

Legal framework for health policy to reduce the level of substance abuse in the United States

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Abstract. The purpose of this study was to identify and legally assess the key legal instruments and strategies employed in the United States of America to combat substance abuse and their impact on the development of national health policy in this area. The study used quantitative and qualitative methods of analysis, including the processing of statistical data on the financing of addiction prevention and treatment programmes, analysis of federal and regional legislative acts, and comparative analysis of the policies of different states on the regulation of psychoactive substances. The key findings showed a significant evolution of the legal approach to the problem of substance abuse. The study revealed a gradual shift from a purely punitive approach to a balanced strategy that combines elements of prevention, treatment, and harm reduction. Furthermore, the analysis of funding showed a 35% increase in federal support for prevention programmes between 2018 and 2022, which led to improved access to healthcare for drug users and the development of recovery programmes. The results of a comparative analysis of state policies on the regulation of psychoactive substances showed a considerable difference in approaches, specifically regarding the legalisation of marijuana, which creates legal and regulatory challenges due to contradictions between federal and local laws. Specifically, in states where marijuana is legalised for medical or recreational use, the level of trafficking offences has decreased, but questions arise concerning the regulation of cultivation and distribution. It was also found that the introduction of telemedicine has significantly increased the effectiveness of drug treatment in a pandemic, allowing more patients to be reached, but this approach needs further improvement in the field of regulation and control. The findings of the study point to the need for closer integration of prevention, healthcare, and legal measures at all levels of government, unification of legislation on the regulation of psychoactive substances at the federal and state levels, as well as decriminalisation of drugs for personal use, which can reduce the level of criminalisation of society and contribute to a more effective fight against substance abuse

Keywords: drug dependence; harm reduction; decriminalisation; rehabilitation; drug courts; prevention

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Introduction

Substance abuse stays one of the most pressing public health issues in the United States (US), with far-reaching consequences for society, the economy, and the country's healthcare system. As of 2024, this problem is becoming particularly urgent due to the increase in opioid overdoses, the spread of new synthetic drugs, and the rise in mental disorders related to substance use. The legal framework for public health policy to reduce substance abuse in the United States is a complex and dynamic aspect of American legal science and healthcare. This area of law sits at the intersection of federal, state, and local laws and regulations, creating a complex legal mosaic that affects the formulation and implementation of healthcare policy. The rising tide of substance abuse in the United States continues to pose major challenges to public health, social welfare, and economic stability. Despite the numerous interventions and policy measures implemented over the years, the persistent nature of this problem highlights the need for a comprehensive reassessment of health policy practices aimed at reducing substance abuse. Recent data from the National Survey on Drug Use and Health revealed alarming trends: an estimated 40.3 million Americans aged 12 and older suffered from a substance use disorder in 2020 (Medication Assisted Treatment..., 2021). These statistics underscore the urgency of developing more effective, evidence-based approaches to combat this widespread problem.

Substance abuse research and policy development are hot topics in the scientific literature. R. Chang *et al.* (2022) made a significant contribution to understanding the neurobiological basis of addiction, expanding the understanding of the mechanisms underlying addictive behaviour. M.T. Davis *et al.* (2017) made progress in the development of new pharmacological interventions aimed at treating addiction. However, as these researchers point out, there is still a critical need to translate scientific discoveries into practical healthcare policy. In the context of the opioid crisis, W. Macias-Konstantopoulos *et al.* (2021) investigated the effectiveness of supervised injection sites as a harm reduction strategy. J.G. Katzman *et al.* (2022) studied the impact of expanded access to naloxone on reducing overdose deaths. M. Cerdá *et al.* (2019) conducted a comprehensive study of the impact of marijuana legalisation on overall substance use patterns, providing important data for policy-making in this area. N.M. Avena *et al.* (2021) addressed the impact of the COVID-19 pandemic on substance abuse, identifying increased risk factors and disrupted access to treatment. G.C. Alexander *et al.* (2020) highlighted the need for adaptive and resilient health systems to address addiction in crisis situations. J.K. Niles *et al.* (2020) explored the relationship between substance abuse and other public health issues, such as mental health and infectious diseases, highlighting the significance of a comprehensive approach to healthcare policy making. A. Stevens *et al.* (2022) performed an in-depth analysis of the legal consequences of drug decriminalisation in Portugal, which was one of the first countries to implement this approach in 2001. The researchers considered how this policy had affected the criminal justice and healthcare systems over two decades. They found that decriminalisation led to a significant reduction in drug-related arrests and increased access to treatment.

However, the researchers also noted some legal uncertainties, especially regarding the distinction between personal use and distribution of drugs. This study highlighted the importance of a clear legal definition when implementing innovative approaches to drug policy.

In the context of the new challenges posed by the emergence of new psychoactive substances (NPS) and changes in cannabis regulation, M. Pardal *et al.* (2022) conducted a comparative analysis of the legal frameworks for cannabis regulation in Belgium, the Netherlands, and Spain. The researchers focused on the investigation of so-called “cannabis clubs” – non-profit associations that grow and distribute cannabis to their members. The study revealed significant differences in the legal status and regulation of these clubs in different jurisdictions, leading to legal uncertainty and challenges in law enforcement. M. Pardal *et al.* emphasise the need to harmonise legislation and develop clear legal frameworks to regulate such innovative models of access to cannabis, especially in the context of the growing trend towards liberalisation of cannabis policy in Europe. Another important study was conducted by T. Decorte *et al.* (2017), who examined the legal and practical aspects of implementing a regulated cannabis market. The researchers analysed different models of cannabis legalisation, including commercial and non-commercial approaches, and their potential impact on public health and criminal justice. The study focused on the legal challenges associated with regulating the production, distribution, and use of cannabis, as well as potential conflicts with international drug conventions. T. Decorte *et al.* (2017) emphasise the significance of developing a comprehensive legal framework that considers both the potential risks and possible benefits of a regulated cannabis market. They also emphasise the need for a flexible approach to legislation that allows for adaptation to new scientific evidence and social trends.

