

#70 (KEITH HUMPHREYS)

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Keith Humphreys OBE is a professor at Stanford University and one of the most influential figures in drug policy both in the US and the UK, having advised the governments of George Bush, Barack Obama, and Boris Johnson. We talk about why synthetic opioids are so much more dangerous, what academics get wrong about advising government, and why San Francisco isn't anything like Portugal.

Jerry Ratcliffe:

Hi there, I'm your host, Jerry Ratcliffe, and this is Reducing Crime.

Keith Humphreys OBE is the Esther Ting Memorial professor in the Department of Psychiatry and Behavioral Sciences at Stanford University. He's also a senior research career scientist at the Veterans Administration Health Services Research Center in Palo Alto, and an honorary professor of psychiatry at King's College London. Keith has been extensively involved in the formation of public policy, having served in a White House Commission during the Bush administration, and as senior policy adviser in the White House Office of National Drug Control Policy under President Obama. He has testified on numerous occasions in the British Parliament, and advises multiple government agencies across the pond.

With co-authors, his book "Drug Policy and the Public Good" won the 2010 British Medical Association's Award for Public Health Book of the Year. His service to addiction-related services and scholarship was recognized by Her Majesty Queen Elizabeth when she made him an honorary officer in the Order of the British Empire in 2022. When it comes to drug policy, Keith really is the guy, so it's great when we could get together for some pre-dinner drinks at the delightful MacArthur Park Restaurant and Bar in Palo Alto, California. That's between San Jose and San Francisco. As you'll hear, it is both a historic building and right across the road from the train station. And I mean right across the road...

Jerry Ratcliffe:

The menu here is very good.

Keith Humphreys:

Yeah, this is very California cuisine. So, this is a very historic building.

Jerry Ratcliffe:

But it's also very California-priced.

Keith Humphreys:

Yeah. This is the first civic community center in the United States. That's this building.

Jerry Ratcliffe:

Here?

Keith Humphreys:

Yes.

Jerry Ratcliffe:

I'd have thought that would've been on the East Coast.

Keith Humphreys:

Yes, you'd think that, but those would've been Churchill-owned or something like that. This was owned by Palo Alto. This building was designed by Julia Morgan, who was a very famous architect in around the first third of the 20th century. How it became a restaurant, I really don't know.

Jerry Ratcliffe:

Funny that this counts as historic, and it is. It's fantastic. But I appreciate the history here, I live a few blocks from Independence Hall and Liberty Bell.

Keith Humphreys:

I get a lot of good humor out of that, because I'll tell people, "What's it like being in California? If something's been up since January, there's a blue plaque and a tour. If you want a photo, this is the cornerstone. It was laid eight months ago."

Jerry Ratcliffe:

It was funny to learn that you grew up in West Virginia.

Keith Humphreys:

Not what you expected.

Jerry Ratcliffe:

No, not at all. You've come a long way from West Virginia, haven't you?

Keith Humphreys:

Yeah, I have. Yeah, I was just back there and it's painful to see. The overdose death rate there is almost 100 per 100,000, which reduces down to say right now if you had 1,000 West Virginians in a room, in 12 months one would be dead from an overdose, which is just astonishing. I mean, the worst of HIV/AIDS was nowhere near that level of acute deaths. That's triple that. Kids I went to high school with are dead from overdoses. My high school in fact had about 1,000 kids in it, and I could see it when I was back in my hometown. There were always poor people growing up, but there weren't the lost ones that you see now in a lot of American cities, who are drifting around downtown areas, shabbily dressed, not clear exactly where they are. Some of them displaying signs of psychoses. Heartbreaking, you just wonder what the story was and that kind of thing but you know drugs is a huge piece of it.

Jerry Ratcliffe:

I was recently doing fieldwork with the transit police in the subway system in Philadelphia, and it's not just that, but now with Xylazine, we're dealing with people who have got open sores on their head and on their neck, which is the size of my fist. Just weeping open sores because it doesn't heal.

Keith Humphreys:

Yes. I was secondly connected to someone who they tried to keep in the emergency room, and several of his fingers fell off. And rather than wait for wound care, he left-

Jerry Ratcliffe:

Holy shit.

Keith Humphreys:

... to go get more drugs. It just really shows you the power of fentanyl.

Jerry Ratcliffe:

I get all misty eyed about the good old days of heroin. You knew where you stood.

Keith Humphreys:

You knew where you stood With heroin. You could take a shot in the morning and go to work, and with fentanyl, at 90 minutes after use you're crashed and want to use again.

Jerry Ratcliffe:

Yeah. People are doing two bundles a day in Kensington, in Philadelphia, and a bundle is 15 vials. So, they're injecting 30 times a day. And a bundle is costing like 65, 75 bucks, so they're doing \$150 a day. And I spoke to a guy in the street a short while back, and he said when it was heroin he would take a hit in the morning, go to a job, take a hit at night, and that was his life and he could sustain that.

Keith Humphreys:

So, this helps explain why fentanyl exists. I get asked often, "Why would anyone sell a product that kills so many of its customers?" The thing is, the most profitable product of the 20th century was tobacco cigarettes, which kills lots of people, but you got a lot of money out of them before they died. So, even though a fentanyl user's not going to live as long as a heroin user, you're selling five times a day or 10 times a day, and your production price is about 1% of heroin because fentanyl is synthetic and heroin is made from plants, meaning somewhere there's a farm, and there's a \$7,000 supply line, and they have to avoid coast guard cutters and all that, and all that is obviated. So, that's why it's actually more lucrative even with the added death of your customers.

Jerry Ratcliffe:

Many, many, many years ago I spent some time in Burma on the borders there, and you can just walk through the poppy fields, and the farmers there are just scraping the opium straight off the poppy pods. But I was thinking when I was there, just the challenges of getting it from there to the marketplace. And you skip all of that with synthetic drugs.

