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WEBINAR

THE BIDEN ADMINISTRATION'S DRUG POLICY STRATEGY AND LESSONS FROM PORTUGAL

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Introductory Remarks:

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Panel:

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P R O C E E D I N G S

MS. FELBAB-BROWN: Good morning. I am Vanda Felbab-Brown, senior fellow at The Brookings Institution and director of our Initiative on Nonstate Armed Actors. Welcome to today's conversation about the Biden administration's drug policy and lessons from Portugal's approach to drug policy.

The Initiative on Nonstate Armed Actors explores the formation, presence of violence and governance of nonstate actors around the world, and their interactions with state and governments. It also explores a variety of illicit economies, including pooching and wildlife trafficking, illegal fishing and logging, and nuclear smuggling.

A list of drugs and the drug policy agenda are a very important part of the Initiative's portfolio, and our work encompasses both the supply and domestic sides. And this includes major projects such as the opioid crisis in America, domestic and international dimensions and comparative perspectives, and comparative perspectives on global drug policy reform, another project.

I am delighted that today we are partnering up with the Embassy of Portugal to host an event on the drug policy of the Biden administration and the so-called Portuguese models and lessons that can be drawn from it.

This event is very timely. The COVID-19 pandemic did not ease global substance abuse around the world. Criminal groups overcame the logistical challenges and shutdowns of travel and transport and adapted in various ways. The rest of the people around the world had to endure the epidemic at home, unable to access treatment and facing dislocation. Substance abuse disorders were frequently amplified.

In the United States the opioid academic continues to rage in yet another record setting year of overdose deaths in the worst U.S. drug epidemic ever. Perhaps over 90,000 people died in the overdose last year. Both opioid use and meth use also increased in the United States or at least appear to increase in the United States over the past year.

On the very positive side, in April the Biden administration issued its strategic guidance on drug policy. To an unprecedented degree for a U.S. administration anyway, the strategic guidance embraces the drug policy reform action that involves its focus on domestic policies and in the direction of

its international policies. So what better time and opportunity to learn from the Portuguese model.

We have a terrific and distinguished set of speakers with us today. First of all let me thank the Embassy of Portugal and Ambassador Vital for partnering with us in hosting this event. Let me introduce the ambassador now. Ambassador Domingos Fezas Vital is a career diplomat of the Portuguese Foreign Service and currently Portugal's ambassador to the United States. He has a highly distinguished career in the Foreign Service. In 2019 he was chosen by the Confederation of Portuguese Industry as the diplomat of the year for his achievements in promoting U.S.-Portugal economic cooperation.

Among his distinguished record are frequent posting to the European Union. Ambassador Vital has also served as advisor to the Portuguese minister for foreign affairs and he was the last Portuguese governor of Macaw, ranging in that position handed over to China.

I am equally thrilled that we are joined today by Dr. Joao Castel-Brancho Goulao. Dr. Goulao has been Portugal's national drug coordinator since 2005, and he is the general director of the Service for Intervention and Ethics Behaviors and Dependencies in Portugal's Ministry of Health.

As Portugal's representative in the Board of European Monitoring Center on Drugs and Drug Addiction he has also headed at the focal point in its radar network. He has served as chairman from 2010 to 2015. And previously he served on the European Agency's Scientific Committee.

Dr. Goulao is a medical doctor by profession and has 30 years of experience. And one of the reasons we are so thrilled and delighted to host him today and hear from him is that he's widely considered the father of the Portuguese approach, the decriminalization approach.

It is also a great pleasure for me to introduce Dr. Humphreys, who has played a critical role in pushing crucial drug policy reforms in the Obama administration when he served as a special advisor in the Office of the National Drug Control Policy. I also should say that he served on President Biden's campaign Drug Policy Team.

He is the Esther Ting memorial professor in the Department of Psychiatry and Behavioral Sciences at Stanford University. He is also the senior research center scientist at the Veterans Affairs Health Services Research Center in Palo Alto, and an honorary professor of psychiatry at the Institute of Psychiatry, Kings College, London.

His research addresses a wide set of issues related to treatment and prevention, including special focus on U.S. military veterans for which he has received various awards. He was also highly instrumental in extending mental health responses in Iraq after U.S. intervention.

And I should also mention that he is currently leading the Stanford-Lancet Commission on the North American Opioid Crisis.

Least but not last, he has been a wonderful collaborator with me and with various Brookings drug policy projects, including the opioid crisis in America.

Ambassador Vital, over to you for your remarks, and thank you so much for helping us co-host and organize the event.

AMBASSADOR VITAL: Thank you very, very much, Vanda, for your very comprehensive introduction, and a warm welcome to you all watching along.

Before we begin I would like to express my deepest gratitude to the Brookings Institution and particularly to you, Vanda, and your team for the excellent work that has been done when you joined in the joint organization of this webinar. We are delighted to have found that Brookings is such a capable and keen partners to discuss the very important issue of drug policy on both sides of the Atlantic in what is now the fourth of our monthly series of webinars on the occasion of the Portuguese presence in the Council of the European Union.

Portuguese is often hailed as a global champion of effective drug policies. Policies that have drawn a lot of attention from the United States, in particular as it responds to a drug epidemic not too dissimilar to the one we endured in our country only two decades ago.

Indeed, I got the idea to hold the webinar on this subject while watching a very well-known American series set here in Washington, D.C. where an episode centers on the subject of U.S. drug policy and Portugal is mentioned by the president's advisors as a model to follow.

To bring some context into our discussion, in the late 90s Portugal faced a dire crisis. The number of heroin users was estimated to be 50 and 100,000 out of a population of about 10 million. We had the highest rate of HIV transmission among drug users in the European Union. In 1999 the National Strategy for the Fight Against Drugs was adopted, introducing a vast program of harm reduction efforts and double the investment in the provision of drug treatment and prevention services while

restructuring the legal framework dealing with minor consumer offenses.

Although this program has widely been hailed as successful, it is also important to remind ourselves that policies are always a work in progress. Policies are also context dependent. Whether they work somewhere might not mean they should be copied and pasted elsewhere. Therefore it is critical to hold a regular dialogue with our partners on lessons learned from our experiences.

We seek to hear feedback from our friends across the pond in the United States and deliberate together on how we can move forward and improve our drug policies. Our conversation couldn't be more timely either. Earlier this month, as you've said, Vanda, the Biden administration published its new drug plan, which clearly marks a turning point away from the war on drugs in favor of an approach favoring drug treatments and prevention as well as harm reduction.

I couldn't think of anyone better to headline this discussion than Dr. Joao Goulao, the architect of these policies since the late 90s. He and the team he leads have spearheaded Portuguese efforts to reduce the harm induced by drug use across our society, and been a leading voice in responding to questions from abroad on the replicability of the model he designed in Portugal.

