

# Wrong Strategy, Wrong War, Wretched Results

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America is currently engaged in a war that cannot be won, and which should have never begun. It is a war that has only made the initial problem exponentially worse and has caused tremendous tragedy in the lives of hundreds of thousands of Americans, as well as countless people in other nations. I'm not talking here about the disastrous debacle in Iraq; I'm speaking about what has been called the "war on drugs."

When our country's leaders declare war, we expect that they do it for our good and for the good of our nation – not simply to provide themselves with personal political advantage, or a scapegoat, to distract us from tough problems and politically difficult solutions. We expect they will conduct a war with clear objectives in mind – and that they will pursue those objectives effectively and with integrity. Disastrously, as with the war in Iraq, our nation's so-called "war on drugs" has violated all of those principles.

Roughly thirty years have passed since this purported war began. There have been no winners, but there have been plenty of

losers. You and I have lost as taxpayers and citizens, as have the hundreds of thousands of non-violent drug offenders who have been incarcerated under outrageous mandatory minimum and compulsory guideline sentencing laws and their families. The most vulnerable, our youth, have lost because we have neglected to provide them with the prevention, harm-reduction, and treatment programs that would actually make a positive difference.

Lives have been destroyed, lives have been lost, due to drug abuse because effective prevention programs, harm reduction measures, and efficacious treatment have been denied, while most of the war-on-drugs resources have been diverted – and wasted – on source control, on ineffective interdiction efforts, on incredibly expensive imprisonment of an ever-growing number of men and women, and on failed feel-good nonsense like the notoriously ineffective DARE program.

Blaise Pascal once said, "Men never do evil so completely, and cheerfully, as when they do it from a mistaken conviction." When it comes to the "war on drugs," there has been enormous evil done as a result of politically-driven, mistaken convictions about substance abuse.

As policy makers, leaders, and community members, we must honestly face the societal costs of the creation of what, without hyperbole, can be described as an American Gulag. Although the word "war" in the phrase "war on drugs" is a misnomer, the casualties are very real.

Three years ago, John was the manager of a FamilyDollar Store in Waco, Texas, when his daughter Brittany developed a nonmalignant tumor in her esophagus. After doctors performed a series of unsuccessful surgeries, the tumor grew around her vocal cords, forcing John and his wife Karen to consider removing them, which would render their eldest daughter mute. Around this time a confidential informant approached John about buying multiple cases of over-the-counter cold and allergy medicine that contained pseudoephedrine. Under extreme financial and emotional pressure to pay for Brittany's treatment, John agreed and sold 147 cases to the informant and an undercover agent. Although he knew the sales were illegal, John says he didn't know the pseudoephedrine would be used to make methamphetamine. He had never used illegal drugs. John also had never been arrested or convicted of a crime.

Following an unsuccessful surgery to rebuild her throat, Brittany is now left with a permanent tracheostomy – a surgical opening in her throat that allows her to breathe and emit liquids. The tumor remains a serious concern. John was sentenced to nine years in prison, about eight years more than what he expected under his plea agreement. He won't be released until 2011.<sup>1</sup> While John serves his sentence, his wife struggles to pay the bills and raise their two teenage daughters.

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<sup>1</sup> Families Against Mandatory Minimums, "2005 Spring Newsletter," Washington, D.C., 2005, pg. 4. Seen at: <http://www.famm.org/pdfs/FGspring05final.pdf>

Grossly excessive incarceration wreaks devastation on hundreds of thousands of individuals and families in the United States. The incarceration trends reflect tremendous racial disparities and horrific impacts on women, as well as enormous, ever-growing burdens on taxpayers.

