

Psychologists' Responsibility to Society: Public Policy and the Ethics of Political Action

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Abstract

In the United States, prohibitionist policies are used as the primary approach to combat the negative impact of substance use on society. An extensive academic literature spanning the disciplines of economics, political science, and multiculturalism documents the great social costs of the US's "War on Drugs" both nationally and internationally. These costs come with at best marginal impact on substance abuse and other crimes linked to the drug trade. In many cases, there is reason to believe that these policies exacerbate the problems they aim to address. This paper explores psychologists' ethical commitments to social change concerning such drug policy, given the field of psychology's expanding commitment to social justice. We examine arguments regarding the boundaries between psychologists' personal and professional ethics with regard to political participation. Using drug prohibition as an exemplar, we suggest that many psychologists' political actions and professional ethics may be misaligned. Ultimately, we conclude that the endorsement of prohibitionist drug policies is in direct conflict with the guiding ethical principles put forth by the American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct.

Keywords: drug prohibition, professional and personal values, political action, ethics, social justice

Public Significance Statement:

This article argues that psychologist's professional commitments have expanded to include social justice and political advocacy components; consequently, the applicability of psychologists' guiding ethical principles must also expand. Using drug prohibition as an example, the boundaries between psychologists' personal and professional ethics are critically examined. It is concluded that the endorsement of prohibitionist drug policies by psychologist's is in direct conflict with the profession's guiding ethical principles.

Psychologists' Responsibility to Society: Public Policy and the Ethics of Political Action

In recent decades, there has been increasing emphasis in the literature and media on psychologists' roles regarding political action and the promotion of social justice (American Psychological Association [APA], 2003; Arfken & Yen, 2014; Brown, 1997; Fox & Prilleltensky, 1996; Kakkad, 2005; Walsh, 2015; Pipes, Holstein, & Aguirre, 2005; Prilleltensky & Nelson, 1997; Sue, Arredondo, & McDavis, 1992; Sue & Sue, 2008; Teo, 2015). Some have argued that the field's ethical commitment to social justice requires psychologists to expand their professional activities to the political domain (e.g., Vera & Speight, 2003). The American Psychological Association (APA) appears to be leading the charge of psychologists into politics through their newly-minted Federal Action Network (APA, n.d.). A cover story of *GradPsych*, the APA's publication for graduate psychology students, was titled *Campaigning for Social Change* and featured a doctoral student in a black shirt emblazoned with "I'm Young. I'm Black. [And] I Vote." (Zimmerman, 2015). Perhaps more tellingly, past presidents of the APA have urged psychologists to make their professional status public when making monetary donations to political organizations, ostensibly to increase the awareness and influence of the field in the political domain (Bray, 2009). Meanwhile, the APA as an organization has positioned themselves in support of criminal justice reform (APA, 2015a) and has called for proposals on the topic of the social implications of legalizing cannabis (APA, 2015b).

Similarly, there appears to be an increasing trend for individuals in the field to take public stances in the political domain. This expansion into politics is exemplified by a recent controversy sparked when University of Toronto professor Jordan Peterson published a series of YouTube lectures criticizing a proposed Canadian bill that will add "gender identity or expression" to the list of groups protected against discrimination (Murphy, 2016). Since he began publicly expressing skepticism about the "invention" of non-binary gender pronouns, Peterson's public debates and speaking engagements have garnered increasing media attention and have been met with protest (Artuso, 2017; Bishai, 2017; Robertson, 2017). As a clinical psychologist and personality researcher, Peterson spoke out against the proposed legislation at a Canadian Senate hearing, arguing against the social constructionist view of gender (Chiose, 2017). His actions present for an interesting ethical case study, as he appears to be speaking in the political domain in his role as a psychologist and not as a private citizen. Peterson himself appears to be acting without organizational support and has received pressure from his University to stop publicly promoting his position on the topic of gender construction (Chiose, 2016).

Peterson's foray into the discussion of gender identity highlights a broader trend where psychologists professionally serve in a social change role. As we understand it, Dr. Peterson's actions fall under the umbrella of *political participation*, or, "those activities by private citizens that are more or less directly aimed at influencing the selection of governmental personnel and/or the actions they take" (Verba & Nie, 1972, p. 2). Whether casting a vote anonymously or creating public media content in an effort to oppose legislation, one is engaged in political participation. We argue that, should psychologists venture into politics, they should do so in a manner consistent with the APA's Ethical Principles of Psychologists and Code of Conduct (APA, 2010; herein referred as the *Ethics Code*).