We are also very lucky to have with us Dr. Keith Humphreys who will give the American perspective on the subject. Drug policy is essential, is critical, an area where we can find more avenues of future cooperation between our two countries. And we can continue to advance the Transatlantic Partnership. Thank you, and back to you, Vanda.

MS. FELBAB-BROWN: Well Mr. Ambassador, thank you very much for those thoughtful and very kind opening remarks. And what an opener you were able in recalling the story of the show. What a perfect transition now to hear from Dr. Goulao. Please, sir, over to you.

DR. GOULAO: Thank you. Thank you very much, Professor Felbab-Brown. Thank you, Mr. Ambassador, for your kind words. And thank you for launching this idea of organizing this webinar.

I want to welcome all the participants, all the attendees to this meeting. And allow me to start by saying that I do not want credits I don't deserve. I am not the architect of the Portuguese policy. I'm one of the members of the group that designed that strategy, and I am happy to be the most known face of the responses of putting in place that strategy. It is really an honor and I am very pleased and very honored to join you in this webinar. Thank you. Thank you also thanks to Brookings to associate to

the Portuguese embassy in this organization.

I'm wearing here three hats, and allow me to speak in those three capacities. First of all as the national coordinator for drugs and drug addiction and the harmful use of alcohol. And in that capacity we are very happy to get closer and closer to the American authorities to establish partnerships to cooperate either more and more in different fields of the drug phenomenon.

The second hat, I am currently chairing the International Drugs Group of the Council of the European Union, the group that deals with the drug problems. And we were happy to organize the dialogue on the 15th of March, a dialogue with the United States, European Union, which was very fruitful and very successful from our point of view.

I want to also thank the United States delegation to the last CND meeting in Vienna two weeks ago where Portugal, on behalf of the European Union, tabled a resolution that was strongly supported and defended by the United States representative, and we are very thankful for that.

The third hat is that I am currently the chair of the Pompidou Group of the Council of Europe, which is a special agreement under the Council of Europe that deals mostly with drug issues, addiction issues, and highlights them very closely to the support, the defense of human rights and translating human rights into drug policies.

So we would like to see the United States involved also in the work of that group. And I would like to invite the American authorities to cooperate us to observe the work we are doing and to give their contribution to that work.

I am very happy to see that we have a new strategic guidance from the Biden administration. I am looking forward to hear what Professor Keith Humphreys has to say about that. But in any way we already noticed that there is a clear chance from the previous approach and that new policies, namely harm reduction policies are forcing that that strategy and that is a very, very important step forward in defending humane incentives in the cities and policies.

And that makes me jump into, well, to the main objective of my participation in this meeting I believe, which is to share with you the core of our strategy and of our approach to drugs issues. In fact, as Ambassador Vital already said, in '99 we approved a new strategy to first national strategy on drugs. Based on the work of a group that was invited by the prime minister at the time, Antonio Guterres,

the current secretary general of the United Nations. And that asked us to build a strategy based on the violence, as usual, the supply side and the demand side, and on demand to propose new approaches to the preventive work, to treatment, to harm reduction, to reintegration of people with drug connected problems. All these based on the idea that we were dealing with health and social issues rather than a criminal one when talking about mere use of drugs. And the government gave us all the freedom to propose whatever we wished.

But in any case the only boundary that was put to us was, okay, you may propose whatever you want but you must fit within the spirit of the treaties of the United Nations. That, as you know, moves within a privacy issue paradigm.

So we were facing as it was already stated by the ambassador, we were facing a devastating epidemic on mostly on heroin, with around 100,000 problematic users of that substance. And I find some similarities with the epidemic that during the United States and also in Canada are facing nowadays related to opioids.

It was completely transversal, crosscutting the layers of the society. It was not something that happened only among marginalized communities, minorities, whatever. It was really crosscutting all social groups. Of course it had huge importance among poor people, marginalized people, but it hit also medium class, upper classes, political class, everybody. It was almost impossible to find a Portuguese family that have no problems related to drugs.

And in my view, I think this was key to create the ground for the change. Because if that kind of problems is happening only among minorities, the others, the favela, the poor people, the other social groups tend to okay, that's their problem, this is not my problem. But when someone, and I can imagine for instance a medium class housewife discussing with a priest, oh, my boy is not a criminal, my boy is a good guy, he's a good person, he's a sick person, he needs help. Then the climate to change it where the health approach to this problem is created. And I believe that nowadays facing the very severe epidemic that you are facing in the United States, is also a window of opportunity to reflect and to mobilize the society to change this approach.

And this sign from the Biden administration is very, very positive. Admitting harm reduction policies and really find it in our strategy back to '99 has a set of policies that recognizes that

even if someone is not able, is not in condition to stop using drugs, even then, he or she deserves the investment of the state in order to have a better life and a longer life. And harm reduction is this. This is a set of strategies that allow health professionals to approach these less oriented, less organized people, and contribute to improve their health, and whenever possible to contribute to address these people for treatment and to stop using and to have a real chance in their lives. So we believe this is a very important step to recognize harm reduction as one of the compliments of the policies.

Let me just take this opportunity to qualify some myths that I think still remain about the Portuguese policy. People tend to think that we just living our lives, legalized all the drugs, that using drugs in Portugal is completely free. That's not the case. We proposed a decriminalization of drugs but not the depenalization.

In fact, we only changed in 2000 one article of our previous drugs law, that is the article that deals with drug use, personal use, and possession for personal use. All the rest remains the same as it was since '93.

What changes here, using drugs is no longer a crime, but it is prohibited under the administrative law. I think in practice we can compare the law enforcement of using drugs, compare it to the user not use of the safety belt when you drive. If you do not wear your safety belt, which is something that is intended to protect your integrity, the police officer still stops you, may apply you a fine, and might impose that you attend a training course for drivers, but you do not get a criminal record that extends for life and stigmatizes you for the rest of your life, and you never end up in prison. And that makes really the difference.

We have different conditions from yours, we have a universal health system for free, easily accessible for everybody without difficult issues of insurances and coverages. We have the capacity because we were developing the network of services to address drug problems far before the approval of the strategy. So we had the system in place when we decriminalize. So it was much easier to address people with drug related problems for treatment when needed and to offer all the services and all the support that they may need.

Let me just briefly explain how this system works also in practice. If someone is intercepted by police authority, using drugs or in possession of small amounts of drugs, we have a table

with the threshold, with the limit for the amount of drugs that someone can have on him or her. If he has more than that he undergoes criminal procedures as before and in the trial he must define if there was traffic activity or not.

