

Comparing Substance Abuse Policy Impacts on Labor and Public Health Outcomes in the US and Norway



Criminal Justice and Drug Criminalization Backgrounds

2

The US has traditionally adopted a more **retribution**-focused criminal justice philosophy, along with a focus on **mass incarceration**. Prisons can be larger - concentrating prisoners in closed facilities separate from their communities.

The War on Drugs was an effort begun by Nixon characterized by lengthy and racialized sentencing practices for drug-related offenses, along with the promotion of anti-drug messaging. It was ended with the **legalization** of recreational marijuana in Colorado in 2012, and now things like ketamine and MDMA are being used or considered for psychiatric treatment.

Norway currently has a **rehabilitative** criminal justice philosophy that focuses on ensuring that criminals can successfully reintegrate into their communities and continue treatment for addiction outside of prison. Prisons are usually **smaller** and dispersed amongst Norway's **communities** to ensure that the incarcerated are not separated from family and friends.

While Norway **does not legally allow** for the consumption of narcotics or cannabis outside of a medical context, punishments for drug-related criminal offenses are relatively soft, with the average sentence being 6 months.



Drug Tests in the Workplace and for Parolees

153

85% of American workplaces test their employees for drug use, and 40.6% of workers would be fired for their first failed drug test. However, 5.7% of workers tested positive on a drug test in 2022, meaning that too many workers are failing drug tests for the workforce to remain productive with its current model. Therefore, 10% of employers planned on removing marijuana from drug screens in 2021.

Random drug testing on parolees in the US is indicative of poorer labor and educational outcomes. This prevents prisoners from effectively reentering society, and it produces the conditions of economic immobility that lead to recidivism.

Norwegian workplaces do not drug test, except in the case of safety-sensitive positions, or positions where people have large influence on the safety of others (i.e.: police, transportation workers, etc.). The rate of positive drug tests is 2.9%.

Parolees in Norway are reintegrated into their communities through government programs like Drug Councils which supervise their treatment. Additionally, some prisoners are either released or serve their whole sentences through community service, and prisoners are guided towards paid work after their sentence. Drug testing does occur, but it's unclear as to whether it's random. However, prisoners are oftentimes sent directly to prison in the event that they fail a test.

What are OUD and OST

Opioid Use Disorder (OUD) is one of the largest public health issues in the US today. The opioid crisis began due to the under-regulation and overprescription of prescription opiates, which has progressed into the widespread intentional and unintentional use of fentanyl, which is now responsible for 70% of all drug overdoses.

Opioid Substitution Therapy (OST) is a form of MOUD (Medication for Opioid Use Disorder), where the medication agonizes the user's opioid receptors - therefore preventing cravings without producing any euphoric effects. OST has been proven to save lives by preventing relapse and overdose. The two most common forms of OST are methadone and buprenorphine, with the former requiring daily clinic visits (due to it being a full agonist) and the latter requiring weekly and potentially take-home treatments (due to it being a partial agonist).

Access to OST for the General Population and Prisoners

OST access in the US is centered around racial and economic lines, with white and middle/upper class individuals accessing buprenorphine through private insurance, and POC and lower-income individuals accessing methadone through public insurance. Significantly higher commitment to clinic time makes it hard for methadone users to hold down a job or receive an education, reproducing structural inequalities. Additionally, only **22% of Americans with OUD receive OST**.

Prisoners are 129x more likely than the general population to die of an overdose immediately coming out of prison. This is due to an increase in tolerance during time in prison, untreated addiction, and a higher potency of drugs on the market. Despite this, only **5% out of the 15% of the prison population with an OUD receive OST in prison**.

Buprenorphine and methadone are covered by the Norwegian universal healthcare plan. Access isn't dictated by racial identity or economic status - therefore **86% of Norwegians with OUD receive OST**.

Norwegians in prison maintain the same rights they do as civilians (with the exception of their liberty). Therefore, 18 out of the 57 total prisons in Norway provide OST, and **10% out of the 14% of the total prison population with an OUD receive OST in prison**. Additionally, sentences in smaller prisons may involve prisoners living in "halfway houses", where they perform work for the community during the day and return to the prison at night. This helps them forge connections and feelings of importance and contribution that may discourage use.



Impacts:

American overdose deaths occur at a rate that is **432 times higher** than Norway's, making it **7x larger** than it would be if it were proportionate.

Double the proportion of prisoners in Norway are receiving Opioid Substitution Therapy, and they are more likely to find work after imprisonment.