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H.170

Introduced by Representatives Pearson of Burlington, Burditt of West
Rutland, and French of Randolph

Referred to Committee on

Date:

Subject: Health; noncriminal; public health approach to illicit drug use; study
Statement of purpose of bill as introduced: This bill purposes to direct the
Office of Legislative Council to examine the issue of a noncriminal, public
health approach to low-level possession and use of illicit drugs in Vermont and
to report its findings to the General Assembly on or before January 15, 2016.

An act relating to a study of a noncriminal, public health approach to illicit
drug use

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. LEGISLATIVE FINDINGS

The General Assembly finds:

(1) According to Michael Botticelli, Acting Director of the Office of
National Drug Control Policy, the National Drug Control Strategy
recommends treating “addiction as a public health issue, not a crime.” Further,
the strategy “rejects the notion that we can arrest and incarcerate our way out
of the nation’s drug problem.”

1 (2) The National Drug Control Strategy “calls on healthcare providers to
2 prevent and treat addictive disorders just like they would treat any other
3 chronic disorder, like diabetes or heart disease.” According to the White
4 House, “The ACA [Affordable Care Act] includes freedom from substance use
5 disorders as one of the ten elements of essential health benefits. This means
6 that all health insurance sold on Health Insurance Exchanges or provided by
7 Medicaid to certain newly eligible adults starting in 2014 must include services
8 for substance use disorders.”

9 (3) According to the Substance Abuse and Mental Health Services
10 Administration (SAMHSA), “The Mental Health Parity and Addiction Equity
11 Act requires insurance groups that offer coverage for mental health or
12 substance use disorders to provide the same level of benefits that they do for
13 general medical treatment.”

14 (4) There is a growing international consensus that drug use should be
15 treated as a health issue, not as a crime.

16 (A) In 2014, the World Health Organization recommended that
17 “Countries should work toward developing policies and laws that
18 decriminalize injection and other use of drugs and, thereby, reduce
19 incarceration.”

20 (B) The Scientific Consultation Working Group of the United
21 Nations Office on Drugs and Crime (UNODC) issued a report discouraging

1 criminal sanctions for drug use. The recommendations of the working group –
2 which included Nora Volkow, Director of the U.S. National Institute on Drug
3 Abuse (NIDA) – highlight that “criminal sanctions are not beneficial” in
4 addressing the spectrum of drug use and misuse.

5 (5) In 2001, Portugal developed a comprehensive health-based approach
6 by decriminalizing drug use and possession and reclassifying them as
7 administrative violations. According to the United Nations Office on Drugs
8 and Crime, “Portugal’s policy has reportedly not led to an increase in drug
9 tourism. It also appears that a number of drug-related problems have
10 decreased.”

11 (6) Following the adoption of a health-based approach to drug use and
12 possession in Portugal:

13 (A) Adolescent drug use and problematic drug use have decreased.

14 (B) The number of people arrested and sent to criminal courts for
15 drug law violations has declined by more than 60 percent after
16 decriminalization.

17 (C) The number of people in its prison system for drug law violations
18 also decreased dramatically, from 44 percent in 1999 to 24 percent in 2013.

19 (D) The number of people in drug treatment increased by more than
20 60 percent between 1998 and 2011.

1 (E) The number of deaths caused by drug overdose decreased from
2 approximately 80 in 2001 to 16 in 2012.

3 (F) New diagnoses of HIV and AIDS among people who inject drugs
4 have also declined considerably. Between 2000 and 2013, new HIV cases
5 among people who use drugs declined from 1,575 to 78.

6 (7) Vermont’s Supreme Court Justice Paul Reiber called the results of
7 Portugal’s policy “astonishing” and stated that only broad change will have the
8 impact needed to address the problem.

9 (8) Given the successes of Portugal’s health-based, noncriminal
10 approach to drugs and drug abuse, Vermont should examine the benefits of
11 such an approach.

12 Sec. 2. STUDY

13 (a) The Office of Legislative Council shall examine the issue of a
14 noncriminal public health approach to low-level possession and use of illicit
15 drugs in Vermont. The Legislative Council shall consult with interested
16 stakeholders, including the Vermont Department of Health, the Department of
17 Public Safety, the Department of Corrections, the Defender General, the
18 Department of State’s Attorneys and Sheriffs, the HowardCenter’s Safe
19 Recovery Support and Education Program, the Vermont Association of
20 Hospitals and Health Systems, and the Department of Vermont Health Access.

1 (b) The Office of Legislative Council shall report its findings to the
2 General Assembly on or before January 15, 2016.

3 Sec. 3. EFFECTIVE DATE

4 This act shall take effect on passage.