFED1EE070CA1206623EACFE314BF1B?req=granuleid%3AUSC-prelim-title21-chapter13-subchapter1-partD&saved=%7CKHRpdGxIjXlHNIY3Rpb246ODQxIGVkaXRpb246cHJlGltKQ%3D%3D%7C%7C%7C0%7Cfalse%7Cprelim&edition=prelim>. Accessed September 15, 2021.
8. Frequently Used Federal Drug Statutes. US Attorney's Office, District of New Hampshire. <https://www.justice.gov/usao-nh/frequently-used-federal-drug-statutes>. Updated May 21, 2020. Accessed September 15, 2021.
9. Drug Sentencing Trends. National Council on State Legislatures. <https://www.ncsl.org/research/civil-and-criminal-justice/drug-sentencing-trends.aspx>. Published July 30, 2016. Accessed September 15, 2021.



10. Linebaugh M. Possession of a Controlled Substance in Idaho. NOLO. <https://www.criminaldefenselawyer.com/resources/criminal-defense/drug-charges/possession-controlled-substance-idaho>. Accessed September 15, 2021.
11. Steiner M. Possession of a Controlled Substance in Missouri. NOLO. <https://www.criminaldefenselawyer.com/resources/criminal-defense/drug-charges/missouri-drug-possession-laws>. Accessed September 15, 2021.
12. Steiner M. Possession of a Controlled Substance in Nebraska. NOLO. <https://www.criminaldefenselawyer.com/resources/criminal-defense/drug-charges/nebraska-drug-possession-laws>. Accessed September 15, 2021.
13. Carson EA. *Prisoners in 2019*. Washington, DC: Bureau of Justice Statistics, Office of Justice Programs, US Department of Justice; 2020. <https://bjs.ojp.gov/content/pub/pdf/p19.pdf>.
14. Hager E. When "Violent Offenders" Commit Nonviolent Crimes. *The Marshall Project*. April 3, 2019. Accessed August 24, 2021. <https://www.themarshallproject.org/2019/04/03/when-violent-offenders-commit-nonviolent-crimes>.
15. Enforcement: Drugs and Crime Facts. Bureau of Justice Statistics, Office of Justice Programs, US Department of Justice. <https://bjs.ojp.gov/drugs-and-crime-facts/enforcement>. Published June 1, 2021. Accessed September 15, 2021.
16. Sawyer W, Wagner P. Mass Incarceration: The Whole Pie 2020. Prison Policy Initiative. <https://www.prisonpolicy.org/reports/pie2020.html>. Published March 24, 2020. Accessed September 15, 2021.
17. MacDonald J, Raphael S. Effect of scaling back punishment on racial and ethnic disparities in criminal case outcomes. *Criminology & Public Policy*. 2020;19(4):1139-1164. <https://doi.org/10.1111/1745-9133.12495>. Accessed August 24, 2021.
18. Stevens A, Hughes CE, Hulme S, Cassidy R. Depenalization, diversion and decriminalization: A realist review and programme theory of alternatives to criminalization for simple drug possession. *European Journal of Criminology*. 2019;147737081988751. <https://doi.org/10.1177/1477370819887514>. Accessed September 15, 2021.
19. Scheim AI, Maghsoudi N, Marshall Z, et al. Impact evaluations of drug decriminalisation and legal regulation on drug use, health and social harms: a systematic review. *BMJ Open*. 2020;10(9):e035148. <https://doi.org/10.1136/bmjopen-2019-035148>. Accessed September 15, 2021.
20. Municipal Civil Infractions. Michigan Municipal League. [https://www.mml.org/resources/publications/one\\_pagers/opp\\_civil\\_infractions.pdf](https://www.mml.org/resources/publications/one_pagers/opp_civil_infractions.pdf). Accessed September 13, 2021.
21. *Public Health Impacts of Cannabis Legalization*. Chicago, IL: Council on Science & Public Health, American Medical Association; 2020. <https://www.ama-assn.org/system/files/2020-10/nov20-csaph04.pdf>.
22. Hernández K. More States Consider Automatic Criminal Record Expungement. Pew Charitable Trusts. <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2021/05/25/more-states-consider-automatic-criminal-record-expungement>. Published May 25, 2021. Accessed September 15, 2021.
23. Beitsch R. To Reduce Recidivism, States Scrap Barriers for Ex-Offenders. Pew Charitable Trusts. <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/07/27/to-reduce-recidivism-states-scrap-barriers-for-ex-offenders>. Published July 27, 2017. Accessed March 15, 2020.
24. Quinton S. In These States, Past Marijuana Crimes Can Go Away. Pew Charitable Trusts. <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/11/20/in-these-states-past-marijuana-crimes-can-go-away>. Published November 20, 2017. Accessed March 15, 2020.
25. Teigen A. Automatically Sealing or Expunging Juvenile Records. National Conference of State Legislatures. <https://www.ncsl.org/research/civil-and-criminal-justice/automatically-sealing-or-expunging-juvenile-records.aspx>. Published July 2016. Accessed March 15, 2020.
26. Criminal Forms. Missouri Courts. <https://www.courts.mo.gov/page.jsp?id=649>. Updated August 30, 2021. Accessed September 15, 2021.
27. Nadler J. *Marijuana Opportunity Reinvestment and Expungement (MORE) Act of 2021 (Filed, Referred to the Subcommittee on Conservation and Forestry)*. Washington, DC: House of Representatives, US Congress; 2021. <https://www.congress.gov/bills/117/congress/house-bill/3617/text>.
28. Walsh D. House Approves Decriminalizing Marijuana; Bill To Stall In Senate. *National Public Radio*. December 4, 2020. Accessed September 15, 2021. <https://www.npr.org/2020/12/04/942949288/house-approves-decriminalizing-marijuana-bill-to-stall-in-senate>.
29. Healthy People 2020: Incarceration. HealthyPeople.gov. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/incarceration>. Accessed August 24, 2021.
30. National Research Council. *The Growth of Incarceration in the United States: Exploring Causes and Consequences*. Washington, DC: The National Academies Press 2014. <https://doi.org/10.17226/18613>.
31. Moore LD, Elkavich A. Who's using and who's doing time: Incarceration, the War on Drugs, and public health. *Am J Public Health*. 2008;98(5):782-786. doi: 10.2105/AJPH.2007.126284. Accessed August 24, 2021.
32. Criminal Justice Fact Sheet. NAACP. <https://naacp.org/resources/criminal-justice-fact-sheet>. Accessed August 24, 2021.
33. Rosenberg A, Groves AK, Blankenship KM. Comparing Black and white drug offenders: Implications for racial disparities in criminal justice and reentry policy and programming. *J Drug Issues*. 2017;47(1):132-142. doi: 10.1177/0022042616678614. Accessed August 24, 2021.
34. More Imprisonment Does Not Reduce State Drug Problems. Pew Charitable Trusts. <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems>. Published March 8, 2018. Accessed August 24, 2021.
35. Fox AD, Maradiaga J, Weiss L, et al. Release from incarceration, relapse to opioid use and the potential for buprenorphine maintenance treatment: A qualitative study of the perceptions of former inmates with opioid use disorder. *Addict Sci Clin Pract*. 2015;10(1):2. doi: 10.1186/s13722-014-0023-0. Accessed August 24, 2021.
36. Brinkley-Rubinstein L, Zaller N, Martino S, et al. Criminal justice continuum for opioid users at risk of overdose. *Addict Behav*. 2018;86:104-110. doi: 10.1016/j.addbeh.2018.02.024. Accessed August 24, 2021.
37. Burris S. Disease stigma in U.S. public health law. *J Law Med Ethics*. 2002;30(2):179-190. doi: 10.1111/j.1748-720x.2002.tb00385.x. Accessed August 24, 2021.
38. Ahern J, Stuber J, Galea S. Stigma, discrimination and the health of illicit drug users. *Drug Alcohol Depend*. 2007;88(2-3):188-196. doi: 10.1016/j.drugalcdep.2006.10.014. Accessed August 24, 2021.