The purpose of this study was to comprehensively analyse and evaluate the effectiveness of legal mechanisms in the formation and implementation of US healthcare policy aimed at reducing the level of substance abuse, considering current challenges and trends in this area. To fulfil the purpose of this study, the tasks were set as follows:

- 1) to consider key US legislation and programmes in the field of substance abuse regulation, their impact on healthcare policy making, and effectiveness in combating abuse;
- 2) to assess the role of the US judicial system in shaping legal policy on the regulation of psychoactive substances and its impact on resolving legal conflicts between federal and state laws;
- 3) to identify the key problems and prospects for the development of legal regulation of psychoactive substances in the United States, considering the differences in approaches at the federal and state levels.

Materials and methods

The research methodology was based on a comprehensive approach that included an analysis of regulations, statistics, and scientific publications in the field of substance abuse regulation and healthcare policy in the United States. The study covered the period from 1970 to 2024, which helped to trace the evolution of legislation and policy in this area.

The principal method of the study was comparative legal analysis, which helped to identify the specific features of regulating psychoactive substances at the federal and state levels. For this, key legislative acts were analysed, including the Controlled Substances Act (2022), Comprehensive Drug Abuse Prevention and Control Act (CDAPCA) (1970), Drug Addiction Treatment Act (2000), Mental Health Parity and Addiction Equity Act (MHPAE) (2008), Affordable Care Act (ACA) (2010), Support Act: Highlights of the 2018 Opioid Legislation (2018), H.R.1865 – Further Consolidated Appropriations Act (2020), and H.R.5376 – Inflation Reduction Act (2022). The analysis included a review of the structure of the laws, their main provisions and changes made over time. To evaluate the effectiveness of legislative initiatives, the study used statistics from official sources such as the Centers for Disease Control and Prevention (CDC) (2024), the Drug-Free Communities (DFC) Support Program (2023), and the Substance Abuse and Mental Health Services Administration (SAMHSA) (2024).

The study of the effectiveness of drug courts was based on a comprehensive analysis and synthesis of heterogeneous data from multiple sources. As a result, an original diagram was developed that reflects a generalised picture of the phenomenon under study. This chart visualises key performance indicators such as recidivism rates, treatment costs, and other important parameters, providing a holistic view of the impact of drug courts on the justice and healthcare systems. A comparative table was created to compare US state policies on psychoactive substances, which included information on the status of psychedelics, implementation programmes, and specific features of the approach in different states. This information was obtained from official state legislative documents and reports from relevant government agencies.

To analyse the impact of legalisation of recreational use of marijuana on the healthcare sector, the study examined the laws of individual states, specifically the Colorado Amendment 64 “Use and Regulation of Marijuana” (2012) and the Proposition 64: Adult Use of Marijuana Act – Effect on College Districts (2016), and conducted a comparative analysis of their provisions. The evaluation of the effectiveness of mandatory educational programmes for the prevention of substance abuse in public schools was based on data analysis using descriptive statistics. To investigate the impact of expanding the use of telemedicine for drug treatment, the provisions of the H.R.3875 – Expanded Telehealth Access Act (2023) and the results of relevant studies were analysed. Based on the findings obtained, the study formulated recommendations for improving the legal framework of healthcare policy to more effectively combat substance abuse in the United States. Using a comprehensive approach that combines different analytical methods and data sources, the study provided a comprehensive understanding of the legal framework for healthcare policy to reduce substance abuse in the United States and assessed the effectiveness of various legislative initiatives and programmes.

Results

The Comprehensive Drug Abuse Prevention and Control Act (1970) is the fundamental legislative act governing the circulation of psychoactive substances in the United States. This law establishes a system for classifying psychoactive substances into five categories depending on their medical use and potential for abuse. It establishes a legal framework for regulating the production, distribution, and possession of controlled substances, and establishes penalties for violations of these regulations. The Comprehensive Drug Abuse Prevention and Control Act is a part, defines an overall strategy for combating drug abuse, including prevention, treatment, and rehabilitation measures. The provisions of the U.S. Code (2024), specifically Title 21, detail and expand on the provisions of the above laws by establishing concrete registration, licensing, and reporting procedures, as well as requirements for persons and organisations dealing with controlled substances. Regulations, including the Drug Scheduling (2018) regulations, are aimed at practical implementation of the provisions of the laws, establishing concrete procedures for controlling and monitoring the circulation of psychoactive substances. The HHS and US Social Services guidelines play a vital role in shaping healthcare policy to reduce substance abuse, focusing on prevention, treatment, and rehabilitation.

The US regulatory framework at the federal and state levels in the field of substance abuse and healthcare policy reveals a complex and multi-level system of legal regulation. At the federal level, the Comprehensive Drug Abuse Prevention and Control Act (1970) stays the key piece of legislation, which establishes the basic principles of classification of psychoactive substances and defines the general framework for their regulation. Over the past fifty years, since the adoption of the CSA, there has been a significant evolution in approaches to substance policy in the United States. This evolution is characterised by a gradual shift from a purely punitive approach to a more comprehensive one that includes prevention, treatment, and rehabilitation. Changes in federal policy have been reflected in a series of legislative initiatives and programmes, including the DFC programme.

