

# Program Committee Report

## 2015-2017

### Updated Fiscal Policy Position

Over the last two years, Karen Cárdenas, LWVOK Program Chair, has worked with a number of volunteers from local Leagues to complete the study approved by the 2015 convention: to update the current position on fiscal policy.

As chair, Ms. Cárdenas recruited members for the committee, working with them to set the scope, determine a timeline for the study, do initial research and write consensus questions.

Four of the five local Leagues submitted responses, which were tallied and used by the committee in writing an update to the fiscal policy. Alice Richardson, Stillwater, Judy Reynolds, Norman, and Sheila Swearingen, Tulsa, assisted with compiling the consensus responses and writing the updated position. The LWVOK Board approved the updated fiscal policy position at its March 25, 2017 meeting.

### Recommended Study

The League of Women Voters of Oklahoma Board of Directors voted to recommend a restudy of the current Position on Education for the 2017 - 2019 biennium. The study would entail a thorough review of the LWVUS policies on education, the current LWVOK position on education and the current positions on education of other state Leagues. The primary focus of the study would be education in the 21<sup>st</sup> Century and would center on core skills required and alternate delivery methods such as charter schools, distance learning, home schooling and education spending accounts (vouchers).

### Recommended Concurrences

The LWVOK board voted to recommend concurrence with two positions: the Stillwater League **Position on Drug Policy** and the Tulsa League **Position on School Bond Measures**.

### *Updated Position on Fiscal Policy*

## FISCAL POLICY

### Support for a sound fiscal policy in Oklahoma

The League of Women Voters of Oklahoma (LWVOK) believes a sound fiscal policy should be based on a budget process that includes both revenue and spending projections and priorities over a multi-year period. Such a budget process will ensure that sufficient revenue will be raised for the projected costs of essential government services and ensure fulfillment of the constitutional requirement for a balanced budget.

LWVOK supports:

- Requiring the Board of Equalization to provide one unified revenue estimate to be used for both executive and legislative budgeting.

(Program Report continued - Fiscal Policy Restudy)

- Providing more diverse revenue sources for municipalities in the state constitution.
- Revenue stabilization, including
  - Statutory definition of the purposes of the Constitutional Reserve Fund (Rainy Day Fund)
  - Setting savings targets in accord with the Fund's purpose and projected tax volatility
  - Providing flexibility in setting the cap on the percentage of revenues to be deposited in the Fund

LWVOK opposes:

Any constitutional impediments to raising revenue as needed.

LWVOK believes:

- Taxes should be progressive and not regressive. The burden of taxation should not fall unnecessarily on those least able to pay.
- Income and property taxes should be the primary sources of revenue with sales taxes, fees and charges playing a lesser role.
- No sales tax should be charged on food or on prescription drugs. After careful consideration of other options, sales taxes could be applied to more diverse revenue sources.
- Earmarks (dedicated funds) should be regularly reviewed by an impartial state commission ~~and~~ with the results publicly reported.
- Corporate income tax should be maintained as an important revenue source. Combined corporate reporting should be mandated to avoid underreporting of Oklahoma revenue by multi-state corporations.
- There should be a regular review of the benefits and impacts of tax credits, exemptions and exclusions to be carried out by the Incentive Evaluation Commission, or similar state commission, working with the State Treasurer to report and make recommendations to the legislature and the public.
- Municipalities should not be limited to using only the revenue from sales taxes to support their activities. Core government services such as those listed below should be sufficiently funded in order to fulfill their mission.
  - Public Education
  - Public Safety including Corrections
  - State Courts
  - Public Health including Mental Health
  - Child Welfare
  - Transportation and Highways
  - Elections
  - Environmental Protection
- Property taxes on public service properties should be allocated to all school districts on an equitable basis, using a formula such as ADM (Average Daily Membership).
- There should be statewide distribution of gross production tax revenue with a requirement that the percentage dedicated to common schools be regularly evaluated.

**As stated in the 1989 Fiscal Policy Study:**

The League believes trusts and authorities should be more accountable.

The League also believes there should be a comprehensive study of the collection, allocation and administration of state revenues by a qualified, impartial committee, financed by the state.

(Program Report continued - Fiscal Policy Restudy)

### PROPERTY TAX ASSESSMENT PROCEDURES

need for reforms in assessment procedures including support of appointment of county assessors and of measures that would bring about equalization of tax assessments among and within counties. County assessors should:

- have professional qualifications
- be appointed by a board composed of a combination of local and county officials from a list certified by a state agency;
- be required to take training provided by the state;
- follow prescribed uniform statewide assessment procedures.

The League believes the Oklahoma Tax Commission should have the authority to enforce the above assessment procedures and should conduct sales/ratio studies and make the information public.

The League recommends periodic re-evaluation either on a statewide or county basis, with provisions to keep appraisals at current market value.

**PROPERTY TAX EXEMPTION REFORM:** The League of Women Voters of Oklahoma believes that all tax-exempt property should be evaluated regularly and the results should be made public record. The League favors exemptions on real property that afford relief to the low-income family, believes that all tax exemptions on Industrial Trusts should be for a shorter period should not be renewable, and believes tax exemptions for charitable, religious and educational institutions should apply only to property used for such purposes. Any other property owned by such institutions should not be tax exempt. The League favors abolishing the personal property tax on household goods; however, as long as the tax in effect, all household property, including that of renters, should be taxed.

### Background

LWVOK members began a study of Oklahoma fiscal policy in 1959 when "Know Your State: A Study of Fiscal Management" was adopted by LWVOK Convention delegates. In 1960, the study centered around the principles of taxation and an analysis of Oklahoma's tax structure as related to a good, basic tax structure. The practice of earmarking funds received particular attention. During 1961 and 1962, emphasis was placed on study of assessment procedures and equalization of ad valorem taxes among counties. In 1963 and 1965, LWVOK successfully supported legislation giving cities additional taxing powers. In 1968 the booklet, *Understanding State Finance*, was published to update members.

A study of funding for common schools in Oklahoma reemphasized the effect of inequities in the administration of ad valorem taxes. In 1972, LWVOK hired an attorney to test the Oklahoma procedure that causes variation in assessment percentages within and among counties. The suit was never filed because of the impact of the March 1973 U.S. Supreme Court decision in the *vs. San Antonio Independent School District* case. The court ruled that, although property tax systems need reform, education is not among the rights guaranteed by the U.S. Constitution and reform is up to the state lawmakers.

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\*The Oklahoma Legislature, in 1977, reduced exemption to 10 years. The Attorney General ruled, in 1979, that property held by public trust is not exempt from ad valorem taxes unless it involved a government entity or an operation that is otherwise exempt from taxation. A constitutional amendment was passed in November 1985 granting exemptions for five years to new or expanding manufacturing plants.

(Program Report continued - Fiscal Policy Restudy)

In 1973, LWVOK Convention delegates adopted "A Comparative Study of Ad Valorem Tax Systems" as the study item so that LWVOK would be able to evaluate proposed changes. In March 1974, LWVOK co-sponsored a statewide workshop, "The Property Tax—Success or Failure in Paying for Education?" The booklet, *Ad Valorem Tax: Real or Unreal*, was published. The study examined practices and procedures for correcting inequities in the administration of property tax.

In April 1975, the State Supreme Court ruled that the State Board of Equalization must fulfill its constitutional duties and equalize ad valorem taxes across the state. A special assessment ratio study was made which established three categories for each county - agricultural, residential, and commercial/industrial property. Also, a 1981 Attorney General's opinion prohibited the Tax Commission from measuring equalization through use of a composite ratio. In June 1981, 62 counties were in violation of property tax standards mandated by the State Supreme Court.