The incarceration rate in the U.S. now far exceeds that of any other nation. With over 2.1 million inmates in the nation's prisons and jails in 2004, the incarceration rate of 724 per 100,000 residents compares extremely unfavorably with other industrialized nations such as Australia, with a rate of 120 – one-sixth the rate of the U.S.– and Canada with a rate of 116, France with a rate of 88, and Japan with a rate of 60 – one-twelfth the U.S. rate.<sup>2</sup>

The growth in the prison-industrial complex in the U.S. is due largely to the increase in the incarceration of drug offenders. In 1981, there were about 20,000 sentenced inmates in the federal prison population, 25% of whom were drug offenders. By 2004, that number had mushroomed to over 180,000 prisoners, 55% of whom were serving time for a drug offense. Only 11% were imprisoned for a violent offense.<sup>3</sup>

As of 2002, nearly one in four persons (23.7%) in prisons, state and federal, in the United States was imprisoned for a drug offense.<sup>4</sup> The number of people incarcerated for drug offenses (almost 500,000)

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<sup>2</sup> The Sentencing Project, "New Incarceration Figures: Growth in Population Continues," Washington, D.C. 2004, pg. 1. Seen at: [www.sentencingproject.org/pdfs/1044.pdf](http://www.sentencingproject.org/pdfs/1044.pdf).

<sup>3</sup> Ibid., pg. 2.

<sup>4</sup> Center on Juvenile and Criminal Justice, "Poor Prescription: The Costs of Imprisoning Drug Offenders in the United States," Washington, D.C., 2002, pg. 2. Seen at: [www.cjci.org/pubs/poor/ppexec.html](http://www.cjci.org/pubs/poor/ppexec.html).

is roughly the same as the entire prison and jail population in this country in 1980.<sup>5</sup> In the United States, there are 100,000 more people incarcerated for drug offenses than all prisoners in the European Union, even though the EU has 100 million more citizens than the US.<sup>6</sup>

From 1986, when the federal mandatory minimum sentencing laws were enacted, through 2001, the Federal Bureau of Prisons budget increased by almost 2,000 percent - jumping from \$220 million in 1986 to \$4.3 billion in 2001.<sup>7</sup> The cost of incarcerating prisoners in the United States for drug offenses now exceeds \$9 billion annually.<sup>8</sup>

The impacts of the crazed compulsion to imprison in the United States reflect a racist and sexist disregard of the tragic inhumanity of our nation's unwillingness and seeming inability to honestly and effectively deal with the problems of drug abuse.

Incarceration rates as of June 2004 were 393 per 100,000 for whites; 2,531 per 100,000 for African-Americans.<sup>9</sup> It gets worse when the comparison is between white males and African-American males: 717 compared with 4,919 per 100,000 - a ratio of about 1:7.<sup>10</sup> The

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<sup>5</sup> Ibid, pg. 1.

<sup>6</sup> Ibid., pg. 2.

<sup>7</sup> US Department of Justice, Bureau of Justice Statistics, Sourcebook of Criminal Justice Statistics 1996 (Washington DC; US Department of Justice, 1997) p. 20; Executive Office of the President, Budget of the United States Government, Fiscal Year 2002 (Washington DC: US Government Printing Office, 2001) p.134.

<sup>8</sup> Center on Juvenile and Criminal Justice, "Poor Prescription," pg. 2.

<sup>9</sup> U.S. Department of Justice, Bureau of Justice Statistics, Prison and Jail Inmates at Midyear 2004, Tables 14; race rates statistics calculated from Table 13 and Census Bureau population estimates. Seen at: <http://www.prisonsucks.com> on 11/11/2005.

<sup>10</sup> Ibid.

astounding disparity becomes even more apparent when we compare incarceration rates for white males aged 25-29 and African-American males in the same age group: 1,666 compared with 12,603 per 100,000.<sup>11</sup> That translates into 12.6% of black men in their late 20s in U.S. prisons or jails.<sup>12</sup>

Approximately 200,000 women are in U.S. prisons or jails, reflecting the rapid growth of women's incarceration – at nearly double the rate for men over the past 20 years. That increase is disproportionately due to the so-called “war on drugs.” Women in prison are far more likely than men to be serving a drug charge.<sup>13</sup>

The rage to punish for drug offenses is only part of the strategy that has led to a devastating loss of the “war on drugs.” Our nation's approach to drug prevention too often has been to demonize bad behavior, and insist that abstinence is the only acceptable path. This approach has caused untold harm.