But if we have less than that amount, we are just address to a commission which we call the Commission for Dissuasion of Drug Addiction. We have one on each district, we have 18 districts in mainland, Portugal mainland. There's one in Madeira and others in Azores. And you must attend that commission in 72 hours delay. Where you have an interview with a panel of health personnel with whom you must discuss your drug use. And where it is possible to identify the needs of that person. Is he or she someone addicted and dependent on drugs in need of treatment, he is invited, not compulsory, but is invited to join in, his life facilitated to assess to treatment he needs.

But his fate to refusal, okay, I don't need, I don't want, up to you, please don't come here in the next month or few months, otherwise I will have to apply you a penalty. And there's a long list of penalties from fines to other administrative sanctions. But if you are not an addicted person, even then, and there's where the force of the commission are most important, is in trying to identify other factors in your life that, along with drug use, may lead you to a more problematic use later on.

In fact, okay, I have no problems with drugs, I smoke a joint with my friends on the weekends, no problems, no addiction. But my parents are divorcing or my father just lost his job, myself, I have some psychological problems I'm dealing, I am having difficulties in dealing with. Then the commission, the committee, can address the person to other responses in society that may help this person to deal with those difficulties and to solve them if possible. And with this we can prevent that this drug use turns much more problematic later on.

This is how we deal with it. Those commissions are kind of instance of indicated prevention. An indicated prevention tool where we can take contact with people that otherwise are not touched by the health system. And then we can move, we can address the person to deal with the correct responses.

I think my time is coming to an end, so I would like to say we will have the opportunity to address some questions and to reply to those questions. But anyway I would like to say that this is really a privilege to share these ideas with you.

And I think that as countries we have a lot of curiosity from other countries as lots of people for the pandemic. We have at least one visit a week coming from the most stressed countries of the world, trying to watching in local how we do. We are very happy to share it, but surely if other countries decides to take some steps similar to ours, and that's the case, it seems to be the case, in the near future for Norway for instance. In fact we believe that they will improve the system and then we can learn from them again. And that with this interaction that we can in fact improve the responses that we can offer to this population that deserves to stop to be killed by those murderers that the very, very dangerous drugs that circulate nowadays constitute.

And that's all for the moment. Thank you very much.

MS. FELBAB-BROWN: Thank you, Dr. Goulao, for the very useful comments including in laying out how the system works in practice and discounting some of the myths around it. I look forward to hearing from Keith how some of the myths are in fact embraced.

As I was listening to you, Ambassador Vita's comments early on about the cultural and institutional context being critical in the outcomes of policies, including drug policy, was very firmly on my mind. We have seen other countries, including Brazil or Mexico for example, decriminalize with essential the same system, that there are certain threshold, possession of drugs for personal use would not carry penalties.

But we have seen vastly divergent outcomes, including many of the people still ending up in prison because corrupt police officers will book them anyway, claiming they had higher possessions or try to extort them, you don't pay, you will be arrested. So the content of drug policy design is critical but so is its application within the context of institutional cultural settings and within the context of global law or its absence.

Keith, over to you for your reflection on both for what is useful from the Portuguese model for the United States and on the Biden administration's strategic plan.

DR. HUMPHREYS: Thank you so much. And thank you, more generally, Dr. Vanda Felbab-Brown, my friend and my collaborator. And it's been great to work with you and Brookings.

I'm grateful as well to our colleagues in Portugal, Ambassador Vital and Dr. Goulao for sharing your experience. Both of you are too gentlemanly to brag about your country so I will brag about

it for you. As soon as you can fly you should all go to Portugal, it's a lovely, gentle country. I've spent a lot of time there and there's much to learn, not just about drug policy, but about life in general.

There's a lot in the plan that the Biden administration released earlier this month. I won't be able to get to all of it, I'm going to highlight a few things. I just want to underscore the severity of the problem that they're facing.

COVID has sucked up all our attention, understandably, and I don't think as a result it's gotten quite as much attention as it might that we may have lost 90,000 Americans to drug overdose last year. And you can infer from those numbers that there would be millions of people addicted on top of those people who overdosed. So it's a quite serious situation.

Partly it's gotten a lot worse due to this terrible year we've had and the stresses it's imposed. It's also due to the spread of synthetic opioids, the various fentanyls, which used to be confined mostly east of the Mississippi River, and are now pretty well spread out through the western United States where they're causing great destruction.

So they have a great task before them. I'm just going to speak about two areas that I think are relevant to this discussion, which is how will they handle healthcare and how will they handle criminal justice.

On the healthcare side, the main sort of philosophical line of the Biden policy is actually, I'm happy to say, the same one in the Obama administration. Which is that addiction is a legitimate chronic health disorder and it should be met with evidence based health services designed to reduce morbidity and mortality and hopefully in the long run get people into recovery.

The mechanism they propose to achieve this is to mainstream the care of addiction into the core of healthcare rather than have it be what it is now, which tends to be underfunded, stigmatized, and set aside and not well integrated.

Their immediate strategy for doing this is to distribute grants, there are grants that Congress has passed, $4 billion worth, which will be distributed by an agency called SAMSA, which is very ably led at the moment by Dr. Tom Coderre. And that will be distributed to states and they will purchase treatment and overdose rescue medications, being Naloxone that you might heard of, and Medicaid assisted treatment among other health service interventions.

That's a good start, but the administration recognizes and grapples with the fact that that is not a long-term solution. And let me explain why. We don't have grant programs for cancer, we don't have grant programs for heart disease because we know people will always have cancer and heart disease. So we build the financing for those conditions directly into the core of American healthcare financing. Your health insurance plan may be from work, or if you're on Medicare, Medicaid, they're covered, we don't have to pass a special grant to add money.

If you don't in the end integrate the financial support for addiction care, long term, you will never integrate the treatment and the harm reduction and other health services long term. So that's the big challenge and the administration recognizes that in their plan.

They point out the parity law, which requires employers, was passed in 2008 and strengthened under the Affordable Care Act in 2010, requires insurers to cover addiction at the same level that they cover other healthcare conditions. It's a great law, but in reality it is often misunderstood and not followed. So there will have to be a major effort to get the insurance industry, which of course is a powerful industry, to follow that law, and that will result in far more access to care and will help more people get into treatment that they need or their kids need.

Same kind of effort needs to happen on the public side. And here the Federal government is extremely well positioned, Medicare and Medicaid have to cover all evidence based services and they have to do with adequate reimbursement to attract people to provide it. That's the way the American system works for well or for ill. And there are certainly states for example, where Medicaid is not covering evidence based services or reimbursing so poorly that it's a money loser for anyone to engage in the care. So they're going to have to take that on as well.

