

PUBLIC POLICY CHALLENGE

TOMB OF THE MASSES:

Policies to Remedy America's Opioids

Crisis

TOPIC:

OPIOIDS CRISIS IN U.S.

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EXECUTIVE SUMMARY

With over 600,000 lives lost to opioid related deaths since the onset of the crisis and economic drainage nearing trillions of dollars in 2020, government intervention is crucial. Without meaningful intervention, the crisis continues to strain healthcare systems, drive up rates of homelessness, disrupt communities, and place unsustainable pressure on law enforcement and judicial resources. The future cost is not only measured in dollars but also in lives lost, families broken, and generations trapped in cycles of addiction and poverty. Hence, this paper addresses the ongoing opioids epidemic in the United States and offers four policy prescriptions

The ideal course of action for furthering justice reform in the United States is to amend the First Step Act of 2018¹. These specific updates—like removing mandatory minimums for nonviolent drug offenses and simplifying compassionate release—address racial inequities, lower prison costs, and encourage recovery, building on a rare instance of bipartisan progress. The Act's initial goal of establishing a more equitable and compassionate legal system will be fulfilled if it is strengthened. This policy suggests five linked adjustments to address the racial inequities in sentencing for nonviolent drug offenses and the inefficiencies in the present compassionate release procedure² These include creating a DOJ Compassionate Release Review Panel inside the Civil Rights Division, requiring a 60-day judicial review period for compassionate release petitions, and putting in place a medical eligibility checklist matched with the CDC to guarantee uniformity and clarity in the evaluation of requests. The strategy also suggests establishing a temporary Sentence Review Unit to assess cases involving out-of-date mandatory penalties and eliminating federal obligatory minimums for nonviolent drug offenses, which would restore judicial discretion. When combined, these changes should hasten the release of old or terminally sick people, decrease the number of people behind bars, advance racial and judicial equity, and eventually result in less expensive prison healthcare, housing expenses.

¹ “The First Step Act of 2018: One Year of Implementation.” 2020. United States Sentencing Commission. August 25, 2020. <https://www.ussc.gov/research/research-reports/first-step-act-2018-one-year-implementation>.

² “Compassionate Release: The Impact of the First Step Act and COVID-19 Pandemic.” 2022. United States Sentencing Commission. March 7, 2022. <https://www.ussc.gov/research/research-reports/compassionate-release-impact-first-step-act-and-covid-19-pandemic>. These

Although the strategy requires some administrative expenditures, such hiring review panels and creating medical eligibility procedures, the expected advantages greatly exceed these expenses. The typical cost of incarcerating one person per year is between \$34,000 and \$50,000³; the cost rises for elderly or gravely ill prisoners because of their specific medical requirements. The government could cut a significant amount of money by lowering the number of these expensive people in federal custody. Furthermore, more equitable sentencing will be possible with the removal of obligatory minimums, which could improve rehabilitation and lower readmission. Broader societal advantages of the reforms include improved racial equity, heightened public confidence in the legal system, and bipartisan support as both fiscal conservatives and social justice activists acknowledge the unfairness and inefficiencies of the status quo.

Considering it makes use of the current Department of Justice and judicial systems without necessitating the establishment of new agencies, this policy is feasible to implement⁴. Standardized eligibility requirements and time-bound review processes would expedite rather than interfere with the courts' current processing of compassionate release applications. Potential roadblocks, however, could include logistical delays brought on by inconsistent adoption among federal circuits and political resistance from lawmakers who are against lowering the severity of sentence. Additionally, those who profit financially from high incarceration rates, like private prison owners, can oppose the policy. It will be required to strategically frame the reforms as both and financially and morally imperative, while highlighting their connection with public safety and economic responsibility, in order to overcome these obstacles.

³ Fy, Per Capita Costs. n.d. "FEDERAL PRISON SYSTEM." Bop.Gov. Accessed April 6, 2025. [https://www.bop.gov/foia/docs/FY_22_Per_Capita.pdf.;](https://www.bop.gov/foia/docs/FY_22_Per_Capita.pdf;)

⁴ Clark, Dartunorro, and Janell Ross. 2019. "The First Step Act Promised Widespread Reform. What Has the Criminal Justice Overhaul Achieved so Far?" NBC News. November 24, 2019. <https://www.nbcnews.com/politics/politics-news/first-step-act-promised-widespread-reform-what-has-criminal-justice-n1079771>

1 INTRODUCTION

‘Anything in excess is a poison’, even water when taken in excess can cause water toxicity.⁵

Then why make the exception to drug abuse? The history of drug use in the United States dates as early as when Native American Tribes used willow barks as remedies for pain relief. The first wave of the opioid crisis started during the American Civil War where opioids were widely used for their medical properties having no other resources.⁶

The commercialization of opioids led to the second wave of opioid crisis which began with big pharmaceutical companies making big profits causing significant death tolls.⁷ Specifically, Purdue Pharma manufactured OxyContin and marketed it as a low-risk pain relief solution. The marketing label included that OxyContin tablets were believed to reduce the abuse liability of a drug.⁸ While this claim was used as an appeal to address addiction⁹, its hidden meaning meant that its formula lasted longer compared to short lasting pain reliefs and had nothing to do with addressing addition.¹⁰

In more recent years the illegal distribution and easy access to alternatives such as heroin and fentanyl have skyrocketed. Fentanyl is used as a legally prescribed drug used to treat patients with chronic pain while heroin is illegal despite fentanyl being 50 times more harmful.¹¹ Today, fentanyl is responsible for most of the opioid-related mortality with more than 645 thousand death tolls since the

⁵ Worth, Tammy. 2024. “What Happens When You Drink Too Much Water?” WebMD. <https://www.webmd.com/diet/what-is-too-much-water-intake>.

⁶ “The History of Illegal Drugs in the United States.” 2024. Detox.net. <https://detox.net/other-drugs/history-of-illegal-drugs/>.

⁷ “23-124 Harrington v. Purdue Pharma L.P. (06/27/24).” 2024. Supreme Court. https://www.supremecourt.gov/opinions/23pdf/23-124_8nk0.pdf.

⁸ “Opioid Manufacturer Purdue Pharma Pleads Guilty to Fraud and Kickback Conspiracies.” 2020. Archives U.S. Department of Justice. <https://www.justice.gov/archives/opa/pr/opioid-manufacturer-purdue-pharma-pleads-guilty-fraud-and-kickback-conspiracies>.