Keith Humphreys:

That's correct. And most opium farming and most drug farming is done in politically unstable areas, so you have to worry about war, rival warlords. You can pay somebody off, you can buy protection, that costs money. You need peasant labor. Sometimes the peasants revolt.

Jerry Ratcliffe:

The peasants are revolting.

Keith Humphreys:

Yes, that's right. They get driven off by a rival. You have to pay off local officials because you can't really hide a farm.

Jerry Ratcliffe:

Horribly unpredictable business model.

Keith Humphreys:

Absolutely. Blight, drought, all gone. Who would want to stay in that business? So, it's no wonder it's driven heroin, not entirely, but almost completely out of California at this point.

Jerry Ratcliffe:

How did you get into this?

Keith Humphreys:

With happenstance, I think is with many people. I went to school in Michigan State University, which is in East Lansing. I was flipping burgers at a Wendy's. I was a psychology undergrad. I knew I was going to be a psychologist, psychiatrist, mental health. I really didn't know what-

Jerry Ratcliffe:

How old were you then though?

Keith Humphreys:

Like 19.

Jerry Ratcliffe:

That's healthy. I mean, people who really know what they want to do age 19 for the rest of their life, those people scare me.

Keith Humphreys:

A little frightening. Yeah, I just knew something in mental health. And the friend of mine came in who was older than me, and I was struck by the contrast. She looked great, she was dressed in office clothes. I was wearing a ridiculous Wendy's uniform and covered in grease.

Jerry Ratcliffe:

I think the ridiculous part there is redundant.

Keith Humphreys:

Yeah. And I was making the American minimum wage was \$3.35 an hour. And she said, "I'm graduating and I have this job in the medical school working for a professor, and I could recommend you." And I said, "Well, what does it pay?" And she said, "\$4.40 an hour." She said, "It's a project on addiction." And I said, "Oh, I've always been interested in that," which was a lie. And I've often wondered if she had said it was about schizophrenia, depression, I would've done it. Maybe I would've been a schizophrenia researcher, which are perfectly fine things to do.

Jerry Ratcliffe:

Just to digress for a moment, I'm listening to a book by the bass player from Dire Straits, and so much of life has happened since, just at the time when they had no money to put together a demo tape and his aunt died and left him 500 pounds, and they had enough money to make a demo tape. And then they went on to become Dire Straits. Luck, happenstance. Not lucky for his aunt, obviously. Your friend walking into Wendy's changed your life.

Keith Humphreys:

Yeah, that moment it changed my life. And so, that's how I got in, and it's a two-fold thing about addiction. I would say it marries the heart and the head. So, when I started to know people who were addicted and I was interviewing people going into treatment, I found that very compelling. You see love, hope, despair, struggles with control, death, family.

Jerry Ratcliffe:

But it's all magnified?

Keith Humphreys:

Yes, it's all magnified. So, the intensity of that was compelling and I felt very badly for them. I know that people hate addicted people, I just never had that reaction of being mad. I felt sorry for them. Then the other thing was the intellectual thing is very interesting, that our species does this. That we will sacrifice food, money, home, family, the people we love-

Jerry Ratcliffe:

Relationship.

Keith Humphreys:

... our values-

Jerry Ratcliffe:

And to risk a likely early death.

Keith Humphreys:

Yeah, for non-nutritive molecules. An incredible riddle. Why do we do that? How did our species even survive with this incredible propensity?

Jerry Ratcliffe:

Does this propensity, is there any evolutionary benefit to it?

Keith Humphreys:

This is an important thing is like what's going on in addiction? Addiction is an adaptation of the evolved systems that we need to survive. Corruption of very adaptive brain circuitry that would normally help us do things, like get warm when we're cold, eat when we're hungry, meet a nice cave boy, a nice cave girl, settle down, have some kids and then care for them, that system being changed is what's going on in addiction. Why did homo sapiens not get wiped out by this 10,000 years ago? And it's because the molecules just weren't there. In 1900, there were only seven documented cases of tobacco-induced lung cancer in medicine across the whole world. Seven. Now, why is that?

Tobacco, the raw plant, it's very hard to inhale the smoke. It's harsh. It's not that pleasurable. Tobacco industry starts to form, they cure tobacco longer so that it becomes sweeter. They mix it with Turkish tobacco, which has got a smoother taste, and they make the Camel cigarette, which is probably the most successful product of the 20th century. Now all of a sudden seven people die of small cell carcinoma of the lung every minute from tobacco. So, this could've growth of the commerce and chemistry with the invention of new molecules.

Jerry Ratcliffe:

So we always had this potential, but we simply didn't have the product that would activate that response.

Keith Humphreys:

That's right. Do you want to order now or do you want to order later? Which would you-

Jerry Ratcliffe:

A little later, I think, if that's okay. Can you give some time?

Restaurant waitstaff:

Sure.

Keith Humphreys:

Thanks.

Jerry Ratcliffe:

Thank you very much.

Keith Humphreys:

You can cut the pod of an opium poppy and get that raw sap. Comparing that to the fentanyl is like comparing a pea shooter to a nuclear bomb. And it's modern chemistry that emerges in the late 19th century. So, the synthetization of cocaine, benzodiazepines, methamphetamine, amphetamine, shortly thereafter, heroin. These were beyond nature. It was more and more powerful, harder for us to deal with, and that's only progressed. So now you get a fentanyl, which is an adaption of Demerol, which is 50 times stronger per weight than heroin, and that's what's overwhelming us now. We have something old, something new. What's old is the human brain and what's new is this substance saturated environment.

Jerry Ratcliffe:

Does it continue to evolve? Have we reached peak potency?

Keith Humphreys:

No, I don't think so, because this is allied with profit in an increasingly globalized economy. So, everybody has an incentive to make the next addictive drug, because there is no customer like an addicted customer. And in this country, about 10% of the drinkers drink half the alcohol.

Jerry Ratcliffe:

I think a lot of them have been my podcast guests.