The DFC programme, created by the Drug-Free Communities Act (1997), was one of the crucial steps in the federal approach to substance abuse. According to this law, the purpose of the programme is to reduce substance abuse among youth and, over time, among adults by addressing factors in the community that increase the risk of substance abuse and promoting factors that minimise the risk of substance abuse. The programme is implemented by providing grants to local coalitions working to prevent drug use among young people. These coalitions bring together representatives of various sectors of the community, including schools, law enforcement, religious organisations, business, media, etc. The effectiveness of the DFC programme is evidenced by its longevity and scale of coverage. According to the DFC Support Program (2023), between 2002 and 2022, over 2000 community coalitions across the country were funded under this programme (Fig. 1).

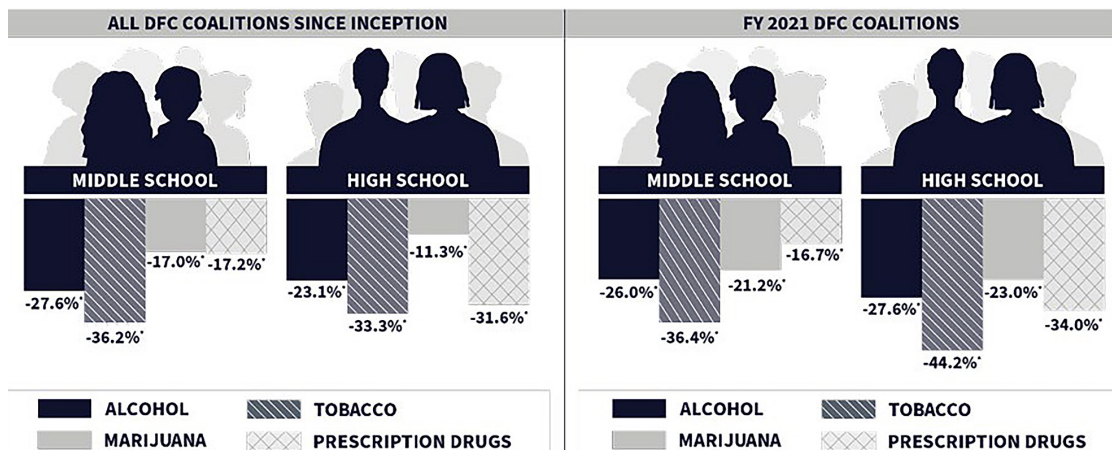


Figure 1. Impact of the DFC programme

Note: significance level $p < 0.05$

Source: Drug-Free Communities (DFC) Support Program (2023)

Figure 1 demonstrates the major impact of the DFC programme on substance use among target populations in the United States. The results in reducing tobacco use are particularly noteworthy, with the most significant decrease in the indicators over the entire period of the programme and in FY 2021. This information is valuable for the study of the legal framework of healthcare policy, as it provides empirical evidence of the effectiveness of legislative initiatives and preventive measures. From a legal standpoint, the presented data confirm the validity of preventive strategies in the field of drug policy and can serve as an argumentative basis for the further development of analogous programmes. The data analysis suggests the need for a differentiated approach to regulating the use of different psychoactive substances, specifically, the need to strengthen measures to reduce the use of marijuana, which has a less pronounced decline compared to alcohol and tobacco. Notably, the effectiveness of the programme in reducing alcohol consumption has been consistently high in both the medium and short term. Furthermore, the findings show the effectiveness of a comprehensive approach to addressing the problem at the community level, which can be extrapolated to the development of future legislative initiatives in the field of healthcare and substance abuse. It is worth noting the positive dynamics of the DFC programme's effectiveness in FY 2021 compared to the cumulative indicators for the entire period of its existence, which is especially noticeable in the reduction of prescription drug use. These data can serve as a compelling argument in favour of extending and expanding such programmes at the legislative level.

The evolution of US substance abuse legislation demonstrates a gradual shift from a purely punitive approach to a more balanced strategy that includes elements of prevention, treatment, and harm reduction. This can be traced back to a series of key legislative acts. For instance, the Comprehensive Drug Abuse Prevention and Control Act (1970) established severe penalties for drug trafficking. Further

developments are reflected in the Drug Addiction Treatment Act (2000), which allowed doctors to prescribe certain medications for the treatment of opioid dependence on an outpatient basis. Another major contribution is the Support Act: Highlights of the 2018 Opioid Legislation (2018), which expanded access to treatment by increasing the limits for doctors prescribing opioid dependence treatment. The next significant law was the H.R.1865 – Further Consolidated Appropriations Act (2020), which included provisions for the expansion of telemedicine for drug treatment. Finally, the H.R.5376 – Inflation Reduction Act (2022) provided additional funding to expand access to drug treatment through Medicare and Medicaid.

The key initiative in this area was the Medication-Assisted Treatment (MAT) programme. This programme was introduced by the Mental Health Parity and Addiction Equity Act (2008) and further developed by the Affordable Care Act (2010). These legislative acts obliged insurance companies to cover drug dependence treatment, including MAT, on an equal footing with other medical services. The number of patients receiving MAT has grown from approximately 227,000 in 2011 to more than 1.2 million in 2022 (SAMHSA..., 2024). The Support Act: Highlights of the 2018 Opioid Legislation (2018) further expanded access to MAT by increasing the number of patients that can be treated by a single doctor and allowing more healthcare professionals to prescribe treatment.