One of the interesting things about the administration is that their vision of addiction care goes beyond pure healthcare and into the idea of recovery. Which is the idea that a life of a person who is experiencing addiction can be more than just, you know, the absence of suffering but also responsibility, happiness, well-being community engagement.

And they've definitely boosted up I think very well the 25 million Americans who are in recovery, and many of them leaders in organizations that do peer coaching or support groups or recovery festivals or activism. And elevating that group, which they are doing, will serve two purposes. One is it's

a huge benefit to public health because that is often where the long-term support beyond the healthcare system comes from. And the second reason is to destigmatize addiction.

You're not going to stop people from having negative feelings about addiction by, you know, putting ads on TV and ordering them not to feel that way. But what will change is when more and more people know that they have a friend, a colleague, a fellow parent who's in recovery and is doing really well. That is where hearts and minds change. And I salute the administration for focusing on that.

I also salute them for their recruitment of people in recovery into the administration. Two members of the cabinet are in recovery. So are many of the people involved with their drug related policy.

To turn to criminal justice, the administration promises reform with the focus on racial justice. This is again a continuation of the Obama approach, during which for example the crack cocaine disparity was curtailed, many people were pardoned of drug related crimes, and the president left office with fewer prisoners in the federal system than he started with, which hadn't happened since I think the 1970s.

I applaud the ambition of the Biden administration for pushing criminal justice reform. At the same time I would note that under the U.S. Constitution the federal government really isn't that big a player in criminal justice. Just to give you some statistics on that, there are single states whose prison system is almost as large as the entire Federal system. New York's police department has more officers than the Federal Bureau of Investigation. So mainly criminal justice in the United States is done at the state and the city level. And it's interesting to see what's going on there.

And this is where Portugal is actually to me very interesting. So I'm based in California, and many people who are in West Coast cities often call me about their concerns about drugs. Sometimes they're elected officials, sometimes they're just, you know, ordinary citizens who want to talk about it. And a number of cities, Los Angeles, San Francisco, Portland. Seattle, are struggling right now but think they are following the Portuguese model. And I emphasize they "think" they're following the Portuguese model, not that they actually are. And it's not going very well for them.

You may have seen in the New York Times there was a piece just a few days ago on San Francisco's overdose crisis, there's open air drug dealing, there's lots of crime, there's lots of

homelessness, there's a horrifying number of overdose deaths. San Francisco lost more people to overdose than to COVID last year.

And so when people call me and they say we don't understand, we're doing what Portugal did and we're not getting Portuguese outcomes, what's going on. And I always ask them, what do you imagine Portugal in fact did? And usually they say well I saw something on the internet and it said that Portugal had hundreds of thousands of people in prison for drug use, they let them all out, they now tolerate drug dealing, drug use is celebrated as an acceptable lifestyle and the problem just kind of dissipated. And we're doing that and it's not working.

And then I have to bring, you know, three pieces of bad news. First one is that they've completely misunderstood the history of drug policy in Portugal. Portugal never had a drug war at the scale the United States did. The number of people in prison for drug use before the reforms was extremely small relative to the United States. So the change, when you change criminal penalties in a country that didn't have severe penalties in the first place, it's not the same as doing it in the United States, which has an extremely large, I mean we have 2.2 million people behind bars. So it would be a different prospect here.

The second thing is, as you were just informed, it is not true that in Portugal, you know, trafficking and drug dealing are legal. They're illegal and there is extensive services, there is engagement users, there are the dissuasion commissions which Dr. Goulao described. And you have to build all that if you want to have a change. It's not just a matter of get the police out of the way and drugs disappear. But you have to have something fill in that space to help you.

The last thing, and perhaps the most challenging thing, and I'll close with this, is that the culture around drug use is different in different parts of the world. So it's not necessarily true that, say San Francisco, a city that I love, would get the same outcomes as Lisbon from Portuguese drug policy.

San Francisco is a highly individualistic city, a city of travelers, many people from other places, a city that has celebrated substance use for more than a century. It's one of the heaviest drinking cities in the United States. It's been a center of cannabis culture, it was a center of the psychedelic movement in drugs. And those sorts of things matter in terms of how problems play out.

And whatever you do in that context is different than what will happen in Lisbon, a city in

a country where it's more communal, I think families are a bit stronger, people are a bit less mobile and they have a reserved view of intoxication. There's not a celebration of getting intoxicated. And in that cultural surround this kind of policy may work better than it works in a place like San Francisco or Portland or Seattle.

And so just to underscore what both the Ambassador and Dr. Goulao said is we should learn from Portugal, and at the same time have to remember that policy is always shaped by the cultural surround, as Vanda said as well. And so what the U.S. should do is apply what Portugal has learned to their own situation and in light of the realities here and find a solution that works for us, even if it's not exactly the same as that which worked in Portugal.

I'll end there. Thank you so much.

MS. FELBAB-BROWN: Excellent. Thank you so much, Keith. A very thoughtful and important remarks, bringing us once back to the issues of myths surrounding the model and the desire, understandably, because of the harms that drug use and drug policies impose to incorporate models from abroad without necessarily being cognizant of how local cultural institutional and lots of things shape the executions and outcomes of those policies.

The issue of violence, including just in the San Francisco market is something that I would like to return to in the moderated conversation along with that, but let me make before I return to that, let me make a few comments about the supply side element of the Biden administration strategy.

There too we see some significant progress that I would like to applaud and strongly endorse. But at the same time I recognize that perhaps the supply side will come to pose very significant challenges for the Biden administration.

Why is that? Well the levels of innovation in the strategy plan are first of all just even the extent to which supply side is talked about, much less than would be the case in previous administration that often centered the essence of U.S. drug policy on reducing the supply. There is not one mention of eradication, of the word eradication in the document. The eradication of illicit drugs had long dominated U.S. external drug policy agenda whether it was in America or with Asia and other parts of the world.

And there is a strong emphasis on human rights, something that the drug policy community long advocated with human rights often being sacrificed to prosecuting supply side policies

with both traffickers and the end user of supply type policies eradication being the militaries, the drug czars of the world being complaisant in violating, as well as on state building, a very important dimension.

Now with all this good news, why do I think the supply side will be a challenge? Well the objective of the administration still is to reduce the supply of drugs from abroad and basically reduce the supply of drugs that are for use in the United States. But a small portion compared to the supply that we get from drugs. And that's good.

As we have heard in the discussion, drug policy reform does not, and I would say should not, simply entail free for all supply, free for all use. Supply pace has a direct bearing on levels of use, levels of substance abuse, and the consequences with it, harmful consequences to users, their families, and their communities.

Now why should that then be a challenge? Because some of the core countries who supply now very much bears on the U.S. drug consumption, are actually quite difficult to cooperate with or their cooperation faces multiple challenges.

