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Final Paper

Part 1

In many places across the United States and internationally, governments are reevaluating current drug policy and its effectiveness and costs to society and individuals. The movement to decriminalize recreational drug use, especially for marijuana, has become quite popular and has achieved varied degrees of success. While the idea of decriminalizing the recreational use of drugs is gaining some acceptance, it is by no means without controversy. Our class exploration of the question of whether it is right to decriminalize drug use identified four points of common ground (and I added one more), and seven issues of disagreement.

Common Ground

1. Drug use is risky, can be dangerous or even deadly, and incurs many costs to society and individuals.
2. If we decriminalize drugs, some social costs will go up due to the cost of rehabilitation and other similar services.
3. Race plays a role in who gets penalized for drug use.

4. How the drug war is fought after decriminalization will change to focus on distributors rather than drug users.
5. Implementing the decriminalization of drugs will be a complicated process.

Issues

1. How will decriminalization affect crime rates?
2. How will decriminalization affect incarceration in the United States?
3. Will decriminalization affect the rate of drug use?
4. What dangers to public safety would arise with decriminalization?
5. Will decriminalization affect public health?
6. What are the economics of decriminalization?
7. What affect would decriminalization have on the producers and distributors of drugs?

Whether or not decriminalization of drugs will affect crime rates is one of the issues in the debate. Opponents of decriminalization believe there is a clear link between drug use and criminal activity, particularly property crimes and violent crimes, and that these crimes will increase with decriminalization (Hartnett, 2005). This was not the case, however, in Portugal, where a positive effect on crime was noticed after all drugs were decriminalized in 2001 (Murkin, 2014). Related to this issue is how decriminalization will affect the number of people in prison. Because of the link between drug use and crime, it is argued that costs of incarceration will increase (Hartnett, 2005). Others believe, however, that the decreased costs

from not incarcerating drug users will mean fewer people in prison and will result in a net savings (Drug Policy Alliance, 2016). The third issue identified is whether or not decriminalization will increase the recreational use of drugs. David Mineta writes that the lower cost and ease of obtaining drugs after decriminalization will increase drug use. (Mineta, 2016). A review of nearly two dozen studies conducted over 25 years in the United States and internationally found, however, that decriminalization of cannabis does not increase use (National Organization for the Reform of Marijuana Laws, 2016).

The impact of drug decriminalization on public safety is a concern to many who believe that decriminalization will lead to an increase in risky behavior, particularly impaired driving, which will compromise everyone's safety (Stimson, 2010). Advocates of decriminalization counter that other existing laws prohibit and penalize driving under the influence of intoxicants, and the private drug use of otherwise law-abiding citizens should not be illegal (Steves, 2014). How the decriminalization of drugs will affect public health is another of the issues at hand. Some believe that overall public health will improve because rates of addiction and infection of deadly diseases will go down if health services for drug users and addicts replace law enforcement and incarceration (Caulkins, Kasunic, Kleiman, & Lee, 2014). The Obama Administration maintains that decriminalizing drugs will increase use because of increased availability and a decrease in the stigma associated with drug use, leading to increases in the significant negative effects of drugs on people's health (The White House, 2016).

The economic aspects of the decriminalization of drugs is also a subject of discussion. Some believe that decriminalization will allow significant savings to the government from no longer investigating, prosecuting, and incarcerating people for crimes of drug use or possession (Miron

& Waldock, 2010). Others counter that increased costs for rehabilitation and increased crime that would accompany decriminalization would negate any potential savings (United States Department of Justice, 2016). Another controversy surrounding the idea of decriminalizing drugs is how it would impact the producers and suppliers of illegal drugs. Some contend that decriminalization without legalization would benefit and enrich drug cartels and dealers by allowing the use and possession of drugs without a legal market in which to purchase them (United States Department of Justice, 2016). Others believe that law enforcement will be able to concentrate on drug producers and smugglers if they no longer need to expend limited resources on drug users (Steves, 2014).

The issues surrounding the decriminalization of the recreational use of drugs are wide ranging, and any decision, either to stay the course or attempt reform of drug policy, will have far-reaching consequences for people in all areas of our society. All of us are affected in our liberties, our pocketbooks, and our safety.

Part 2

In 1971, President Richard Nixon launched America's War on Drugs. In the forty-five years since that time, the United States has spent more than one trillion dollars and has incarcerated millions of people, many of them for non-violent drug related offenses, ruining countless lives.

This war has been waged in a racist and discriminatory manner, disproportionately affecting minority communities and people of color. The very beginnings of the drug war had racist motivations and were in part an attempt to criminalize the black community and give legitimacy to oppressing it. The war on illegal drugs ensures that much of the profits of the drug trade go to international smuggling cartels, whose often ruthless business model inflicts an incredibly violent toll on Mexico and other Latin American countries. In the United States, reliance on a law enforcement and incarceration approach to stem supply without sufficient support of programs that reduce demand has resulted in the deaths of tens of thousands of people. When the Obama administration turned the attention of its drug policy to the abuse of prescription opioids, its efforts were very successful and stemmed the flood of black market pills. But the failure to address the needs of those addicted as a public health issue led to the death of tens of thousands of users when they turned to heroin to satisfy their addiction. Despite the monetary and human expense exacted by the war on drugs, it is obvious that recreational drug use in America, or anywhere else for that matter, is not going to go away anytime soon. Public opinion against drug use, especially marijuana, is waning to the point that a legal recreational cannabis economy is now thriving in a few states and Washington, D.C. (Dickinson, 2016, pp. 30-35). The tide is turning in America, and it is time for American drug policy to change with it.