39. Taras G. High time for change: How legalizing marijuana could help narrow the racial divide in the United States. *J Intl Comp Law*. 2016;24:565-598. <https://racism.org/articles/law-and-justice/criminal-justice-and-racism/142-prison-industrial-complex-and-mass-incarceration/war-on-drugs/3124-high-time-for-change>. Accessed August 24, 2021.
40. Roelfs DJ, Shor E, Davidson KW, Schwartz JE. Losing life and livelihood: A systematic review and meta-analysis of unemployment and all-cause mortality. *Soc Sci Med*. 2011;72(6):840-854. doi: 10.1016/j.socscimed.2011.01.005. Accessed August 24, 2021.
41. Vogel, L. (2014). Decriminalize drugs and use public health. *Canadian Medical Association Journal*. 2014;186(10):E356–E356. <https://doi.org/10.1503/cmaj.109-4820>. Accessed August 24, 2021.
42. Hagan J, Foster H. Imprisonment, opioids and health care reform: The failure to reach a high-risk population. *Prev Med*. 2020;130:online. doi: 10.1016/j.ypmed.2019.105897. Accessed August 24, 2021.
43. Levine HG, Gettman JB, Siegel L. *240,000 Marijuana Arrests: Costs, Consequences, and Racial Disparities of Possession Arrests in Washington, 1986-2010*. New York, NY: Marijuana Arrests Research Project; 2012. [http://www.marijuana-arrests.com/docs/240\\_000-Marijuana-Arrests-In-Washington.pdf](http://www.marijuana-arrests.com/docs/240_000-Marijuana-Arrests-In-Washington.pdf).
44. Banys P. Mitigation of marijuana-related legal harms to youth in California. *J Psychoactive Drugs*. 2016;48(1):11-20. doi: 10.1080/02791072.2015.1126770. Accessed September 15, 2021.
45. Sheely A. State supervision, punishment and poverty: The case of drug bans on welfare receipt. *Punishment & Society*. 2020;23(3):413-435. <https://doi.org/10.1177/1462474520959433>. Accessed August 24, 2021.
46. Martin BT, Shannon SKS. State variation in the drug felony lifetime ban on Temporary Assistance for Needy Families: Why the modified ban matters. *Punishment & Society*. 2020;22(4):439-460. <https://doi.org/10.1177/1462474519894982>. Accessed August 24, 2021.
47. Enforcement Guidance on the Consideration of Arrest and Conviction Records in Employment Decisions Under Title VII of the Civil Rights Act. US Equal Employment Opportunity Commission. <https://www.eeoc.gov/laws/guidance/enforcement-guidance-consideration-arrest-and-conviction-records-employment-decisions>. Published April 25, 2012. Accessed September 15, 2021.
48. Shineman, V. Restoring voting rights: evidence that reversing felony disenfranchisement increases political efficacy. *Policy Studies*. 2020;41(2–3), 131–150. <https://doi.org/10.1080/01442872.2019.1694655>. Accessed September 15, 2021.
49. Massoglia M, Remster B. Linkages between incarceration and health. *Public Health Rep*. 2019;134(1 Suppl):8S-14S. doi: 10.1177/0033354919826563. Accessed August 24, 2021.
50. Patterson EJ. The dose-response of time served in prison on mortality: New York State, 1989-2003. *Am J Public Health*. 2013;103(3):523-528. doi: 10.2105/AJPH.2012.301148. Accessed August 24, 2021.
51. Fonseca MD, van Wingerden SGC. From prohibition to harm reduction? An analysis of the adoption of the Dutch harm reduction approach in Brazilian drug laws and practice. *Int J Drug Policy*. 2020;83:102842. doi: 10.1016/j.drugpo.2020.102842. Accessed August 24, 2021.
52. Earp BD, Lewis J, Hart CL. Racial justice requires ending the War on Drugs. *Am J Bioeth*. 2021;21(4):4-19. doi: 10.1080/15265161.2020.1861364. Accessed August 24, 2021.
53. Csete J, Kamarulzaman A, Katarchkine M, et al. Public health and international drug policy - Report of the Johns Hopkins - Lancet Commission on Drug Policy and Health. *Lancet*. 2016;387(10026):1427-1480. doi: 10.1016/S0140-6736(16)00619-X. Accessed August 24, 2021.