I'll make a few quick comments about China and Mexico, and perhaps if I have the time, Colombia. I might even turn to Colombia in the question and answer period.

And those of you who have followed the drug policy will be surprised by those forces. Traditionally, Colombia would be the number one country to talk about, perhaps Mexico would be there but for a long time China would not be part of the conversation, let alone India.

Now why do I start with China and India? Well over the past decades China has dominated the supply of fentanyl to the United States, the center of the opioids that Keith spoke about, that has been one of the invincible culprits in the death rates in overdose in the U.S. opioid epidemics that are other variants in the opioids.

And starting from the Biden administration, much effort went to trying to get China to solve both potential fentanyl and its analogs. Just by the term what we mean is the production and supply is only a fraction of sales and export supply is only allowed when special government permission licenses are given for each of these steps.

Throughout and really to 2019, many variants of fentanyl and earlier fentanyl itself were not scheduled. So anyone in China could produce them and export them out of China even though

import to places like the United States would be illegal. Now China finally, through U.S. engagement, often U.S. pressure, scheduled all of the analogs in May 2016, and much of the dealing moved to throughout the east with which suppliers were shipping fentanyl to the United States, sometimes directly by postal services, declined. But it doesn't mean that we are actually getting significantly less fentanyl from China.

It simply comes from different means and through more circulated routes. Most of the fentanyl that comes to the United States today goes through Mexico where it is either imported from China directly, fentanyl, or where the bigger agents, the chemicals that are used to produce fentanyl are imported and then fentanyl is cooked into the final product and then shipped or trafficked or transported across the border to the United States.

And China has really not adopted similar controls on figures or agents for fentanyl and other synthetic opioids and has been equally negligent in doing so for the methamphetamines that have long plagued Southeast Asia because their agents for methamphetamines are also transported to Mexico where they are cooked into meth and shipped to the United States.

So China has regulated a part of the domain, the finished drugs, but has really shown very limited interest in regulating the precursor agent component, simply pushing abroad the most visible aspect of its control in connection to drug supply but really not fully acting against it.

There have been other challenges in the relationship as far as drug control policies are concerned. China has often not acted on U.S. drug enforcement administration's past requests of prominent Chinese traffickers. It has been determined to restrict the operations of the aid, only to only not allow offices elsewhere.

At the same time China has indicated that it sees a drug control as one of the few possible areas of cooperation with the United States in the time of a relationship that is moving toward, there is one of strategic rivalry that during the Trump administration was on the cusp of a major cold war, and perhaps we are still in that situation.

So there might be some hope that cooperation takes off, and if it does it critically needs to center on precursors.

India is equally a significant supplier of synthetic drugs to the United States, also directly

through the post office or through Mexican criminal groups that have set up shop in India.

But the India story is far less known than the China story. And even though the United States and India are trying to develop a relationship as a strategic partner, or at least cooperate on the arrangements such as the so-called Quad, the international multilateral security dialogue between the United States, Japan, Australia, and India, India has taken very minimal regulatory role to its very large pharmaceutical industry that is deeply implicated in illegal supply of drugs that is often completely indifferent to the impact of its drugs on countries. The supply of super potent industrial strength tramadol from India, for example, has been at the core of the opioid epidemic in Africa, with nearly a minimal to no interest by either the powerful, very poorly regulated pharmaceutical industry or the Indian government to crack down on the imposed regulations despite requests from various African countries.

So however I see alternatives in the Quad relationship that has expanded its agenda to issues that were previously, strategic issues that were previously not thought possible, but now covers issues such as cybersecurity, counter terrorism. But lacks diplomacy to have a serious meaningful conversation about meaningful drug control collaboration. And incidentally, precursors from India are also major source of precursors for drugs all around the world. And India has been as reluctant as China to acknowledge its role, let alone take any actions.

The fact that Australia is part of the Quad is also very useful because Australia has had very successful collaboration with China on drugs, particularly in the (inaudible) and their choice is to expand that further.

Now unfortunately, I mentioned that most of our fentanyl these days, as well as methamphetamines, comes from or through Mexico. We have seen a critical collapse of U.S.-Mexican bilateral security relationship over the past year. And really we find ourselves in the worse state of the bilateral come to narcotics security cooperation since the late 80s or the early 1990s.

A set of events last year that included the U.S. arrest of a former Mexican Minister of Defense General Salvador Cienfuegos, led to a very visible rupture in the relationship that had been frayed and unraveling for an earlier period of time, really ever since the administration of Andres Manuel Lopez Obrador came to office, but you can find it in the prior administration.

And what happened as a result of the new security law passed in Mexico in December is

that much of the cooperation against criminal groups, against trafficking between the U.S. and the Mexican authorities is hampered and really can no longer take place. The agents are no longer able to get samples of the drugs seized in Mexico. The levels of seizures are transparent, there is very limited information sharing going, and very great fear on the part of honest Mexican law officials that if they cooperate with the U.S. they would either be subject to penalties by their superiors or worse, the cooperation would leak out to criminal groups and they and their families will be targeted.

Obviously Mexico needs to have a strong role in its drug policies. Clearly a lot of the drug policies they have had been in place for decades, centering on high volume targeting, at the same time also targeting other layer of Mexican criminal groups that had been counterproductive. And they helped fuel the extraordinary death rates in Mexico where 30, 40,000 people died a year as the result of criminal violence.

And so essentially the same death rate compared to our overdose rates in a country that has about one-third of the population of the United States.

It is terrible, and President Lopez Obrador's so-called "Hugs not Bullets" approach that has centered on trying to imagine anti-crime socioeconomic policies that would stop the violence, but very strongly they emphasized all kinds of law enforcement policies that so far have not produced the desired results.

I would in fact say that the absence of effective meaningful enforcement strategy in Mexico is sending just the wrong message to criminal groups that they can get away not only with murder and extraordinary levels of corruption affecting all institutions in Mexico at the highest level, as the Cienfuegos arrest and other actions showed us, but they can also get away with violence that approaches war.

We have seen settings where criminal groups will take over cities and control them. There are parts of Mexico that are fully controlled by the drug trafficking groups and we see very intense violence insurgent of Mexican drug trafficking groups in the electrical campaigns, in the runoff to Mexico's cities mid-term elections.

So while there is absolute need to focus on drug policies that stop violence and that also reduce the supply, those policies should simply not be yielding to corruption and coercion of criminal

groups.

And there is of course an issue to what extent the Biden administration will focus on the agenda at the time where the Mexican government is hoping, as they did during the Trump administration, to perhaps trade narcotics cooperation for (audio skip) it's focus on drug policy reform, the Biden administration has also strongly emphasized its focus on democracy and human rights. And they too are severely challenged when criminals can simply kill people on the street and corrupt highest institutions.