Personal and Private Political Acts: A Troublesome Distinction?

As written, the purview of the APA Ethics Code (2010) is limited to the professional domain, which includes psychologists' involvement in research, training, and education, but not

“purely private conduct” (p. 2). Consequently, political acts such as voting and contributing to political campaigns are often seen as ethically-protected behavior for psychologists. Some authors have argued instead that the Ethics Code should apply to the personal or moral domain (e.g., Pipes et al., 2005; see also Teo, 2015). Our argument is more modest: *as psychologists' professional roles expand* into the sphere of political action, so too must their *guiding principles expand* to encompass the scope of political action. In other words, by virtue of political action becoming an acknowledged part of the profession, the APA's General Principles naturally have become applicable to psychologists' political actions to the same degree.

Some authors argue that psychologists should obfuscate their political participation to avoid its negative impact on the therapeutic relationship with current clients (e.g., Haeny, 2014); however, this strategy does not reduce the moral hazards inherent to political action itself. As will be discussed in a later section, legislation can have intended and unintended negative consequences that impact the wellbeing of those served by the profession, and of those in society more broadly. This consideration is especially salient given that psychologists are generally recognized to have an ethical responsibility that extends beyond their clients to society at large (APA, 2003; APA, 2010; Teo, 2015; Walsh, 2015). Because of this increasingly recognized ethical mandate, we argue that political actions taken by psychologists, regardless of their anonymous or public nature, are bound by the General Principles of the Ethics Code. Regardless of whether it occurs in a voting booth or on a podium, we can still assess the degree to which the political act was in alignment with the guiding principles.

This assertion assumes that political action cannot be purely private, and therefore should be viewed in the same light as other public behavior. Consequently, we are not claiming that the private conduct of psychologists is under the province of the APA Ethics Code. Rather, we contend that political actions such as publicly supporting laws or making campaign donations simply is not, and cannot, be the “purely private conduct” that is privileged by the Ethics Code. Indeed, political participation would not be the first area of “private conduct” already considered within the purview of the Code. For example, psychologists can lose licensure for being convicted of a felony and face expulsion from the APA, regardless of the nature of their crime (APA, 2010). Additionally, within the framework of multicultural competence, psychologists are encouraged to consider how the practice of counseling has contributed to larger hegemonic injustices (Sue & Sue, 2008). It has been our experience that students are encouraged in their multiculturalism and diversity training to bring the perspectives of liberation psychology, cultural humility, and critical consciousness not only to bear in their clinical work, but also their personal lives. In fact, an indicator of successful learning for trainees in this area is considered to be “the willingness to take responsibility to fight oppression and advocate for justice on behalf of the socially oppressed” (Miville et al., 2009, p. 542).

Accordingly, great attention has been paid to the ways in which psychologists might, intentionally or unintentionally, impose their values or implicit beliefs onto clients in therapy, as well as to the potential harm resulting to the client or therapeutic relationship when doing so (e.g., APA, 2003; Sue, 2015; Wendt, Gone, & Nagata, 2015). Sue and Sue (2008) encapsulate this view:

Counseling and psychotherapy have done great harm to culturally diverse groups by invalidating their life experiences, by defining their cultural values or differences as deviant and pathological, by denying them culturally appropriate care, and by imposing the values of a dominant culture upon them. (p. 34)

To this end, multiple sets of professional ethics codes outline the provider's obligation to refrain

from imposing values on clients (e.g., American Counselor Association, 2014; American Medical Association, 2014-2015; American School Counselor Association, 2010). However, the call to practice in what might be considered a “value-free” or “disengaged” stance is not without criticism. Most strikingly, one might respond that it is impossible to act in a value-free way, as taking this stance is in essence *valuing the non-imposition of values*. Put more simply, “everything one does or does not do expresses some value or ideal” (Fowers, Anderson, Lefevor, & Lang, 2015, p. 385). Philosophers and psychologists have made observations of similar kinds (see Adorno, 2005, *On Subject and Object*; Carotenuto, 1991; Richardson & Fowers, 1997). Admittedly, while this may be true, such an observation is not a license for unaware, unrestrained, or unreflective imposition of values.

