“Nearly 300,000 people are currently held in state and federal prisons in the United States for drug-law violations.”¹ For over four decades, Americans have paid an estimated $1 Trillion in tax dollars to support the War on Drugs.² Hard-earned money is pumped into a system that continues to fail Americans and hinder public health efforts. While there is little evidence to suggest imprisonment of drug offenders curbs their behavior, the United States continues to lock up thousands per year. Major drug reform needs to take place in the United States, through decriminalization of drug use, and significant change regarding law on lower level drug offenses. The citizens of the U.S. would benefit from more extensive research on drugs, addicts would be rehabilitated more effectively, and the U.S. would see less incarceration. This method will safeguard public health and help to re-establish public trust in the Federal government.

The War on Drugs formally started with President Richard Nixon’s administration. In June of 1971, Nixon had reported that drugs were “public enemy number one.” One year earlier, Nixon had signed the Controlled Substances Act into law. The CSA contains five “schedules,” placing a variety of drugs onto each schedule based on a drug’s medical uses and abuse potential.³ The Act placed marijuana under Schedule 1, the category of drugs with no medical benefits and the highest potential for abuse (methamphetamine and cocaine are in Schedule 2).⁴ That fact alone, outlines the false intentions of Nixon’s administration. Further, John Ehrlichman, Nixon’s domestic policy chief, admitted to the extremely immoral intentions of the drug laws, “We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin. And then criminalizing both heavily, we could disrupt those communities.”⁵ The drug war began because one man wanted to stay in power.

Next on the timeline was the Anti-Drug Abuse Act of 1986, signed by Reagan. The Act introduced mandatory minimums for drug offenses. For example, it stated a minimum sentence of 5 years for 5 grams of crack cocaine, 500 grams of powder cocaine, 5 grams of methamphetamine, 100 plants of marijuana, 1000 grams of heroin, among other drugs.⁶ These mandatory sentences ripped families apart. Upon incarceration, a person using or dealing a drug would now be dubbed a ‘criminal,’ and would have to report that on job applications; a practice still in effect today. Minorities and poor people were especially hit by these sentences. Crack cocaine is more popular in poor areas of cities but carried a sentence ratio of 100:1 compared to powder cocaine, the form widely used by white upper-middle class America.

President Clinton’s Law Enforcement Bill of 1994 added to mandatory minimum sentences and three-strike laws. The controversial bill has been cited as playing a large role in mass incarceration. Despite evidence that violent crime had peaked in 1991 and was falling shortly after, the 1994 Bill got unnecessarily tough on crime, especially non-violent crime.⁷

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⁴ Controlled Substance Act of 1970
⁶ Anti-Abuse Drug Act of 1986
The history of the war on drugs retains its importance because the policies that impact drug offenses are mostly based off false predications of fear, without significant scientific evidence to back them.

All drugs should be decriminalized to allow for thorough research, in order to better educate teens on drugs. It requires a lot of capital and cutting through bureaucratic ‘red tape’ for an organization or research group to study the effects of many drugs. Professor David Nutt, a leading neuroscientist and former government drug advisor says, “controls apply in the US, where therapeutic studies on cannabis products have been hampered by intense regulations: in the US only three people hold Drug Enforcement Agency licenses to research cannabis clinically. As a result, in many US states the population defied Federal laws and voted for the legalization of medical cannabis.”

Opponents say decriminalizing drugs will make drugs more accessible and harder to prevent teen use. Although, the alternative: anti-drug programs, have been proven to be ineffective in combating underage use.

Clinical research is a more effective deterrent to combating drug use in teens. For the better part of the last four decades, “fearmongering” has been used by politicians and educators to prevent teens from trying drugs. Initiatives like D.A.R.E. have completely failed because they lack the proper research and the execution of presenting that research. The average teen will not retain their health teacher’s message, “don’t do drugs because they’re bad.” These descriptions of drugs carry throughout America. “Smoking weed will turn you into a heroin addict,” or “smoking weed will make you violent and stupid”—common exaggerations in health classes. Teens are smart, a lot smarter than many adults give them credit for. A teen is not going to accept that marijuana should be avoided, because they do not see the negative effects in the short run. More research on the drug is needed to provide teens with adequate knowledge and safety protocols if they are going to use recreationally.