Another area of LWVOK concern has been the erosion of the property tax base due to the exemption of many properties from the tax rolls. The Attorney General ruled on July 31, 1979, that a tax exemption cannot be granted a public trust unless permission for such exemption (charitable, religious, etc.) can be found within the framework of the Oklahoma Constitution. Tax exemptions other than for governmental entities are to be decided on a case-by-case basis. The opinion also held that the option to make payments of "sum in lieu ad valorem taxes" is void. The opinion was upheld by the Oklahoma Supreme Court.

Although LWVOK has many positions relating to ad valorem taxes, it had been unable to act on various other "tax reform" measures considered by the Legislature. Delegates to the 1979 and 1981 Conventions adopted a study of the state tax structure that examined sources and allocation of revenue.

Through 1987, 1988, and 1989 ad valorem legislation continued to be closely monitored by LWVOK. In order to be more effective, LWVOK joined the F.A.I.R. (Fair Ad Valorem Is Reform) Coalition as a means of having additional impact and influence. In 1988, major legislation was passed, through a bipartisan effort, for comprehensive changes in how the state assesses and taxes property. A part of that effort included a proposed constitutional amendment (SQ 614) to assess all property at 100% of its fair market value. A special election date was set but later rescinded by the legislature. The legislature again addressed ad valorem reform during the 1989 session and made a major commitment to the reform measures passed in 1988 by appropriating funds to begin implementing the new legislation.

The LWVOK Program Position on Oklahoma's Fiscal Policy adopted in 1989 reflected the concerns with ad valorem taxes. The position emphasized the need for county assessors to be appointed and trained. The need for uniform procedures across the state was also emphasized. The position placed the responsibility for overseeing and reporting assessments with the Oklahoma Tax Commission. The property tax assessment procedures and criteria for property tax exemptions were not studied in 2016 and are retained as written in 1989.

In 1990, a LWVOK-supported amendment passed which allows municipalities to borrow money to purchase, construct, or improve public utilities without levying an additional tax. Also approved was an amendment allowing the legislature to permit cities and counties to grant tax exemptions and other tax relief for certain areas that are in economic decline.

(Program Report continued - Fiscal Policy Restudy)

State Question 634 was supported by LWVOK but defeated at the polls on June 26, 1990. It would have established a Common School Fund which would receive monies from gross production taxes, a portion of the vehicle license fees, and ad valorem taxes on public service, commercial/industrial and real property valued above \$500,000.

In 1992, LWVOK opposed SQ 640 that would require that all revenue increases be approved by three-fourths of both houses of the Legislature or a vote of the people. LWVOK believed that this violated the basic principle of representative government. Unfortunately, the amendment passed.

From 2004 through 2007 the Legislature passed several bills that reduced Oklahoma's top income tax rate from 6.65 percent to 5.25 percent. Later, in 2014, the Legislature reduced the top tax rate to 5.00 percent with possible further reductions to take place in the future because of a trigger mechanism based on revenue projections and estimates.

The impact of these tax cuts was reflected in the declining resources available to all state agencies. Corrections, Human Services and Education felt these reductions most deeply. The 2017 budget (\$6.8 billion) is significantly less than the 2007 budget (\$7.9 billion) even when the figures are adjusted for inflation. This loss of resources becomes more serious when one considers that over this 10-year period more individuals are being served and services are more expensive.

After years of forcing state agencies to economize to the point of eliminating core services, there is a growing realization that Oklahoma has a revenue problem. Unfortunately, the limitations placed on the Legislature as a result of SQ 640 and the language it added to the constitution have made it difficult to increase revenue. Instead of looking at increases in income and gross production tax rates, the two areas where increases would actually solve the budget crisis, the Legislature has resorted to short-term measures that only prolong the problem.

## **Recommended Concurrences**

### **Drug Policy Based on LWV Stillwater 2015 Study**

1. The League of Women Voters of Oklahoma (LWVOK) believes that drug use should be considered a public health issue when it involves drug users, including people with severe substance use disorders (addicts); their families; and their communities. However, it becomes a criminal issue when it involves large-scale manufacturing, sale, and distribution of drugs under illegal conditions.
2. Methadone, suboxone, and other medications have proven effective in helping many people recover from severe substance use disorders (addiction). The LWVOK believes that drugs like these should be made available under medical supervision to anyone who can benefit from them, including inmates of jails and prisons.
3. The LWVOK believes that public health organizations should sponsor needle exchanges when health professionals recommend their use. This may be to promote the health and safety of drug users and/or to promote safe neighborhood

(Program Report continued - Concurrence)

4. The LWVOK supports the development and funding of the following programs, which should be beneficial in preventing the use of harmful drugs.
  - a. Educational programs that inform people about the effects of drug use, particularly programs for parents and other caretakers and for children of any age who may be at risk. Both schools and other venues may be utilized.
  - b. Community mental health programs.
  - c. The identification of groups at risk for drug use, and programs to assist these groups, including mentoring.
  - d. Programs that give young people alternatives to taking drugs, such as theater, music, art, and sports.
  - e. Programs to help develop areas economically and alleviate poverty.
5. People with substance use disorders are often socially isolated from their communities. This is especially the case if they have been imprisoned. The LWVOK recommends development of the following supportive services to help these people become functioning and productive members of their communities. Some, such as mentoring and job training, should be offered to people in jails and prisons.
  - a. Mentoring.
  - b. Job training.
  - c. Assistance finding employment, including the use of individuals who act as bridges to potential employers.
  - d. Locating housing.
  - e. Receiving medical and dental care and health insurance.
  - f. Community health programs designed to help remove stigma and stereotyping of people with substance use disorders.

The LWVOK supports the elimination of questions about criminal convictions on initial employment applications.

6. The LWVOK believes that a drug should be made legal for medical purposes if medical professionals deem that it has therapeutic benefits. Further, the League encourages research into the medical uses and effects of drugs.
7. The LWVOK advocates that the federal government should reclassify marijuana from Schedule One to a more accurate classification, thus facilitating research into its effects and uses.

The LWVOK believes that each state should decide whether or not it wants to legalize

(Program Report continued - Concurrence)

The LWVOK supports the decriminalization

8. The LWVOK recommends that a drug be decriminalized<sup>2</sup> when research indicates that the harm caused by prohibition of the drug is greater than the expected harm caused by decriminalization.
9. The LWVOK believes that programs such as drug prevention, drug treatment, and community re-integration should receive full funding through taxes. The money saved by not arresting and imprisoning drug users should be rechanneled into treatment programs and other programs to support the re-integration of drug users into their communities.

## NOTES

<sup>1</sup>“Legalization: A policy that would eliminate criminal and civil penalties for both possession and sale of the drug(s) in question and may include a system of regulation, which could include restrictions [in] use similar to those applicable to alcohol and tobacco. The regulation model uses taxes, minimum age requirements, and licensing to control distribution.” (LWV Hawai’i 2008, p. 54)

<sup>2</sup>“Decriminalization: A policy that reduces the punishment for possession of the drug(s) in question to a civil fine, rather than criminal penalties or potential jail time. Distributing to minors, trafficking, and selling would remain subject to standard criminal punishment.” (LWV Hawai’i 2008, p. 53)

## BACKGROUND

In 2014, the Stillwater League of Women Voters voted to undertake a local study on drug policies. We had a compelling reason for doing so beyond our usual interest in understanding and influencing public policy. One of our League members had a son who, years earlier, had developed a dependency on an illegal drug and was caught up in the criminal justice system, eventually dying while incarcerated. A committee to study drug policy was formed, and those of us in the group never forgot that drug policies have a real and sometimes devastating effect on our friends, families, and members of communities across Oklahoma and the world.

The Drug Policy Study Group met for the first time in the summer of 2014 and completed its work in November of 2015, when the Stillwater League reached consensus on a set of positions, presented above. We took a broad approach, looking into various aspects of drug policy, particularly those affecting Oklahomans. Committee members carried out written research and interviews, and many speakers addressed the Stillwater League. We will draw from a number of these talks in the following report. Other local and state Leagues have also carried out studies of drug policy, and we will draw on their findings as well.