54. ACLU and Drug Policy Alliance Call on Biden to Begin Ending Failed War by Commuting Sentences of People Incarcerated for Drugs. American Civil Liberties Union. <https://www.aclu.org/press-releases/50th-anniversary-war-drugs-poll-shows-majority-voters-support-ending-criminal>. Published June 9, 2021. Accessed August 24, 2021.
55. America's New Drug Policy Landscape. Washington, DC: Pew Research Center; 2014. <https://www.pewresearch.org/politics/2014/04/02/americas-new-drug-policy-landscape>.
56. New Hampshire Survey Results. Public Policy Polling. [http://www.drugpolicy.org/sites/default/files/NHResults\\_012616.pdf](http://www.drugpolicy.org/sites/default/files/NHResults_012616.pdf). Published January 2016. Accessed September 15, 2021.
57. Maine Survey Results. Public Policy Polling. [http://www.drugpolicy.org/sites/default/files/MaineResults\\_020916.pdf](http://www.drugpolicy.org/sites/default/files/MaineResults_020916.pdf). Published February 2016. Accessed September 15, 2021.
58. South Carolina Survey Results. Public Policy Polling. [http://www.drugpolicy.org/sites/default/files/SC\\_poll\\_0216\\_PPP.pdf](http://www.drugpolicy.org/sites/default/files/SC_poll_0216_PPP.pdf). Published February 2016. Accessed September 15, 2021.
59. *Public Safety Realignment: Year-Three Report*. Los Angeles, CA: Public Safety Realignment Team, County of Los Angeles, California; 2015. <https://www.bscc.ca.gov/wp-content/uploads/Los-Angeles-County-FY14.pdf>.
60. Dooley-Sammuli M, Alexander L, Davis M, et al. *Changing Gears: California's Shift to Smart Justice - Prop 47 Year One*. San Francisco, CA: American Civil Liberties Union of California; 2015. [https://www.acluca.org/wp-content/uploads/2015/11/Prop47-1yr-Report-FINAL\\_web.pdf](https://www.acluca.org/wp-content/uploads/2015/11/Prop47-1yr-Report-FINAL_web.pdf).
61. Thousands of Felony Cases Under Prop. 47 Reduction Review. *San Francisco Examiner*. January 23, 2015. Accessed September 15, 2021. <https://www.sfoxaminer.com/news/thousands-of-sf-felony-cases-under-prop-47-reduction-review>.
62. Proposition 47: The Safe Neighborhoods and Schools Act. California Courts. Updated June 2021. Accessed September 15, 2021. <https://www.courts.ca.gov/prop47.htm>.
63. Bartos BJ, Kubrin CE. Can we downsize our prisons and jails without compromising public safety? Findings from California's Prop 47. *Criminology & Public Policy*. 2018;17(3):693-715. <https://doi.org/10.1111/1745-9133.12378>. Accessed September 15, 2021.
64. Grucza RA, Vuolo M, Krauss MJ, et al. Cannabis decriminalization: A study of recent policy change in five U.S. states. *Int J Drug Policy*. 2018;59:67-75. doi: 10.1016/j.drugpo.2018.06.016. Accessed August 24, 2021.
65. Zábanský, T, Mravčík V, Gajdosíková H, & Miovský M. *Impact Analysis Project of New Drugs Legislation (Summary Final Report)*. Prague, Czech Republic: Secretariat of the National Drug Commission, Office of the Czech Government; 2001. <https://www.tni.org/en/publication/impact-analysis-project-of-new-drugs-legislation>.
66. Room R, Reuter P. How well do international drug conventions protect public health? *Lancet*. 2012;379(9810):84-91. doi: 10.1016/S0140-6736(11)61423-2. Accessed September 15, 2021.
67. Félix S, Portugal P, Tavares AS. Going after the addiction, not the addicted: The impact of drug decriminalization in Portugal. *Institute of Labor Economics*. Discussion Paper No. 10895. 2017. <https://ssrn.com/abstract=3010673>. Accessed August 24, 2021.
68. Gonçalves, R, Lourenço A, da Silva SN. A social cost perspective in the wake of the Portuguese strategy for the fight against drugs. *Int J Drug Policy*. 2015;26(2):199-209. doi: 10.1016/j.drugpo.2014.08.017. Accessed September 15, 2021.