⁹ Moskaleva, Lina. 2022. “Case Study #10: Purdue Pharma and the Opioid Crisis – Public Relations Case Studies: Strategies & Actions.” British Columbia/Yukon Open Authoring Platform. <https://pressbooks.bccampus.ca/prcasestudies/chapter/case-study-10/>

¹⁰ “Origins of an epidemic: Purdue Pharma knew its opioids were widely abused.” 2018. The Seattle Times. <https://www.seattletimes.com/nation-world/origins-of-an-epidemic-purdue-pharma-knew-its-opioids-were-widely-abused/>

¹¹ Anderson, Leigh Ann. 2024. “How does fentanyl compare to heroin or other opiates?” <https://www.drugs.com/medical-answers/fentanyl-compare-heroin-opiates-3569710/>

beginning of the crisis.¹² According to the National Institute on Drug Abuse (NIDA), fentanyl-related deaths have surged due to its increasing prevalence in the illegal drug supply.¹³

The count of overdose deaths divided in genders involving any opioid overdose including prescribed and illegally obtained opioids shows that the rates in male deaths are significantly higher than female deaths which may be caused due to underlying social factors, population, stigma and access.¹⁴ It suggests that policies should also target these root causes across different genders, age groups and societies. The overdose deaths caused by prescribed opioids sum to 20% of the overall death tolls, suggesting that hospitals and pharmacies should weigh the downside of issuing opioids to patients.¹⁵ Research and development could use more funding to find alternatives that work to address these medical concerns and prevent overdose deaths. Lack of funding to areas where primarily indigenous, black, and rural communities reside to improve healthcare access, education and better facilities have contributed to a disproportionate increase in opioid-related facilities in those communities.

This nation-wide crisis has led to a strain in healthcare resources often with the need to address emergencies and long-term issues resulting such as HIV from needle sharing.¹⁶ It has also led to a loss of productivity and rise in the amount of homelessness as addiction results in mental and physical disability, preventing them from working and ultimately leading to economic burdens and homelessness.¹⁷

Additionally opioid related offenses cause a significant strain in the criminal justice system again due to addiction as obtaining illegal opioids may lead to resorting in illegal activities such as theft,

¹² “Focus on Opioids - Connect2Health FCC.” n.d. Federal Communications Commission. Accessed April 4, 2025. <https://www.fcc.gov/reports-research/maps/connect2health/focus-on-opioids.html>

¹³ National Institute on Drug Abuse. n.d. “Drug Overdose Deaths: Facts and Figures.” NIDA.NIH.GOV | National Institute on Drug Abuse (NIDA). Accessed April 5, 2025. <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>

¹⁴ Image from <https://nida.nih.gov/sites/default/files/images/fig4-2024.jpg>

¹⁵ Centers for Disease Control and Prevention, National Center for Health Statistics. “Figure 4. U.S. Overdose Deaths Involving Prescription Opioids*, 1999-2022.” April 2024. <https://nida.nih.gov/sites/default/files/images/fig4-2024.jpg>

¹⁶ Dawson, Lindsey, and Jennifer Kates. 2018. “HIV and the Opioid Epidemic: 5 Key Points.” KFF.

<https://www.kff.org/hivaids/issue-brief/hiv-and-the-opioid-epidemic-5-key-points/>.

¹⁷ “Association between Homelessness and Opioid Overdose and Opioid-related Hospital Admissions/Emergency Department Visits.” 2019. National Library of Medicine. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7023863/>.

robbery and drug trafficking.¹⁸ These recurring incidents eventually form a never-ending cycle that repeats unless intervened, passed on from generations to generations.¹⁹

Addressing these concerns takes a significant toll on the financial burden. The crisis has imposed an overwhelming economic burden on the United States, with costs reaching nearly \$1.5 trillion in 2020, a 37% increase from 2017.²⁰ Between 2014 and 2018, the U.S. economy absorbed an estimated \$631 billion in costs directly linked to the opioid epidemic.²¹ The economic toll extends beyond direct expenses, affecting small businesses, rural economies, and local governments that struggle to allocate resources to combat the crisis effectively. Hence, it calls for immediate attention and policies to address this war against opioids.

The opioid epidemic remains one of the most significant public health challenges of our time and the severity demands research for better regulations. Although there have been several policies to curb addiction and target the different waves of the opioid crisis, none of the policies have proven to be truly effective as we analyse the United States today which will be talked about more later in the paper. We will also examine the historic legal actions, analyse the effectiveness of different strategies and explore policies around the world that offer potential solutions. After careful considerations of all the policies, we will work to prescribe a policy most suited to tackle the opioid crisis in the United States.

2 HISTORICAL LEGISLATIONS

2.1 The Origins of the War on Drugs

¹⁸ Chatterjee, Rhitu. 2018. “Greater Opioid Use Linked To Higher Chance Of Arrests, Criminal Convictions : Shots - Health News.” NPR. <https://www.npr.org/sections/health-shots/2018/07/06/626176621/with-more-opioid-use-people-are-more-likely-to-get-caught-up-in-the-justice-syst>

¹⁹ Chapman, Alexander, Ashton M. Verdery, and Shannon M. Monnat. 2021. “Opioid Misuse and Family Structure: Changes and Continuities in the Role of Marriage and Children Over Two Decades.” Science Direct. <https://www.sciencedirect.com/science/article/abs/pii/S0376871621001630?via%3Dihub>.

²⁰ “The Economic Toll of the Opioid Crisis Reached Nearly \$1.5 Trillion in 2020 - The Economic Toll of the Opioid Crisis Reached Nearly \$1.5 Trillion in 2020 - United States Joint Economic Committee.” 2022. Joint Economic Committee. <https://www.jec.senate.gov/public/index.cfm/democrats/2022/9/the-economic-toll-of-the-opioid-crisis-reached-nearly-1-5-trillion-in-2020>

²¹ Colorado Consortium. n.d. “Report: Opioid crisis has cost Colorado’s economy at least \$21 billion.” <https://corxconsortium.org/report-opioid-crisis-has-cost-colorados-economy-at-least-21-billion/>

At a press conference on June 17, 1971, President Nixon, with his newly appointed Drug authority at his side, declared drug abuse "public enemy number one." "In order to fight and defeat this enemy," he continued, "it is necessary to wage a new, all-out offensive." With that statement, the "war on drugs" began²².

When President Richard Nixon proclaimed drug usage to be the "public enemy number one" in 1971, the War on Drugs officially got underway. His administration laid the groundwork for the subsequent strict measures by increasing funding for law enforcement and anti-drug campaigns. Prior to this, the federal U.S. drug policy that regulated the production, importation, possession, use, and distribution of specific drugs, stimulants, depressants, hallucinogens, anabolic steroids, and other chemicals was the Controlled Substances Act (CSA) of the Comprehensive Drug Abuse Prevention and Control Act of 1970²³. On October 27, 1970, President Richard Nixon signed the CSA into law. The five federal controlled substance schedules (Schedules I–V) within the CSA are used to categorize drugs according to their approved medicinal uses in the United States, potential for abuse, safety, and potential for addiction²⁴.

The Drug Enforcement Administration (DEA) was established in 1973 and works with other agencies to control the manufacturing, distribution, trafficking, and cultivation of illegal narcotics²⁵. The Controlled Substances Act (CSA), Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, is enforced by the DEA. In its 1973 report, the Senate Committee on Government Operations outlined the main advantages of establishing the Drug Enforcement Administration (DEA). It sought to increase the FBI's role in combating organized crime's role in drug trafficking and end interagency tensions, particularly between the BNDD and the US Customs Service. By putting a single Administrator in control, the DEA also increased accountability and enhanced collaboration between federal, state, local, and international law enforcement. It also combined the Justice Department's

²² Barber, Chris. 2016. "Public Enemy Number One: A Pragmatic Approach to America's Drug Problem." Richard Nixon Foundation. June 29, 2016. <https://www.nixonfoundation.org/2016/06/26404/>.

²³ Ortiz, Nicole R., and Charles V. Preuss. 2025. "Controlled Substance Act." In StatPearls. Treasure Island (FL): StatPearls Publishing.