The focus of this study is on drugs other than tobacco and alcohol, although alcohol is sometimes combined with other substances in government data.

(Program Report continued - Concurrence)

We join LWV Hawai'i in asserting that:

There is no simple panacea that will rid our communities of the difficulties associated with drug abuse and dependency. However, there are many opportunities to develop and implement informed, evidence-based drug policies that can contribute to our community's economic, physical, mental, and familial health. (LWV Hawai'i 2008, p. 4)

#### Approaches to drug use:

We will examine three different approaches to drug use.

##### 1. Criminal Justice.

Under this approach, solutions to substance abuse and dependence lie in the criminal justice realm. A common corollary is the belief that the only acceptable outcome for individuals with substance dependence is total abstinence.

##### 2. Public Health and Harm Reduction.

Under this approach, solutions to substance abuse and dependence lie in the public health realm. A common corollary is the belief that substance abuse is treatable, but some people may always suffer from severe substance dependence (addiction).

##### 3. Civil Liberties.

Under this approach, substance abuse and dependence are not a public concern as long as an individual does no harm to others.

Although the three approaches have different underlying tenets, in practice they may all overlap. In the U.S., the criminal justice approach predominates, with public health playing a secondary role. In countries like Portugal and Switzerland, mental health predominates, [including in the treatment of people with severe substance dependence.]

#### History of drug policy in the U.S.

LWV Hawai'i (2008) included a historical summary in their state study on drug policy. The following paragraphs are excerpts from "A Brief History of American Drug Laws."

Until the late 1800s, many drugs that are currently illicit in the United States, including opiates, cocaine and cannabis, were freely available, used in patented medicines and found in commercial products. The first legal prohibition of psychoactive substances originated in the last quarter of the 19 century and was targeted against opium, generally in areas with substantial Chinese immigrant communities. Indeed, many historians suggest that there is a long standing relationship between drug policies and the clash between cultural and racial groups, with drug policies serving to control or oppress minority and subculture groups.



(Program Report continued - Concurrence)

A close examination of the legislative history of America's drug laws reveals a host of uncharitable sentiments that have helped shape public perceptions of disfavored social subgroups and their practices. Any meaningful effort to reform drug policy in the United States must acknowledge this uncomfortable historical nexus between racial animus and American public attitudes toward certain drugs. (King County Bar Association (2005) *Effective Drug Control: Toward A New Legal Framework*, p. 14) [citation in the LWV Hawai'i document]

Though the nonmedical use of narcotics was rendered illegal in 1914, the United States' first intensive, large-scale experiment with prohibition of a psychoactive substance was the prohibition of alcohol in 1919 via the 18<sup>th</sup> Amendment. This resulted in the emergence of a violent, criminal underground trade, and was finally repealed in 1933, at which point the question of alcohol regulation was left to the individual states. In the following years, efforts to target drug use focused first on marijuana, and then on the growing black market for narcotics.

The use of illicit drugs escalated after World War II, particularly during the turbulent years of the 1960s, from which stemmed the modern 'War on Drugs,' declared by President Nixon. In its early days this 'war' particularly targeted hippies, a group critical of the government and its policies. International drug control efforts were militarized in an attempt to cut off supply. Domestic drug laws focused on developing more punitive measures for drug trafficking and use, including the creation of mandatory minimum sentences for drug possession and sale. These mandatory minimum sentences, fueled by sensational media coverage of the 'crack epidemic' in the 1980s and still in effect, contributed to the United States' swelling incarcerated population, disproportionately made up of young black men. The drug laws themselves contributed to the disproportionate punishment of minorities; for example the mandatory minimum sentence for powder cocaine—generally used by whites—was 100 times lighter than that for crack cocaine—generally used by blacks—despite the lack of any chemical difference in the two substances. (In 2007 the Supreme Court and the United States Sentencing Commission finally addressed this discrepancy, to a limited extent, resulting in reduced sentences and early releases for thousands of incarcerated individuals.)....

The societal and economic costs of the 'War on Drugs' became increasingly apparent in the 1990s as demand for illicit drugs continued to rise, supply remained steady, price declined, drug purity increased and families and communities suffered the consequences of both addiction and incarceration, despite the millions, and then billions, of dollars spent by the government every year.

(LWV Hawai'i 2008, pp. 9-10.)

For those who would like to read more about the history of drug policy, Johann Hari has written a readable and eye-opening critique of the War on Drugs, *Chasing the Scream: The First and Last Days of the War on Drugs* (2015). A large part of the book is devoted to the history of drug policies, especially in the U.S. For those who wish to read something shorter, we recommend an online conversation with Hari on Sam Harris's blog. The piece is entitled "A War Well Lost" and can be found at [www.samharris.org/blog/item/a-war-well-lost](http://www.samharris.org/blog/item/a-war-well-lost) (Harris).

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## 1. Criminal Justice

As explained in the historical overview, during much of the twentieth and the twenty-first centuries, many drugs have been criminalized, and both users and suppliers, including physicians, have been prosecuted.

### Drug Policies in Oklahoma

The following are the penalties for some drug offenses in Oklahoma from the “Oklahoma Drug Statutes Chart.”

For possession of marijuana, a first offense results in a misdemeanor sentence, imprisonment for up to a year, and a fine of up to \$1,000. For a second offense within ten years, the sentence is a felony, 2 to 10 years of imprisonment, and a fine up to \$5,000. Several drugs in the Schedule 3, 4, and 5 categories, such as barbiturates, ephedrine, codeine, and phenobarbital, have the same penalties.

Penalties for manufacture or distribution of Schedule 5 drugs (the least dangerous category) are up to 5 years in prison and a fine of up to \$1,000.

Schedule 1 and 2 drugs, which have a high potential for abuse and have very restricted or no accepted medical use in the U.S., include substances such as opiates, hallucinogens, depressants, stimulants, and cocaine. Possession of these substances results in penalties of a felony, 4 to 20 years of imprisonment, and a fine up to \$10,000.

Penalties for the manufacture, cultivation, or distribution of Schedule 1 drugs are a felony, up to life imprisonment, and a fine up to \$25,000.

(Oklahoma Drug Statutes Chart)

In 2015, the Oklahoma Department of Corrections collected data on the number of individuals in the criminal justice system whose controlling offense was drug related. Of those who were incarcerated, the percentage was approximately one-fourth (26.3% or 7,588 people). For probation clients, the percentage rose to about one-third (34.6% or 7,952 people). For people on parole, the percentage rose to almost two-thirds (60.1% or 1792 people). (Oklahoma Department of Corrections)

In spite of these high numbers, Mark Woodward, a speaker from the Oklahoma Bureau of Narcotics and Dangerous Drugs, suggested that not enough individuals in Oklahoma serve prison time—less than one percent of those convicted of drug crimes. As a result, he predicted that Oklahoma will continue to see higher numbers of substance abuse. (Andrews. 2015)

(Program Report continued - Concurrence)

### Criticisms of the drug war

The Drug Policy Alliance describes the effects of current drug laws on the American people.

Incarcerating people for nonviolent drug offenses **destroys lives**, because with a criminal conviction under your belt, it isn't easy to get a job, and you're not eligible for student loans, which doesn't leave a lot of legal options open for a productive life. Even if someone was never incarcerated, the "criminal" or "felon" label can follow a person convicted of a drug law violation for this rest of his or her life.

Policies that exclude and discriminate against people with a conviction are so numerous and varied that they have effectively created a permanent second-class status for millions of Americans.

Punishment for a drug law violation is not only meted out by the criminal justice system, but is perpetuated by policies denying child custody, voting rights, employment, business loans, trade licensing, student aid and even public housing and other public assistance. Criminal records are also cited as reason to deport immigrants and bar other noncitizens from visiting the United States. These barriers, like drug war enforcement itself, fall disproportionately on individuals and communities of color. Relative to the crime being committed, the punishments for drug law violations are unjustifiably harsh and cause more harm than the drug itself.