Keith Humphreys:

The person who like, "Well, I have a bottle of wine on special occasions," is not a profit center. That group, that 10% is, "Well, I have the equivalent of two or three bottles of wine every single day, day in day out," is a very lucrative person to create. And as the world gets richer, contrary to stereotype that many people that go, "Poor countries must have the worst addiction," no, rich countries do. But as countries get richer, like China is, like Brazil is, like India is, they start smoking, drinking, and drugging more.

Jerry Ratcliffe:

You've become a global expert. When you were doing the study, well, probably not when you were sitting in Wendy's, but within a year or two of Wendy's, did you ever think that you would end up on the White House Commission for Drug-Free Communities during the Bush administration and working for President Obama as a policy advisor? I mean, it's a hell of an meteoric career influence. It's amazing.

Keith Humphreys:

Absolutely not. Absolutely stunning, and I feel very, very lucky, because there are many more talented people whose careers didn't pan out that way. And so much of our life is just a flap of the butterfly wings, and it's just really astonishing. I mean, 10 days ago I was at the British Embassy in Washington and I got an OBE, and sat down next to John Williams as they played Star Wars, and he got his-

Jerry Ratcliffe:

What an experience.

Keith Humphreys:

... honorary knighthood. And just felt-

Jerry Ratcliffe:

Did he just lean over to you and go, "And what did you do, bitch?"

Keith Humphreys:

Yeah, yeah. No, if they just went over and said, "There's a mistake. You don't even belong to be here," and throw me out, I wouldn't even protest. I'd be like, "You're probably right."

Jerry Ratcliffe:

Wonderful.

Keith Humphreys:

If there's any justice in this world, I'm in a lot of trouble.

Jerry Ratcliffe:

What an experience. Well, thoroughly well-deserved. I think one of your secrets is that you're really very good at communicating this information, as we've already seen, which is something that I think academics really struggle with.

Keith Humphreys:

Terribly. Yeah, so I do speak English. That certainly helps. I think so speaking in ways people can hear, listening. I actually listen when I work with policymakers more than I talk. And then I think it also helps that I've always been invested in human relationships, having worked with people in governments now for 10, 20, 30 years, and a lot of them is my friends, and I know their children and that kind of thing, and that builds trust. So, they know that when I tell them things I'm not telling to spin them, I'm telling them because I know they would like to succeed and I would like them to succeed.

Jerry Ratcliffe:

What's it like working with administrations from opposite ends of the political spectrum?

Keith Humphreys:

Well, you have to be a compartmentalizer. So, in 2008 there was a very big bill, Mental Health Parity and Addiction Equity, which was the first transformation of American health insurance to cover mental illness and addiction.

Jerry Ratcliffe:

So, this would've been around the start of the Obama administration?

Keith Humphreys:

Yeah, I think it was probably the last bill that George W. Bush signed, and then the regulations of what were written by the Obama administration right when I came in, and I was involved as an advocate at this point. And I had friends in advocacy, dear friends who said, "If there's a senator or a congressperson who will not admit that mental illness is a disease, I don't want their vote." And my view was I do want their vote. I don't care if they're voting because they think this looks good to my constituents, I don't care if they're voting because they think it will reduce crime in their district. The point is that life will be better for this group of people. Now, that's a very compartmentalized view, and I take that when I work with people who I may disagree with on 100 other issues. But to me it's irrelevant. We're working on the one thing I actually understand, which is addiction and mental health policy. And as long as we can agree on that, it doesn't matter to me that we have different views on tax policy.

And I think this is one limitation on the impact of academics on policy is roughly half of people are more conservative and half of people are more liberal, but if academia is 100% liberal, that means half the time they have nothing to say. And that's, I think bad for the country.

Jerry Ratcliffe:

And I think an unwillingness to bite the bullet and work with people who you may have ideological differences on a range of other areas for the common good.

Keith Humphreys:

That is right. And I think also a certain amount of normative pressure to not do that.

Jerry Ratcliffe:

Yes. That whole, "Really? You're meeting with them?"

Keith Humphreys:

Yes, absolutely. I was an appointee of George W. Bush, quite conservative president on a White House Commission, and then I worked for Barack Obama, obviously well to the left of George W. Bush, and then I went and did advising for Boris Johnson when he was mayor of London. Do you have no core to you Humphreys? It's like I have a core about caring about addiction, mental health, and perhaps it happened in all three cases they did too, so there were things that could be accomplished.

Jerry Ratcliffe:

I feel there's been a move, certainly during my time in academia, and I started in policing before I became an academic, so my time in academia is a little less, but 20 something years. But it certainly feels like criminology as a field is moving much more towards advocacy and away from the science. Is that something you've perceived as well?

Keith Humphreys:

Yes.

Jerry Ratcliffe:

I don't want to put words in your mouth, especially when Caltrain is trying to drown me out here. Succeeding as well.

Keith Humphreys:

Yes. What's happening in academia is less and less ideological variability among faculty. Some people say, "What do you mean? I'm a Trotskyite, she's more of a classical Marxist." I know there's that kind of thing. But relative to national politics, people who would all be clumped at one end. And when that happens, it's not good for science because any science that happens to produce result consistent with that ideology has a risk of being waved through, even though if it's methodologically poor and accepted as this is the truth, and therefore we must go promulgate it, and something

that's not consistent, that may be a very good piece of science, it may never even get published because people say, "Well ..." And they find all these flaws.

Jerry Ratcliffe:

So, Bertrand Russell said, "If we agree with it we love every part of it, and if we disagree with it we seek out every single flaw possible in the paper."

Keith Humphreys:

Yes. So I see that phenomenon a lot, even with people who don't think of that as activism, but it is. And then there's also a move of people to just describe themselves as, "I'm an activist. Science is just a Foucauldian kind of understanding. Science is just one basis of power-

Jerry Ratcliffe:

You know everybody switched off as soon as you said Foucault, right?

Keith Humphreys:

Yeah. Did I? That's okay. I did read Foucault in grad school-

Jerry Ratcliffe:

More than I did then.