69. *Summary of Deliberations: 2nd Regular Session of 2018*. New York, NY: Chief Executives Board for Coordination, United Nations; 2018. <https://digitallibrary.un.org/record/3792232?ln=en>.
70. *Policy Brief: HIV Prevention, Diagnosis, Treatment and Care for Key Populations: Consolidated Guidelines*. Geneva, Switzerland: World Health Organization, United Nations; 2014. <https://apps.who.int/iris/handle/10665/128049>.
71. *APHA Policy Statement: Defining and Implementing a Public Health Response to Drug Use and Misuse*. Washington, DC: American Public Health Association; 2013. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/08/08/04/defining-and-implementing-a-public-health-response-to-drug-use-and-misuse>.
72. *Approaches to Decriminalizing Drug Use and Possession*. Washington, DC: Drug Policy Alliance; 2015. [https://www.unodc.org/documents/ungass2016/Contributions/Civil/DrugPolicyAlliance/DPA\\_Fact\\_Sheet\\_Approaches\\_to\\_Decriminalization\\_Feb2015\\_1.pdf](https://www.unodc.org/documents/ungass2016/Contributions/Civil/DrugPolicyAlliance/DPA_Fact_Sheet_Approaches_to_Decriminalization_Feb2015_1.pdf).
73. *Americas: Decriminalize Personal Use of Drugs; Reform Policies to Curb Violence, Abuse*. Human Rights Watch. Published June 4, 2013. Accessed September 15, 2021. <https://www.hrw.org/news/2013/06/04/americas-decriminalize-personal-use-drugs>.
74. *Taking Control: Pathways to Drug Policies That Work*. Geneva, Switzerland: Global Commission on Drug Policy; 2014. <https://www.globalcommissionondrugs.org/reports/taking-control-pathways-to-drug-policies-that-work>.
75. Csete J. Red Cross Weighs in on Drug Criminalization. Open Society Foundations. Published March 22, 2012. Accessed September 15, 2021. <https://www.opensocietyfoundations.org/voices/red-cross-weighs-in-on-drug-criminalization>.
76. NAACP Issues Call to End the Drug War. Leadership Conference on Civil & Human Rights. Published July 29, 2011. Accessed September 15, 2021. <https://civilrights.org/2011/07/29/naacp-issues-call-to-end-the-drug-war>.