²⁴ Ortiz, Nicole R., and Charles V. Preuss. 2025. "Controlled Substance Act." In StatPearls. Treasure Island (FL): StatPearls Publishing.

²⁵ The Editors of Encyclopedia Britannica. 2025. "Drug Enforcement Administration." In Encyclopedia Britannica

Narcotics Division with drug enforcement activities to improve cooperation between prosecution and investigation.

Finally, a more cohesive and effective federal drug enforcement strategy was ensured by positioning the DEA as a core institution for intelligence collection on international drug smuggling²⁶. This action increased the involvement of law enforcement in the fight against drug usage by disproportionately targeting urban regions with large Latinx and Black populations. The War on Drugs swiftly turned into a tool for criminalizing minority groups, despite its initial framing as a reaction to public health concerns²⁷

In places like San Francisco, where a 2013 operation in the Tenderloin District revealed glaring inequities, racial bias in drug enforcement is evident. When the San Francisco Police Department (SFPD) and the DEA joined forces that year to combat small-scale drug transactions, they mostly targeted Black people. All 37 individuals federally convicted in these investigations were Black, even though the drug trade in the region involves people of all colors, with 40% of those involved being white or Latinx²⁸

The fact that federal drug laws entail heavier terms, including mandatory minimums, than state charges is one of the main reasons why Black people were picked out for federal prosecution²⁹. This means that because federal drug laws carry far heavier punishments than state ones, including mandatory minimum sentences, Black people were disproportionately targeted for federal prosecution. Law enforcement made sure that those who were detained, who were mostly Black, would receive harsher and longer terms by seeking federal charges rather than state-level prosecution. Black offenders are frequently given harsher sentences than their white counterparts for comparable acts, a tendency that reflects larger racial disparities in the criminal justice system.

²⁶ “DEA Celebrates 50 Years.” n.d. DEA. Accessed March 31, 2025. <https://www.dea.gov/dea-celebrates-50-years>.

²⁷ Ezekiel Edwards, Shilpi Agarwal. 2020. “Racist Drug Laws Lead to Racist Enforcement in Cities Across the Country.” American Civil Liberties Union. February 21, 2020. <https://www.aclu.org/news/criminal-law-reform/racist-drug-laws-lead-to-racist-enforcement-in-cities-across-the-country>.

²⁸ Ezekiel Edwards, Shilpi Agarwal. 2020. “Racist Drug Laws Lead to Racist Enforcement in Cities Across the Country.” American Civil Liberties Union. February 21, 2020. <https://www.aclu.org/news/criminal-law-reform/racist-drug-laws-lead-to-racist-enforcement-in-cities-across-the-country>.

²⁹ “Mandatory Minimum Penalties for Drug Offenses in the Federal System.” 2017. United States Sentencing Commission. October 23, 2017. <https://www.ussc.gov/research/research-reports/mandatory-minimum-penalties-drug-offenses-federal-system>.

People of color get disproportionately harsh penalties for the same offenses, highlighting systematic racial inequities in federal sentencing. The criminal justice system is still shaped by pervasive racial bias, as seen by this San Francisco case. Specifically, Black men receive sentences that are 13.4% longer than those of white men, while Hispanic males receive sentences that are 11.2% longer “2023 Demographic Differences in Federal Sentencing.” 2023.³⁰

Sentencing differences continued to exist across demographic groups when examining all sentences imposed during the five-year study period (fiscal years 2017-2021). These disparities were observed across demographic males groups.³¹

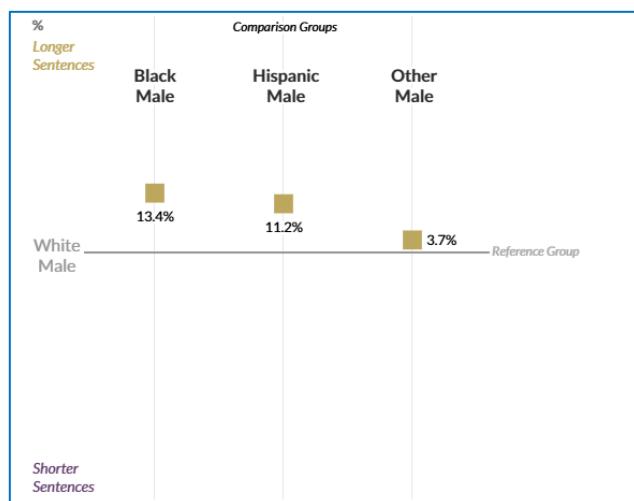


Figure 1.

2.2 The Intensification of the Crackdown in the 1980s

The 1980s saw a significant escalation in the War on Drugs, driven by policies under the Reagan administration. The 1984 Comprehensive Crime Control and Safe Streets Act abolished parole in the federal prison system, meaning that individuals sentenced of federal crimes could no longer be released before they received parole³². People condemned under federal law were therefore forced to serve most or all of their terms, which resulted in a rise in geriatric (older) prisoners who were kept behind bars for

³⁰ United States Sentencing Commission. November 9, 2023. <https://www.ussc.gov/research/research-reports/2023-demographic-differences-federal-sentencing>.

³¹ United States Sentencing Commission. November 9, 2023. <https://www.ussc.gov/research/research-reports/2023-demographic-differences-federal-sentencing>.

³² Thurmond, Strom [r-Sc]. 1984. Comprehensive Crime Control Act of 1984

extended periods of time without the chance of early release³³. This practice led to federal prison overpopulation and sparked debate about the morality and financial implications of imprisoning elderly people who do not pose a serious threat to society.

The 1986 Anti-Drug Abuse Act established mandatory minimum sentencing laws, which set fixed prison terms for certain drug offenses, limiting the flexibility of the judiciary.³⁴ The establishment of sentence differences between crack and powder cocaine charges was a significant effect of this legislation. Those detected in possession of five grams of crack cocaine were subject to the same mandatory minimum penalty under the law as those found in possession of 500 grams of powder cocaine—a 100:1 difference³⁵.

Black communities were disproportionately impacted by crack cocaine regulations, even though surveys conducted by the National Institute for Drug Abuse have revealed that white individuals consume crack cocaine at a higher rate than Black people³⁶. Black people were disproportionately affected by the crack sanctions, even though they were meant to apply equally to everyone. This is because Black areas accounted for a higher proportion of arrests and prosecutions for crack-related charges, resulting in disproportionately high rates of incarceration for Black individuals³⁷. Given that white users were more likely to participate in surveys but were less likely to be subject to legal repercussions, the penalties were severe and arbitrary.

The Office of National Drug Control Policy (ONDCP), which was founded in 1988, is in charge of the federal government's initiatives to combat drug abuse and it accomplishes this by establishing a National Drug Control Strategy to lower substance use through safety and public health initiatives, financing and directing community-based and law enforcement initiatives, and managing the activities

³³ “Race, Mass Incarceration, and the Disastrous War on Drugs.” n.d. Brennan Center for Justice. Accessed March 31, 2025. <https://www.brennancenter.org/our-work/analysis-opinion/race-mass-incarceration-and-disastrous-war-drugs>.