I will make just one comment about Colombia, and that is that the current administration of President Ivan Duque has emphasized eradication as the centerpiece of its policy. And has in fact made many attempts to restore and expand the level of areas playing.

For a long time those were the issues that the United States was asking of its international partners, including Colombia, much of the early 2000s U.S. policy was demanding more and more eradication from Colombia. But I would expect that's actually not what's going to be the agenda, the Biden administration. I would certainly hope that's not going to be the agenda of the Biden administration. In fact I would urge that the Biden administration defund and other eradication policies in Colombia if they take place before the livelihoods are providing legal livelihoods, legal opportunities for population before the state has a meaningful presence. Something the Obama administration was courageous in doing so in Afghanistan where the eradication policies were similarly defunded.

Well there is a lot to think about and speak about. I am aware that we are at the hour. I will start taking questions from the audience and start intermixing them with conversation among us.

So let me perhaps turn to both of you, Dr. Goulao and Keith, and to the issues of violence in the criminal market. Not abroad in the place of supply, but at the time of sales, and the fact that if you mentioned violence, for example, in St. Francis in the open drug markets there.

What was the experience in Portugal like before the '99 reforms? Was there much street violence, what did that look like, and both of your thoughts on how to deal with violence surrounding the drug demand markets, or drug distribution markets rather?

DR. GOULAO: Thank you, Vanda. In fact we are happy we never have the big violence, big killings around the drugs market. In fact we used to have and we still have minor criminality,

acquisitive criminality if you elect to do drugs, but the activity of big gangs and the wars between gangs, big criminal organizations, in fact are not present in our society. There are some branches of international organizations, in some cases some minor organizations, but in fact violence related to drugs is not, never was an issue.

And even that minor criminality, those petty crimes, acquisitive crimes, have decreased after we have put in place our policies that mostly act by supporting, by occurring to the needs of the people who use drugs or minor traffickers. Much more victims than real agents of the trafficking activity. Most of the smuggling of drugs is performed by users that want to survive and to support their own dependence.

But to reply to your question, in fact we never have organized crime activity that deserves to be quoted in this. Let me just take the opportunity to say something. In fact our police authorities were released of much of the activity related to mere use and to the activity of drug users on the street. In fact they pass those people to the health and social system so they do not have to perform all the tasks to take people to trial, to prepare a process of prosecution. Okay.

The user and someone in possession of minor amounts of drugs is just passed to the health system. And then the police and customs authorities could address their attention on their activity to much more organized crime, to other kinds of organizations, to pay attention to bulk trafficking, to big shipments.

And of course the way to deal with it is different from what it was before. They used to work bottom up, coming from the user and step by step they could reach the organizations. The most important organizations nowadays they work bottom up. By improving the capacity to cooperate between several criminal justice or police organizations with international organizations with operations that are prepared and performed with their international counterparts. For instance the Malakan (phonetic) Hearing in Portugal which is a cooperative agency of several European countries that deal with trafficking. And in fact the police and customs authorities improved a lot their efficiency in dealing with trafficking, and by that way decreased the available of substances on the street.

So I think this is the answer to your question. So not really a big, violent criminality although those movie things that we see from other countries. But in fact the efficiency of the fight

against trafficking improved a lot in the last 20 years.

DR. HUMPHREYS: I would emphasize about violence a point that I know you understand very well, Vanda, is that there is no essential connection between illicit markets and violence around the world. There are huge illicit markets, like the drug markets in Japan with no violence at all, and then there are illicit markets, for example avocadoes or oil in Mexico which have violence attached to them.

And once you realize that, you realize that violence can be a target of policy even in the context of drug markets. And this is something that has been done successfully in different parts of the United States for example, like the Boston Gun Project is an example where police and communities work together and say, you know, we all hate the violence, there's always going to be some drug dealing, so we're going to prioritize the most violent actors in this market.

And in some sense what you're doing is you're using the law to get yourself a better class of criminals, you can think of it that way, who are not violent.

The challenge, and it's a huge challenge right now in the United States, is all those interventions that work rely on trust between law enforcement and local communities. And in my lifetime that trust has never been more lacking than it is at this moment. So it's going to be very hard to build that on the ground. It's going to take a lot of work and a lot of, I think, reconciliation before those types of interventions can be mounted on a broad scale to focus on violence in itself as a problem facing particularly cities.

MS. FELBAB-BROWN: I'm glad you brought up the Boston example because Cease Fire and its very subsequent iterations is something also that's often exported, or imported I should say, just like the Portugal model. And we also see very different outcomes precisely for the reasons we spoke about.

One of which is the lack of financing for example. The issue, and I'm so glad you spoke about, Keith, in your opening remarks. But when various efforts were made in places like Brazil for example, like before and during the (inaudible) program to build its trust, which is essentially around something like cease fire with the clear understanding that drug trafficking, and Dr. Goulao would not be targeted, violence, they often produced. And so the expected results often because they were not

implemented adequately, there was not adequate funding, they were not able to sustain. And because they served many other accomplishments, including the extensive role of the police in corruption and in violence.

And particularly the collapse of (inaudible) in Brazil is enormously tragic because it was a well-designed program, although never well implemented, never well-funded, sadly discontinued, and we are back to very aggressive violent state policies that are as brutal and effective as the violence the traffic has imposed, and extraordinary raids of police violence and criminal violence, murders in places like Rio.

Gentlemen, I would like now to combine several questions from the audience that have to do with methadone. And they both ask what is Portugal's experience with methadone, how extensive is the use of methadone in dealing with the heroin substance use problems. And in the United States what are the expectations of opportunities under the Biden administration to expanse methadone use.

And perhaps I can also say what about heroin dependence that has also been advocated.

DR. GOULAO: Thank you, Vanda, methadone was key to help us dealing with the heroin epidemic in the 90s. And we had a dramatic number of, for instance, HIV infections during that period. And when we increased the availability of methadone and also buprenorphine, the figures on HIV infections started to decrease. And they dropped dramatically in just a couple of years, along with the availability of syringe and needle all over the country, they are available in proximity responses and also in the community pharmacies.

So we started to see a huge decrease on them. Nowadays we have, while in other European countries and for instance Spain, just close to us. We watch the dramatic drop on heroin use overnight. From one year to another there was a complete drop on heroin use while cocaine skyrocketed just overnight. Here it was not the case in Portugal. Heroin has been slowly decreasing, use is slowly decreasing while cocaine is also slowly increasing.