The critical demarcation between *therapeutic imposition of values* and *political imposition of values* onto others is whether coercion is used to impose the value. This is true for professionals and laypeople alike. For example, when legislators create new laws it is generally assumed that a punishment may be enacted upon the violator, thereby enacting a coercive contingency on potential violators. Those in support of this may reason that prohibiting the use of a subset of psychoactive substances (e.g., opioids, stimulants, psychedelics) is a worthy goal that will create a reduction in human suffering. Here a contradiction of values that is largely not discussed becomes apparent: a professional community that values the non-imposition of values may sanction or actively engage in the political imposition of values through political participation. Notwithstanding the problems with the efficacy of drug prohibition, such legislation also suggest ethical concerns as its enforcement violates the personal autonomy of many otherwise unassuming substance users. Since political action in support of prohibition laws has the aim of coercively limiting the nonviolent and voluntary decisions of other citizens, it is not “purely private conduct.” Psychologists’ expanding responsibility to society and social justice is thusly evoked. The remainder of this article reviews the ethical considerations inherent to political participation as it relates to drug prohibition. Considering this information, we believe that it is the duty of psychologists to reconsider their views on drug prohibition and on paternalistic legislation in general.

Drug Prohibition

Drug prohibition refers to the coercive suppression of, or punishment for, engagement in the trade, use, or cultivation of illegal substances. Proponents of drug prohibition often justify their position by arguing for the necessity of State intervention to protect the citizenry from engaging in harmful behavior (Feinberg, 1971). These arguments are supported by data suggesting that drugs (a) are immediately harmful to the user, (b) have a high risk of addiction, and (c) are related to poorer long-term health outcomes and death (U.S. Drug Enforcement Agency, 2010). Although critical professional (and public) commentary on drug prohibition and its outcomes occurs (e.g., Csete et al., 2016; MacCoun, 1993; Munsey, 2010; Provine, 2011; Weatherburn, 2014; Wodak, 2014), relatively little scholarly attention has been devoted to whether it is appropriate for psychologists to sanction drug prohibition or criminalization. Ethical analyses of these issues have particularly been scarce in psychological discourse, despite the grave socioemotional consequences that we argue later are the result of the enforcement of prohibition-type laws. Prohibition is examined below in the context of the ethical principles of autonomy, beneficence, nonmaleficence to further inform psychologists on this issue.

Autonomy

Principle E of the APA Ethics Code (Respect for People’s Rights and Dignity) addresses *autonomy*, or self-determination. Kitchener (1984), writes, “the concept of autonomy includes

respecting the rights of others to make autonomous choices, even when we believe they are mistaken, as long as their choices do not infringe on the rights of others” (p. 46). Whether prohibition laws are justified or not, it is easy to see how *categorical prohibition* laws violate autonomy as the threat of imprisonment for drug use alone (rather than for crimes of violence, theft, child neglect, etc.) necessarily and coercively limits one’s right to self-determination. Endorsing prohibition laws or bureaucratic designers or enforcers of drug prohibition laws (e.g., as is the case when voting in both executive and judicial elections), by proxy, designates others to violate the autonomy of substance users. We contend that supporters of drug criminalization are not protected from the ethical violations made by legislators and law enforcement with respect to these laws.

Common arguments for violating autonomy, by way of categorical prohibition laws, seem largely to be utilitarian or consequentialist: that is, the rightness or wrongness of prohibition does not seem to depend upon the actions performed (e.g., incarceration, seizure of property) to achieve the end goals (e.g., protecting children, reducing addiction rates, and preventing violent crime). We respond to this position in the following section by citing reviews concluding that the evidence for the effectiveness of prohibitionist interventions is scant (Csete et al., 2016; Werb et al., 2011). Proponents of prohibition often ignore the fact that most drug users do not meet the criteria for a substance use disorder (Winerman, 2014). Moreover, prevention models that operate from a prohibitionist stance, such as the *Drug Abuse and Resistance Education* (DARE) program, are indicated to be, in randomized controlled trials, one of the few potentially harmful psychosocial interventions (Lilienfeld, 2007). By contrast, there is evidence that addiction and drug related problems might decrease after decriminalization (United Nations Office on Drugs and Crime [UNODC], 2009). And, “it is likely that many if not most drug users *never* do wrongful harm to others as a result of their using careers” (MacCoun, & Reuter, 2001, p. 61); indeed, findings show that the vast majority of drug use is not principally characterized by harm done to others, criminal or otherwise—the only exception being alcohol (Nutt, King, & Phillips, 2010).

