Healing Before Punishment:
Why Presbyterians Seek to End the War on Drugs

In fulfillment of the assignment from the 221st General Assembly, the Advisory Committee on Social Witness Policy recommends that the 222nd General Assembly (2016) of the Presbyterian Church (U.S.A.)

1. approve the following affirmation, principles, and recommendations for the reform of drug law and policy; and
2. receive the supporting study of the consequences of current policies and their needed redirection toward greater public health, harm reduction, and recovery-based approaches;
3. direct that the full report and its component study, "Healing Before Punishment: Why Presbyterians Seek to End the War on Drugs," be posted online and printed in limited quantity, along with a study guide and other appendices, by the Stated Clerk and appropriate offices of the Presbyterian Mission Agency.

Affirmation:

Drug use and abuse are two different things, both of which affect the spiritual life our nation. This document reports on the discernment requested by the 221st General Assembly (2014) regarding advocacy "for effective drug policies grounded in science, compassion and human rights." Recreational use of marijuana, approved in five states and the nation's capital so far, appears likely to increase in legality, changing patterns of behavior and possibly joining alcohol as a drug of choice in our culture. As the church has in the past, we affirm that humanity was created for joyful service to God and the creation, and that each of us is to be a temple of the Holy Spirit as well as a faithful disciple. Understanding that our deepest happiness is rooted in loving relationships and meaningful callings, all recreational pursuits—including the safe use any substances—involve created goods to be enjoyed mindful of excess and the needs of others less fortunate.

At the same time, even in healthy families and communities of material abundance, people experience psychic, physical, and emotional pain, and attempt to treat or dull such pain with mood- and metabolism-affecting substances. The scale and scope of the abuse of drugs, including alcohol, and other substances used compulsively, reveal a culture-wide spiritual problem. In reaction, the United States government adopted a legal prohibition model that relies on punitive policies: the "war on drugs." In practice, this is a war that targets *some* of those who ingest *some of* these substances, or who supply our communities with prohibited substances. Yet this war, fought with mass imprisonment and massive militarization, has become a cure worse than the disease, as documented in the accompanying background findings. In 2014, in response to overtures from seven presbyteries, the General Assembly authorized a study of how Presbyterians might help our society end the war on drugs, an assignment that necessarily led to the consideration of alternatives.

In adopting this report, the General Assembly of the Presbyterian Church (U.S.A.) calls for a fundamental shift from a warfare model rooted in fear to a healing model rooted in grace. Simply put, we have been fighting the wrong things with the wrong weapons. The "war on drugs" has targeted communities of color and youth, it has become a gateway to more serious crime, and it has failed to reduce addictive behavior in a drug-abundant society. Outside the United States, the war on drugs has corrupted and de-stabilized governments, poisoned agricultural areas, and led to horrific rates of murder and extortion. Attempts to reduce drug supply overseas and at home have cost billions of dollars, while demand for illicit drugs continues to mark a society that is also awash in alcohol. This is not to deny the serious risks of taking some drugs, whether one is addicted or not, but both pragmatism about reducing harm and trust in the higher power of God call us to support healing rather than punishment.

Thus the "just say no" of total abstinence remains too simple for our whole society. This is increasingly recognized in the great social experiment that some states are embarking upon with the decriminalization and regulation of marijuana. This report gives a guarded acceptance to legal regulation of marijuana use*, if* coupled with significant levels of publicly-funded research into public health, education, and other impacts of such legalization. Other nations have decriminalized drug use on a larger scale, using their social service networks to offer treatment and reduce risks based on a public health model. As with marijuana legalization, a goal is to reduce the profitability of underground economies and change behaviors through education and regulation.