In considering the problem of opioid abuse, the complex impact of different strategies and the need for careful consideration of available data were identified. The Prescription drug monitoring programmes (2022) (PDMPs) implemented in the United States have demonstrated effectiveness in controlling the prescription of opioids by doctors. According to the CDC (2024), the implementation of PDMPs correlates with a significant decrease in the number of opioid prescriptions per 100 people: from 81.3 in 2012 to 43.3 in 2022, which corresponds to a 46.7% decrease

(Fig. 2). This reduction is substantial in the context of the fight against opioid abuse, as limiting the availability of prescription opioids potentially reduces the risk of addiction and misuse of these drugs. At the same time, this correlation does not necessarily suggest a causal relationship, and more research is needed to fully understand the effectiveness of PDMPs. A comparison of the effectiveness of different legal instruments in terms of their impact on the situation with substance abuse indicates that comprehensive strategies are preferable. These strategies include not only legal mechanisms but also healthcare and social support measures. Specifically, the introduction of syringe exchange programmes, increased access to naloxone, and the adoption of “good Samaritan” laws show potential to reduce the adverse consequences of opioid abuse. “Good Samaritan” laws provide some immunity from criminal prosecution for people who call for emergency assistance in cases of drug overdose. These laws eliminate the fear of legal repercussions that can prevent people from seeking medical care in critical situations, creating a balance between the need for law enforcement and the priority of saving lives. The integration of PDMPs with other interventions, such as syringe exchange programmes and expanded access to naloxone, creates a synergistic effect in the fight against opioid abuse. PDMPs help to control the legal circulation of opioids, while harm reduction programmes and “good Samaritan” laws minimise the negative consequences for those already suffering from addiction. This multifaceted strategy accommodates both prevention and the need to provide aid to people who have already encountered drug addiction.

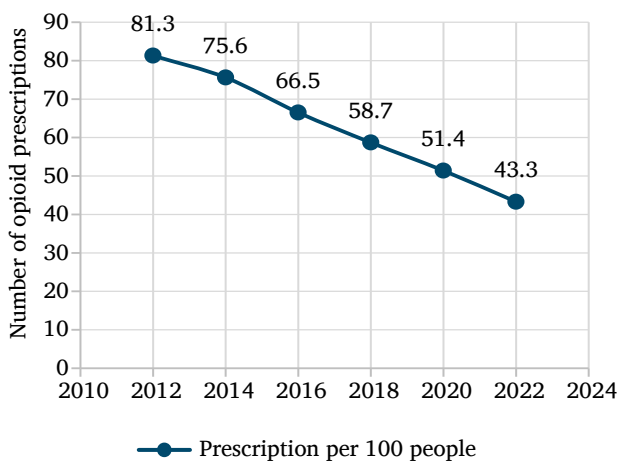


Figure 2. The impact of PDMPs on opioid prescribing
Source: created by the author of this study based on a study by the Centers for Disease Control and Prevention (2024)

Figure 2 shows the substantial impact of the introduction of prescription drug monitoring programmes (PDMPs) on opioid prescribing practices in the US over a ten-year period. The graph shows a steady and consistent downward trend in opioid prescriptions starting in 2012, when PDMPs were implemented in all states, and continuing through 2022. This trend demonstrates the effectiveness of PDMPs as a tool for controlling the prescription of opioid medications and may potentially indicate a reduction in the risks associated with their overuse or abuse. According to the data presented in the graph, the number of opioid prescriptions per

100 people decreased from 81.3 in 2012 to 43.3 in 2022, which corresponds to a decrease of 46.7%.

Notably, the rate of decrease in opioid prescriptions was relatively uniform throughout the observation period, without a particularly sharp decline in the first years after the programmes were implemented. This may suggest that healthcare professionals are gradually adapting to the new requirements and constantly raising awareness of the risks associated with opioid prescribing. PDMPs, as a regulatory measure, have been shown to be effective in reducing the number of opioid prescriptions, which is a crucial step in the fight against the abuse of these drugs. However, it is important to understand that PDMPs are only one element in a broader strategy to combat the opioid crisis. To achieve a comprehensive effect, PDMPs need to be combined with other measures, such as educational programmes for healthcare professionals and patients, the development of alternative treatments for chronic pain, and drug prevention and treatment programmes. Although these supplementary measures are not directly part of PDMPs, they are critical components of the overall strategy to address the opioid crisis and should be considered in the context of evaluating the effectiveness of PDMPs and planning future interventions.

The US judicial system plays a key role in the development of legal policy on the regulation of psychoactive substances, especially considering the precedent-setting nature of its decisions. Judgment of the Supreme Court of the United States in Case No. 03-1454 (2005), which confirmed the constitutional right of the federal government to regulate marijuana throughout the country, regardless of the laws of individual states, was a landmark in this regard. The case was about federal agents confiscating and destroying marijuana that two women from California had grown for personal medical use according to state law. The court ruled that under the US Constitution, the federal government is entitled to regulate interstate commerce, including a ban on the cultivation of marijuana for personal use, even if it is permitted under state law. This decision created a legal conflict between federal law and state laws that have legalised marijuana for medical or recreational use. This situation led to legal uncertainty, as, on the one hand, states continue to legalise marijuana, and on the other hand, the federal government retains the right to prohibit and prosecute its use under federal law. This creates difficulties for businesses involved in the cannabis industry, as well as for consumers, who face the risk of federal prosecution even in states where marijuana is legalised.