(Drug Policy Alliance, "Drug Law Convictions and Punishments")

The drug war has produced profoundly unequal outcomes across racial groups, manifested through racial discrimination by law enforcement and disproportionate drug war misery suffered by communities of color.

Although rates of drug use and selling are comparable across racial lines, people of color are far more likely to be stopped, searched, arrested, prosecuted, convicted and incarcerated for drug law violations than are whites.

(Drug Policy Alliance, "Issues: Race and the Drug War")

Largely as a result of draconian drug laws, women are now a fast growing segment of the U.S. prison population. More than three quarters of women behind bars are mothers, many of them sole caregivers.

Removing a parent (perhaps the only parent) from the household is immediately destabilizing, and over the long-term it's devastating. Parents, once released from prison, may be barred from public assistance and housing and face significantly diminished employment opportunities. Children with a parent in prison are several times more likely than other children to end up in foster care, to drop out of school and to become involved in the criminal justice system.

(Drug Policy Alliance "Issues: Women and Gender in the Drug War")

(Program Report continued - Concurrence)

In October, 2013, a panel of women convicted of drug offenses shared their experiences at a forum in Oklahoma City sponsored by the Oklahoma Women's Coalition. One woman said that she didn't resent doing time for breaking the law, but she didn't expect to continue paying for the rest of her life. A woman who was a trained medical technologist couldn't find any kind of work after she was released from prison. This is typical of women (and men too) who have been incarcerated. Not only will no one employ them, but they must continue paying fines after they have been released, whether they can afford to or not. If they are fortunate enough to find a job, they must take time off work on a regular basis to check in with a corrections officer.

Women may suffer disproportionately from drug laws, and a few examples were given at the forum. In one scenario, a man who has been arrested is able to negotiate for a shorter sentence by naming other people he knows who are involved. The woman's only contact is that man. The man goes to prison for a few months. The woman ends up in prison for years. In another scenario, a man makes a drug deal using a woman's phone, and she is held responsible. An example of a wife paying a high price concerned a man who was cooking meth. When the police came, the man got away, but his wife was taken to jail. In cases like these, possession can count as trafficking even if there was no intent to sell, and the penalties are high.

(Reed 2013, pp. 3-4)

One of the speakers in our study was Dr. Mavonna Ellis, an expert on addictions with over 34 years experience in designing programs and providing treatment for substance-abusing individuals. She writes:

With the advent of the "War on Drugs" and criminalizing of substance abuse, an increase in incarceration rates has produced felony records for those caught using these defined "illicit" drugs. This has created a group of individuals who cannot escape past poor choices. Housing, jobs, and social services are limited for these individuals as they seek to rejoin society. (Ellis 2015)

In the U.S. and many other countries, there is a growing consensus that the War on Drugs has not been successful. The LWV of the Charleston Area summarizes the results of the criminal justice approach taken in the U.S.

After spending more than a trillion tax dollars to fight the 40-year-old War on Drugs, and after making more than 39 million arrests for nonviolent drug offenses, these are the results:

Percent of the U.S. population addicted to drugs:  
 1914 -1.3%  
 1970 -1.3%  
 2004 -1.3%

(LWV Charleston Area 2010, p. 14)

It is likely that one of the reasons that the Drug War has continued so long in spite of its limited success is that a number of groups have vested interests in incarceration. Severe drug laws send many people through the court system, to jail, and sometimes to prison. Warram (2015) notes that among the corporations that profit from harsh drug laws are private prisons, notably Corrections Corporations of

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America and the GEO group. Corporations selling phone services and weapons also profit. Even sheriffs' offices may profit from contracts for prison phone services. Other corporations that profit from prisons include: TransCor for transportation/transfer; Aramark and Canteen for food and laundry; Corizon for medical services; Prison Rehabilitative Industries and Diversified Enterprises for employment; Youth Services International and Children's Comprehensive Services for juvenile services. Of course, many other people depend on large prison populations for their livelihood, include lawyers, police, judges, courtroom personnel, prison and jail guards, and administrators.

In Oklahoma, people arrested on drug charges pay a large number of fees as they go through the court system, thus providing revenue for government. Among these fees are: an application fee to obtain a public defender; a jail fee for pretrial incarceration; fees for court administrative costs; public defender reimbursement fees; prosecution reimbursement fees; prison/jail fees; and drug testing fees.

(Warram 2015)

Oklahomans' support for harsh drug laws is gradually weakening as legislators and voters watch the prison population swell, draining scarce resources from other core services, such as education. Legislative bills have chipped away at some of the excesses of the Drug War. In addition, the mounting number of people with a dependence on prescription drugs may change the way people view substance disorders.

Faced with a large and ever-growing prison population, Republican Governor Mary Fallin set up a task force to examine incarceration in Oklahoma, and members came out in favor of drug policy reforms. Legislation supported by Governor Fallin includes some reductions in sentences, notably for people distributing drugs, as well as increased funding for mental health and substance abuse treatment programs. These include outpatient treatment options for individuals leaving prison. Task force members, including two district attorneys, have emphasized that reductions in sentences are unlikely to be successful unless the State funds treatment programs for mental health and substance abuse. This appears problematic in a year with a significant budget shortfall. (Ellis 2017).

In the November 2016 election, two State Questions proposed changing drug possession from a felony to a misdemeanor and transferring the money that was saved to community rehabilitative programs. Both questions passed, but in the 2017 legislative session, a bill was introduced that would have largely overturned the State Questions. As of April 2017, the bill had not passed, but it points to the continued resistance of some Oklahomans to drug policy reform.

## **2. Public Health**

An alternative to the criminal justice approach is an approach that recognizes substance abuse and dependence as a public health issue. The Oklahoma League joins LWV of Hawai'i, Texas, and the Charleston, South Carolina Area in recommending a public health approach to drug policy. This approach often incorporates principles of harm reduction.

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

(Program Report continued - Concurrence)

Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “where they’re at,” addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

(Harm Reduction Coalition)

The public health approach recognizes that severe substance use disorder (drug addiction) is a disease. A definition is provided by the National Institute on Drug Abuse (NIDA), a section of the National Institute of Health.

What is drug addiction?

Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain—they change its structure and how it works. These brain changes can be long-lasting, and can lead to the harmful behaviors seen in people who abuse drugs (NIDA 2014, p. 5).

Addiction is a lot like other diseases, such as heart disease. Both disrupt the normal, healthy functioning of the underlying organ, have serious harmful consequences, and are preventable and treatable, but if left untreated, can last a lifetime (NIDA 2014, p. 5).

NIDA points out that adolescence is a critical time for preventing drug addiction. “Using abusable substances at this age can disrupt brain function in areas critical to motivation, memory, learning, judgment, and behavior control” (p.11). The authors recommend research-based prevention programs. “Such programs help teachers, parents and health care professionals shape youths’ perceptions about the risks of substance use. While many social and cultural factors affect drug use trends, when young people perceive drug use as harmful, they reduce their level of use” (p. 13). Not surprisingly, several Leagues have emphasized the need for such educational programs.

According to NIDA, “Drug abuse and mental illness often co-exist. In some cases, mental disorders such as anxiety, depression, or schizophrenia may precede addiction; in other cases, drug abuse may trigger or exacerbate those mental disorders, particularly in people with specific vulnerabilities (p. 21).

Although NIDA maintains that addiction is a treatable disease, they point out that addiction can **not** always be cured. “But like other chronic diseases, it can be managed successfully. Treatment enables people to counteract addiction’s powerful disruptive effects on their brain and behavior and regain control of their lives” (p. 25).