But we have a huge amount of ancient heroin users that are still included in maintenance and methadone programs, either in a treatment context with the support of psychotherapy and all kind of other kinds of supports either in low special methadone programs that are very important. For instance here in the city of Lisbon where we have vans circulated throughout the city, and providing the daily

doses of methadone to drug users without having, as a request, to stop, to completely stop illicit substances. But in fact what we noticed is a huge improvement in the health conditions of those people. It is much easier to approach and to advance them to the available healthcare service that they need. So methadone is in fact key in our strategy in both contexts, either in treatment or in the harm reduction context of low threshold problems.

This along nowadays with the availability of nasal Naloxone with the available of syringe and needles, all the paraphernalia that is made available. And more recently with pipes, smoke crack or cocaine, we started to distribute also during this pandemic context.

DR. HUMPHREYS: Maybe I'll just say briefly for people in the audience who may be puzzled, why would we give someone who's addicted to opioids an opioid. And it's just like methadone or buprenorphine, because not all opioids are the same. So if heroin is a roller coaster of up and down, the medication to use for substitution are a steady road, it lets people sort of get their life back, get biologically stabilized, find work, sort of participate in life. And these medications have very good evidence of effectiveness.

The United States has a large and important methadone system. I think there may be some liberalization of regulations because they've already been loosed a bit because of COVID, emergency procedures like giving people more opportunity to take home, being able to induce people without as many in-person visits. Some of those things I suspect will persist, but the bigger bet is being placed on a different medication called buprenorphine, which is an opioid substitution therapy that unlike methadone, is given by primary care doctors.

And due to some regulatory changes that the Biden administration has announced actually today, will also be providable by nurse practitioners and physician assistants, which brings another 400,000 providers on line. So the newest policy is to allow people who can carry up to 30 patients on this medication, addicted individuals, without having to go through the normal eight-hour long training that you have to do to get a waiver. That's just been announced this morning.

If medicine takes that up, and I think now the burden is on medicine to exert some leadership, could have a transformational effect because we have about, they're basically allowing about 1.4 million people if you add physicians, nurse practitioners, and physician assistants together to

immediately become buprenorphine providers. And if each of them just took on five people only, that would dramatically increase the size of our service. If even 10% of them took on five people, that would double the amount of slots we have available to take care of people.

So that is, I think, a very exciting possibility, but medicine has to jump on it now that the administration has opened it for them.

MS. FELBAB-BROWN: How very exciting to once again observe the relationship between policy design and the ability to implement. And the challenge is that different countries, different states within the United States have, to translate federal direction policy into local issues, but tremendous highly positive news with the buprenorphine being able to be assigned, being able to be prescribed by nurses and other practitioners.

Let me stay on the harm reduction side with another questions, bundling a lot of audience questions. And it has to do with drug testing. Which is a policy description often suggested for dealing with synthetic opioids, where one of the reasons why overdoses are high is that users often do not know what they are actually getting. They might think they're getting oxycodone but in fact the oxycodone from Mexico, the fake oxycodone, might have substantial amount of fentanyl.

Your thoughts, Dr. Goulao, and Keith Humphreys, on that. And related to that, what extent is drug testing for synthetic drugs available in Portugal. It's a policy well established in the Netherlands, but to what extent its pattern to Portuguese drug policy line.

DR. GOULAO: Thank you, Vanda. Drug testing is available in Portugal. And it used to be available for the creative context, but it is admitted by our legislated license since 2001. Nowadays with this pandemic context we moved and we realized the capacity to perform drug testing in the model context that we felt would be good benefit from the present to the identification of new substances, such as fentanyl, which is not yet a big reality in our country. But we anticipate that it may come at any time.

So this is one of the main concerns that we have nowadays is to enlarge that capacity with the organizations that we have available to do it. So we are doing it even if for the moment it's not as enlarged availability as we would like.

DR. HUMPHREYS: So in the United States the Biden administration is allowing in these grants they're giving out this year the purchase of fentanyl strips, which will tell you whether a drug which

you have purchased includes fentanyl or not. In terms of the opioid market, they are increasingly less useful in the same sense of like would you test water for the presence of hydrogen and oxygen. It's like well no, because all water samples are going to have hydrogen and oxygen in them. And what's happening in our opioid markets is basically if you're using heroin you're probably using fentanyl, and very soon you will certainly be using fentanyl. So there's not that much benefit to that population.

But where it could be helpful is in the stimulant using population who are not expecting to get it, so they might be, you know, purchasing their normal methamphetamine or cocaine and they can detect then whether fentanyl has infiltrated that sample, which for them would be the difference between life and death. Because they have, you know, if you're a pure stimulant users and you have no history of opioids, meaning you have no tolerance buildup to it, that single dose can very easily end your life.

MS. FELBAB-BROWN: Which points to the need to really improve the sophistication of the testing. As you said, it's not just the measure of fentanyl present for those who are opioid users, but really being able to establish much greater level of specificity in order to make an informed choice for the user as to how to use to minimize the chance of overdose.

You know, staying with fentanyl, Dr. Goulao, you mentioned that fentanyl is not yet present. And that's something I wanted to ask that's very much part of the international drug policy conversation. And it is the extent to which Europe, Western Europe, should be concerned about fentanyl epidemic emerging, or not. I hear some policy experts saying its North America's only problem, it's not going to come in. If you don't have the issue it's not going to come here.

I find that very optimistic and I think you can take, in your many hats, including at the level of the EU, what is the current situation with fentanyl and the expectations.

And, Keith, from your perspective of having dealt with the drug policy in many, many parts of the world, your thoughts also on the spread of fentanyl as well.

DR. GOULAO: Thank you, Vanda. Of course we are concerned with the presence of fentanyl and it's a matter of time, no doubt about that. So if here in Portugal of course we have some analytical identifications of fentanyl in some samples, but it is not the massive invasion of fentanyl as in other places, as it happens in the states or in some countries of the European Union where it is much more present than in Portugal.

Yet, we know it's a matter of time. So we are of course concerned about it and we try to prepare and to learn from you how to deal with it also because you are some steps in advance in dealing with this epidemic. So this kind of reflection that we just had from Keith, for instance, it's important to incorporate in our thoughts, in our way to prepare for that epidemic that will come, no doubt about that.

DR. HUMPHREYS: So this is one of the very interesting things about how illicit and elicit markets are different. Fentanyl is extraordinarily profitable for drug producers. The raw material is about 1/100th the cost of heroin. And if fentanyl sales were legal, any corporation would now have fentanyl available on every street corner all over the world.

But prohibition makes illegal organizations, and one of the ways they're different is they are much worse at innovating and pushing out new products. And so you see strange things like Estonia has had a fentanyl dominated market for 20 years. Finland, which is a ferry ride away, has hardly any fentanyl. And that is, you know, that is a function of the inefficiency of illegal organizations versus what any, you know, legal for-profit would bring.