## RELEVANT AMA POLICY

### Federal Drug Policy in the United States H-95.981

The AMA, in an effort to reduce personal and public health risks of drug abuse, urges the formulation of a comprehensive national policy on drug abuse, specifically advising that the federal government and the nation should: (1) acknowledge that federal efforts to address illicit drug use via supply reduction and enforcement have been ineffective (2) expand the availability and reduce the cost of treatment programs for substance use disorders, including addiction; (3) lead a coordinated approach to adolescent drug education; (4) develop community-based prevention programs for youth at risk; (5) continue to fund the Office of National Drug Control Policy to coordinate federal drug policy; (6) extend greater protection against discrimination in the employment and provision of services to drug abusers; (7) make a long-term commitment to expanded research and data collection; (8) broaden the focus of national and local policy from drug abuse to substance abuse; and (9) recognize the complexity of the problem of substance abuse and oppose drug legalization.

Citation: BOT Rep. NNN, A-88; Reaffirmed: CLRPD 1, I-98; Reaffirmed: CSAPH Rep. 2, A-08; Modified: CSAPH Rep. 2, I-13; Reaffirmed: BOT Rep. 14, I-20;

### Cannabis Legalization for Adult Use (commonly referred to as recreational use) H-95.924

Our AMA: (1) believes that cannabis is a dangerous drug and as such is a serious public health concern; (2) believes that the sale of cannabis for adult use should not be legalized (with adult defined for these purposes as age 21 and older); (3) discourages cannabis use, especially by persons vulnerable to the drug's effects and in high-risk populations such as youth, pregnant women, and women who are breastfeeding; (4) believes states that have already legalized cannabis (for medical or adult use or both) should be required to take steps to regulate the product effectively in order to protect public health and safety including but not limited to: regulating retail sales, marketing, and promotion intended to encourage use; limiting the potency of cannabis extracts and concentrates; requiring packaging to convey meaningful and easily understood units of consumption, and requiring that for commercially available edibles, packaging must be child-resistant and come with messaging about the hazards about unintentional ingestion in children and youth; (5) laws and regulations related to legalized cannabis use should consistently be evaluated to determine their effectiveness; (6) encourages local, state, and federal public health agencies to improve surveillance efforts to ensure data is available on the short- and long-term health effects of cannabis, especially emergency department visits and hospitalizations, impaired driving, workplace impairment and worker-related injury and safety, and prevalence of psychiatric and addictive disorders, including cannabis use disorder; (7) supports public health based strategies, rather than incarceration, in the handling of individuals possessing cannabis for personal use; (8) encourages research on the impact of legalization and decriminalization of cannabis in an effort to promote public health and public safety; (9) encourages dissemination of information on the public health impact of legalization and decriminalization of cannabis; (10) will advocate for stronger public health messaging on the health effects of cannabis and cannabinoid inhalation and ingestion, with an emphasis on reducing initiation and frequency of cannabis use among adolescents, especially high potency products; use among women who are pregnant or contemplating pregnancy; and avoiding cannabis-impaired driving;



(11) supports social equity programs to address the impacts of cannabis prohibition and enforcement policies that have disproportionately impacted marginalized and minoritized communities; and (12) will coordinate with other health organizations to develop resources on the impact of cannabis on human health and on methods for counseling and educating patients on the use cannabis and cannabinoids. Citation: CSAPH Rep. 05, I-17; Appended: Res. 913, I-19; Modified: CSAPH Rep. 4, I-20;

#### **Support for Drug Courts H-100.955**

Our AMA: (1) supports the establishment of drug courts as an effective method of intervention for individuals with addictive disease who are convicted of nonviolent crimes; (2) encourages legislators to establish drug courts at the state and local level in the United States; and (3) encourages drug courts to rely upon evidence-based models of care for those who the judge or court determine would benefit from intervention rather than incarceration.