One of the challenges in dealing with substance disorders is the stigma that often attaches both to the disease and to the treatments used to manage it, including methadone. The American Medical Association points out: “Substance use disorders affect people from every socio-economic background, and affect all ages, genders, races and ethnicities. Care and compassion must be encouraged, not judgment or stigma” (AMA 2017).

(Program Report continued - Concurrence)

### Syringe Services Programs

One harm reduction strategy that has proven useful is the adoption of syringe exchange programs. These programs play an important role in helping to control blood-borne diseases including HIV and viral hepatitis, as is recognized by both the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services. The adoption of these programs is favored by several Leagues, including Hawai'i, Texas, New Mexico, and the Charleston Area. (See Appendix A for a description of a syringe exchange program.)

The CDC describes various ways that public health workers may interact with patients through SSPs (Syringe Services Programs):

SSPs...are community-based programs that provide access to sterile needles and syringes free of cost and facilitate safe disposal of used needles and syringes....Most SSPs offer other prevention materials (e.g., alcohol swabs, vials of sterile water, condoms) and services, such as education on safer injection practices and wound care; overdose prevention; referral to substance use disorder treatment programs including medication-assisted treatment; and counseling and testing for HIV and hepatitis C. Many SSPs also provide linkage to critical services and programs, such as HIV care, treatment, pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP) services; hepatitis C treatment, hepatitis A and B vaccinations; screening for other sexually transmitted diseases and tuberculosis; partner services; prevention of mother-to-child HIV transmission; and other medical, social, and mental health services (CDC 2016).

### Drug Replacement Therapy

Drug replacement therapy is another harm reduction strategy. The DPA (2017) identifies methadone and buprenorphine as two drugs that are often used in drug replacement therapy. SAMHSA (Substance Abuse and Mental Health Services Administration) explains what methadone is and how it works. [See Appendix B below for a description of a methadone program.]

Methadone is a medication used in medication-assisted treatment (MAT) to help people reduce or quit their use of heroin or other opiates.

Methadone works by changing how the brain and nervous system respond to pain. It lessens the painful symptoms of opiate withdrawal and blocks the euphoric effects of opiate drugs such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone.

Methadone is offered in pill, liquid, and wafer forms and is taken once a day. Pain relief from a dose of methadone lasts about four to eight hours.

As with all medications used in medication-assisted treatment (MAT), methadone is to be prescribed as part of a comprehensive treatment plan that includes counseling and participation in social support programs.

(SAMHSA 2015)

(Program Report continued - Concurrence)

Buprenorphine is a newer prescription drug that is taken as a pill that dissolves under the tongue.

Buprenorphine is one of three medications commonly used to treat opioid addiction. The other two are methadone and naltrexone.... The person who takes buprenorphine feels normal, not high. However, the brain thinks it is receiving the problem opioid, so withdrawal symptoms stay away. Buprenorphine also reduces cravings (SAMHSA 2014, pp. 3-4).

The Drug Policy Alliance supports the following health-based interventions:

- Expanding access to affordable, evidence-based substance abuse treatment for people who seek it. [Private drug treatment programs exist. In 2014, a non-profit treatment center in Cushing charged \$12,000 to \$13,000 for up to 30 days of inpatient treatment. (Murer 2014)]
- Policies such as 911 Good Samaritan laws that encourage people to summon medical assistance at the scene of a suspected drug overdose without fear of arrest for minor drug law violations
- Expanded access, including over-the-counter, to the opiate overdose reversal medication naloxone
- Low- or no-cost access to opiate replacement treatments, such as methadone or buprenorphine.
- Providing fact-based drug education for young people and increasing access to mental health care services

(DPA 2017)

If drug policy is removed from the criminal justice realm, it will necessarily require modifications or elimination of punishments for drug use. In one of their positions, the LWV of the Charleston Area suggests that in some cases a civil penalty may replace a criminal one.

Adults who possess marijuana for personal use, adults who sell marijuana to other adults for personal use, and adults who possess illegal drugs other than marijuana for personal use, should at most be charged with a civil offense (which may include a fine), rather than a criminal offense (which may result in incarceration). (LWV Charleston Area, Position #4, p. 19 [p. 21 in pdf file])

In a public health context, penalties for drug use are often lessened. LWV Hawai'i suggests two possible options.

Legalization:

A policy that would eliminate criminal and civil penalties for both possession and sale of the drug(s) in question and may include a system of regulation, which could include restrictions [in] use similar to those applicable to alcohol and tobacco. The regulation model uses taxes, minimum age requirements, and, and licensing to control distribution. (LWV Hawai'i, p. 54)



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This option comes up most frequently in the discussion of marijuana laws, and a number of states have legalized marijuana for adults. Like alcohol during Prohibition, marijuana is widely used in the U.S. in spite of its illegal status. It also appears to be less addictive than some other drugs, such as tobacco. The fiery campaign mounted against marijuana in the early twentieth century was probably due less to the drug's potential for harm than to its prejudicial associations with Mexican Americans ("Marijuana Timeline" 2014, Hari 2015).

Decriminalization:

A policy that reduces the punishment for possession of the drug(s) in question to a civil fine, rather than criminal penalties or potential jail time. Distributing to minors, trafficking, and selling would remain subject to standard criminal punishment. (LWV Hawai'i, p. 53)

This option is sometimes discussed with regard to more dangerous drugs, such as heroin. Portugal has tried a version of this strategy with considerable success, as discussed below.

Legalization for medical use:

A third option is to make a drug accessible for medical use only. As of March 2017, medical marijuana was legal in 28 states and D.C. In 2015, Oklahoma authorized clinical trials of cannabis oil for persons 18 years of age or younger with severe forms of epilepsy. In 2016, the age cap was removed and clinical trials were expanded to cover other specific diseases and conditions. (Oklahoma State Question 788).

According to Ballotpedia, "Oklahoma State Question 788, the Medical Marijuana Legalization Initiative, has qualified to appear on the ballot in Oklahoma as an initiated state statute on November 6, 2018, or at an earlier special election date set by the governor" (Oklahoma State Question 788). Voters in neighboring Arkansas, also a politically conservative state, approved a medical marijuana program in 2016.

The medical use of drugs, including marijuana, is favored by a number of Leagues. The state of Hawai'i first established a medical marijuana program in 2000, and by 2006, it had grown to encompass 4,200 patients (LWV Hawai'i, p. 23).

#### Public Health as a component of criminal justice

In Oklahoma, as in many states, the criminal justice system has connections with Drug Courts. In Oklahoma, these are housed under the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). Drug Courts are actually treatment programs for people who have been convicted of a drug-related felony, including alcohol abuse. In Oklahoma, special drug courts exist: Adult Drug Court, Mental Health Court, Veteran Support, Juvenile Drug Court, and Family Drug Court, (ODMHSAS 2016, Drug and Mental Health Courts)

For this study, we focused on Adult Drug Courts. Participation in Drug Court is voluntary. Only people who have received a felony are eligible, and clients cannot have been involved in a violent crime. This a

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Court consists of several phases: group and individual counseling sessions; regular court appearances with a specially designated judge; at least one self-help meeting per week, such as AA or Narcotics Anonymous; regular case management; community service, such as volunteering with Habitat for Humanity; and random drug testing. In addition, clients receive help in passing the GED exam. (Murer, p. 6)

As evidence of the success of Drug Courts, ODMHSAS points to re-arrest rates of 23.5% for drug court graduates, as compared to rates of 38.2% for those who have completed standard probation and 54.3% for released inmates. (ODMHSAS 2015 Adult Drug Court).

In Payne County, seventy-five percent of the Drug Court clients graduate from the program and are not required to serve time, according to Virginia Banks, an attorney and member of the Payne County Drug Court Team. The cost to clients is \$175 per month plus \$120 if they fail one of the random urine tests, in addition to their court costs. (Clay 2015)

Drug courts are sometimes cited by their supporters as a reason for arresting drug users and sentencing them with felonies. The supporters argue that the threat of imprisonment can be used to persuade people to participate in drug courts. However, some people convicted of breaking drug laws prefer incarceration to participating in the long and relatively expensive treatment, which does not work for everyone.