Furthermore, decriminalizing drugs would safeguard public health by allowing for addiction treatment instead of prison time. Countless stories of drug addicts going in and out of prison are heartbreaking and upsetting. Time and time again, prison is shown to be of no help to struggling addicts and may even make their addiction worse. America has come a long way from before 1962, when drug addiction was punishable. *Robinson v California* overturned a ruling that made addiction an offense, stating punishment for a medical condition violates the ban on cruel and unusual punishment. Still, significant progress needs to be made towards the attitude around addiction. Addicts should not be looked at as criminals, and for that to happen, legislation must decriminalize drugs.

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8 National Institutes of Health, 2015
11 *Robinson v California* (Supreme Court, 1962)
12 Eighth Amendment, Constitution of the United States
Advocates of using prison to treat drug addiction state the multiple options a prisoner has, such as step programs, medication treatment and group therapy. However, studies have shown that less than 20% of inmates with drug problems receive formal treatment. Even more upsetting, is that 28 states do not offer any medication to prisoners with opioid use disorder. Only Rhode Island provides access to all three major forms of opioid addiction medications, Buprenorphine, methadone, and naltrexone. All three medications have been shown to be effective in treating inmates’ addictions as well as people who are not in prison. No one should have to lose months or years of their life because of a disease. Decriminalization would see billions of dollars saved from court hearings, filing costs, and cost of living for inmates. Also, “According to a 2007 study published in The New England Journal of Medicine, former inmates’ risk of a fatal drug overdose is 129 times as high as it is for the general population during the two weeks after release.” Drug addicts should be sent straight to addiction treatment centers, not prisons.

Decriminalization of drugs would lead to a lesser prison population and help to solve America’s mass incarceration problem. Research done by the Brennan center concluded that around 41.1% of “Low Level Crimes Likely Warranting Alternatives to Prison” are drug related, or about 150,000 people. “People are currently prisoners for charges that waste billions of dollars, ruin lives, and have little effect on public safety.” This percentage is largely drug possession and minor trafficking of serious drugs, also minor trafficking of marijuana and other minor drug offenses. These kinds of crimes do not warrant prison sentences, especially since they are non-violent offenses. With little evidence to back that prison sentences will reduce drug behavior, it makes little sense to lock these people up.

However, reducing the prison population by this much is nothing extreme. Of the whole U.S. prison population, low-level inmates, not just low-level drug offenders, make up only 25%. Indeed, providing alternatives for low-level drug offenders would only be a small dent in the roughly 2.2 million imprisoned Americans. However, Christopher Ingraham, from Washington Post, points out that recidivism (falling back into crime after prison time) would be greatly reduced in the long run. Without repeated drug offenders bogging down the justice and prison systems, the next steps could be taken to further reduce the overall incarceration level in the U.S.

For too long, Americans have suffered from a system that puts punishment ahead of treatment. For decades, public trust in the federal government has been declining. The war on drugs is part to blame, with presidents lying and legislation creating misguided law. No more. America needs to end its harsh stance on drugs by decriminalizing all drug use. Public health would be upheld by allowing for the ease of research into currently illicit compounds, treating drug addiction more effectively, and helping to end America’s mass incarceration issue. Countries around the world have already begun to implement these types of changes. For years, Portugal has seen great advances in public health and in social reform, thanks to the country decriminalizing drug use. More recently, Canada has legalized recreational marijuana. America must join these visionary

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11 National Institutes of Health, 2009
countries in order to break new ground in its ill-advised war on drugs, for “life, liberty and the pursuit of happiness.”\textsuperscript{17}

\footnote{United States Declaration of Independence}