Keith Humphreys:

Yeah, I read one book. It was actually very well written, but it was not well-reasoned, that's the problem. But now of course people just say, "Science is just there to serve the cause." I'm an editor of a journal, and people write in and say, "This article showing this intervention didn't work harms vulnerable people, you should never have published it." If a treatment doesn't work, then I think it would be the worst possible thing to do for vulnerable people to say, "Well, let's pretend it does work."

Jerry Ratcliffe:

Yeah. It doesn't work because we wish it So.

Keith Humphreys:

Yes. And people putting in reviews, "This is true, but it might be used by someone to do this so it shouldn't be published." You're supposed to stop in science at this is true. That's what I'm here to do, true.

Jerry Ratcliffe:

Well, it's Neil deGrasse Tyson, the physicist, quoted, "Nice thing is about science is it's true whether or not you believe in it."

Keith Humphreys:

Yes, that's right. And I think there's a conceit in academia that academics always listen to the evidence and everyone else is biased. And I just have seen no evidence of that. I see no evidence that politicians are any less data oriented than scientists are. And you can give a talk at a conference, say, "Oh, those dumb politicians. It's about politics, politics, politics." And all those people, "Yes," would nod sagely, "Yes, if only they could be like us." But then if you came with a study saying, say, "Women faculty are paid less than male faculty for the same work," don't think that all those people would run back to their institutions and demand equal pay be implemented immediately. They would find a million reasons why that wasn't right. And I think that smug narrative just in being wrong is actually impairs the ability to deal with policymakers, because you start looking at them as if they were inferior to you.

Jerry Ratcliffe:

And academic purism starts to creep in that's not warranted.

Keith Humphreys:

Yes. No, no, absolutely not.

Jerry Ratcliffe:

Now, you've been successful in getting far more traction than most academics. What's been the secret?

Keith Humphreys:

I would say a couple different things. One is speaking English.

Jerry Ratcliffe:

As opposed to academics?

Keith Humphreys:

As opposed to academic, yeah. So short, clear sentences with not nine million caveats. Very little jargon. I mean, you and I are trained in this stuff, and yet when I look at some of the stuff that is written, I can't understand it. So, what hope does a city council person have who hasn't got that training? So, I talk just like normal. I think that helps a lot. I think I listen a lot, that probably helps. The willingness to work with lots of different people, even if I disagree with them on other things but we agree on this thing, and so we can work together. And then the last thing is just the willingness to be useful, which not everybody has. Tell you a little story about this, if I may. I mean, you and I both know Rory's story, but since your listeners may not all know, so he was a very successful writer and now was a very successful podcaster. But in between that, he was an MP in-

Jerry Ratcliffe:

For a brief period of time.

Keith Humphreys:

Yes, yes. And he held a couple of jobs, including prisons minister. And I had met with him a couple times, and one time we were talking about a management strategy for people with alcohol problems in the criminal justice system. That was the main purpose of the meeting. And just like 10 minutes before the end he said, "I know this is not why you're here, but we have this problem of violence and the prisons are overcrowded. And is there anything that we can do about disorder in prisons?" And I said, "Yeah. I mean, there's some basic behavioral strategies you can employ and you set rules, consult with the prisoners, what are the most important ones? Have immediate consequences that aren't severe, but they're predictable." And THEN, I gave him a prison in Pennsylvania, I said, "They're doing it there, you can talk to them." And he was just stunned. And he said, "I've had an entire faculty of criminologists sitting in the chair you're sitting in telling me nothing can be done, the whole system is oppressive, you are oppressive. Until we have a revolution, you're fooling yourself to think you can make prisons any better at all."

Jerry Ratcliffe:

I mean, he was talking about British academics so I'm not desperately surprised, because it's very ideologically captured to some degree.

Keith Humphreys:

Yes. But I also think why did they even bother to meet with him? Was it just they wanted to go back and high five with their friends? "Oh, I told a Tory minister he was stupid"? He's not stupid, he's very smart guy. I won't want to condescend to the technocracy of can you make the system work better? Because there isn't a revolution coming. Step down from that I would just rearrange all of society, that's how I get rid of crime.

Jerry Ratcliffe:

The part that I worry about is like, well, okay. Jolly good, but can you tell me exactly what your new world order would look like before I burn down the current one? Because they can't guarantee it's definitely going to be better.

Keith Humphreys:

Oh, no. And I think the history of revolutions is not encouraging. And of course, I'm in a country that is a product of one, but as many of them were far more brutal than what preceded them. And also it isn't true that you need to always have a revolution to change things very meaningfully. Look at the incredible American crime drop.

Jerry Ratcliffe:

Since the 1990s?

Keith Humphreys:

Yeah. We didn't have a revolution, or the same system of government we've had actually inequality went up, and yet the number of people getting shot went way, way, way, way, way down. So, it isn't even true that that's necessary. This is roughly the society we have. We have problems, I'm willing to give information that can help solve these problems and not call for a revolution.

Jerry Ratcliffe:

I'm sure you've run into resistance, because you're one of the few people that I know who actually advocates for not just carrots, but also the occasional stick in terms of program, and monitoring programs and so forth. Where does that come from?

Keith Humphreys:

So, you could say if you wanted to shorthand a lot of drug policy debates, it's cops versus docs. And I work with both groups.

Jerry Ratcliffe:

Docs as in doctors.

Keith Humphreys:

Doctors, yeah. So when I'm working with the docs, I'm trying to persuade them of the value of some sticks. And when I work with the cops, I'm trying to persuade them from the value of some carrots.

Jerry Ratcliffe:

Right. Nicely put.