Within the Corrections System, prisoners may also receive access to treatment programs. According to the Oklahoma Department of Corrections (DOC), in 2015, 2,318 people in the criminal justice system participated in substance abuse treatment, a program which lasted four to twelve months depending on individual needs. In the same year, 1,106 individuals successfully completed the program. (Oklahoma Department of Corrections 2015).

In 2016, the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) announced a modification in their usual procedures. It proposed joining with the Oklahoma Department of Mental Health and Substance Abuse Services in offering a treatment option for individuals who show up on the state-supported prescription monitoring program as serial purchasers of certain addictive drugs (Lewis 2016). It may be that the rise of substance dependence among people taking prescription drugs will bring about a change in the way the public views the problem.

### **3. Civil Liberties**

The basic tenet is that drugs should be legal, and individuals should be free to use them as long as they do no harm to others.

This policy does not currently have wide support in Oklahoma, but it is the policy that was in place for a large part of the history of the United States. Its implementation could have some positive results. If drugs were made legal, drug gangs here and abroad and the drug cartels that have destabilized Latin American countries would lose their financial underpinnings. Drug users would not commit crimes to pay for expensive illegal drugs. Law enforcement could spend its resources on controlling crime, and prison populations would shrink.

(Program Report continued - Concurrence)

The ACLU (American Civil Liberties Union) supports this approach.

The American Civil Liberties Union (ACLU) opposes criminal prohibition of drugs. Not only is prohibition a proven failure as a drug control strategy, but it subjects otherwise law-abiding citizens to arrest, prosecution and imprisonment for what they do in private. In trying to enforce the drug laws, the government violates the fundamental rights of privacy and personal autonomy that are guaranteed by our Constitution. The ACLU believes that unless they do harm to others, people should not be punished -- even if they do harm to themselves. There are better ways to control drug use, ways that will ultimately lead to a healthier, freer and less crime-ridden society.

A "drug free America" is not a realistic goal, and by criminally banning psychoactive drugs the government has ceded all control of potentially dangerous substances to criminals. Instead of trying to stamp out all drug use, our government should focus on reducing drug abuse and prohibition-generated crime. This requires a fundamental change in public policy: repeal of criminal prohibition and the creation of a reasonable regulatory system.

(ACLU 2017)

Problems of drug abuse would still need to be handled when they affected people other than the users themselves. In 2014, State Senator Constance Johnson filed a bill to legalize marijuana in Oklahoma and place its regulation under the control of the state Health Department. The ACLU supported the bid for legalization. Ryan Kiesel, the executive director of the Oklahoma ACLU said, "What I believe Senator Johnson's law would do is create a system of taxation and regulation of responsible adult use of marijuana." (Keeping 2014)

## DRUG REFORM IN OTHER COUNTRIES

### Portugal

Portugal embarked on a courageous experiment with drug reform in 2001. Michael Specter describes this experiment in his article, "Getting A Fix," in *The New Yorker*, October 17, 2011, pp. 36-45. The following material contains excerpts from his article. Readers who would like a brief update on drug treatment in Portugal may go to a Morning Edition podcast: "In Portugal, Drug Use Is Treated As A Medical Issue, Not A Crime," from April 18, 2017 (Frayer 2017).

Specter begins by introducing Nuno Miranda, a thirty-seven-year-old Portuguese man living in Lisbon. He has been parking cars below Belem National Palace for thirteen years. According to Specter, he is "a lanky, amiable man, dressed in the style of hipsters the world over: a few layers of untucked shirt and skinny black jeans tucked into well-worn work boots."

He is also a heroin addict.

Fifteen years ago, overwhelmed by depression and anxiety about the future, he turned to drugs. "Everyone did it then," he said. "It was something I had to try. It made my life bearable—it still does. Though it can ruin people, too. I have seen that. When we started, we had no idea of the consequences."

(Program Report continued - Concurrence)

Portugal suffered from a severe problem with substance abuse in the 1990s. By 1999, nearly one percent of the Portuguese people were heroin addicts, and the country had the highest rate of drug-related AIDS deaths in the European Union. The government responded with harsher drug sentences and more funding for investigations and prosecutions, but the situation only worsened. Finally, in desperation, Portuguese leaders took a gamble. In 2001, they decriminalized personal drug use, the first country to do so. Specter describes the way the system works.

Drug use is treated as a public health issue. For people caught with no more than a ten-day supply of drugs, there are no arrests or prosecutions. This includes drugs such as marijuana, heroin, ecstasy, cocaine, or crystal methamphetamine. Drug dealers, on the other hand, are incarcerated and/or fined.

Specter explains:

That doesn't mean drugs are legal in Portugal. When caught, people are summoned before an administrative body called the Commission for the Dissuasion of Drug Addiction. Each panel consists of three members—usually a lawyer or a judge, a doctor, and a psychologist or social worker. The commissioners have three options: recommend treatment, levy a small fine, or do nothing.

Counseling is the most common approach, and that is what Nuno Miranda received when he appeared, in 2002, before the commission in Lisbon. “I was using drugs for five or seven years before that law passed,” he said. “Since then, everything has changed. Everything.”

In 2011, when Specter wrote, the law seemed to be working, and its considerable success seems to be continuing. (See Frayer 2017.)

[S]erious drug use is down significantly, particularly among young people; the burden on the criminal-justice system has eased; the number of people seeking treatment has grown; and the rates of drug-related deaths and cases of infectious diseases have fallen. Initial fears that Portugal would become a haven for “drug tourism” have proved groundless. Surprisingly, political opposition has been tepid and there has never been a concerted repeal effort.

Specter discusses some of the issues that trouble people about the public health approach to substance use disorders.

Does it help people to quit, or does it transform them into more docile drug addicts, wards of an indulgent state, with little genuine incentive to alter their behavior? By removing the fear of prosecution, does the government actually encourage addicts to seek treatment? Unfortunately, nothing about substance abuse is simple. For instance, although many people maintain that addiction would decline if drugs were legal in the United States, the misuse of legally sold prescription medications has become a bigger health problem than the sale of narcotics or cocaine. There are questions not only about the best way to address addiction but also about how far any society should go, morally, philosophically, and economically, to placate drug addicts.

As Specter suggests, these are questions that Americans struggle with, particularly in light of the current prescription drug epidemic. The Portuguese system provides a great deal of support for people with substance dependence. If a public health approach is adopted in America, health professionals will need to determine what kinds of support are necessary, and governments will need to find the will to fund

(Program Report continued - Concurrence)

programs adequately. Specter brings these questions down to the personal level.

For Miranda, such questions don't matter. He has a wife and a sixteen-year-old son, and he adores them both. "My wife would never let me use heroin at home," he said. "I am not even allowed to smoke cigarettes in the house." With a stable family, a regular dealer, and his spot in the parking lot, Miranda's life has become orderly, almost routine. "This is because of the law," he said. "We are not hunted or scared or looked upon as criminals," he added referring to the country's addicts. "And that has made it possible to live and to breathe."

I asked if he had ever tried to overcome his addiction. He shrugged. "I guess I should," he said. "I know I should. But I'm not sure I can, and it isn't really necessary. I am lucky to live in a society that has accepted the fact that drugs and addiction are part of life."

Portugal's approach to substance use disorders falls inside the public health realm. Rather than trying to eliminate drug use entirely, the goal is to reduce harm, both to drug users and to society at large.

"The prevailing approach in the rest of the world ignores scientific reality and squanders resources on things that have been shown again and again to fail," said Miguel Vasconcelos, the chief psychiatrist at the Taipas treatment center, the largest in Lisbon, with eighteen hundred patients. When Vasconcelos began working at the clinic, more than twenty years ago, there was no attempt at harm reduction. "The goal was to get people off drugs," he said. "And for many patients that is still the goal. But there are people for whom it is hard and some for whom it is not possible. This is an alternative that does get people off the streets, reduces the rates of H.I.V. infection, and lowers crime. It is humanistic but also pragmatic."