The courts recognise the therapeutic value of cannabis and the right of states to regulate it independently, despite the federal ban. Specifically, in the case of *Washington v. Barr* No. 18-859 (2019), the federal appellate court upheld the right of states to legalise the medical use of marijuana, finding that it does not contradict federal law. This judgement is significant for the regulation of drug trafficking, as it creates a legal basis for a differentiated approach to cannabis as a medicine, separating it from other prohibited psychoactive substances. This approach can increase patient access to medical cannabis in states where it is permitted, which could positively affect the quality of life of people with certain medical conditions. However, the impact of this judgement on the level of substance abuse is still a matter of debate and requires further investigation. On the one hand, the legalisation of medical cannabis could lead to

a reduction in illicit trafficking and associated health risks through controlled production and distribution. On the other hand, there are concerns about the potential increase in the availability of cannabis for non-medical use, which could lead to an increase in abuse (Spytska, 2024).

In *United States v. Safehouse*, No. 20-1422 (2021), the federal court considered the legality of creating controlled premises for the safe use of drugs. These facilities, also known as “supervised consumption centres” or “safe consumption rooms”, are designed to provide medical supervision to people who use drugs to prevent overdoses and improve overall public health. The court ruled that the operation of such facilities does not violate the federal law on controlled substances, as their primary goal is to reduce overdose deaths and promote public health. This judgement reflects a broader trend in US legal science towards decriminalising the possession of lesser amounts of

drugs for personal use. As of 2024, there are over 4000 such specialised court programmes in the United States that combine intensive supervision, drug treatment, and social support. Re-arrest rates among graduates of drug court programmes are reduced by an average of 8-14% two years after completion, with the most effective programmes showing a 35-80% reduction in recidivism (Sheeran & Varline, 2024). The study clearly demonstrates the advantages of drug courts over the conventional criminal justice system in terms of key performance indicators (Fig. 3). These data point to the potential of drug courts not only as a means of reducing recidivism, but also as an effective mechanism of comprehensive rehabilitation that can have a significant positive impact on society, contributing to a reduction in drug crime, reducing the burden on the penitentiary system, and improving the social integration of former offenders.

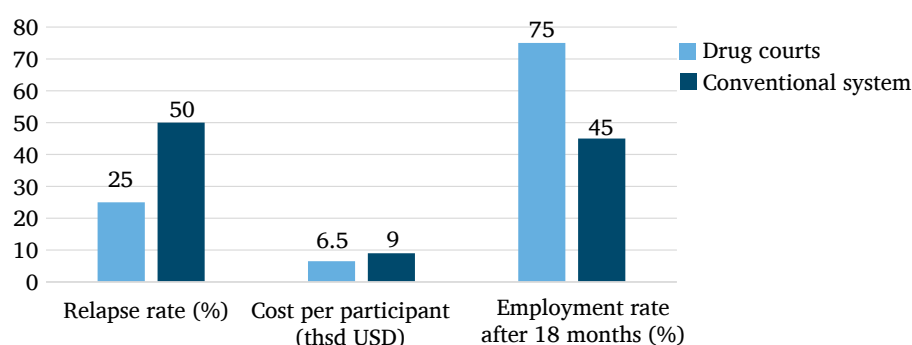


Figure 3. Effectiveness of drug courts compared to the conventional criminal justice system

Source: created by the author of this study based on B. Kearley & D. Gottfredson (2020), J.K. Roman *et al.* (2020), P.J. Joudrey *et al.* (2021)

Recent research on the effectiveness of substance use prevention and harm reduction programmes demonstrates their significant role in combating this problem, which is supported by relevant legislation and increased funding. According to R. Reilly *et al.* (2020), the implementation of the Communities That Care (CTC) programme, which is based on principles analogous to the Strategic Prevention Framework (SPF), led to a considerable reduction in substance use among young people. The implementation of CTC was made possible by the CDAPCA of 1970, which provided the legal framework

for the implementation of such programmes at the federal level. Specifically, Title II of this law, known as the CSA, establishes that the unlawful importation, manufacture, distribution, possession, and misuse of controlled substances have a substantial and detrimental effect on the health and general welfare of the American people (21 U.S.C. § 801..., 2024). An analysis of DFC budget data showed a 35% increase in federal funding for prevention and treatment programmes from 2018 to 2022, which in absolute terms represents an increase from USD 17.4 billion to USD 23.5 billion, respectively.

Table 1. Comparative table of US state policies on psychedelics

State	Status of psychedelics	Implementation programmes	Approach features
California	Decriminalised in some cities	Research programmes	Focus on healthcare and decriminalisation
Colorado	Legalised for therapeutic use	Controlled treatment centres are permitted	Progressive approach to legalisation
New York	Research programmes	Study of therapeutic potential	Balance between research and law enforcement
Texas	Limited research use	Limited programmes for veterans	Predominantly research-based approach
Florida	Research proposals	Increasing access to research	Gradual transition to decriminalisation
Oregon	Legalised for therapeutic use, decriminalisation	Wide range of treatment programmes	Radical reform with a focus on healthcare
Massachusetts	Decriminalised in some cities	Advanced research programmes	Science-based approach, public initiatives

Source: created by the author based on Mapping Psychedelic Drug Policy Reform in the United States (2024)

Table 1 demonstrates the general trend towards gradual liberalisation of cannabis (psychedelics) legislation, but with varying degrees of intensity and emphasis. Some states, such as Oregon, have taken a more radical approach with full decriminalisation and a focus on public health, while others, such as Texas, have maintained a more conservative stance with limited research use. Notably, most states are implementing research programmes on the therapeutic potential of cannabis, which suggests a growing scientific interest in this area. At the same time, there is variation in the balance between research initiatives and law enforcement, reflecting the difficulty of formulating a unified national policy on this issue. Overall, the data indicates a gradual shift from a purely prohibitionist approach to a more nuanced one, focused on healthcare and research, although the pace and nature of this change varies substantially from state to state.