Keith Humphreys:

Human behavior is shaped by consequences. I mean, operative conditioning doesn't explain everything, but explains an awful lot. And when you have drugs involved, that is a very powerful reinforcement for behavior. So, that means it usually requires some imposed cost for the person to want to change it. Addiction isn't like depression or chronic pain. People with those conditions will crawl through broken glass to get treatment and get rid of them. Most people who are addicted are very ambivalent about giving up that substance because that reward is so intense. And so, why do they show up in treatment? It's usually because someone's pushing them. The wife says, "You stop this or I'm taking the kids and leaving." The boss says, "You show up high at work one more time, you're fired." The doctor says, "You keep living this way you're going to be dead in six months." Or a cop says, or a judge says, "You can go to jail or you can clean up your act, you decide."

Jerry Ratcliffe:

And I can't imagine that's popular in some areas.

Keith Humphreys:

So, it's not popular among health circles. In fact, some of the people [inaudible 00:24:44] any pressure on anyone to change substance use behavior in any way is not only ineffective but morally wrong.

Jerry Ratcliffe:

And I did want to ask you about this, and I'm interested because I've been doing a project with the transit police in Philadelphia trying to help the vulnerable population in the subway system transition to treatment, or shelter, or care in some fashion. And we've been looking at the difference between whether it's just a police officer going and approach him, or a police officer and a social worker. Because at some point in the future, we'll test the police officer versus the social worker on their own, but we had a limit to how this was set up. And it's just anecdotal in terms of observing this. I think the presence of a police officer sometimes brings some modicum of coercion. I'm not necessarily sure that's a bad thing.

Keith Humphreys:

Right. No, it definitely isn't inherently a bad thing. You've been on the beat, you know there are times when it's the worst thing. Like you have an ambiguous situation where say someone's in a mental health crisis and they're basically just frightened, but-

Jerry Ratcliffe:

Then the uniform turns up and makes it work.

Keith Humphreys:

... a police shows up, someone carrying a gun and they flip out worse. On the other hand, other times it's a calming thing for everybody because the sense of this is not going to escalate into a violent confrontation, because we have a police officer here so you don't have to go home, but you can't stay here kind of thing.

Jerry Ratcliffe:

So, that's a more formal version of it. And drug treatment and court mandated is also another more form of coercion. I mean, is that on part of a continuum with, I suppose family intervention's a more informal coercion mechanism?

Keith Humphreys:

Yes. I don't know many people just like, "I just really would like to try to pressure an addicted person to treatment because I'm offended by their life." It's usually, "Our marriage is falling apart. I can't pay the bills because it's all being spent on drugs." Or, "He or she is violent and I'm frightened." And so, it's rational and also ethical for them to say, "I need a change here."

Jerry Ratcliffe:

Well, so speaking about that, what is the science around coercion? I mean, I suppose there's two questions. I suppose efficacy and the ethics.

Keith Humphreys:

Yeah. And there's also that compared to what? The normative finding, the coerced treatment is outcomes are usually similar to the voluntary treatment. But a big reason for that is most of the voluntary people are being leaned on by someone else. So in some, it's kind of a contrived question.

Jerry Ratcliffe:

But surely you could argue that could a comparison be group be people who aren't in treatment?

Keith Humphreys:

Exactly. People who are, say living in a tent and using fentanyl and meth all day, and people say, "Oh, you'd be wrong to coerce them. Voluntary treatment is better." That's implying they will come in, but is that really likely?

Jerry Ratcliffe:

I sometimes wonder, and I worry that I'm about to verge into territory I'm not familiar with, this all presupposes that we're taking the argument that everybody is acting at their peak rationality.

Keith Humphreys:

Right. Coercion can also be effective in the absence of treatment. Clinical people tend to believe no one can change substance use behavior without treatment. And this is a great example of how academics can ignore evidence. We have very good data on huge samples of people who used to have a substance use problem and don't anymore. A very small minority actually ever went to see somebody like me for addiction treatment. People change for myriad reasons. Sometimes they change because their life changes, their job changes, they lose something they care about.

Jerry Ratcliffe:

They get threatened with an ultimatum.

Keith Humphreys:

They get threatened with an ultimatum, they have a scare of some sort. And so, sometimes I talk about coercion and people make the mistake of thinking, "Oh, you just mean mandating people treatment. That's unethical." It's like no, I'm actually just means putting pressure on people. The example of that is a 24/7 sobriety in the states, which is just called Alcohol Abstinence Monitoring Requirement. But it's such an incredible demonstration of power of swift, certain consequences. It starts in South Dakota with a guy named Larry Long, who's a county prosecutor. There's small towns in South Dakota. He's seeing these people cycle through the court for alcohol-related offenses over and over, your fifth drink-driving and you got into a punch-up, and you broke into a house. And he sees it's very ineffective, everything they're trying. But second, he grew up with a lot of these people and he feels bad for them.

He cares about them. He says, "The problem isn't their driving or conduct generally, it's the alcohol. So, instead of focusing the power of the court on other things, let's focus on the alcohol." And he started sentencing people to not be able to drink, monitored every single day. So, people would come in every morning and blow a breathalyzer. If it was

negative, immediate reward. "Well done, Keith, you have a great day." If it were positive, immediate, negative consequences. They were arrested on the spot. They were walked across the street and put in a jail cell, which they stayed in to the following morning.

Jerry Ratcliffe:

Wow, this is really getting into the air of swift and certain punishment.

Keith Humphreys:

Swift and certain punishment, right. So, I first heard about this, I was working in the Obama administration, and we were looking for things that we call the Holy Trinity. We want something that makes the public safer, gets the person to cut back on their substances or stop entirely, but doesn't fill up jails. So, I went to South Dakota and I expected half these guys are going to be drunk, rampaging around the countryside, and your cops won't have the energy to get them. The other half are going to show up surly and hungover. Completely wrong.

Jerry Ratcliffe:

I mean, that was just generally my impression of South Dakota regardless.

Keith Humphreys:

Yeah. Not nice, not nice.

Jerry Ratcliffe:

Sorry, South Dakota listeners. I'm only joking,

Keith Humphreys:

Yeah. But I watched about 200 people just go right through, breathalyzed all the way through, and in half an hour just bang, bang, bang, bang, bang. Every single one of them they were monitoring, perfect.