Citation: Res. 201, A-12; Appended: BOT Rep. 09, I-19;

#### **Youth Incarceration in Adult Facilities H-60.916**

1. Our AMA supports, with respect to juveniles (under 18 years of age) detained or incarcerated in any criminal justice facility: (a) early intervention and rehabilitation services, (b) appropriate guidelines for parole, and (c) fairness in the expungement and sealing of records.

2. Our AMA opposes the detention and incarceration of juveniles (under 18 years of age) in adult criminal justice facilities.

Citation: Alt. Res. 917, I-16;

#### **Ending Money Bail to Decrease Burden on Lower Income Communities H-80.993**

Our AMA: (1) recognizes the adverse health effects of pretrial detention; and (2) will support legislation that promotes the use of non-financial release options for individuals charged with nonviolent crimes.

Citation: Res. 408, A-18; Reaffirmed: Res. 234, A-22;

#### **The Reduction of Medical and Public Health Consequences of Drug Abuse H-95.954**

Our AMA: (1) encourages national policy-makers to pursue an approach to the problem of drug abuse aimed at preventing the initiation of drug use, aiding those who wish to cease drug use, and diminishing the adverse consequences of drug use; (2) encourages policy-makers to recognize the importance of screening for alcohol and other drug use in a variety of settings, and to broaden their concept of addiction treatment to embrace a continuum of modalities and goals, including appropriate measures of harm reduction, which can be made available and accessible to enhance positive treatment outcomes for patients and society; (3) encourages the expansion of opioid maintenance programs so that opioid maintenance therapy can be available for any individual who applies and for whom the treatment is suitable. Training must be available so that an adequate number of physicians are prepared to provide treatment. Program regulations should be strengthened so that treatment is driven by patient needs, medical judgment, and drug rehabilitation concerns. Treatment goals should acknowledge the benefits of abstinence from drug use, or degrees of relative drug use reduction; (4) encourages the extensive application of needle and syringe exchange and distribution programs and the modification of restrictive laws and regulations concerning the sale and possession of needles and syringes to maximize the availability of sterile syringes and needles, while ensuring continued reimbursement for medically necessary needles and syringes. The need for such programs and modification of laws and regulations is urgent, considering the contribution of injection drug use to the epidemic of HIV infection; (5) encourages a comprehensive review of the risks and benefits of U.S. state-based drug legalization initiatives, and that until the findings of such reviews can be adequately assessed, the AMA reaffirm its opposition to drug legalization; (6) strongly supports the ability of physicians to prescribe syringes and needles to patients with injection drug addiction in conjunction with addiction counseling in order to help prevent the transmission of contagious diseases; and (7) encourages state medical associations to work with state regulators to remove any remaining barriers to permit physicians to prescribe needles for patients.

Citation: (CSA Rep. 8, A-97; Reaffirmed: CSA Rep. 12, A-99; Appended: Res. 416, A-00; Reaffirmation I-00; Reaffirmed: CSAPH Rep. 1, A-10; Modified: CSAPH Rep. 2, I-13)

#### **Syringe and Needle Exchange Programs H-95.958**

Our AMA: (1) encourages all communities to establish needle exchange programs and physicians to refer their patients to such programs; (2) will initiate and support legislation providing funding for needle exchange programs for injecting drug users; and (3) strongly encourages state medical associations to



initiate state legislation modifying drug paraphernalia laws so that injection drug users can purchase and possess needles and syringes without a prescription and needle exchange program employees are protected from prosecution for disseminating syringes.

**Pilot Implementation of Supervised Injection Facilities H-95.925**

Our AMA supports the development and implementation of pilot supervised injection facilities (SIFs) in the United States that are designed, monitored, and evaluated to generate data to inform policymakers on the feasibility, effectiveness, and legal aspects of SIFs in reducing harms and health care costs related to injection drug use.

Citation: Res. 513, A-17;

DRAFT