Social contract theory (SCT). Some argue that unequal outcomes among citizens as impacted, for example by a law, are permissible if they come about in the *right way* (see Nozick, 1974, pp. 153-164). Analogously, one might hold that unjust laws (e.g., prohibition-type laws) are permissible when they come about through a democratic process. Subsequently, the fact that drug prohibition laws are enforced by coercion would be of no philosophical or moral import. Such an argument fundamentally relies on *social contract theory*,¹ which seeks to explain the process by which a State derives political authority (i.e., the right to coerce citizens to follow edicts and their corresponding duty to obey). As a concept, SCT has received criticism from political philosophers (e.g., Huemer, 2013; Wolff, 1970) and feminists (e.g., Held, 2005; Pateman, 1988), as well as by race-conscious authors who believe it to obscure problematic structures of subjugation (e.g., Mills, 1997). Ultimately, psychologists must at least acknowledge that the support of categorical prohibition laws necessarily violates the principle of autonomy. For those who argue that this violation is justified on the grounds of some beneficial circumstances produced from prohibition, we provide an overview often ignored harmful costs associated with the enforcement of prohibition laws in the following section.

Beneficence and Nonmaleficence

The Ethics Code combines the well-known biomedical ethical virtues of *beneficence* and

¹ See Huemer (2013) for an examination of both the traditional and hypothetical social contract (pp. 20-58).

nonmaleficence into Principle A. Nonmaleficence can be most easily understood as *above all do no harm*, and includes both intentional and unintentional acts of harm and endangerment (Kitchener, 1984). Whereas beneficence requires that one ought to promote good, remove harm, and contribute to the health and welfare of society, nonmaleficence generally forbids certain kinds of actions. Of the two principles, all other things being equal, nonmaleficence is widely seen as the stronger ethical obligation (Beauchamp & Childress, 2001; Kitchener, 1984; Page, 2012; Ross, 1930/2002).

If it were the case that categorical drug prohibition laws resulted in a “better society,” then, all other things being equal, it could be said that the principle of beneficence would be upheld. Nonetheless, nonmaleficence would not also be fully upheld, as inevitably many otherwise peaceful substance users would be harmed. Surely, these individuals and their families view imprisonment as harm; and, as discussed shortly, incarceration is, itself, a risk factor for a large range of negative outcomes (Binswanger et al., 2007; Schnittker & John, 2007). On the other hand, if prohibition causes more harm than decriminalization or legalization, then supporting prohibition would violate both beneficence and nonmaleficence. We believe this second view most likely to be true. As is detailed in the following paragraphs, prohibition seems to incur a net loss to society, as it functions to exacerbate many of the problems it attempts to solve.

The costs of maintaining the status quo. Supporters of drug criminalization often argue their position by citing only the harmful effects of drug use, while ignoring the costs of such policies (Barnett, 2009). However, psychologists who are committed in their responsibilities to society must take the broader set of evidence regarding the unintended consequences of legislation into account when engaging in political action. Hazlitt (1946) writes:

The art of economics consists in looking not merely at the immediate but at the longer effects of any act or policy; it consists in tracing the consequences of that policy not merely for one group but for all groups. (p. 5)

Whether beneficence and maleficence are upheld or violated is largely an empirical question; however, it should be noted that drug prohibition laws are often enforced on substance users whether or not they have actually caused harm to others. Even in the case that these laws reduce the overall occurrence of some problems in the aggregate, there will necessarily be a subset of otherwise law-abiding and respectable drug-using citizens accosted by their enforcement. Regardless, when one takes even a cursory look at the data, it is difficult to ignore great costs of these laws both to individual drug users and society at large.