Further, following the General Assembly's earlier support for medical uses of marijuana, this report supports the evidence-based revision of the 1970 categorization of drugs upon which the drug war has been based. For some medical conditions, there are currently illicit drugs that – while posing serious risks in other contexts - offer serious benefits. At the same time, licit drugs, such as prescription opioids, may be abused extensively. There are also newer synthetic drugs, including drugs related to gene therapies, that require more careful study of potential risks and benefits. As research and treatment based on the public health model are used to re-evaluate the unscientific categorization of 1970, this report counsels a similarly cautious observation of ways to regulate and proscribe other drugs based on real health risks and to reduce the profitability and violence of drug trafficking. At the least, as data in our background study shows, the 1970 categories are not a proportionate or thoughtful basis for criminal sanctions.

The healing model here envisioned still requires legal regulation (as with cigarettes, alcohol, and pharmaceuticals), and a wise balancing of personal rights and social responsibilities—we are "our brothers and sisters keepers." But because of the spiritual nature of addiction, as Christians we call for a framework of healing that is more than simply treatment and therapy, important as these are. If the processes of addiction and recovery are themselves partly cultural and psychological responses to a culture that idealizes dominance, control, and winning, then we need our theology of grace and peace to inform and be informed by our medicine, social science, and criminal justice.

Most casual drug use does not lead to addiction, and our criminal justice system needs to reflect this more adequately, including in specialized drug courts. But addiction is both a

disease and an orientation of life ultimately separate from God as well as others. Theologically, it involves variants of sins we all share, and (sometimes depending on gender) it includes degrees of pride and blaming others, self-loss and victimization. While many Presbyterians may drink alcohol and come to use marijuana on occasion, we need to be particularly alert to undercurrents of despair or depression. The Gospel does not automatically free us from these things, but it can give us eyes to see when wine and other substances that can "gladden the heart," may also numb and atrophy our capacity for love and joy in community.

Based on the tenets of our Christian faith, on precedent Presbyterian social policy, and on current information from both research findings and expert testimony, the following principles must guide our denomination's responses to drug use, addiction, and drug policy. These principles for "Building a House for Health" are followed by specific recommendations for PC(USA) policy and action.

Principles for Building a House for Health[1]

1) Policies on drugs, health and justice must respond to our theology. "In sovereign love God created the world good and makes everyone equally in God's image, male and female, of every race and people, to live as one community," says our Brief Statement of Faith.

   The Spirit gives us courage
   to pray without ceasing,
   to witness among all peoples to Christ as Lord and Savior,
   to unmask idolatries in Church and culture,
   to hear the voices of peoples long silenced,
   and to work with others for justice, freedom, and peace..

   That sovereign love and that Spirit guide our work to transform drug policy.

2) Make drug and alcohol policy evidence-based. Beginning from a place of compassion and desire for fairness, policy should be based on experience and evidence – in the United States and around the world – of what has effectively protected health and reduced violence.
   a) Regulations and social practices that substantially reduced use of tobacco hold important lessons for reducing risks and harms from other drugs, licit and illicit.
   b) The U.S. experiment with alcohol prohibition has important lessons about public health and unintended consequences.
   c) In an environment where media sound bytes often misrepresent scientific knowledge, empirical studies help policy-makers and the public to evaluate the relative risks of different drugs, assign resources, and identify best practices for regulations.

[1] In elucidating these general principles, and not ranking them in terms of importance, the Task Force found the 2011 report of the Global Commission on Drug Policy and its recommendations to be very useful, and we encourage its use by others: http://www.globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/Global_Commission_Report_English.pdf

d) The experiences of other nations that have implemented harm reduction, public health, and new judicial policies and approaches in response to drug use and addiction are also relevant.

3) Drug addiction is a disease, and should be diagnosed and treated by health professionals familiar with chemical dependency. People with trauma are more vulnerable to addiction, underlining the value of psychological counseling in many cases. Judicial personnel should not be diagnosing addiction or prescribing treatment, as not all drug use constitutes addiction.

