



Prop 36: Where Was Organized Medicine?



By John J. McCarthy, MD

"Science has been largely ignored in setting drug policy..."

LAST NOVEMBER, VOTERS enacted Proposition 36 by a wide margin, 61 to 39 percent. It was a clear statement of support for a major change in California drug policy, mandating that those arrested for simple possession or under the influence of controlled substances be given treatment, instead of incarceration.

The California Society of Addiction Medicine, the California Nurses Association, and the California Psychiatric Association endorsed the initiative. It was supported by many city councils; Sacramento's City Council endorsed it by 7 to 2.

Law enforcement, the judicial system, prosecutors, the governor and most newspapers were opposed. The Sierra Sacramento Valley Medical Society and California Medical Association, after internal debate, remained neutral.

Drug use has profound effects on the practice of physicians in emergency rooms, primary care, gastroenterology, infectious disease, psychiatry, neonatology, and gynecology, to name just the main specialties dealing with the sequellae of addiction. Only comprehensive drug treatment has been shown to reduce the burden of these medical complications. Incarcerations produce only more incarcerations. That's why the neutrality from the CMA and the medical society on a treatment initiative is puzzling. It seems inconsistent with both the science and their positions of support for treatment.

Doctors suffer from a lack of medical education on addiction. They can't escape learning about the sequellae of drug addiction (HIV, etc.), but would be lucky to hear more than a lecture or two on treating addictions. And unless one is treating addiction itself, one may not be aware of what makes for successful treatment, and falsely believe that treatment can't work without the threat of immediate incarceration.

Furthermore, there is little awareness in the profession of the immoral dimensions of our drug policy. Forensic psychiatrist Terry Kuppers, in his book, *Prison Madness*, describes the rampant abuse of the mentally ill (many of those imprisoned for drugs are mentally ill) in our prisons, documenting the destructive effects on both inmates and the prison system of imprisoning large numbers of non-violent drug users.

Whatever the reasons for neutrality on Proposition 36, it is critical that organized medicine support its implementation. Science has been largely ignored in setting drug policy, as evidenced by the sad spectacle of the continued illegality of needle exchange in our Society's three counties. The public has mandated a new paradigm: a treatment, science-based paradigm, not zero-tolerance. The medical profession, as experts in treatment and research, should make sure that treatments with documented efficacy are available for all who are eligible under Prop 36, and that treatment interventions are matched to individual needs.

The CMA, reacting positively to the voter mandate, is co-sponsoring, with the proponents

of the initiative, a forum on "The Opportunities of Prop 36." Addiction medicine will present the scientific data on what works and serve an advisory and monitoring role at the State level.

At the local level, our medical society should become involved in our local implementation. And we need to take the voter mandate for a paradigm change and exhort our Boards of Supervisors to end the ban on needle exchange, which accomplishes nothing but the spread of disease in our community.

Organized medicine needs to be more organized, and informed, on drug policy. It is critical to medical practice, and the health and safety of our community. And the public wants us more involved!

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