(See Appendix A below for a description of the Portuguese syringe exchange program. See Appendix B for a description of their methadone program.)

### Switzerland

Johann Hari describes a similar experiment in Switzerland in his book, *Chasing the Scream: The First and Last Days of the War on Drugs*. 2015. New York: Bloomsbury, pp. 218-221.

In the 1990s, as Hari describes the situation, Switzerland was in a fight against AIDS. They had built good needle exchanges, provided safe consumption rooms where addicts could go to take their drugs, and prescribed methodone. But the AIDS epidemic continued. It was discovered that many addicts hated methodone. So, the Swiss government tried something new. They made it easier for addicts to get methodone if they wanted it. However, people who couldn't cope with methodone would receive a prescription for heroin.

The following are excerpts from *Chasing the Scream*, in which Hari describes a conversation with an addict about twenty years after the new policy began:

In the white corridor of the heroin clinic, I find a young man with big headphones and an old man in a tweed suit with leather elbow patches sitting in chairs next to each other. They are waiting patiently to shoot up.

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The older man follows a nurse into the injecting room, and he emerges a little while later to sit for twenty minutes alone, and then he agrees to talk to me, in a room, to one side. He looks like the secretary of state for a minor Central European nation, with his carefully polished shoes and lined, distinguished face. After we are introduced by the doctors, he says he will tell me his story provided I do not use his real name, because he was admitting to criminal offenses he had carried out before the drug laws were change. I will call him Jean.

“I was sick, I was dirty,” when he first came here, he says. “I was really quite a typical addict.” He couldn’t concentrate to watch a film for more than a few minutes; he couldn’t eat fruit or anything even vaguely greasy, because his digestive system was so curdled by the street contaminants. He had been shooting up for thirty-five years. “When you are using on the street, you feel death already hiding inside you. You can feel it and you can see it,” he says. “You have death inside yourself, and death is progressing.”

He tried methadone, but it did nothing for him. He still craved heroin all the time. He would wake each morning in a flop-sweat of panic, asking himself: How am I going to get the money I need to buy my smack today? He was trapped in the constant misery-go-round of get money, buy heroin, inject, get money, buy heroin, inject, all day, every day.

“It’s not just an addiction. It’s a job,” he says. He survived only by being involved in drug trafficking—he doesn’t want to give the details, except to say he was a “middleman”—until one day, he heard about the prescription program established by Ruth Dreifuss [the Swiss president].

Hari explains that it isn’t easy for a person to receive a prescription for heroin.

This is the last option in the system for people who cannot be helped any other way. To be eligible, you need to meet three conditions: you have to be over eighteen, you have to have gone through at least two other treatment programs without success, and you have to hand in your driver’s license.

“It wasn’t easy to accept and see at first,” he [Jean] says. “All addicts are in a total confusion.” Suddenly, his constant scrambling for his drugs was taken away, and he had a day ahead of him he had to fill. He tells me patients here “have to reinvent our lives. We have to reinvent the imagination.” The heroin program is built around helping the patients to slowly rebuild: to get therapy, to get a home, and to get a job. One of Jean’s fellow patients, for example, owns a gas station, while another works in a bank. He discovered that “once you have stability, the speed of events decreases, and you come back into a normal life, and you say—okay, what am I going to do now?”

It’s hard to do this, after being addicted for so long, but Jean says “the pain I have now isn’t the pain of a sickness. It’s the pain of being reborn.” For the first time in decades, “I feel well and happy, to have recovered things I had completely forgotten.” He has started to eat fruit and watch films and listen to music again. “You can come back,” he says, “to reality.”

...If you give hard-core addicts the option of a safe legal prescription and allow them to control the dose, the vast majority will stabilize and then slowly reduce their drug consumption over time. Prescription isn’t an alternative to stopping your drug use. It is—for many people—a path to it.

(Program Report continued - Concurrence)

## APPENDIX A

Excerpts from “Getting A Fix,” by Michael Specter, *The New Yorker*, October 17, 2011, pp. 36-45.

### A. A Syringe Exchange Program in Portugal

Elisabete Moutinho, a clinical psychologist, who works for one of the drug outreach programs funded by the Ministry of Health, stood on a cobblestone plateau above the slope that leads to what was once the center of Lisbon’s Casal Ventoso neighborhood. She looked across a nearby highway at a housing development of the type that often seems to rise along the ring roads that circle the world’s capitals. It was utilitarian, and utterly lacking in charm. “That must be a dull place to live,” I said. She smiled and replied, “There are worse things than dull. In this area, dull is an improvement.”

Twenty-five years ago, Casal Ventoso was essentially a giant shooting gallery, and, every day, thousands of people would line up to buy heroin, then they would fade into the dense warren of homes and kiosks that covered a series of connected hills. Walking through the squalid neighborhood meant weaving around piles of used, often bloody needles and, on occasion, stepping over a dead body. Casal Ventoso was a daily catalogue of human misery. In 1998, the government brought in a fleet of bulldozers and razed the neighborhood.

Moutinho, who is thirty, is a charismatic and idealistic woman with a demeanor that invites people to tell her their problems. “We are not here to judge or scold,” she said. “This is purely a public-health initiative. We want these people in the system, unafraid, able to come to us if they are in need. And in turn we test them for diseases, treat them when they are sick. This is a better outcome for them than taking them to the hospital or the morgue. And it is a better outcome for the people of this country.”

She and her team had arrived in a station wagon filled with drug paraphernalia: tinfoil, for people who smoke heroin rather than shoot it (which is often the only way for longtime addicts to get their fix, since years of injections have ruined their veins), and stacks of clean syringes, sterile wipes, and other accessories required to inject heroin safely. The exchange policy is simple: bring in a used needle and get a new one. “There is no limit,” Moutinho said, as a man approached clutching nine syringes in his fist. She chatted with him as he deposited the needles, one by one, into a container she had placed in the center of the platform. “How is your arm?” she asked, noticing what appeared to be significant ulcerations along the inner part of his left arm. He shrugged and told her that he had been at the doctor’s office two days earlier; in order to receive methadone, people must agree to periodic checkups and blood tests. When the man had deposited the last of his refuse, Moutinho counted out nine new pouches for fixing heroin, along with nine syringes, and handed them over. He nodded and moved on.

As people straggled up to the team, Moutinho explained, “We are here the same time every day, and people can count on that.” I asked if she had any qualms about aiding people in their quest to satisfy addictions. “That is the wrong way to think about what we do,” she said. “Of course, you can come here and still buy heroin. The dealers know where we are and when we are here. People exchange syringes and then go buy drugs.

“I know that is not easy for everyone to accept,” she continued. “But they don’t get AIDS from a dirty needle, or hepatitis. They are not beaten by gangs or arrested or put in jail. There is no police corruption, because there is nothing to get rich from. It is a program that reduces harm, and I don’t see a better approach.”

(Program Report continued - Concurrence)

## APPENDIX B

Excerpts from “Getting A Fix,” by Michael Specter, *The New Yorker*, October 17, 2011, pp. 36-45.

### A Methadone Program in Portugal

Night had begun to fall at the underpass near Lisbon’s Praca de Espanha metro station. Two methadone vans pulled into a cul-de-sac under the motorway. People were starting to gather for their daily doses. An outreach team arrives every day at 6 p.m. and stays for an hour and a half, and often another van appears, carrying a doctor who is available to conduct checkups. “This is a strategic location,” one of the physicians told me. “People need to take their methadone every day, and this place is near the metro and just off the roadway. If you are in a car, you can stop off without being conspicuous. If you need to get on the metro, we are easy to find.”