Jerry Ratcliffe:

I mean, I can imagine this is controversial in public health circles to be supportive of this.

Keith Humphreys:

Right now in public health, there's so much hostility to anything law enforcement does.

Jerry Ratcliffe:

Tell me about it.

Keith Humphreys:

By definition it has to be bad. And second, this seems to be implying that law enforcement can affect substance use. Say, "Well, it's a health matter, and therefore only doctors can change it." As if doctors are the only thing that change our health behavior.

Jerry Ratcliffe:

Sorry, but looking at their track record in some other areas, it's not been super in the public health area.

Keith Humphreys:

Well, yeah. I mean, and there's tremendous failure around a lot of interventions for substance use that were invented by health professionals. So, what are the effects of this? You get about 9%, 10% decrease at the county level in drunk driving rearrests, at the county level.

Jerry Ratcliffe:

That's great.

Keith Humphreys:

At the individual level, it's like 50%, 60%, 70%.

Jerry Ratcliffe:

But it seems if you're identifying significant repeat offenders, you're targeting the power few who were driving so much of the problem.

Keith Humphreys:

That's right. Overwhelmingly, males between the ages of 18 and 40. But the other bonus was domestic violence arrests dropped about 9%. The vector is the alcohol. When you take that out, you get these spillover effects-

Jerry Ratcliffe:

Can't beat it. That's fantastic.

Keith Humphreys:

... and that's better than treatment. How we use to leverage the court now as we say, "We will mandate treatment and hope for behavior change." The best way to use the power of the court is to mandate behavior change and offer treatment.

Jerry Ratcliffe:

Now, if I understand correctly you helped expand this policy across to the UK, which is a place you are very fond of.

Keith Humphreys:

Yes, I'm a hardened Anglophile.

Jerry Ratcliffe:

Shocking, shouldn't be allowed.

Keith Humphreys:

Yes. So, this is one of the real gratifying policy experiences of my career. I have a year off from Stanford University to work for the president. About 10, 11 months into that, my boss has a treaty negotiation thing in Vienna, the big drug treaty. And I said, "Look, I'm almost done with this job as senior policy advisor, so I should connect you to a lot of my British contacts. Why don't we stop in London on your way to Vienna, and we'll go to Parliament and I'll introduce you, and you can meet the home secretary and these MPs." And he says, "That's great." So, we do that for a day. And he goes on to Vienna and I finally have my first day off in six months working in the White House. So, I'm sitting at my club just going through the newspapers and I open up one that says, "I want to try this South Dakota sobriety scheme, because I want a blood and vomit free High Street," said Kit Malthouse, deputy mayor for policing."

Jerry Ratcliffe:

Bizarre quote.

Keith Humphreys:

And I felt like this is a line. I mean, I don't know who this guy is but I love that quote. So, I sent him a note and I said, "Look, I've just spent a year in the White House. We've supported these programs and I understand how they work, and if you want to work together on this I'd be happy to work with you." And he sent me an email back. He said, "Oh, come on over." He went to the Oxford Policing Forum, John Calkins gave a talk where he went through just a bunch of different things. And John is a great policy entrepreneur as academics go. He just mentioned this idea in the talk, and it captured Kip's imagination.

Jerry Ratcliffe:

But it's interesting how it's not any notion of he'd been exposed to the scientific literature in long-winded, peer-reviewed journal articles.

Keith Humphreys:

No, no. But I bring that up to say I have colleagues and students who would like to influence policy but don't want to deal with this, you just need to get on that circuit and get your ideas and data on it, and someone else can carry that to the policymaking class if you don't want to do it.

Jerry Ratcliffe:

Right. Fascinating. So, you've had a lot of experience on both sides of the pond in terms of dealing with the politics of both sides.

Keith Humphreys:

Yeah, yes.

Jerry Ratcliffe:

Both as intractable as each other, but in different ways?

Keith Humphreys:

It's very interesting. So, British politicians are exaggeratedly mean to each other in public and very nice in private, and American politicians are the other way around. So, you're quite a few cross-party friendships, and also a stronger influence of science in British policy. So, I had this nice experience, I think it was in the House of Lords, and someone said, "Yeah, you got to get Lord so-and-so on the side, he's skeptical." And he came in early. He said, "Well, this just seems crazy to me. I can't believe this could possibly work, this scheme of yours." I said, "Well, here's an epidemiological data. Here's some neuroscience data. Here's a clinical trial data." He said, "Huh. Well, can't argue with science. Okay, I'll support it."

Jerry Ratcliffe:

Fantastic.

Keith Humphreys:

Yeah. And I really felt like saying, "Can you hold me? Because I'm about to cry. I've been working with the U.S. Congress for the whole last year, where there are people who are proud that they don't like science." If you do that in British politics, yeah, there's a few people like that, but generally people of all parties think, "That person's stupid."

Jerry Ratcliffe:

Yeah. There is a, and I'm afraid I find it in some areas of policing and sometimes you find it in some areas of police leadership, there's far more tolerance for anti-intellectualism, anti-science in the U.S. than there is in Europe.

Keith Humphreys:

Absolutely so.

Jerry Ratcliffe:

Does that partly explain the differences between the experiences of the Portuguese in their strategies, and what's been happening on the West Coast of the U.S.?

Keith Humphreys:

That's a great question. The Portuguese famously, around the year 2,000, decided to decriminalize possession of all then illegal drugs, to build up their health services and create something called dissuasion commissions, which would assess people who had been picked up by the police for using drugs, make an assessment of whether or not they thought they had a problem, and then try to encourage them to change, offer treatment. And also apply both social

pressure, but they also had the power to fine and that kind of thing. And it was an expression of a lot of things about Portuguese culture, which of course Portuguese first off, it has a very strong Catholic overlay and it's a communitarian culture. I've spent a fair amount of time there, and it's a lot of people live out their lives in the same place, and their parents live there, and their grandparents live there.