³⁴ Walker, Lauryn Saxe, and Briana Mezuk. 2018. “Mandatory Minimum Sentencing Policies and Cocaine Use in the U.S., 1985-2013.” BMC International Health and Human Rights 18 (1): 43. <https://doi.org/10.1186/s12914-018-0182-2>.

³⁵ “Race, Mass Incarceration, and the Disastrous War on Drugs.” n.d. Brennan Center for Justice. Accessed March 31, 2025. <https://www.brennancenter.org/our-work/analysis-opinion/race-mass-incarceration-and-disastrous-war-drugs>.

³⁶ Rosenberg, Alana, Allison K. Groves, and Kim M. Blankenship. 2017. “Comparing Black and White Drug Offenders: Implications for Racial Disparities in Criminal Justice and Reentry Policy and Programming: Implications for Racial Disparities in Criminal Justice and Reentry Policy and Programming.” Journal of Drug Issues 47 (1): 132–42. <https://doi.org/10.1177/0022042616678614>.

³⁷ “Race, Mass Incarceration, and the Disastrous War on Drugs.” n.d. Brennan Center for Justice. Accessed March 31, 2025. <https://www.brennancenter.org/our-work/analysis-opinion/race-mass-incarceration-and-disastrous-war-drugs>

of sixteen federal agencies to lower the demand and supply of illegal drugs³⁸. Furthermore, President Ronald Reagan's wife, Nancy Reagan, started the "Just Say No" campaign in the early 1980s to encourage kids to abstain from drugs³⁹. Saying no to drugs was the campaign's straightforward theme, which promoted the notion that refusing to use drugs could be that simple.

During the 1990s, the Clinton administration further escalated the War on Drugs with the Violent Crime Control and Law Enforcement Act of 1994, commonly known as the Crime Bill. This legislation expanded mandatory minimum sentencing, implemented the controversial "three-strikes" laws, significantly increasing funding for prison construction, further fueling mass incarceration⁴⁰.

In 1994 congress passed legislation addressing crime and law enforcement , which is known as the Violent Crime Control and Law Enforcement Act of 1994, and it is the largest crime bill in the history of the United States and consisted of 356 pages that provided for 100,000 new police officers, \$9.7 billion in funding for prisons and \$6.1 billion in funding for prevention programs, which were designed with significant input from experienced police officers.⁴¹

Drug-related offenses have always been punished disproportionately harshly, especially in communities of color. The 1994 Crime Bill made this unfairness even worse by linking the death sentence to some non-homicide drug offenses that is; the measure authorized the death penalty for 60 new federal offenses, including those that involved drug trafficking but did not entail murder, through the Federal Death Penalty Act⁴². This was a concerning increase, indicating that drug use, particularly by Black and Latinx people, was viewed as a crime so serious that it could be punishable by death. In the five years after the statute was passed, 74% of defendants who were recommended for the death

³⁸ "Office of National Drug Control Policy." n.d. Archives.Gov. Accessed March 31, 2025. <https://trumpwhitehouse.archives.gov/ondcp/>.

³⁹ History.com Editors. 2017. "Just Say No - Campaign, Nancy Reagan & Drugs." HISTORY. May 31, 2017. <https://www.history.com/articles/just-say-no>.

⁴⁰ "1032. Sentencing Enhancement—"Three Strikes" Law." 2015. Justice.Gov. February 19, 2015. <https://www.justice.gov/archives/jm/criminal-resource-manual-1032-sentencing-enhancement-three-strikes-law>.

⁴¹ "H.R. 3355 (103rd): Violent Crime Control and Law Enforcement Act of 1994." n.d. GovTrack.Us. Accessed April 3, 2025. <https://www.govtrack.us/congress/bills/103/hr3355/summary>.

⁴² Shannon, Ranya. 2019. "3 Ways the 1994 Crime Bill Continues to Hurt Communities of Color." Center for American Progress. May 10, 2019. <https://www.americanprogress.org/article/3-ways-1994-crime-bill-continues-hurt-communities-color/>.

penalty by federal prosecutors were people of color, with 21% being Hispanic and 44% being Black and this represented a glaring racial impact.⁴³ It was also well-known for the "three strikes and you're out" laws, which required life in prison for a third violent felony.⁴⁴

2.3 Recent Shifts in Policy and Future Directions

In recent years, there has been a growing recognition of the failures of punitive drug policies, leading to a shift toward more rehabilitative and public health-oriented approaches. The legalization and decriminalization of cannabis in multiple states reflect changing attitudes toward drug use, emphasizing regulation and harm reduction over criminalization.⁴⁵ The Fair Sentencing Act of 2010 (FSA), which went into effect on August 3, 2010, increased statutory fines and removed the mandatory minimum sentence for simple possession of crack cocaine which sought to reduce disparities in drug sentencing⁴⁶.

The First Step Act's retroactive application of the 2010 Fair Sentencing Act has resulted in the release of approximately 3,000 prisoners and the reduction of sentences for almost 1,700 inmates with prior crack cocaine convictions.⁴⁷ Black men, who were often the targets of harsh drug laws throughout the "War on Drugs" era, have reaped disproportionate benefits from these improvements. Data on the Act's effects are still few, despite the fact that it also changed the strict "three strikes" rule, which reduced mandatory life sentences for repeat criminals to 25 years. The law also required the development of a risk assessment instrument to determine the likelihood of reoffending and to direct

⁴³ Shannon, Ranya. 2019. "3 Ways the 1994 Crime Bill Continues to Hurt Communities of Color." Center for American Progress. May 10, 2019. <https://www.americanprogress.org/article/3-ways-1994-crime-bill-continues-hurt-communities-color/>.

⁴⁴ "The 1994 Crime Bill and Beyond: How Federal Funding Shapes the Criminal Justice System." n.d. Brennan Center for Justice. Accessed April 3, 2025. <https://www.brennancenter.org/our-work/analysis-opinion/1994-crime-bill-and-beyond-how-federal-funding-shapes-criminal-justice>.

⁴⁵ "Cannabis Overview." n.d. Ncsl.Org. Accessed April 3, 2025. <https://www.ncsl.org/civil-and-criminal-justice/cannabis-overview>.

⁴⁶ Komar, And Liz. 2023. "The First Step Act: Ending Mass Incarceration in Federal Prisons." The Sentencing Project. August 22, 2023. <https://www.sentencingproject.org/policy-brief/the-first-step-act-ending-mass-incarceration-in-federal-prisons/>.

⁴⁷ Clark, Dartunorro, and Janell Ross. 2019. "The First Step Act Promised Widespread Reform. What Has the Criminal Justice Overhaul Achieved so Far?" NBC News. November 24, 2019. <https://www.nbcnews.com/politics/politics-news/first-step-act-promised-widespread-reform-what-has-criminal-justice-n1079771>.

the reintegration of offenders. Approximately 16,000 federal inmates have now taken part in drug treatment programs made possible by the Act.⁴⁸

3 WORLD EXPERIENCES: LESSONS FOR THE U.S.

Outside the United States, substance abuse involving heroin, pharmaceutical opioids, and natural opiates has been responsible for some of the most severe public health crises in the world, devastating local populations and generating severe economic and social burdens for subsequent generations. This study will explore three countries—Portugal, Switzerland, and Singapore—and their various policy responses to opioids epidemics, describing the unique challenges of each crisis and the policies that have successfully mitigated the unregulated consumption of opioids and related health catastrophes.