Making wise decisions requires experience, good judgment, and responsibility. If we want our children to act responsibly, we must entrust them with responsibility and give them the tools and honest information to make sound decisions. If they decide to use drugs, we owe it to them to equip them with as much honest, useful, research-based, harm-reducing information as possible.

Much of our teaching to children completely short-circuits any rationality in the decision-making process. It is posed in an all-or-

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<sup>11</sup> Ibid..

<sup>12</sup> Ibid.

<sup>13</sup> The Sentencing Project, “New Incarceration Figures,” 2004, pg. 2.

nothing context. Total abstinence is the only possibility. We tell them to “JUST SAY NO.” Period. End of discussion. Anyone who does drugs is a bad person.

Little of this rhetoric resonates with young people exposed to drug use. We must be far more respectful, honest, and informed when working with young people if we are to help them avoid drug use or to avoid harm to the extent possible if they choose to use drugs.

The Drug Abuse Resistance Education Program (DARE) was one of the darlings of the mid-1980s “war on drugs” campaign, and is still one of the most popular programs offered in our nation’s classrooms.<sup>14</sup> However, extensive peer-reviewed research has shown DARE to be, at best, ineffective, and, at worst, counterproductive, at curbing drug use.<sup>15</sup> One study even showed that suburban children who participated in the DARE program actually engaged in significantly higher levels of drug use than suburban students who did not participate in DARE.<sup>16</sup>

Researchers report that DARE is ineffective both in terms of reducing actual drug use and impacting attitudes toward drug use,

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<sup>14</sup> Michael Vigh, *Study Questions Effectiveness of DARE Anti-drug Program*, THE SALT LAKE TRIBUNE, Aug. 30, 1999.

<sup>15</sup> *Id.* E. Wysong, et al., *Truth And DARE: Tracking Drug Education To Graduation And As Symbolic Politics*, 41 SOCIAL PROBLEMS 448-473, 1994. Donald R. Lynam, et al., *Project DARE: No Effects At 10-Year Follow-Up*, 67 AMERICAN PSYCHOLOGICAL ASSOCIATION JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY 1-4, 1999. Richard R. Clayton, et al., *The Effectiveness Of Drug Abuse Resistance Education (Project DARE): 5-Year Follow-Up Results*, 26 PREVENTATIVE MEDICINE 307-318, 1996. Michael Vigh, *Study Questions Effectiveness of DARE Anti-Drug Program*, THE SALT LAKE TRIBUNE, Aug. 30, 1999. Jason Cohn, *Don’t Just Say No – Berkeley Researcher Dr. Joel Brown Questions The Effectiveness Of The Federal Government’s Anti-Drug Education Policies*, THE SAN FRANCISCO BAY GUARDIAN, Aug. 5, 1998.

<sup>16</sup> Jim Avila, *Dare Doesn’t Work, Study Finds* (NBC News Broadcast, Mar. 18, 1998).

concluding that, "...there appear to be no reliable short-term, long term, early adolescent, or young adult positive outcomes associated with receiving the DARE intervention."<sup>17</sup>

After I was elected Mayor, in 2000, I withdrew Salt Lake City's support for DARE. When I killed Salt Lake City's DARE program, I was besieged by police officers, parents, and school officials who demanded that I retain DARE in our schools. Parents and their children yelled at me during parades.

If we can stand firm for what we know are the most effective approaches, and withstand the inevitable backlash that comes with challenging the assumptions of those set in their failed ways, history will reward us and we will make progress. When dealing with drug policy, we can, if we act with integrity and tenacity, save many thousands of lives, vastly improve millions of lives, and save taxpayers billions of dollars.