4) Drug addiction is also a spiritual condition that calls for holistic, communal, and voluntary forms of recovery, to complement medical treatment and therapeutic techniques. The Church's ministry is to respond to those with disease with compassion and healing, and support alternatives to incarceration whenever possible, while presenting a Gospel that respects the complexity of humans and the mystery of God.

5) Because substance abuse is a public health issue, the bulk of government, church, and private resources that address this problem should be for physical and mental health care and services.

6) Punitive approaches to drug use are counterproductive. The criminal justice system should be dedicated to addressing behavior that harms or puts others at serious risk. An adult's right to ingest substances of their choosing holds up to a point where one's individual agency is significantly endangered. Particularly when costs impact dependents, a responsible community makes legitimate claims (protective interventions?) on behalf of the common good.

7) Public messages of caring for real health consequences and changing social expectations create a climate of prevention and recovery (as in 2.a above). Public policy may learn from traditional societies about social practices that reduce excessive and isolated consumption patterns and addictions.

8) Everyone should have access to essential medicines, including new applications of currently controlled substances. With careful controls and under medical guidance, methadone, morphine, and other pain control medications for cancer, childbirth, and palliative care should be available for people who need them. When supported by medical research and under medical supervision, traditional plant-based substances and derivatives may also be found to have health benefits, and thus should be available to all.

9) Good drug policies are equitable with regard to race, income and gender of the population. The lives and rights of poor people, communities of color, and women in the United States and around the world are no less sacred or valuable than anyone else's lives or rights. Policies that disproportionately harm or benefit some groups relative to others, although their rates of transgressions are substantially the same, should be altered or remedied to ensure fair treatment.

10) Children and adults fleeing drug war violence are not a security threats; they deserve asylum and sanctuary. Just as the church responds compassionately to persons suffering from the effects of addiction, the presence of people who have fled criminal organizations and state violence in Mexico and Central America calls for sustained support.

11) Racially applied drug laws and enforcement cause deep and pervasive harm. As a predominantly White denomination, PC(USA) members have special opportunities and responsibilities to address the racist structures, processes, and outcomes at many levels of society that make the war on drugs so disproportionately harmful to people of color and peoples of other nations.

12) Address economic causes of involvement in drug production and traffic. Current drug policy has unacceptable unintended consequences for low income populations, offering risky opportunities to the unemployed and inflating the costs of staples in poorer communities.

13) Police use of military weaponry, surveillance, and tactics increases violent outcomes and community distrust. Presbyterians can support movements for the lives of people of color by advocating for a number of practical solutions those movements have developed for ending police violence and militarization.[2]

14) The increase in gun violence in Latin America attributable to US drug policy and US gun industry exports is inconsistent with the Presbyterian Church's theology of peacemaking. Ending military assistance to often-corrupt police and militaries can reduce the pervasive violations committed by these forces. Restricting the commercial availability of military-grade weaponry, and hence its smuggling by organized crime, can help reduce gun violence in Latin America, in concert with the public health approach endorsed above.[3]

Recommendations based on Principles for Building a House for Health

Engaging our congregations in our communities

The goal of these recommendations is that each congregation should have a full referral plan for cases of problematic drug use, insight into the structural violence that underpins current drug policies, and an understanding of how to support healing and advocate for constructive change. Developing such capacities can reduce fear and barriers to mutual understanding among church members, drug users, law enforcement, formerly incarcerated people, social activists, immigrants, and health care providers. In the longer

[2] For example, Julie Quiroz, "Solutions Emerging from the Movement for Black Lives," Movement Strategy Center, 13 May 2015, at: http://letstalkmovementbuilding.org/solutions-emerging-from-the-movement-for-black-lives/; and http://www.joincampaignzero.org/demilitarization. The General Assembly has also called for greater police accountability in 1991 and 2000.

[3] See *Gun Violence, Gospel Values: Mobilizing in Response to God's Call*, report approved by the 219th General Assembly (2010).

term, engagement also supports learning, enabling the Church to be a catalyst within our communities, helping reduce harmful behaviors with productive involvement.

