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Public Health Voice is Needed

By Pamela Erickson

Too many major public decisions are being made regarding addictive substances without input from all stakeholders particularly public health. These include: Decisions to privatize alcohol sales, loosen major regulations, and legalize marijuana for medical purposes or commercialize it for recreation use. These are momentous decisions which are sometimes made on the basis of myths, misinformation or omission of basic facts. For example, alcohol regulation is often characterized as antiquated meaning it has no relevance today. Marijuana has been touted as doing little or no harm. Unfortunately, prevention and public health officials come late to the discussion. Sometimes their voice is never heard. And in other cases, it's too little too late and the measures pass without consideration of their viewpoints.

Why is that? It's because those funded with public money are not supposed to "lobby". Most public health professionals are funded by public money. Federal and state grants typically have "no lobbying" clauses. Lobbying definitions have become so broad as to encompass almost any action involving public policies. These definitions should recognize the need for facts and objective professional advice and encourage such things. Unfortunately, that is not the case. While the lobbying prohibition does not prevent public employees from engaging in educational discussions, oftentimes they simply don't do it. The reason is the fear of appearing to engage in lobbying. Sometimes, the fiscal director will advise public health employees to not attend a public meeting where an issue is discussed for appearance reasons.

This is simply dysfunctional. Why even have public health professionals if they are not permitted to speak?

For more information, see www.healthyalcoholmarket.com
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Here are some specific things that public health can and should add to the discussion:

1. Presentation and explanation of public health statistics and other facts. When considering changes to regulations impacting addictive substances, decision-makers need to know the magnitude and details of addiction and abuse problems. Public health statistics may not be readily understandable or available to decision makers. They need to know such things as: how serious the problems are compared to other states and localities, who is most impacted, what localities have the greatest problems, and whether these problems are getting better or worse.
2. Presentation and explanation of credible research on what works to decrease or control the problems of abuse and addiction. Once again, resources illuminating what is effective in addressing addiction and abuse problems may not be readily available or understandable to decision makers. Policy makers need a general understanding of what works as well as what efforts have been made in their communities with what effect.
3. Education on what constitutes quality research and reliable statistics as well as the limitations of such resources. Oftentimes, decision makers will be given studies or statistical tables that are of poor quality and serve as the basis for faulty conclusions. They need to be educated on what are credible sources and the standards they use to produce research or statistics. It is equally important that everyone understand the limitations of research. What works in one community may not work in another. A project with poor implementation may fail. And, finally we will never know everything as we are just human beings, not Gods.

The bottom line is: Proper use of public health resources is necessary for high quality decision-making.

Here is a good resource for understanding the difference between education and lobbying: Community Anti-Drug Coalitions of America

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