Since the 1970s, several European countries have changed their drug policy to include various levels of legalization or decriminalization. These attempts have been very successful in reducing the overall harm caused by drug abuse and addiction, and can serve as good examples for drug policy reform in the United States. It would be right for the United States to decriminalize drug use in accordance with European models because more public funds could

be used to prevent drug abuse and provide addiction services rather than on police, court, and incarceration costs. With decriminalization, the overall harm of could be reduced. Furthermore, the European experiences have shown that decriminalization does not significantly increase recreational drug use among adults or minors.

In the United States, more than 40 billion dollars a year is spent on the war against illegal drugs (Schrager, 2013). This estimate includes costs of federal, state, and local governments' spending. In "Understanding drug legalization," it is reported that at any given time in the United States, approximately 500,000 people are in jail or prison for drug offenses (Caulkins, Kasunic, Kleiman, & Lee, 2014). Despite these economic and human costs, drug use continues, seemingly unabated. Many European countries have decriminalized drugs with various approaches, and the results are encouraging. Portugal, for example, decriminalized all drugs in 2001. There, people caught in possession of drugs are referred for treatment and punishment, if any, is limited to a fine (Ingraham, 2015). The Netherlands has also decriminalized the use of marijuana and has reallocated limited resources to the prevention and treatment of abuse of "hard" drugs. This approach is a very cost effective one. Rick Steves writes that "European policymakers estimate that they save 15 euros in police and healthcare costs for each euro invested in drug education, addiction prevention, and counseling." (Steves, 2014). The decriminalization of drugs in the United States would allow governments the opportunity to save billions on law enforcement and incarceration and use the savings to invest in drug abuse prevention and education.

One of the key concepts in the European approaches to drug use is a focus on reducing the harm, in all its forms, caused by drugs and government policy towards them. The human costs

of crime, incarceration, disease, and mortality associated with prohibition are factored into the equation along with monetary costs of prohibition and enforcement (Caulkins, Kasunic, Kleiman, & Lee, 2014). Programs such as drug abuse prevention and education, hypodermic needle exchange programs, and supervised safe injection facilities treat drug abuse and addiction as public health issues rather than moral failings have been quite successful. Portugal has one of the lowest rates of mortality from drug overdose in the European Union, at 3 deaths per million citizens, compared to an EU average of 17.3 (Ingraham, 2015). Recognizing the public health costs associated with disease caused by addicts sharing dirty hypodermic syringes, many European countries have established needle exchange programs. Preventing disease by keeping dirty needles off the streets is very effective, and the costs are “minuscule compared with those of treating people who would otherwise become infected with HIV,” according Ethan Nadelmann (Nadelmann, 1998, p. 115). Despite successful implementation of needle exchange programs in Europe, Canada, and Australia, the refusal of the US to follow suit in any meaningful way has led to thousands of preventable HIV infections (Nadelmann, 1998). Decriminalization also seems to eliminate the “gateway drug” notion that marijuana use leads to use of harder drugs. In the Netherlands, the Dutch believe that decriminalized access to marijuana means young people do not have to use street drug dealers, “who have an economic incentive to get them hooked on more expensive and addictive hard drugs.” (Steves, 2014).

One of the major fears people have with the idea of decriminalization of drugs is that drug use will dramatically increase. However, in European countries that have in one way or another decriminalized drug use, this just does not seem to be the case. According to the Transform Drug Policy Institute, since decriminalization “the reality is that Portugal’s drug situation has

improved significantly in several key areas. Most notably, HIV infections and drug-related deaths have decreased, while the dramatic rise in use feared by some has failed to materialize.” (Ingraham, 2015). The Netherlands has not seen a significant increase in marijuana among Dutch teens, who smoke pot at half the rate of American teenagers (Steves, 2014). Additionally, Dutch teens try cocaine at a far lower rate than Americans, despite decriminalization in the Netherlands. Interestingly, it seems decriminalization actually reduces the risk from the use of dangerous but legal substances such as “spice” or synthetic marijuana, and “bath salts,” both recent public health problems in the US and other areas. The use of these substances “is lower in Portugal than in any of the other countries for which reliable data exists.” (Ingraham, 2015). Some would counter-argue that data does in fact show an increase in drug use after decriminalization, but these studies should be taken in context with trends in drug use as a whole. For example, in the Netherlands over thirty years of decriminalization, “while marijuana use has increased slightly, it has not increased more than in other European countries where pot-smokers are being arrested.” (Steves, 2014).

Over the past forty-five years, America’s War on Drugs and failure to treat drug use and addiction as a public health issue has caused far more harm than drugs themselves. Decriminalization of drug use would allow police and courts to focus on these criminal enterprises supplying the drugs. It has been clearly shown that no matter how many people are put in jail; drug use will not be eliminated. Indeed, drug use and addiction are rampant in the prisons themselves. In the history of mankind, there has not been a drug-free society (Steves, 2014). To believe we can create one is naïve and an unproductive approach to the harm that can be caused by the use of recreational drugs. As a member of the gay community, I am very

wary of government attempts to intrude into the private affairs of adults who are causing no one any harm. I understand many people have objections to decriminalizing drugs, but believe that the experiences with decriminalization in Europe are notable and show that many fears just do not materialize to a significant extent. I believe the overall benefit to society would be worth the challenging transition. The approach taken by many European countries is far more pragmatic and effective, and should be adopted in the United States in order to end the vast harm caused to far too many people by our punitive and retributive approach to drug use.

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