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Response

The implicit rules of evidence-based drug policy: A U.S. perspective

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In the classically understated manner of academic public health articles, Wood, Kerr, Tyndall, and Montaner (this issue) describe what others might describe as a policy horror story. Taking the facts as presented, a well-executed piece of policy research on a promising innovation was discontinued for unstated but blatant political reasons. Several aspects of this story do suggest a more enlightened political interference than might have been expected in the U.S. The work was in fact originally funded. The authors managed to produce 22 peer-reviewed publications without incident. And the authors tell us that the blocked renewal proposal was later funded by the Canadian Institutes of Health Research.

On the other hand, the way that the Canadian Minister framed the goals for safe injecting facilities seemed all too familiar to U.S. researchers. “Do safe injection sites contribute to lowering drug use and fighting addiction?” This of course completely misses the point of harm reduction, and illustrates the nearly exclusive reliance on prevalence reduction that stymies innovation in the U.S.

We were taken less by the particulars of this Canadian horror story than by the fact that Canadian researchers were shocked by the experience. In the U.S., many seasoned drug policy researchers have come to take this kind of thing for granted. The list of high-quality research projects that have been blocked for political reasons is a long one. Both Democratic and Republican administrations have been assiduous in their campaigns against projects that challenge such dicta as that smoked cannabis can have no possible therapeutic value or that explicitly test the value of harm reduction interventions. Republican members of Congress have perhaps been

more active than Democrats but that may reflect the fact that they were in the majority from 1995 to 2006.

The operative rules of evidence usually remain unspoken, but at the risk of being gauche, we will state them out loud, at least as we see them:

- (1) Evidence that a drug impairs human capacities is always believable and important.
- (2) Our best estimate of a drug’s harm is not the average estimate but the most severe estimate yet obtained.
- (3) Evidence that an illicit drug could have benefits may not be collected.
- (4) Treatment requires evidence of both effectiveness and cost-effectiveness.
- (5) Evidence regarding prevention is always welcome, but it still would not get much funding.
- (6) Law enforcement and interdiction require no evidence at all; they are assumed to be effective and appropriate.
- (7) Evidence against enforcement creates a presumption that the researcher is a liberal.
- (8) Evidence for harm reduction creates a presumption that the researcher approves of drug use.

Again, these are our perceptions of the unspoken rules; we would not attempt to prove that they are operative, but they do have the virtue of making sense of a large number of troubling asymmetries in U.S. funding for and use of research evidence (see Bartlett, 2004; MacCoun, 2001, 2005; Manski, Pepper, & Petrie, 2001; Pearson, 2004; Reuter, 1987, 2001; Schecter, 2002).

Though these rules are applied more consistently and rigorously in the United States, they are frequently applicable throughout the Western world. This is not coincidental; the United States aggressively lobbies other governments to adopt its preferred interpretation of evidence.

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To highlight these rules is not to argue that drug law reformers in the U.S. always play fair with the evidence; clearly many do not. But their books and blogs are largely inconsequential, whereas the behaviour of federal agencies has real consequences, both for research and for policy.

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