Before exploring their policy approaches, it is important to acknowledge the success shared by all three of these countries in decreasing opioids-related addiction and mortality rates. As defined by the Centers for Disease Control and Prevention, opioid use disorder (OUD) is “a problematic pattern of opioid use that causes significant impairment or distress.” Moreover, OUD carries a high risk of overdose and death, creating a need for public support on behalf of the state.⁴⁹ Therefore, mortality associated with OUD represents a fundamental failure of the state to provide an effective solution to a wide-reaching public health and safety crisis. According to OurWorldinData, Portugal, Switzerland, and Singapore have been able to significantly lower and monitor OUD mortality rates.

⁴⁸ Clark, Dartunorro, and Janell Ross. 2019. “The First Step Act Promised Widespread Reform. What Has the Criminal Justice Overhaul Achieved so Far?” NBC News. November 24, 2019. <https://www.nbcnews.com/politics/politics-news/first-step-act-promised-widespread-reform-what-has-criminal-justice-n1079771>.

⁴⁹ Centers for Disease Control and Prevention, Preventing Opioid Use Disorder, last modified May 8, 2024, <https://www.cdc.gov/overdose-prevention/prevention/preventing-opioid-use-disorder.html>

Opioid use disorder death rate, 1980 to 2021

Our World
in Data

Estimated annual number of deaths from opioid use disorders per 100,000 people.

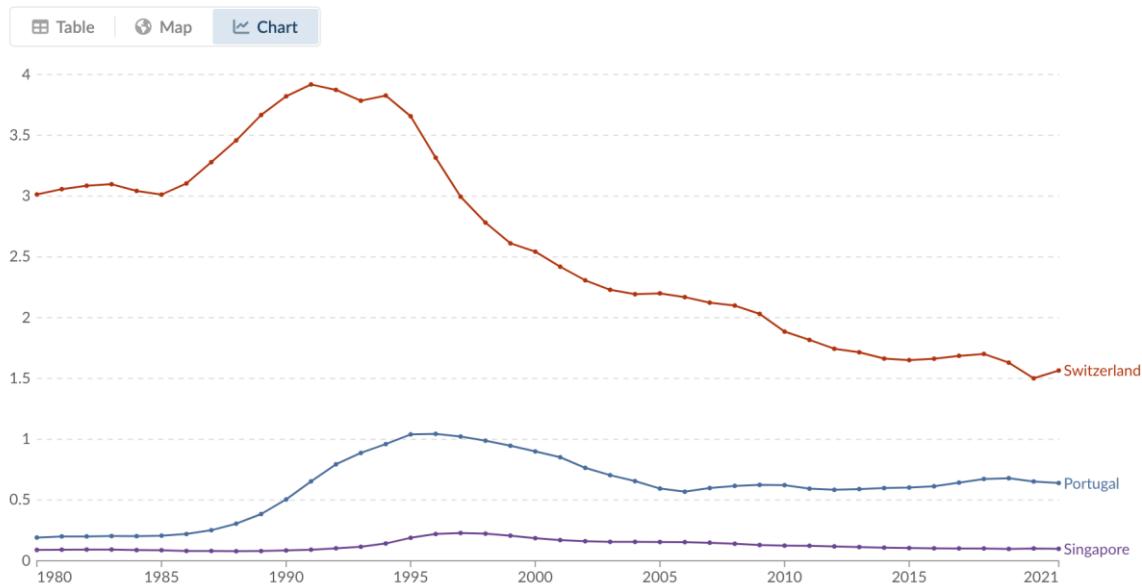


Figure 2. Opioid use disorder death rate, 1980 to 2021⁵⁰

Showing the estimated number of deaths from OUD per 100,000 people, Figure 1 demonstrates the commitment to public policy made by these countries to reduce the risks and prevalence of opioids addiction in their societies. After experiencing a severe opioids and HIV epidemic in the 1990s, Portugal’s nationwide decriminalization of opioids helped decrease its OUD mortality rate from a high of 1 in 1995 to a 0.6 in 2021. In Switzerland, decentralized community planning paved the way for more accessible treatment options, dropping OUD mortality from 3.9 in 1991 to 1.6 in 2021. Finally, in Singapore, the complete criminalization of drugs, along with the spread of a zero-tolerance attitude through education, has reduced the rates of fatal overdoses and new drug users through a more stringent “harm prevention” strategy.

3.1 Portugal

50 “Opioid use disorder death rate, 1980 to 2021,” OurWorldinData, accessed April 3, 2025, <https://ourworldindata.org/grapher/death-rate-from-opioid-use?tab=table&country=~PRT>

Once called “the heroin capital of Europe,”⁵¹ Portugal’s successes in pursuing effective drug policies and preventing opioid-related deaths are no small feat. A major transit point for illegal narcotics smuggling, the country of 10.58 million faced an unprecedented opioids crisis in the 1990s, with an estimated 1% of its population suffering from heroin addiction.⁵² Additionally, the rate of drug-related illnesses such as HIV rose dramatically, reaching a peak of “104.2 new [HIV infection] cases per million people” in 2000.⁵³ Thus, the drastic nature of this public health crisis led to the adoption of a radical approach to drug-related intervention in Portugal.

In a complete overhaul of judicial and public health norms, the national government decriminalized all cases of “individual drug use,”⁵⁴ removing official references to “hard” or “soft” drugs and setting a legal weight amount for narcotics intended for “personal use.”⁵⁵ Moreover, Portugal implemented a harm reduction model that prioritizes treatment over punishment. When an individual is caught in possession of drugs, their case is reviewed by a panel of medical and legal experts. Instead of jail time, this three-person panel—known as the Commission for the Dissuasion of Drug Addiction—prescribes the appropriate treatment options for the individual, which may include monitored injection,⁵⁶ opioid agonist therapy (OAT), and/or social work services. In fact, many treatment centers offer access to safe injection sites, where the availability of sterile equipment and support staff prevent fatal overdose and the spread of disease. Nonetheless, refusing to accept a treatment may result in a fine

⁵¹ Gregory P. Shea, “Is Portugal’s Drug Decriminalization a Failure or Success? The Answer Isn’t So Simple,” last modified September 5, 2023, <https://knowledge.wharton.upenn.edu/article/is-portugals-drug-decriminalization-a-failure-or-success-the-answer-isnt-so-simple/>

⁵² Maura McGinnity, “What Should the US Learn from New York’s and Portugal’s Approaches to the Opioid Crisis?” AMA Journal of Ethics 26, no. 7 (July 1, 2024): E546-50, doi:10.1001/amajethics.2024.546.

⁵³ Gregory P. Shea, “Is Portugal’s Drug Decriminalization a Failure or Success? The Answer Isn’t So Simple,” last modified September 5, 2023, <https://knowledge.wharton.upenn.edu/article/is-portugals-drug-decriminalization-a-failure-or-success-the-answer-isnt-so-simple/>

⁵⁴ Maura McGinnity, “What Should the US Learn from New York’s and Portugal’s Approaches to the Opioid Crisis?” AMA Journal of Ethics 26, no. 7 (July 1, 2024): E546-50, doi:10.1001/amajethics.2024.546.