And that generates, is unpredictable in the American market. It took a long time to spread to the west. It's still more dominate in the east, and that is due to the mechanics of the different cartels and their capacities.

The world is going to have more synthetic drugs though. And the European Monitoring Center, which is a world class center based in Lisbon, has a very nice report out about the rise of synthetics in Europe. And that's going to happen everywhere. Just think of it from a trafficker's point of view, don't have to mess around anymore in unstable countries that are at war, I don't have to deal with peasant labor, I don't have to worry about blight, drought, 7,000 supply lines, I can just make it right here in my own basement. That's extremely attractive to an illegal business.

So I think the future of the world, as you know, Vanda, you and I have discussed many times, is going to be a much higher prevalence of synthetics and a lower reliance on agricultural dry drugs. And that's going to change health, it's going to change policing, and in the end it's going to change foreign policy. Because your supply will be your own supply and you won't be fussing so much about what a country 10,000 miles away is doing.

MS. FELBAB-BROWN: One of the changes in foreign policy is the fact that to an

unprecedented degree, drug policy now intersects with geopolitics, the plentiful supply, the precursor in synthetics or the synthetics themselves for the United States are China, our strategic competitor, and India, a country that the United States is trying to build up a strategic partnership, strategic cooperation with.

That's very different than when the drug action is centered, the U.S. drug action was centered in America where the power disparities and tradeoffs in policy and cooperation issues were very different.

I would also say that there is another innovation or another dangerous dimension happening, which is that we are starting to see Mexican drug trafficking groups to cook precursors for fentanyl themselves.

It's not simply that they are making fentanyl from precursors imported from India or China, although that's still by far the dominate method. But there is experimentation, there is production of the precursor agents happening in Mexico. And should that happen, that will only facilitate the trafficking into the United States.

The other way that synthetic drugs change global drug trafficking, or at least the regional drug trafficking, is that they've made the use of drones for smuggling far more feasible because they are far more potent, there is much less bulk to carry. Drones can be much more efficient in a way that they cannot be with drugs such as heroin or cocaine.

And this is of course taking place as drones are also increasing their carry capacity for any kind of products that we'll be seeing far more, long life batteries, we'll be seeing far greater payload capacity. So one of the edges of the new world or drug wars where we are at is the use of drones.

One of my colleagues in the Initiative on Actors did a terrific piece in our series of emphasizing how much the drone space is unregulated and how enormously complicated it is for law enforcement agencies to act against drones.

Often not having any legal authority to bring down drones even if they were to carry very dangerous contraband beyond drugs.

So a lot of new legislative and policing developments will need to take place, how to deal with drones, especially in the time when we will have lots of legal traffic and legal goods carried by drones, and even ones emerging.

DR. HUMPHREYS: And I just add to that, you're absolutely right. This just applies to the mail. I mean, you know, we now have, you can supply a dealer in Dayton, Ohio by a weekly letter from China. It goes to the L.A. mail center and then it's delivered.

Looks like a regular letter but there's enough fentanyl to keep that person in business every week, which would be inconceivable for cocaine or marijuana, for example.

MS. FELBAB-BROWN: I will take one last question, combine several questions. One in particular. To what extent there is any political opposition to drug policy in Portugal, or is it essentially, is this bipartisan or was there passage in support across the political spectrum for the policy as it existed? And if political was involved.

And, Professor Humphreys, to you, to what extent do you anticipate either move toward more liberalization, perhaps Federal legal marijuana, or what extent do you anticipate pushback against the Biden administration for the reformist parts of its policies?

And given we are close to the hour, you each can take two minutes, please, that would be great.

DR. GOULAO: Okay. Thank you, Vanda, I will try. In fact when we approved that strategy back in 1999 there was a huge support from society, from the community. But when we came to the government where it was discussed, it was a complete bipolarization between left wing parties supporting the idea of legalizing and allowing the use and the conservatives on the other hand saying oh, Portugal, we will become a paradise for drug users, we will have planes coming to Lisbon every day with people to use drugs without problems, our children will start using drugs with the milk bottle.

Lots of problems. By the end of the day the bill passed in 2000, and nowadays, 20, 20 something years later, I would say that there is a complete consensus about it.

There is no pushback. What I would say is there is some push front to legalization, regulation of the market. That is the political movement. But not in going back to the criminalization of drug use.

DR. HUMPHREYS: In terms of pushback advantages, I'll tell you a story from the Obama administration. So the Affordable Care Act, which was intensely controversial and passed the senate on a perfectly divided partisan line, zero votes, I believe none from the Republican senators and

60 from Democratic senators.

But nonetheless it included in it full implementation of the parity law, meaning that if it passed, addiction care would be fully covered at the same level of everything else. And that passed out of committees with 100% agreement.

So, you know, there is the big disagreement about how big government should be and how much healthcare you can provide, but it's remarkable the change on Capitol Hill of the willingness to support health interventions for people who are addicted to drugs. It's a very positive thing, it was definitely true when I started my career.

So on that score, as the Biden administration, as they will do I'm sure, try to expand healthcare coverage, that will be the big fight. But the fact that that healthcare coverage will almost certainly care for addiction, I don't think will be partisan, I think that will go through if the overall bill goes through.

On the law enforcement side there will be intense pushback, in part because Washington is just not that powerful in criminal justice. And so what happens then is 50 states and tons of communities get to express an opinion about, for example, how markets are policed or how law enforcement should respond in case you have drug problems. And there are intense disagreements about that around the country.

And, you know, the federal government can't really mediate many of those. So that's going to continue to be a struggle, people going in different directions, you know. San Francisco is going the way it goes, you know, Dallas-Fort Worth will probably go in a different direction. And I think you'll see that as you do in other areas of criminal just because it almost completely federalized responsibility under the U.S. Constitution.

MS. FELBAB-BROWN: Well thank you so much, Professor Humphreys, for your excellent remarks, very informed, always a delight to share an event with you, to collaborate with you, and I look forward to doing much more.

DR. HUMPHREYS: Thank you.

MS. FELBAB-BROWN: Dr. Goulao, enormous thanks to you for joining us today, sharing your thoughts in great thoughtfulness, comprehensiveness. And also very many thanks to you in your

leadership role in Portugal and the European Union in promoting these desirable and beneficial drug policies. And finally enormous thanks to Ambassador Vital and the Embassy of Portugal, the government of Portugal, for co-hosting the event with us. And I look forward to much more engagement between Brookings and all of us on these issues. And finally, many thanks to our audience. Please stay tuned to the work that the Initiative on Nonstate Armed Actors economies is putting forward. Please stay tuned to other events from Brookings. We always love to engage with you.

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