The passage of the Support Act: Highlights of the 2018 Opioid Legislation in 2018 marked a turning point in the development of community recovery organisations (RCOs). This legislation, aimed at comprehensively addressing the opioid crisis in the United States, contained a series of provisions that helped to strengthen and expand the activities of RCOs. Specifically, the Support Act mandated additional funding for programmes to support recovering drug addicts, expansion of access to medication-assisted treatment for opioid addiction and increasing the role of NGOs in the rehabilitation process. From a legal perspective, this act considerably strengthened the legal framework for the functioning of RCOs, giving them more opportunities to interact with government agencies and medical institutions. RCOs have proven to be highly effective, as communities with an active presence have higher rates of long-term recovery from drug addiction. R.D. Ashford *et al.* (2019) demonstrated that participation in RCOs programmes correlates with a significant reduction in relapse rates, improved quality of life, and improved social adaptation of people overcoming drug addiction.

In parallel with the development of RCOs, the legalisation of recreational marijuana use in some states has led to unexpected health consequences. A comparative legal analysis of the legislation of different US states on marijuana legalisation reveals considerable differences in approaches and regulatory mechanisms. Thus, Colorado's Marijuana Legalisation Act (2012) allows individuals over 21 years of age to possess up to one ounce (28 grams) of marijuana for personal use, while California's Adult Use of Marijuana Act (2016) sets analogous regulations, but with stricter restrictions on advertising and marketing of cannabis products. Despite their differences, these laws have a common goal of decriminalising the use of marijuana and creating a regulated market. From a legal perspective, such laws set a precedent for rethinking drug policy at the federal level, but at the same time exacerbate the legal conflict between federal and state legislation.

This situation creates major challenges in law enforcement and regulation. At the federal level, marijuana is still classified as a Schedule I drug according to the U.S. Drug Enforcement Administration (Drug Scheduling, 2018), which means it is recognised as a substance with a high potential for abuse and no accepted medical use. This leads to legal uncertainty for entrepreneurs, medical professionals, and consumers in states where marijuana is legalised. Specifically, there are problems with banking services for cannabis businesses, as federal banks cannot work with funds received

from activities that are illegal at the federal level. Furthermore, this conflict creates difficulties for conducting research on the therapeutic properties of marijuana, as federal funding for such research is limited due to its Schedule I status. These legal contradictions call for a comprehensive review of federal legislation to harmonise the legal framework and ensure effective regulation of the cannabis market, considering both the potential benefits and risks to public health.

The introduction of compulsory substance abuse prevention education programmes in public schools, prescribed in the Healthy Schools Act (HSA) (2020), was a crucial step in the fight against drug addiction among young people. This initiative led to a statistically significant reduction in substance use among students: the number of cases of substance use among students decreased by 15% within two years of the programme's implementation. Furthermore, the expanded use of telemedicine for drug treatment, as mandated by the H.R.3875 – Expanded Telehealth Access Act (2023), has demonstrated high efficiency in helping people with addiction problems. L. Lin *et al.* (2020) showed substantial regulatory changes in the US that have facilitated access to remote treatment, including easing restrictions on telemedicine prescribing of controlled drugs and expanding reimbursement opportunities for such services. Despite these positive developments, the introduction of telemedicine in the treatment of substance use disorders faces a series of obstacles, including the specifics of treatment that require intensive monitoring and clinicians' psychological discomfort with the remote format of consultations. To overcome these challenges, the researchers propose a set of measures, including the development of specialised guidelines for telemedicine services, the creation of tools to facilitate remote prescribing, and the development of additional resources for psychosocial support for patients. Researchers emphasise the need for long-term evaluation of the effectiveness of telemedicine interventions and their impact on treatment outcomes, as well as for continuous improvement of access to treatment.

Based on the analysis of the results obtained, the following recommendations can be made to improve the legal framework of healthcare policy for a more effective fight against substance abuse in the United States. First and foremost, federal and state legislation on the regulation of psychoactive substances, especially marijuana, needs to be unified. The current situation, where marijuana stays in Schedule I at the federal level but is legalised in many states, creates legal uncertainty and complicates the implementation of consistent policies, as conflicts between federal and state laws arise, leading to inconsistent enforcement and confusion regarding the legal status of marijuana in different jurisdictions. It is recommended that the federal classification of marijuana, which under the Controlled Substances Act is Schedule I, defined as "a substance that has a high potential for abuse, has no accepted medical use in the treatment of disease in the United States, and lacks an acceptable level of safety for use under medical supervision", be revised to reflect scientific evidence of its medical use and potential for abuse. This will align federal policy with progressive approaches already implemented in many states, such as California, Colorado, and Oregon, and create a more coherent and evidence-based system of substance regulation at the national level.

The trend towards decriminalisation of personal drug use should be continued and strengthened, with the criminal

justice system reorienting its resources towards treatment and prevention. It is recommended to develop and adopt a federal law that would decriminalise the possession of lesser amounts of drugs for personal use. The relevant law should prescribe mechanisms to redirect persons detained for drug possession to treatment and rehabilitation instead of criminal prosecution. This will reduce the burden on the criminal justice system and focus resources on more effective methods of combating drug addiction.