Recommendations for PC(USA) action and policy

1. Out of the Church's commitment to be a community of healing and justice, each Presbytery is encouraged to designate a drug policy facilitator to support congregational engagement and awareness of advocacy and treatment options. The Mission Agency shall assist presbyteries in identifying facilitators, drawing on earlier Health Ministries contacts.
2. The Presbyterian Health, Education and Welfare Association (PHEWA) shall develop a network of these facilitators for mutual support.
3. Facilitators are urged to visit congregations in their presbyteries to support their deeper reflection, learning, and engagement, and to assist interested congregations in the following processes:

Education

a. Use the Drug Policy Reform Curriculum (See www.pcusa.org/acswp), adapting it for local needs and practices.
b. Survey congregation members' experiences (or absence of experiences) of drug use, drug enforcement, incarceration, and treatment, and determine the best ways for members to learn from their communities and obtain reliable information.
c. Use exercises for dialogue and thought about drug policy and racism. These may include listening processes with churches of people of color to share educational resources and opportunities.
d. Hold congregation and community fora on changes in drug laws that are more just, effective and compassionate than current punitive approaches.
e. Produce or circulate worship materials that reference the goals and recommendations of this report.

Community Service

f. Help Presbyterian congregations develop a referral capability by getting to know treatment options in their community.
g. While recognizing the benefits of abstinence-based approaches for many people, promote non-prohibitionist efforts to prevent and reduce the harms from high-risk drug use among both youth and adults.
h. Access tools for responding to problematic drug use in our communities, such as non-punitive treatment programs, needle exchange, responses by non-police agencies to drug-related health crises, and other harm reduction programs.
i. Support re-entry programs for people released from incarceration.

Engagement and Advocacy

j. Engage in advocacy at the local, state, or national levels, in accordance with the congregation's interests and experience, using the information and recommendations in this report and their own commitments.

k. Encourage churches that host addiction recovery groups to continue that support and to engage in constructive dialogue about treatment, prevention of abuse, and harm reduction. Congregations, 12-step programs, and counselors are also encouraged to explore how both drug use and recovery relate to the quest for meaning and joy in life, found by Christians in the "beloved community" of the church.
l. Join with other faith communities in advocacy for harm reduction legislation and measures, such as needle exchange and all-night drop-in centers, that shift the paradigm away from the drug war model. To this end, the General Assembly calls on other faith groups, including members of National Council of Churches of Christ in the U.S.A., to join us in this endeavor.
m. In April 2016, the United Nations General Assembly Special Session (UNGASS) on Drugs takes place in New York. While this global event occurs before the PCUSA's own General Assembly, we recommend that PCUSA engage in the UNGASS process, which is anticipated to generate further actions to reform global drug policy, testing this report in that context.

Public policy recommendations.
In addition to congregational engagement in the process of drug policy reform, the PC (USA) recommends the following reforms and actions by federal, state and local governments. Some reforms may be more realizable at the state and local levels. Other reforms at state and local levels may not be possible without national changes. Presbyterians can advocate these changes with both elected officials and candidates.

For the U.S. Government:

<u>Congress and the Executive Branch of the Federal government should:</u>

a. Revisit the global prohibition regime, through U.S. actions in the United Nations and in bilateral relations, that support or at least do not oppose international initiatives to explore alternatives to drug prohibition and experiment with new approaches tested by realities on the ground.
b. Encourage experimentation by states with models of legal regulation of the use and possession by adults of some currently illicit drugs for the purposes of public health and safety, such as is underway with marijuana in several states, with rigorous study of social, educational, crime-related, and medical impacts.