This van serves about 600 people a day, and the economic status of the clients is not always easy to determine. Several people drove up in Fiats, but a couple of Mercedes sedans were also parked at the side of the road. A nurse sat with a laptop, a bottle of methadone, and a few hundred Dixie cups. Each person presented an I.D., and the nurse checked his or her dosage on a database, then gave the person a cup and a bottle of spring water to wash it down. Several cops walked by and smiled. The vans make five stops a day between 8:30 a.m. and 7:30 p.m. Everyone does his business briskly and walks away. There are no chats or knots of people who hang around at the methadone truck after work. I told the doctor I was with that the entire program seemed strangely methodical.

He laughed and replied,” Thank you. We like methodical. It is better than frantic, or desperate, or dangerous. I admire these people exactly because they are methodical. They are trying. Every day, they get up and try. The main complaint about our approach, as far as I can tell, is that they ought to try for something harder. They all ought to stop using drugs.

“I think what’s hard is to acknowledge reality,” he continued. “These people are living in the real world. If they are boring, or live with narrowed vision or limited ambition, I am happy. I am proud. Because I know what the other side looks like. It is ugly. Perhaps it is a national failing, but I prefer moderate hope and some likelihood of success to the dream of perfection and the promise of failure.”

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(Program Report continued - Concurrence)

**Recommended for concurrence at the 2017 convention based on a LWV Tulsa 2016 study**

**Position on School Bond Measures**

The League of Women Voters of Oklahoma recommends that local support for school bond issues be based on proof of the following:

- Conform to all local and state legal mandates,
- Reflect the needs of the school district through equity to all students
- Include community participation
- Provide information regarding the bond measures to the voters through various media
- Incorporate methods for public accountability, sustainability, and transparency following successful passage of the bond measure

Background

**League of Women Voters Metropolitan Tulsa  
Education Bond Measures Study  
Consensus Meeting August 2016**

**CONSENSUS QUESTIONS FOR MEMBERSHIP CONSIDERATION**

1. Why should or should not the League endorse school bond issues?
2. What criteria should be developed to evaluate the merits of a school district's bond issue?
3. The Study Committee has done thorough research to study this question. What other concerns should be included in the study?

**SUMMARY**

The Membership of the LWVMT voted to undertake a school bond election study for the purpose of enabling the LWVMT to offer a formal endorsement for local school bond proposals.

A task force commenced their review and study of the issue in October 2015 and submitted their recommendations to the Board of Directors in June 2016.

Members of the task force included LWVMT members: Ros Elder, Julie Gustafson, Kara Gae Neal, and Patti Mullen (task force chair).

The committee gathered information through research, a set of criteria for guiding questions, and interviewing knowledgeable professionals, an elected school board member, and school administrators / superintendents over a period of 8 months.

The information below summarizes the research and findings

(Program Report continued - Concurrence)

## **RESOURCES**

### ***Personal interviews conducted***

Dr. Keith Ballard, Superintendent of Tulsa Public Schools (2007 – 2015)

Eric Nelson, Attorney for Rosenstein, Fist and Ringold which serves as counsel of record for Tulsa and Jenks Public School Districts (and several other districts throughout the State)

Ron Fisher, President of Stephen H McDonald & Assoc, financial advisors for public school districts

Dr. Stacey Butterfield, Superintendent of Jenks Public Schools

Cody Way, CFO for Jenks Public Schools

Ruth Ann Fate, Board Member, Board of Education for Tulsa Public Schools

Chris Hudgins, Director of Board Projects & Energy Management, Tulsa Public Schools

### ***Outreach to other LWV chapters***

No other chapter in Oklahoma had a position specifically on education bond endorsement to allow for concurrence

Stillwater and Bartlesville LWV Chapters responded to an inquiry by LWVMT concerning education bond policies. (Active chapters in Oklahoma: Bartlesville, Lawton, Norman, Stillwater & Tulsa).

Other LWV chapters outside of Oklahoma that have endorsed school bond issues include the following:

LWV Diablo Valley, CA, LWV Greater Cleveland, OH, LWV St. Tammany Parish, LA, & LWV Alameda, CA

### ***Study Materials***

LWVUS Position on Education (adopted March 2012)

LWVOK Position (adopted 1973)

Oklahoma Constitution & Statutes (Legal)

Bond Finances “Things You Need to Know” (Financial)

Tulsa Public Schools Bond Proposal 2015

Tulsa Public Schools Bond Oversight Committee Update: 2016

Various on-line articles and studies regarding school financing

## **KEY FINDINGS**

Guiding Questions that were established for Education Bond Measure study

1. What prompted the bond proposal?
2. What are the goals?
3. What process was employed to arrive at bond measure?
4. Does proposed measure adhere to existing legal guidelines?
5. Will funded projects be sustainable over time?
6. Can school demonstrate expenditures were implemented as approved by voters?

(Program Report continued - Concurrence)

**What prompted the bond proposal?**

From the Study, the Committee learned the needs of school districts are part of a continuous analysis of the district's population growth, the physical and instructional needs of the district and the district's bonding capacity at the time of the election.

Funding can only be used for capital improvements (buildings), instructional needs (technology) and transportation (buses).

**What are the school district's goals for the bond proposal?**

From the Study, the Committee learned that each district's Board of Education weighs the suggested needs against the district's capacity to fund the projects and the willingness of the community to support a super-majority vote beyond 60% to pass the bond election.

It was determined that 6 states require the super majority - 60% - for passage. This number includes Oklahoma.

Financial goals are capped at 10% of district's net assess value.

**What process was employed by the district to arrive at the final bond proposal to taxpayers?**

From the Study, the Committee learned that districts rely on district personnel and school patrons to review past needs and determine new and complementary support (repairs) for the districts capital improvements.

Research is involved, ex: Jenks PUS commissioned demographic study.

Equity for all students is a critical element of the final bond proposal.

Public input is gathered via public meetings, surveys, feedback from teachers and administrators.

**Does the proposed bond proposal adhere to existing legal requirements?**

From the Study, the Committee learned that all districts contract with attorneys and bondsmen to assure compliance with extensive state requirements and laws regarding the offering of bond issues to a public vote, the election process, timing of the sale of the bonds and the accountability of bond funds to stated projects.

**Will funded projects be sustainable over time?**

From the Study, the Committee learned that districts use a variety of techniques to assure voters of compliance with the approved bonds and use tracking records to monitor the expected duration of a capital project such as busses, buildings and technology among other priority items.

(Program Report continued - Concurrence)

**Can the school district demonstrate expenditures were implemented as approved by voters?**

**Fact: Schools must list 75% of a project and pay out 85% of a bond**

From the Study, the Committee learned that districts use many techniques to keep voters informed as a continuous public relations endeavor in preparation for the next bond issue.

Districts use posted signs of appreciation at new or remodeled construction sites.

Most employ their websites to maintain an up to date accounting of the progress of voted projects.

Tulsa Public Schools has a permanent committee of community members, board members and school personnel to monitor bond projects.

Jenks offers a class through their Continuing Education program about the school bond election process in general, with specific content related to the Jenks Public Schools bond elections.

#### **A NOTE ON CONCURRENCE AND THE LWVOK BYLAWS**

**Concurrence** is the act of agreeing with (or concurring with) a statement of position. In League program, it is a means of adopting a position that has been studied and used by another League.

Currently the LWVOK bylaws specify a two-day process (as is used at the LWVUS level). Local Leagues would send information about recommended concurrences to all other local Leagues in advance of convention, and move concurrence from the floor during the first plenary session, held on the first day of convention. Following the current bylaws, a motion to consider would be made on day one and the bylaws specify that a vote would be held the next day.

The Oklahoma League doesn't currently hold two-day conventions. The proposed bylaws for a single entity League of Women Voters of Oklahoma have a proposed amendment to Article XI, Section 2, to allow for program proposals during the course of a one-day convention.