It is also important to legislate and expand the practice of drug courts, which have already proven effective in reducing recidivism and improving the social adaptation of programme participants. It is recommended that federal standards for drug courts be developed to ensure a uniform approach to their operation in all states, and that additional funding be provided to expand the network of such courts, especially in regions with elevated levels of drug dependence. Furthermore, consideration should be given to integrating drug courts with reintegration programmes for people who have served their sentences for drug-related offences, which may help to reduce recidivism and improve long-term rehabilitation outcomes. Strengthening the “good Samaritan” legislation is a critical aspect of improving the legal framework on drug dependence. It is proposed to extend federal protection from criminal prosecution for people who report overdoses, including protection from drug possession charges. It is also recommended that legislative support for prevention and early intervention programmes, especially among young people, be strengthened by adopting a federal law requiring all schools to implement evidence-based substance abuse prevention programmes. Such a law should mandate relevant funding and mechanisms for monitoring the effectiveness of these programmes.

A comprehensive legal framework should also be developed to regulate the use of telemedicine, digital therapeutic tools, and mobile applications in the prevention and treatment of drug addiction. This framework should include quality standards, personal data protection requirements, and performance evaluation mechanisms. In addition, it is proposed to strengthen legislative support for research in the field of drug addiction prevention and treatment, including simplifying the procedure for conducting clinical trials of new treatments and investigating the potential of psychedelic substances in the treatment of addictions. These activities will contribute to the development of innovative treatment methods and increase the effectiveness of healthcare policies to reduce substance abuse.

Discussion

The problem of substance abuse, including opioids, new synthetic drugs, and other drugs, continues to be one of the most pressing challenges for the United States healthcare system. This is confirmed by the latest statistics showing an elevated level of substance use disorders affecting millions of citizens. Thus, the need to develop more effective legal and policy measures becomes plain, which is a valuable contribution to national discussions on how to address this problem (Woźniak, 2023). The conducted study highlighted the significance of legal regulation at both the federal and local levels to create a more flexible and adaptive healthcare system. However, the findings suggest a considerable number of barriers that prevent the implementation of effective measures to combat drug addiction.

One of the key aspects reflected in the results of the study is the legal and regulatory policy on the control of psychoactive substance use. Specifically, the example of opioid abuse in the United States shows that existing programmes, such as prescription monitoring programmes, have had some positive effect, but they are not sufficient to address the problem nationwide (Shelikhovska & Hribov, 2023). This issue was thoroughly explored by R.L. Haffajee *et al.* (2019), who noted that while such programmes have contributed to reducing the unnecessary prescription of opioids, their effectiveness stays limited due to the lack of systemic integration between federal and local laws. This situation suggests the need to review the current approach and introduce more coordinated measures that could ensure wider coverage and better oversight of prescriptions.

The COVID-19 pandemic has become yet another factor that has complicated the implementation of anti-substance abuse policies. N.M. Avena *et al.* (2021) noted that during the pandemic, access to drug treatment and prevention was significantly limited, which led to an exacerbation of drug use, specifically among vulnerable populations. This has contributed to an increase in overdoses and drug abuse, especially of opioid drugs, which were already causing a crisis even before the pandemic. G.C. Alexander *et al.* (2020) highlighted the significance of creating adaptive and resilient healthcare systems that can respond quickly to crises and ensure continuity of care. This confirms that modern approaches to drug policy require not only long-term solutions but also rapid adaptation to new challenges.

The study also reveals that the issue of legalisation and decriminalisation of certain psychoactive substances stays extremely relevant in the context of finding ways to reduce the harms of drug abuse. This is particularly true for cannabis, which has shown inconsistent results across jurisdictions. M. Cerdá *et al.* (2019) showed that the legalisation of marijuana can have both positive and negative consequences for public health. On the one hand, legalisation reduces the number of arrests for drug offences and opens new opportunities for the medical use of cannabis. On the other hand, free access to drugs can contribute to an increase in drug use among the population, especially among young people (Spytska, 2023). Therefore, it is important to weigh the risks and benefits of each approach when developing new policy measures.

Analogous issues were highlighted by T. Decorte *et al.* (2017), who investigated the legal and social aspects of the introduction of a regulated cannabis market. Their research showed that different models of legalisation have different consequences for society and the healthcare system. For instance, commercial models of legalisation may stimulate the growth of the cannabis market, but at the same time create more legal challenges to control its use. The researchers emphasise the need to introduce a clear legal framework for regulating the production and consumption of cannabis that accommodates social and legal risks, as well as international obligations.

Another prominent aspect highlighted in the study is the use of the latest digital technologies to treat addiction and provide aid to people who abuse psychoactive substances. L.A. Marsch *et al.* (2020) emphasised that digital technologies such as telemedicine and mobile health monitoring applications have enormous potential to increase access to treatment. This is critical in conditions of limited access to conventional healthcare services, particularly in remote or

sparingly populated areas. However, despite the high potential of such technologies, their implementation faces a series of obstacles, such as limited funding, lack of a proper legal framework, and low levels of digital literacy among the population. This confirms that for the effective use of digital technologies in the fight against addiction, it is necessary to improve the legal framework and provide adequate support from the state (Hasiuk, 2023). Furthermore, it is worth paying attention to the social determinants of health that affect vulnerability to substance abuse. H. Amaro *et al.* (2021) investigated the impact of socioeconomic factors, such as poverty, unemployment, and low levels of education, on drug addiction. The findings of these studies suggest that conventional drug treatment programmes often ignore these factors, which limits their effectiveness. Therefore, modern harm reduction policies should accommodate socioeconomic circumstances and provide comprehensive care that includes not only medical services but also social support. This confirms the need to reform healthcare policy towards a greater emphasis on social justice and the integration of diverse aspects of care for people with drug dependence.