Sadly, in the Salt Lake City area, we have experienced a significant increase in drug overdose deaths among our youth. Since March of this year, five young people between the ages of seventeen and nineteen have died of drug overdoses. One must wonder whether they would be alive today if we devoted the resources to honest, informative drug-related education and harm reduction strategies that we devote to programs like DARE, or to the

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<sup>17</sup> Lyman, Donald R., Milich, Richard, et al., "Project DARE: No Effects at 10 Year Follow-up," *Journal of Consulting and Clinical Psychology* (Washington DC: American Psychological Association, August 1999), Vol. 67, No. 4, 590-593.



incarceration of nonviolent drug offenders, or to our nation's ineffective source control or interdiction efforts.

Recently, in two separate incidents, the bodies of Salt Lake City area teenagers Amelia Sorich and Zachary Martinez, were dumped in mountainous locations by desperate friends who failed to call for help while these teenagers were dying of drug overdoses.

Last month, I launched a public relations campaign, utilizing fourteen billboards and fifteen bus advertisements, as well as a help line, radio ads, and a message on our city hold line. The campaign seeks to get people to make the decision, now, as to what they will do in the future if they find themselves with someone who has overdosed. The message on the billboards, with a photo of one of three young people who were abandoned by their so-called friends, is clear: "Overdoses kill. Call 911. His (or her) friends didn't."

One is not in a good position to process information and make decisions when he or she has taken drugs and someone else is exhibiting symptoms of a drug overdose. Panic and concern about one's own legal culpability, especially if the person is under the influence of drugs, may well lead to poor decisions and life-threatening actions. We're saying to people: "Think about it now. Make your decision now. Then, in the future, if you're ever in the situation, you will have already processed in your mind what you will do."

Policies that attempt to both reduce harm, and risk, must be developed and emphasized, regardless of what the politicians say.

Harm reduction is a policy approach that seeks to prevent the harms caused by risk-taking behavior, rather than relying solely on efforts to eliminate the dangerous behavior altogether. Harm reduction acts according to the recognition that some people will persist in engaging in risky behavior despite all efforts to prevent it and they will continue to do so.

The Harm Reduction Project has offices in Salt Lake City and Denver. The HRP has become the largest provider of harm reduction programming in the Rocky Mountain region. The project offers one-on-one counseling sessions, which are driven by and created for the needs of the participants, where counselors offer participants a range of alternatives to high-risk behaviors.

Harm Reduction staff and peer educators travel to individual homes, neighborhoods, and areas where substance users buy drugs to deliver services and arrange for repeated contacts with individual users in other settings. The project has also created a 24-hour toll free information and support line at 1-866-STOP-ODS. The help line provides drug users, service providers, and family and friends with up-to-date overdose information as well as referrals to harm reduction-related programs.

We have a lot of information about what works – and what doesn't. We must call upon policy-makers to exercise the integrity and courage to develop and continue strategies that are effective – and discontinue the diversion of precious resources toward strategies that have been demonstrated failures.

It's this simple: We know that harm reduction, treatment, and certain prevention programs are both cost-efficient and effective. And we know that source control, interdiction, programs like DARE, and, in most instances, incarceration do not work. If the "war on drugs" strategies were effective, we would have fewer drugs on the streets, at higher prices. Instead, we have more drugs on the streets, at lower prices. And, although we have spent billions of dollars and incarcerated people at historic rates, lives continue to be ruined, and lost, as a result of substance abuse. Hence, we have lost the "war;" now it's time to make the peace – by the exercise of greater wisdom, greater reason, greater compassion, greater justice, and greater humanity.

I offer gratitude to all of you who dedicate so much – your earnest personal commitment, your wisdom, your energy, so much of your time, your passion, and your hearts – to helping save lives, to helping improve the quality of life for others, and to making our communities better, safer, healthier places for all. Thank you!