Over the last 40 years, the United States has spent over \$2.5 trillion in the “War on Drugs” (Blackwell, 2014). Quite literally, hundreds of thousands of work hours are devoted to enforcement, incarceration, and other tasks arising because of drug prohibition. More than 1.5 million people are arrested each year for drug-related offenses, and over 80% of those are for simple possession (U.S. Department of Justice, Federal Bureau of Investigation, 2015). Similarly, the most serious offense for more than 50% of prisoners in federal correctional facilities is a drug conviction (Carson, 2015). Paradoxically, these efforts appear to have been met with almost no perceptible reduction in illicit drug use annually since the 1990s (Johnston, O’Malley, Bachman, & Schulenberg, 2011). Indeed, drug consumption is often found to be insensitive to the price increases that result from prohibition (McGeorge & Aitken, 1997; see also Berg & Gigerenzer, 2007). Drug users are estimated to have spent about \$100 billion each year on illicit drugs during the 2000s (Caulkins, Kilmer, Reuter, & Midgette, 2015).

Despite this immense effort targeting drug use, individuals involved in the drug war on

both sides of the law are negatively affected. Most penalties and restrictions resulting from adjudication do not suffice as treatment for substance abuse (Schempf & Strobino, 2009). In fact, incarceration itself is a risk factor for an incredibly large range of negative outcomes, including exposure to communicable diseases and violence, diminished wage growth when released, marital instability, poor social relations (Schnittker & John, 2007). Ultimately, incarceration increases an individual's overall risk of death by a factor of 3.5 (Binswanger et al., 2007).

As the drug war escalates, the empirical research continues to generate results in favor of discontinuing drug prohibition as a public health and safety intervention (Kerr, Small, & Wood, 2005). In a meta-analysis by Werb et al. (2011), 93% of studies found an adverse impact of drug law enforcement on levels of violence. In some cases, it accounted for more than half ($R^2 = .53$) of the variation in the homicide rate. These problematic outcomes appear to have the greatest impact on vulnerable populations and people of color (Fellner, 2009; Provine, 2011; Roberts, 2004; see also Alexander, 2012, and Hart, 2013). Despite the enduring war on drugs, youth in particular seem unaffected, or worse, negatively affected, by prohibition efforts (Parke & Clarke-Stewart, 2003). Results from the 2013 National Survey on Drug Use and Health estimate that over half a million adolescents were involved in selling illegal drugs during the 12 months preceding the survey (Substance Abuse and Mental Health Services Administration, 2014).²

The United States' extensive drug prohibition policies also have a negative impact internationally. Worldwide, the illicit drug trade remains the most profitable source of revenue for organized crime, including terrorist activities (UNODC, 2007). Some authors suggest that this profitability is maintained by countries with high demand and strict prohibitionist drug control policies (Blackwell, 2014; Murphy, 1990; UNODC, 2009). The US has attempted to enforce these policies on other nations which manifests as cultural oppression when the crop to be eradicated is symbolic of a cultural identity, such as is the coca leaf in Bolivia (Murphy, 1990; Santos, 2002; see also Grisaffi, 2010). Approximately \$1.6 billion dollars annually are spent towards international drug control efforts by the US (National Drug Control Strategy, 2016), and drug cartel violence increases internationally as a result of both US domestic and foreign drug control efforts. For example, in Mexico, there have been at least over 60,000 homicides related to organized drug crime since 2006 (Beittel, 2013), with more recent reports putting the estimate in excess of 100,000 (Beittel, 2017). Versus regulated cultivation and trade where substance abuse may persist, as is the case with other psychoactives, prohibition is simply responsible for increasing drug trafficking cartels and trafficking-related violence (Calderón, Robles, Díaz-Cayeros, & Magaloni, 2015).

The costs of decriminalization. Contrary to the prohibitionist approach, it is argued that organized crime would tremendously diminish if legalization occurred (Nadelmann, 1989; UNODC, 2009). In fact, the list of cases where the repeal of drug prohibition laws preceded a reduction in organized crime-related drug trade is growing. Since cannabis was legalized in Colorado and Washington, cartels are estimated to have lost \$3 billion USD (UNODC, 2014). Similarly, five years after personal possession was decriminalized in Portugal, rates of new HIV infections caused by sharing needles dropped, while the number of people seeking treatment for drug addiction more than doubled (Greenwald, 2009; see also World Health Organization, 2014). Additionally, rates of HIV infection in continue to drop (Csete et al., 2016) and drug-induced deaths have decreased by nearly a factor of four from 2001 to 2008 (Hughes & Stevens, 2012). The UNODC (2009) has since written, "Portugal's policy has reportedly not led to an increase in

² Figure extrapolated from population statistics during the time research was conducted.

drug tourism. It also appears that a number of drug-related problems have decreased” (p. 168).