⁵⁵ Gregory P. Shea, “Is Portugal’s Drug Decriminalization a Failure or Success? The Answer Isn’t So Simple,” last modified September 5, 2023, <https://knowledge.wharton.upenn.edu/article/is-portugals-drug-decriminalization-a-failure-or-success-the-answer-isnt-so-simple/>

⁵⁶ Maura McGinnity, “What Should the US Learn from New York’s and Portugal’s Approaches to the Opioid Crisis?” AMA Journal of Ethics 26, no. 7 (July 1, 2024): E546-50, doi:10.1001/amajethics.2024.546.

or mandatory community service; however, the lack of a jail time penalty encourages most addicts to participate willingly in these services.⁵⁷

Ultimately, Portugal’s focus on individual well-being and rehabilitation has succeeded in lowering its population’s dependence on opioids. From 2001 to 2018, the number of Portuguese addicted to heroin fell from 100,000 to 25,000, giving the country the “lowest drug-related death rate in Western Europe.” In addition, cases of HIV from unsafe injection decreased by 90%. Although the COVID-19 pandemic has limited Portugal’s ability to spend more on rehabilitation programs, before 2020, Portugal saved 18% on total social expenditures (i.e. “health costs, legal costs, lost individual income”), budgeting just \$10 per citizen annually for drug-related rehabilitation programs.⁵⁸

3.2 Switzerland

In 1972, the Swiss city of Zurich officially recorded its first case of fatal overdose from heroin. The city was one of many towns in Switzerland struggling to cope with rising levels of drug addiction and HIV infection. One of the first policies enacted by the Swiss government to combat this trend was strict judicial intervention, devolving into a policy of “controlled area” consumption (whereby police would tolerate the use of drugs in certain city zones) that ultimately failed to solve the burgeoning drug crisis.

Despite the existing criminal penalties for drug consumption, community leaders and service groups began organizing harm reduction programs that offered “needle-exchange programs, safe injections rooms, and shelters.” Challenging the established norms, city officials, doctors, police officers, and religious leaders advocated for a less stringent approach, emphasizing the role of sanitary and supportive environments in preventing overdose and infection. As a result, between 1991-1999, Switzerland’s Federal Office of Public Health reversed its decades-long policy of drug-related criminal sanctions, creating an expert-led policy advisory board (i.e. Federal Commission for Drug Issues) and

⁵⁷ Gregory P. Shea, “Is Portugal’s Drug Decriminalization a Failure or Success? The Answer Isn’t So Simple,” last modified September 5, 2023, <https://knowledge.wharton.upenn.edu/article/is-portugals-drug-decriminalization-a-failure-or-success-the-answer-isnt-so-simple/>

⁵⁸ Gregory P. Shea, “Is Portugal’s Drug Decriminalization a Failure or Success? The Answer Isn’t So Simple,” last modified September 5, 2023, <https://knowledge.wharton.upenn.edu/article/is-portugals-drug-decriminalization-a-failure-or-success-the-answer-isnt-so-simple/>

approving more than 300 Heroin Assisted Treatment (HAT) trials. Regarding HAT, the programs allowed for the consumption of heroin via prescribed doses and, with contributions from state and city governments, ran a federal budget of an estimated \$15 million per year.⁵⁹ In 2008, the ratification of the Federal Law of Narcotics established the “Four Pillars principle,” codifying harm reduction and rehabilitant as key strategies in addressing substance addiction.⁶⁰

Today, the implementation of both OAT and HAT programs in the participating Swiss cantons has significantly mitigated the opioids crisis in Switzerland. In fact, between 1991 to 2010, there was a 50% decrease in fatal overdoses, followed by a 65% fall in HIV infections and an 80% drop in “new heroin users.”⁶¹ More recently, the increased availability of agonist medications such as methadone and diacetylmorphine—as well as the introduction of “take-home” HAT treatments during the COVID-19 pandemic—have successfully supported the needs of those struggling with opioid addiction, further bridging the treatment gap across all 26 Swiss cantons.⁶²

3.3 Singapore

After World War II, Singapore was a major transit point for opium smuggling. According to a UN report, the then-British territory saw the trafficking of as much as 6,000 pounds of opium a month, with an estimated “addict population” of 16,000 people. In the 1950s, a set of laws known as the “Dangerous Drug Ordinance(s)” established harsh punitive measures against the possession, distribution, and consumption of opium. Therefore, the earliest form of rehabilitation—introduced in 1955 with the opening of the first Opium Treatment Center—was involuntary and sparsely backed by evidence of operational success.⁶³ As the 1970s saw a twofold increase in the number of heroin addicts

⁵⁹ Michael Herzig and Miriam Wolf, “Inside Switzerland’s Radical Drug Policy Innovation.” *Stanford Social Innovation Review*, 2019. <https://doi.org/10.48558/MQWP-3277>.

⁶⁰ Tanja Schwarz et al. “Opioid Agonist Treatment in Transition: A Cross-Country Comparison Between Austria, Germany and Switzerland,” *Drug and Alcohol Dependence* 254, 2024, <https://doi.org/10.1016/j.drugalcdep.2023.11103>

⁶¹ Michael Herzig and Miriam Wolf, “Inside Switzerland’s Radical Drug Policy Innovation.” *Stanford Social Innovation Review*, 2019. <https://doi.org/10.48558/MQWP-3277>.

⁶² Tanja Schwarz et al. “Opioid Agonist Treatment in Transition: A Cross-Country Comparison Between Austria, Germany and Switzerland,” *Drug and Alcohol Dependence* 254, 2024, <https://doi.org/10.1016/j.drugalcdep.2023.111036>.

⁶³ United Nations, Office on Drugs and Crime, *The Opium Problem in Singapore*, January 1, 1958, https://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin_1958-01-01_4_page003.html

in Singapore, the Central Narcotics Bureau (CNB) and the Singapore Anti-Narcotics Association (SANA) were created to enforce stricter drug laws and provide informational services to the public, respectively.

Since then, Singapore has pursued what may be deemed as a two-pronged approach: education and strict law enforcement. Originally, SANA organized student workshops and recruited community leaders to teach about the dangers of drugs, including in programs such as Project SMART in 1994 (which reinforced anti-drug messaging in school curricula). Today, SANA hosts a variety of educational and counseling programs, providing social work programs for imprisoned drug users and helping at-risk people integrate into Singaporean society.⁶⁴

On the other hand, under the Misuse of Drugs and the Intoxicating Substances Acts (which classify and set legal penalties for different drugs), the CNB has pursued a zero-tolerance approach to drug enforcement, approving year-long prison sentences for consumption charges and capital punishment for suspected drug traffickers.⁶⁵

In their pursuit to curb opioid addiction, the Singaporean authorities have decried the “harm reduction” model in favor of the “harm prevention approach,” promoting abstinence and state intervention as effective solutions to the opioids and broader drug crises.⁶⁶ According to a CNB report, heroin and other opioids were among some of the least abused substances by “new drug users” in 2024, with seizures of heroin declining by 21%. However, the abuse of heroin and other opioids continues to pose a significant challenge to Singaporean authorities and a critique to a policy valuing repercussion over rehabilitation.⁶⁷