Another vital aspect is the international experience of combating drug addiction, which can be useful for the United States. A study by A. Stevens *et al.* (2022) on drug decriminalisation in Portugal shows that this approach can have a positive impact on the healthcare and criminal justice systems. The Portuguese experience shows a decrease in drug arrests and increased access to treatment, which can serve as an example for the United States. However, decriminalisation has its own legal and social challenges, specifically regarding the distinction between criminal and administrative liability for drug use. Thus, this study demonstrates that the current harm reduction policy in the United States requires substantial changes, including revision of the legal framework, expanding access to health services, and integration of socioeconomic factors. Further research should focus on developing novel approaches to regulating the psychoactive substances market, using digital technologies to combat addiction, and analysing international experience.

Conclusions

The study of the legal framework of healthcare policy to reduce the level of substance abuse in the United States revealed the complex nature of legislative regulation of this area and assessed the effectiveness of the implemented mechanisms. The study found that the Comprehensive Drug Abuse Prevention and Control Act of 1970 stays the fundamental legislative act in regulating the circulation of psychoactive substances, which establishes a system of classification of psychoactive substances and defines the general framework for their regulation. At the same time, there has

been a significant evolution in approaches to policy making on psychoactive substances, characterised by a gradual shift from a purely punitive approach to a more comprehensive one – focused on prevention, treatment, and rehabilitation.

An analysis of the effectiveness of substance use prevention and harm reduction programmes, such as Drug-Free Communities and Medication-Assisted Treatment, demonstrated their positive impact on reducing substance use among target populations. Specifically, it was found that the implementation of the DFC programme led to a considerable reduction in the use of tobacco, alcohol, and marijuana among young people. The number of patients receiving MAT has increased from approximately 227 000 in 2011 to over 1.2 million in 2022, indicating increased access to effective drug treatment. The study also found that the US judicial system plays a key role in shaping legal policy on the regulation of psychoactive substances. The Supreme Court's 2005 judgement in *Gonzales v. Raich* confirmed the federal government's right to regulate marijuana throughout the country, creating a legal conflict between federal and state laws. At the same time, the 2019 judgement in *Washington v. Barr* recognised the right of states to legalise the medical use of marijuana, which created a legal basis for a differentiated approach to cannabis as a medicine.

An analysis of the laws of different US states regarding the legalisation of marijuana has revealed significant differences in approaches and regulatory mechanisms, which creates difficulties in law enforcement and regulation. This situation calls for a comprehensive review of federal legislation to harmonise the legal framework and ensure effective regulation of the cannabis market, considering both the potential benefits and risks to public health. It was also determined that the introduction of innovative approaches, such as recovery community organisations (RCOs) and the increased use of telemedicine for drug treatment, has been shown to be highly effective in helping people with addiction problems. However, a series of obstacles to the introduction of telemedicine were identified that need to be addressed. Further research on this topic should focus on comparing legislation and programmes to combat substance use in the United States and Europe. A meta-analysis that includes more empirical evidence on the effectiveness of different programmes across continents would identify best practices and contribute to the scientific knowledge of drug dependence.

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Conflict of interest

None.

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Правові засади політики охорони здоров'я для зниження рівня зловживання психоактивними речовинами в США

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Анотація. Метою даного дослідження було визначення та правова оцінка основних правових інструментів і стратегій, що застосовуються у Сполучених Штатах Америки для боротьби зі зловживанням психоактивними речовинами, та їх вплив на розвиток національної політики охорони здоров'я у цій сфері. У дослідженні використовувалися кількісні та якісні методи аналізу, зокрема обробка статистичних даних щодо фінансування програм профілактики та лікування залежностей, аналіз федеральних та регіональних законодавчих актів, а також порівняльний аналіз політики різних штатів щодо регулювання обігу психоактивних речовин. Основні висновки засвідчили значну еволюцію правового підходу до проблеми зловживання психоактивними речовинами. Дослідження виявило поступовий перехід від суто карального підходу до збалансованої стратегії, яка поєднує елементи профілактики, лікування та зменшення шкоди. Крім того, аналіз фінансування показав збільшення федеральної підтримки профілактичних програм на 35% в період з 2018 по 2022 рік, що призвело до поліпшення доступу до медичної допомоги для споживачів наркотиків і розвитку програм відновлення. Результати порівняльного аналізу політики штатів щодо регулювання обігу психоактивних речовин засвідчили значну різницю в підходах, зокрема щодо легалізації марихуани, що створює правові та регуляторні проблеми через протиріччя між федеральним та місцевим законодавством. Зокрема, у штатах, де марихуана легалізована для медичного або рекреаційного використання, рівень злочинів, пов'язаних з незаконним обігом, знизився, але виникають питання щодо регулювання вирощування та розповсюдження. Також було виявлено, що впровадження телемедицини значно підвищило ефективність лікування наркозалежності в умовах пандемії, дозволивши охопити більшу кількість пацієнтів, але цей підхід потребує подальшого вдосконалення у сфері регулювання та контролю. Результати дослідження вказують на необхідність більш тісної інтеграції профілактичних, медичних і правових заходів на всіх рівнях влади, уніфікації законодавства щодо регулювання обігу психоактивних речовин на федеральному і державному рівнях, а також декриміналізації наркотиків для особистого вживання, що може знизити рівень криміналізації суспільства і сприяти більш ефективній боротьбі зі зловживанням психоактивними речовинами

Ключові слова: наркозалежність; зменшення шкоди; декриміналізація; реабілітація; наркосуди; профілактика