<u>With regard to Public Health</u>

c. Expand addiction treatment programs so that drug dependent individuals can receive treatment when and where it is needed. Non-profit and non-residential programs may be most cost-effective in public planning for healing rather incarceration.
d. Revise, in consultation with the medical community and state-level initiatives, the current outdated scheduling of controlled substances based on scientific and public health criteria.

e. In connection with (d), increase and shift funding to epidemiological and biomedical research on effects of drugs, patterns of drug use, and impacts of punishment and regulation in order to support best practices in treatment, recovery, and public health.
f. Re-evaluate which behavioral health treatments are selected for insurance coverage based on evidence of effectiveness and a diversity of approaches according to need.
g. Lift the ban on federal funding for needle exchange programs and revise laws on drug paraphernalia consistent with the regulatory approach noted above.

With regard to the Judicial System and Policing

h. Condition grants of federal funds to local police and sheriff's departments on ending discriminatory policing and increasing community trust.
i. End financial incentives for police departments to conduct unproductive drug operations, such as Byrne grants and the Pentagon 1033 program (described in section X of the study)..
j. Expand the scope of executive orders and group pardons for the release of drug offenders who were sentenced unjustly under the 100-to-1 crack-cocaine and other inequitable and excessive sentencing provisions, in line with efforts at more clemency for nonviolent and over-sentenced prisoners generally.
k. Eliminate pre-emptive post-incarceration sanctions for drug offenses that create barriers to recovery and family re-integration, including employment discrimination and restrictions on public housing and voting.
l. Social service agencies and community representatives should engage in restorative justice and investment practices together with people who have been harmed by police violence, unjust mandatory minimum sentences,[4] and disparate drug law enforcement.[5]
m. Increase and improve the use of drug courts to deal knowledgably with persons accused of crimes, particularly nonviolent offenses, probation or parole violations, and cases where children are impacted, to facilitate treatment, training, education, and employment, working in concert with medical and social service personnel.
n. End or radically reform asset forfeiture laws to prevent police seizures of property without due process. Offer people arrested for nonviolent sale of illicit drugs opportunities for training, education, and employment as an alternative to incarceration and a felony record.

Economic Policy

o. Promote sustainable economic development in areas where coca and poppies are grown, centered on local farmer and community input.

[4] For examples of church advocacy here: Kara Gotsch: http://justiceunbound.org/carousel/faith-leaders-influencing-the-debate-on-drug-sentencing/; Nora Lecesse: http://justiceunbound.org/carousel/for-the-common-good-of-our-whole-inhabited-earth/

[5] As this is written, there is bipartisan support for draft legislation in both the Senate and the House: S.2123 "Sentencing Reform and Corrections Act of 2015" and HR. 3173 "Sentencing Reform Act of 2015" which, if passed, would be unified in conference committee.

p. Promote economic investment in U.S. communities that have been devastated by disinvestment and harmed by discriminatory drug law enforcement and/or drug-related violence.

Foreign and Immigration Policy

q. Sharply reduce the transfer of weaponry, training, and equipment from the United States to police and militaries in Latin America as part of the war on drugs.
r. Make transfers of arms and training to Latin American police and militaries, in the past and going forward, transparent to the public, to promote accountability.
s. The President should take executive action to ban the import of assault weapons into the United States, where many are sold and trafficked to criminal organizations in Mexico and Central America.
t. Provide political asylum and immediate release from detention, pending a hearing, for those who have fled violence and have a credible fear of violence in their home countries where the war on drugs is occurring.

Public Health

u. Provide to city and county public health agencies the resources needed to serve as first responders to overdose, problematic drug-induced behavior, and mental illness, so that law enforcement is not the only or primary first responder.
v. In the absence of universal health care, the 22 states that have not done so should embrace the Affordable Care Act's expansion of Medicaid coverage to low-income individuals.
w. Promote Good Samaritan legislation that exempts from prosecution persons notifying emergency responders of overdoses.
x. Drug testing of employees should be limited to what is needed to safeguard the person's performance of a job.
y. Make overdose prevention an integral part of public health, including making the antidote Nalaxone widely available in places where overdoses occur.
z. Hold public hearings on the human rights impacts of the war on drugs.