⁶⁴ Singapore Anti-Narcotics Association, “History,” accessed April 5, 2025, <https://www.sana.org.sg/history/>

⁶⁵ Central Narcotics Bureau, “Drugs and Inhalants,” accessed April 5, 2025, <https://www.cnb.gov.sg/drug-information/drugs-and-inhalants>

⁶⁶ Ministry of Home Affairs, *Harm Prevention More Effective to Manage Drug Problem*, 2020, <https://www.mha.gov.sg/docs/default-source/default-document-library/harm-prevention-is-more-effective-to-manage-the-drug-problem.pdf>

⁶⁷ Central Narcotics Bureau, *Singapore Drug Situation Report 2024*, February 12, 2025, https://www.cnb.gov.sg/docs/default-source/drug-situation-report-documents/cnb-annual-statistics-2024-_final.pdf?sfvrsn=fa597a39_4

4 POLICY PRESCRIPTIONS

1. Reforming The Health Class Curriculum in Public Schools.

Although the current education system in public schools in the United States have been effective in addressing various fields such as nutrition, physical activity, disease prevention, mental health, personal safety and emergency trainings such as first aid and CPR, trainings for substance use and abuse prevention have lasted only 1-3 weeks that is not enough to cover specifically the opioid pandemic. The 1–3-week training addresses the types of drugs, addiction and mental health and managing peer pressure in general. However, as discussed earlier opioid and its synthetics are a national pandemic that children should be aware of. For instance, the new curriculum should include looking for symptoms of overdose, or how to help in emergencies if their loved ones are overdosed, how to administer naloxone or how to access support systems for addictions. Looking at the technical correctness of this policy, states will have to access additional fundings and resources to initially implement this policy to conduct professional development teacher training. However, looking at the administrative feasibility, schools already have mandatory health education classes, allowing for seamless integration. Although this policy is designed to be sustainable, leveraging on existing structures, it is unlikely that the current political administration will support additional fundings as recent reports show that the Trump administration has been reducing funding for mental health care and addiction. <https://www.npr.org/2025/03/27/nx-s1-5342368/addiction-trump-mental-health-funding>

2. Setting Federal Guidelines for Increased Treatment Options at the State Level

Although no HAT programs currently exist in the United States (and availability of OAT and needle-exchange varies among states), the ongoing opioids crisis underscores significant deficiencies in how government ensures holistic, evidence-based treatment options for those suffering from and/or at risk of OUD. Under the auspices of the Controlled Substances Act (CSA) of 1970, there are no clear federal guidelines for harm reduction or prevention beyond treatment tied to punitive sanctions such as criminal sentencing.⁶⁸ However, it is evident that treatments like HAT and OAT are effective in preventing some

⁶⁸ United States Drug Enforcement Administration, “Drug Policy,” accessed April 5, 2025, <https://www.dea.gov/drug-information/drug-policy>

of the deadliest effects of opioids addiction, including fatal overdose and HIV infection. In Switzerland, these programs have successfully reduced these factors among both struggling and at-risk patients. Through the “Five Pillars” principles, federal directives encourage state governments to provide treatment programs that suit the needs of their populations. Similarly, the United States should establish a new set of guidelines that support the spread and institutionalization of increased treatment options at the state level. Some states have already introduced new treatment options to combat OUD mortality rates. For instance, in 2019, the state of Illinois codified the Overdose Prevention and Harm Reduction Act, which legalized the establishment of needle-exchange programs.⁶⁹ Since then, as reported by the Illinois Department of Health, there has been an 8.3% drop in fatal overdoses, representing the “first reduction in drug overdose deaths in the state since 2018.” Specifically, overall mortality for opioid users fell by 9.7%, decreasing by 9.5% for users of synthetic opioids, and 21.2% and 17.4% for users of heroin and natural and semi-synthetic opioids, respectively.⁷⁰ To incentivize further action across all states on harm reduction involving opioids addiction, the federal government should establish categorical grants that encourage states—especially those with high addiction/mortality rates and suboptimal treatment options—to expand care options and facilities for OUD prevention and rehabilitation. Moreover, states that have taken appropriate measures to increase treatment options and prioritize harm reduction should be awarded project grants on a case-by-case basis, allowing for the allocation of funds to states who require additional support for opioid-related treatment programs. On one hand, this policy is technically correct due to its evidence-based approach of harm reduction, which meets the unique demands of those struggling with opioids addiction through treatment options such as HAT and OAT. Nevertheless, despite the success of some states like Illinois, others may struggle to organize effective treatment centers for at-risk communities, rendering this policy somewhat administratively challenging. Finally, this policy is unlikely to receive strong political backing, primarily due to its strategic allotment of grant funds to participating states. Although this measure is meant to ensure accountability, some may see this as an overreach of the federal government’s power.

⁶⁹ Illinois Department of Public Health, “Prevention and Harm Reduction,” accessed April 5, 2025, <https://dph.illinois.gov/topics-services/opioids/prevention.html>

⁷⁰ Illinois Department of Public Health, *Statewide Semiannual Overdose Report*, January 2025, <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/opioids/idph-data-dashboard/semiannual-overdose-report-012025.pdf>

3. Strengthening Border Controls to Reduce Illegal Drug Distribution

Illegal smuggling of drugs from other countries into the United States has shown to be one of the biggest supply chains of illegal drug distribution.⁷¹ Strengthening border controls is a necessary measure to curb the flow of illicit substances into the country. The Border Act 2024 prioritizes individuals attempting to smuggle narcotics across borders. However, we should approach this issue not only by focusing on individuals but utilizing intelligent networks and predictive analytics to identify high-risk smuggling routes and ensuring that anti-trafficking efforts do not inadvertently impact legitimate asylum seekers and migrants. Similarly, previous policies such as the Secure Border Initiatives to implement drones have proven to be effective without disrupting legitimate travel and trade.⁷² Using better technology improves efficiency and long-term sustainability reducing costs for the technological correctness aspect. Since many border checkpoints already have essential infrastructure, administrative feasibility is smooth if further investments in scanning technology are adequately funded. However, this would require a phased implementation to avoid disrupting daily border operations. There would be full policy support for this policy as there have already been initiatives to secure borders specifically targeted to strengthen border controls and a strong opinion on, “Terrorists, cartels, and other drug traffickers taking hundreds of thousands of American lives by poisoning them for profit,” from The White House.⁷³

4. Reforming The First Act Bill

The First Step Act's compassionate release mechanism needs to be reformed because it is ineffective and has limited accessibility. Judicial review delays can be fatal, especially for applicants who are near death, and approval rates are remain low despite legal revisions, averaging between 12 and 13 percent. Consequently, establishing a 60-day window for court decisions following the initial filing would be an essential enhancement to ensure timely outcomes. In addition, the Department of Justice ought to create an unbiased Compassionate Release Review Panel to help courts evaluate petitions according to age

⁷¹ “Fentanyl Flow to the United States.” 2020. DEA.gov. https://www.dea.gov/sites/default/files/2020-03/DEA_GOV_DIR-008-20%20Fentanyl%20Flow%20in%20the%20United%20States_0.pdf

⁷² “SBInet Program.” 2009. Homeland Security. https://www.dhs.gov/xlibrary/assets/recovery/CBP_SBInet_Program_Final_2009-05-15.pdf.