Decriminalization does not seem to have been met with a substantial increase in problematic outcomes. A review of the literature revealed that instances of legalization of personal use in Europe did not produce increases in drug use (Vuolo, 2013). In addition, increased access to cannabis has not corresponded to an increase in use by adolescents (Choo et al., 2014; Lynne-Landsman, Livingston, & Wagenaar, 2013; Maxwell & Mendelson, 2016). Rather, as it concerns drug decriminalization, overall problematic drug use may decrease (Greenwald, 2009; Hughes & Stevens, 2010).

Weighing the outcomes. Our review of the outcomes related to drug prohibition and decriminalization outcomes above is not meant to be exhaustive or to suggest that utilitarian ends (i.e., beneficence) would necessarily outweigh autonomy and nonmaleficence *if* prohibition were shown to be *marginally* better. Rather, we wish to call attention to the unintended consequences of drug prohibition that are often overlooked or minimized. At best, it appears that drug prohibition comes with significant costs and minimal benefits to society. Paradoxically, many of the most salient potential benefits of criminalization (e.g. preventing crime and violence, avoiding drug-induced deaths and lowering addiction rates) seem to be exacerbated by prohibition and recent drug reform efforts do not appear to have resulted in severe increases in substance-abuse and other related outcomes. Usually we reserve violating principles for only when the costs of adherence *far outweigh* the benefits (consider the limited number of cases when it is permissible to breach client confidentiality). Although the intentions of prohibitionist laws might be motivated by beneficence, the actual effect on society is, nonetheless, also maleficent in many relevant ways. If we take nonmaleficence as our fundamental principle, then when “we must choose between harming someone and benefiting that person, another, or society, our stronger obligation, other things being equal, would be to avoid harm” (Kitchener, 1984, p. 47).

Conclusion

Psychologists' roles and responsibilities have clearly expanded outside the realm of mere treatment provision to include social justice advocacy and political action. The degree to which psychologists acknowledge their responsibility to society is the degree to which they must consider the General Principles of the Ethics Code when they participate in the political process. We have argued this to be the case for both anonymous (e.g., voting) and public (e.g., lecturing, presenting) political participation. Examination of the outcome data suggests that the enforcement of drug prohibition laws results in serious violations of individuals' autonomy, and causes significant harm to both peaceful substance users and society at large. Prohibition might be more easily justified if it reduced violence and dangerous consumption of drugs; however, this has rarely been observed and the opposite may be true (Csete et al., 2016; Degenhardt et al., 2008; UNODC, 2009; Werb et al., 2011).

In fact, drug prohibition, although motivated and perhaps maintained by good intentions, seems to produce far more harm than benefit—especially to those most vulnerable. Although beneficence provides the primary goal and rationale for those in the helping professions, we must temper our striving to this end with the principles of respect for autonomy and nonmaleficence (Beauchamp & Childress, 2001). When any one or more of our principles are compromised, we ought to take great care in examining the nature of the situation and in considering the potential for unintended negative consequences. The support or sanctioning of the status quo, when it fundamentally relies upon coercion to achieve its aim, is not a neutral position. In practice, the psychologist should suspend judgment and withdraw support for drug prohibition policies until

they have reviewed the literature examining the negative impact they have on society. Were this to be a clinical trial, the principal investigators at the head of the project would have discontinued the research long ago in response to the intervention's marginal effectiveness, great societal costs, and potential (if not probable) harm to the participants.

Our final position is that, upon review of the evidence, psychologists are ethically obligated to withdraw support for drug prohibition policies until further evidence is made available in clear support of their effectiveness. This is supported by statements made by the American Public Health Association (2013), the World Health Organization (2014), the American Civil Liberties Union (n.d.; 1996; Lapidus et al., 2005), State and county bar associations (King County Bar Association, 2005; White, 2008), the New York County Lawyers Association (1996), the National Advocates for Pregnant Women (Paltrow, 2002; Women's Declaration of the United Nations General Assembly Special Session [UNGASS] on the World Drug Problem, 2016), and the Human Rights Watch (n.d.). The field of psychology at large should also encourage discussion and open consideration of legalization and decriminalization efforts as one pathway towards reducing disproportionate incarceration, preventing the transmission of diseases such as HIV, and reducing the violence associated with illicit drug markets.

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