So, unlike in San Francisco where everyone's through someone else, you'd be afraid to use heroin on the street because your mom might find out right. Now, what happened in the Western United States is harm reduction has become fused with more right-wing style libertarianism. So, people start talking about drugs the way conservatives talk about guns, or about COVID vaccine refusal. Everyone has the right to do what they want, any pressure from the state is wrong, and also harm to others is irrelevant. If someone else is harmed, they should just suck it up. So, that got pulled together and say, "Let's then do Portugal here," like in Oregon where decriminalize everything. And Washington State to some extent has done that, British Columbia is doing that, San Francisco has to some extent done it. First off, they left out the Dissuasion Commission part. So, part of the policy actually was putting pressure on people.

Jerry Ratcliffe:

They deliberately had a component that was coercive.

Keith Humphreys:

The Portuguese did. Yes, yes. Further, they don't have Portuguese culture. The West is the most individualistic libertarian part of the United States, that goes back to at least the 1850s. They wanted freedom, and individualism, and self-exploration, all of which, by the way, are fantastic in many domains. But it doesn't work well for drugs. And so, this idea of be who you are, explore, don't worry about other people and that thing, that's not a good message to someone who's got a substance use problem.

Jerry Ratcliffe:

Right. And I don't mean to laugh, but it seems painfully obvious.

Keith Humphreys:

Yes, it seems obvious, and it's certainly painful. It's not obvious to some people.

Jerry Ratcliffe:

We've got people from California turning up in Kensington, Philadelphia. So, they're immediately away from all of those informal coercive mechanisms that the Portuguese have, like family and friends, and everybody that knows you, seeing you on the street going, "Hey Bob, you look like shit."

Keith Humphreys:

Yes, yes, that's right. Before Portugal's reforms they weren't using police very much, but they had all these cultural constraints. Out in the West we had none of that, and the only one left was the law. And so, you remove that, it just-

Jerry Ratcliffe:

The brakes are off.

Keith Humphreys:

Yeah, that's right. And that's why you see Oregon I think is number one in the country right now to the 50 states for drug use, about 60% increase in overdoses.

Jerry Ratcliffe:

So, they've really blown it.

Keith Humphreys:

They have blown it. And to say at least elements of bureaucracy like Secretary of State have admitted they screwed up. It was supposed to be a rollout of a ton of services, which was completely botched. They had a ticketing scheme, which was just ludicrous, of writing people a ticket for \$100 dollars. Say, "Call this toll-free number and get a health assessment. We'll waive the ticket." Well, 99% of the people ignored the ticket. The 1% who called, they weren't interested in treatment. So, The Economist magazine figured out the cost of those calls worked out to \$7,000 per call, and not a single person ended up in treatment that way. I'm living on the street, I've given up my family, my job, my self-respect. But this ticket for \$100? That's it. No more fentanyl for me.

Jerry Ratcliffe:

This is the wake-up call I needed.

Keith Humphreys:

Yeah, that's right. It's this piece of paper. Thank you, officer.

Jerry Ratcliffe:

So for these cities, we can't just flip it around, but how do we start to get back on the track where we get a much more balanced approach?

Keith Humphreys:

Everyone knows what they don't want. When I talk to lots of policymakers, and not just in these particularly troubled spots, it's we don't want a racialized carceral war on drugs, and we don't like the outcomes we're getting from what we're doing. But there's a couple of things we do. One is dispense with the fantasy that we can run drug policy entirely on the basis of health. This is the flip side of the fantasy of the '80s and '90s of men with guns and badges will solve this problem. Like sullen adolescents, the health people, "When we are in charge, things will be different." Now they're in charge and things are terrible, just is terrible. The cops have been marginalized, initially that emotional sugar rush of ha-ha, now we're running things and now we get the resources and you get the-

Jerry Ratcliffe:

You get defunding.

Keith Humphreys:

Yeah, you get defunding, you get demeaned, and it's a mess. It is impossible to make progress on this problem only with a public health approach or only with a public safety approach. Police, you're there for the people who are dealing. Health, you're there for the users. We're going to close down this open-air market and help people be driving up in their methadone vans, training users who immediately want it. We're taking these dealers away. Those kinds of operations are critical. And also police, and have to their credit, in a lot of places, become part of the health's response. Proud to say it, I think the first time it was said in an American drug strategy was Obama's first strategy, that Naloxone needed to get out. Police carrying it into the community was written by me.

Jerry Ratcliffe:

Well then, I can't tell you how many lives I've seen saved personally. Congratulations.

Keith Humphreys:

That's great to hear.

Jerry Ratcliffe:

It's everywhere, and I've seen it.

Keith Humphreys:

That's great to hear. And I was recently doing some work in Scotland, same thing, they're carrying. They said, "We need to evaluate." I said, "Well, don't make it a long-term evaluation because you're going to see effects right away."

Jerry Ratcliffe:

Well, I started carrying it when I was just doing fieldwork, just walking around with the cops. Now I carry it, I've got it in my car.

Keith Humphreys:

Yeah, I do too. I have it in my car, and I carry it with me every time I go up to San Francisco. Some health people, "No, no, no. Health is our thing." It's like, no, can't have this territorial, Klan-ish kind of stuff. Everybody's on the same team. Doing harm reduction policing around open air markets, with police and health side by side and with the community to close those down. And sometimes when I bring that up, someone well-meaningly says, "Oh, but there'd still be drugs and there'd still be drug dealing." And I say, "You're right. All that would be different would be the neighborhood would be safe, children could walk to school, elderly people could go out in the street. That's all. That's all that you would get, just that." In other words-

Jerry Ratcliffe:

We don't need that.