⁷³ “ONDCP Releases Trump Administration’s Statement of Drug Policy Priorities.” 2025. The White House. <https://www.whitehouse.gov/articles/2025/04/7856/>

and health, and a uniform medical eligibility checklist that complies with CDC guidelines would provide consistency and clarity. These changes are administratively feasible because urgent petitions are currently handled by the DOJ and courts. Without requiring a significant institutional change, this panel might be incorporated into the existing Civil Rights Division. Such reforms are likely to receive majority political support if they emphasize both moral responsibility ensuring that judicial systems show compassion without jeopardizing public safety and financial responsibility—reducing housing and healthcare expenditures for the elderly and sick.

For nonviolent drug offenses, abolishing federal mandatory minimum penalties would be a significant step toward reforming the First Step Act and promoting justice. Black and Latinx communities have been particularly damaged by these strict sentencing policies, which have long eliminated judicial discretion and forced judges to impose disproportionately lengthy sentences. Judges would be able to consider unique circumstances, such as a person's involvement in the offense, criminal history, and possibility for rehabilitation, while deciding on a suitable punishment if statutory minimums were repealed. This reform is sound in theory because courts are accustomed to working under discretionary frameworks and the U.S. Sentencing Commission has the authority to amend sentencing guidelines. A temporary Sentence Review Unit could be created within the Department of Justice to consider petitions from prisoners serving out-of-date obligatory minimums to assist those who have already been affected. The plan has the potential to be nonpartisan politically because leftists support the repeal of mandatory minimums as a matter of racial fairness, while fiscal conservatives argue that they are expensive and ineffective. Appealing to both parties could be achieved by presenting the reform as "smart justice" that improves equity and conserves public funds. In keeping with the First Step Act's initial goal of ending decades of mass incarceration, repealing these laws would be a revolutionary step toward a more equal federal sentencing system.

5 EVALUATION

Policy Prescription	Technological Correctness	Administrative Feasibility	Political Support

Reforming Health Class Curriculums	Strong	Strong	Weak
Setting Federal Guidelines for Increased Treatment	Very Strong	Neutral	Weak
Strengthen Border Controls	Neutral	Strong	Very Strong
Reforming the First Act Bill	Strong	Strong	Neutral

The ideal course of action for furthering justice reform in the United States is to amend the First Step Act of 2018⁷⁴. These specific updates—like removing mandatory minimums for nonviolent drug offenses and simplifying compassionate release—address racial inequities, lower prison costs, and encourage recovery, building on a rare instance of bipartisan progress. The Act's initial goal of establishing a more equitable and compassionate legal system will be fulfilled if it is strengthened. This policy suggests five linked adjustments to address the racial inequities in sentencing for nonviolent drug offenses and the inefficiencies in the present compassionate release procedure⁷⁵. These include creating a DOJ Compassionate Release Review Panel inside the Civil Rights Division, requiring a 60-day judicial review period for compassionate release petitions, and putting in place a medical eligibility checklist matched with the CDC to guarantee uniformity and clarity in the evaluation of requests. The strategy also suggests establishing a temporary Sentence Review Unit to assess cases involving out-of-date mandatory penalties and eliminating federal obligatory minimums for nonviolent drug offenses, which would restore judicial discretion. When combined, these changes should hasten the release of old or terminally sick people, decrease the number of people behind bars, advance racial and judicial equity, and eventually result in less expensive prison healthcare, housing expenses.

Although the strategy requires some administrative expenditures, such hiring review panels and creating medical eligibility procedures, the expected advantages greatly exceed these expenses. The

⁷⁴ “The First Step Act of 2018: One Year of Implementation.” 2020. United States Sentencing Commission. August 25, 2020. <https://www.ussc.gov/research/research-reports/first-step-act-2018-one-year-implementation>.

⁷⁵ “Compassionate Release: The Impact of the First Step Act and COVID-19 Pandemic.” 2022. United States Sentencing Commission. March 7, 2022. <https://www.ussc.gov/research/research-reports/compassionate-release-impact-first-step-act-and-covid-19-pandemic>. These

typical cost of incarcerating one person per year is between \$34,000 and \$50,000⁷⁶; the cost rises for elderly or gravely ill prisoners because of their specific medical requirements. The government could cut a significant amount of money by lowering the number of these expensive people in federal custody. Furthermore, more equitable sentencing will be possible with the removal of obligatory minimums, which could improve rehabilitation and lower readmission. Broader societal advantages of the reforms include improved racial equity, heightened public confidence in the legal system, and bipartisan support as both fiscal conservatives and social justice activists acknowledge the unfairness and inefficiencies of the status quo.

Considering it makes use of the current Department of Justice and judicial systems without necessitating the establishment of new agencies, this policy is feasible to implement⁷⁷. Standardized eligibility requirements and time-bound review processes would expedite rather than interfere with the courts' current processing of compassionate release applications. Potential roadblocks, however, could include logistical delays brought on by inconsistent adoption among federal circuits and political resistance from lawmakers who are against lowering the severity of sentence. Additionally, those who profit financially from high incarceration rates, like private prison owners, can oppose the policy. It will be required to strategically frame the reforms as both and financially and morally imperative, while highlighting their connection with public safety and economic responsibility, in order to overcome these obstacles.

Although the recommended primary policy is the reformation of the First Step Act, this paper does not rule out the effectiveness of its other policy prescriptions. First, the lack of alternative treatment options such as HAT and OAT in many states remains a major concern, and it is evident that renewed federal guidelines—promoting a harm reduction approach to OUD through strategic allotment of federal grants—can allow states to provide the necessary treatment options for communities struggling with and at-risk of opioids addiction. This paper's analysis of Switzerland's decentralized “Five Pillars”

⁷⁶ Fy, Per Capita Costs. n.d. “FEDERAL PRISON SYSTEM.” Bop.Gov. Accessed April 6, 2025. [https://www.bop.gov/foia/docs/FY_22_Per_Capita.pdf.;](https://www.bop.gov/foia/docs/FY_22_Per_Capita.pdf;)

⁷⁷ Clark, Dartunorro, and Janell Ross. 2019. “The First Step Act Promised Widespread Reform. What Has the Criminal Justice Overhaul Achieved so Far?” NBC News. November 24, 2019. <https://www.nbcnews.com/politics/politics-news/first-step-act-promised-widespread-reform-what-has-criminal-justice-n1079771>

approach confirms the technical effectiveness of this policy in meeting the demands of communities and states struggling the most with opioids-related death and destitution. Regarding educational reform, it is critical that every public-school curriculum in the United States include an extensive study of opioids addiction as part of their regular health class curriculum, teaching both the dangers of fatal overdose and how to report and/or administer overdose medications such as naloxone in case of emergency. This policy is administratively and technically correct, expanding established educational criteria to include information about a rising crisis. Finally, legislating tougher border security laws—through the reformation of previous legislation such as the Border Act of 2024—can reduce the traffic of some of the deadliest synthetic opioids into the United States. By using advanced drone technology and infrastructure to tackle cross-border drug smuggling, this policy would make a noticeable difference in diminishing opioids addiction and overdose rates. Originating from bipartisan measures like the Border Act of 2024, this policy can achieve consensus in today's political environment.

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