Keith Humphreys:

Yeah. What every middle-class person thinks of as their birthright, you would get back. And David Kennedy said to me once, and I've quoted him over and over, "There are lots of communities in America that have plenty of drug use and plenty of drug dealing, and no open air drug markets. They're called suburbs." Turning a neighborhood like Kensington into something like that, yeah, there's plenty of people using drugs. They're dealing drugs, but they're not on a street corner with a gun in their belt, there's not people passed out on the sidewalk, not people wandering intoxicated into traffic.

Jerry Ratcliffe:

Many years ago in Philadelphia, we had an operation called Safe Streets, and it was incredibly expensive, but it put cops on corners, on drug corners, across 300 drug corners. And what I discovered was that the police had a database of anonymous tips about drug use, and one of the data fields in there was is it outside or is it inside? And when that operation started, there was this big shift from 60%, 70%, 80% outdoors to 60%, 70%, 80% indoors. And I consider that to be a benefit. If you're complaining about drug dealing that's in somebody's house, it's because people aren't getting shot up in the street corner.

Keith Humphreys:

That's right. I was up in the Tenderloin, and I was watching a woman walk her little girl to school, and she was walking in the middle of the street because the entire sidewalk was just covered with dealers, and people in acute intoxication. In San Francisco and places like that I have to say, you have to care about people who don't use drugs. The harm to that mom and that little girl-

Jerry Ratcliffe:

8:00 in the morning I'm in a van driving down Kensington, and you see a lot of open drug use. So, the cops really don't do anything. I had a really nice officer, she was great, but one thing caught her eye and I couldn't really see. She stopped the van and rolled back, and rolled the window down. "Really?" And I looked to see what it was, and just as I could see a woman walking her daughter down the sidewalk, but in between two parked cars there was a guy with his shorts around his ankles injecting into his penis. And she shouldn't have to walk her daughter to school seeing that.

Keith Humphreys:

Right. Frequently there's an effort to shut down this discussion. Any enforcement, that's just racism. You're picking on those people because they have dark skin. All the people being harmed in the neighborhood do too. So, I think it's racist to say low-income African-American with Latino neighborhoods do not deserve the same protections that I deserve.

Jerry Ratcliffe:

They don't deserve to have the same quality of life in terms of just going about their day-to-day business as everybody else takes for granted.

Keith Humphreys:

Everybody else does. And that to me sounds like more an instantiation of racism than it would be an overturning of it. And that takes some courage to say it, because it's difficult to bring that when some of that accusation is thrown. Anybody who wants to make a neighborhood better is racist.

Jerry Ratcliffe:

The neighborhood can be part of the victimization mechanism as well.

Keith Humphreys:

Yes. When harm reduction evolved as a public health strategy, initially mainly in Europe, it was always understood to be about the total population. And the change that has come in the United States, particularly on the West Coast, has lost concern with the total population and it's only the people who use drugs. And whatever harms they do to others are irrelevant. That's not actually public health anymore, that's more of a libertarian understanding. Health needs to, I think, expel that toxin of actually right-wing libertarianism instead say, "Everyone matters."

Jerry Ratcliffe:

I think we're in a position to wrap up, because there's no way I'm editing this down because it's been just great fun. So, I know you're a movie buff.

Keith Humphreys:

Yes. Big time.

Jerry Ratcliffe:

And you even post movie reviews, which I appreciate very much and I follow along with those. Is there one movie that you think is the most realistic depiction of this whole area? The one that you would give to students to watch because there are useful lessons in it?

Keith Humphreys:

Gosh, what a good question. What's a great movie about-

Jerry Ratcliffe:

See, I'm leaning Trainspotting.

Keith Humphreys:

Trainspotting is a very vivid and powerful film. I guess there's movies about the business and movies about the experience of addiction. So, I like Michael Vaughn's movie, Layer Cake, about the business. It's very stylishly made, it was before Daniel Craig was James Bond-

Jerry Ratcliffe:

And Sienna Miller was in it as well.

Keith Humphreys:

Correct, yes. Didn't notice her. The reality of, first off that many people in the business are not very bright, very few masterminds, some are quite sociopathic but a lot are not. And also that there are people like Daniel Craig's character who believe you can somehow function in this business and not be touched by it. And a lot of what they've experienced in the film is that there is no way to have a clean living dealing in drug trafficking. So, I like that film a lot. For portrayals of addiction, so I like the television show Bergerac, which John Nettles made before he made Midsomer Murders, about a cop trying to get into recovery. I like the old American TV show Hill Street Blues-

Jerry Ratcliffe:

Fantastic.

Keith Humphreys:

... where Daniel Trevanti, the captain is in AA, and he also slowly helped Kiel Martin's character recognize his own alcohol problem.

Jerry Ratcliffe:

Well, notwithstanding just the best theme tune ever written. Fantastic.

Keith Humphreys:

Oh, yeah. So many things about that show was a trendsetting show. It's a terrific, terrific show. Those I would watch. I'll put in a plug for those who might be movie bluffs. My sons during the pandemic, my teenage sons, I hired them, because they're technically skilled. And I said, "Here's a pandemic project," because I had written about film for Watch Monthly Magazine and different websites. Said, "If you gather up all my reviews and build a site for me, I'll pay you ...". Whatever, I can't remember what I paid them. But anyway, the site exists. It's allgoodmovies.com. No bad films, it's awful explain why no film is bad so I only write about films that are good. So, if you want a recommendation you can get one there.

Jerry Ratcliffe:

Fantastic. Well look, Keith, thanks very much for spending some time with me. We've reached the coffee part of dinner, so I guess it's time to wrap up. I really appreciate the time to chat.

Keith Humphreys:

It was a great pleasure, thanks so much for asking.

Jerry Ratcliffe:

That was episode 70 of Reducing Crime, recorded in Palo Alto, California in October 2023. If you want more episodes like this, subscribe to Reducing Crime at Spotify, SoundCloud, Apple, or wherever you pod. Hey, it's free. Excel spreadsheets with multiple choice questions for every episode are available for instructors, and are just a DM away. Check out reducingcrime.com for transcripts as well.

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