Spring 2021

The Ineffectiveness of the War on Drugs

Tristen Miller
trissymiller@gmail.com

The Ineffectiveness of the War on Drugs

By
Tristen Miller

Project submitted in partial fulfillment of the
requirements for the
Bachelor of Integrated Studies Degree

Murray State University
April 5, 2021

Abstract

The War on Drugs does not improve health and public safety, but rather serves as a tool of institutional racism and militarism. Despite increased spending on drug enforcement efforts, rates of incarceration and overdose deaths remain high. Through analyzing research done on arrest records in areas such as the state of California; Seattle, Washington; and New Haven, Connecticut, the disparity in arrests of black and white Americans becomes apparent. Additionally, analyzing the effectiveness of War on Drugs policies in Afghanistan, Colombia, and Mexico, reveals ulterior motives for American military intervention. Military intervention and incarceration have proven ineffective at addressing the drug crisis; however, the effects of rehabilitation and government programs are both significant and promising. Studies reveal the benefits of decriminalization and the implementation of programs such as safe injection sites and needle-exchange programs. As the United States is plagued by the opioid epidemic, finding effective alternatives to incarceration should be a priority. The United States can take inspiration from European countries, such as Portugal, the Netherlands, and Switzerland, where decriminalization has proven to be an effective tool against the drug epidemic.

Keywords: War on Drugs, United States, racism, incarceration, crime

Table of Contents

Introduction

The War on Drugs has done little to combat drug use since it was conceptualized in 1971 and has instead served as a means to imprison minorities and further the goals of the prison-industrial complex. In 2014, 1,561,231 people were arrested for drug-related offenses in the United States compared to 580,900 people in 1980 (Coyne & Hall, 2017). Most of these charges were related to drug possession rather than drug sales. In fact, there were 1.3 million drug possession arrests reported the following year in 2015 —outnumbering arrests for drug sales six times (Pearl, 2018). One would think that increased incarceration would lead to decreased crime; however, a survey conducted by the International Centre for Science in Drug Policy found evidence that drug prohibition contributes instead to increased crime rates (Coyne & Hall, 2017). Grecco and Chambers (2019) argue that because addiction is framed as a criminal problem the healthcare system is widely unprepared to treat addiction. The grim reality of this is highlighted by the fact that someone in America dies from opioid overdose every 16 minutes (Pearl, 2018).

Between 1972 and 2009, the rate of imprisonment in the United States increased five times from 93 people incarcerated per 100,000 people to 502 per 100,000 (Maguire, 2010, as cited in Western & Muller, 2013). Appallingly, black Americans were six to seven times more likely to be arrested during this period than white Americans (Western & Muller, 2013). However, black Americans do not report using drugs at a higher rate than white Americans. In 2006, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported that 82,587,000 white Americans aged 12 or older had reported using drugs in their lifetime compared to 12,477,000 black Americans (Fellner, 2009). This means that black people account for a mere 13% of Americans that have used an illicit drug (Fellner, 2009). Despite this, there are more black people incarcerated, on probation/parole, or awaiting trial than were enslaved in 1850

(Butler, 2010). The disproportionate incarceration of black Americans is the greatest human rights issues that we face in America.

Actions taken to further the agenda of the War on Drugs have had a substantial impact on health and public safety outside of America, notably in Columbia, Mexico, and Afghanistan. Since the beginning of American drug war efforts in Colombia, the Colombian National Centre of Historical Memory estimates that 220,000 people have died or gone missing while an additional 5.7 million people have been forced to abandon their homes (Guardiola-Rivera & Koram, 2019). In Mexico, consequences of the War on Drugs, such as counter-narcotics strikes and increased violence between drug cartels, are attributed with approximately 40,000 deaths between 2006 and 2011 alone (Mercille, 2011). In Afghanistan, efforts to eradicate opium are thought to be responsible for a notable increase in violence between 2005 and 2006. During this time, the number of direct insurgent attacks grew from 1,558 to 4,542 while the number of reported roadside bombs grew from 783 to 1,677 (Glaze, 2007). Additionally, suicide bombings increased five times during this same year (Glaze, 2007). Despite this, drug war efforts have not had a substantial impact on drug production or distribution. In 2016, the United Nations Office on Drugs and Crime (UNODC) continued to report Colombia as the world's largest producer of cocaine (Mejía, 2016). Likewise, in 2007, UNODC reported that Afghanistan accounted for 80% of opium produced worldwide (Coyne et al., 2016). Additionally, according to the Drug Enforcement Administration (2019), "Barring significant, unanticipated changes to the illicit drug market, Mexican TCOs will continue, in the near term, to dominate the wholesale importation and distribution of cocaine, heroin, marijuana, methamphetamine, and fentanyl in U.S. markets" (p. 109).

While drug war policies implemented by the United States have done little to impact drug trafficking and dependency, there is evidence to support alternative approaches outside of incarceration and military intervention. Upon introducing syringe access programs in the state of Washington and the District of Columbia, a significant reduction in new HIV, hepatitis B, and hepatitis C cases was reported (Pearl, 2018). Similarly, a study in Vancouver, British Columbia found that the introduction of safe injection sites led to a decrease in overdose deaths and an increase in people seeking substance-abuse treatment over a two-year period (Pearl, 2018).

In addition to syringe access programs and safe injection sites, decriminalizing drug possession can have a significant impact on health and public safety. In 2001, Portugal decriminalized the possession of any drug in amounts equal to or less than a ten days' supply (Crandall, 2020). Studies have found that since Portugal enacted these policies there has been a decrease in adolescent drug use, the number of people imprisoned for drug-related crimes, the number of new HIV and Hepatitis B and C cases, and overdoses (Crandall, 2020). On the other hand, there has been an increase in the number of people in substance-abuse treatment and the number of illicit drugs seized by law enforcement (Crandall, 2020). Similar reductions in HIV transmission were observed in Switzerland after the implementation of the four-pillar model, a model emphasizing prevention, treatment, harm reduction, and law enforcement (Wolf & Herzig, 2019). In 2017, Switzerland reported 500 new cases of HIV infection, which is a significant drop from the 3,000 new cases reported in 1986 (Knopf, 2019). This decline in HIV transmission is largely due to the success of these policies. In the Netherlands, a different method of drug control is observed with law enforcement choosing to tolerate cannabis consumption despite its illegal status (Anderson, 2012). Rather than decriminalizing all drugs, the Dutch government hoped to separate the market for "soft" and "hard" drugs such as heroin and cocaine, and, as a result,

informal cannabis dispensaries known as coffee shops began to emerge in the early 1980s (Van Ooyen-Houben & Kleemans, 2015). This has proven to be effective in combating the opioid epidemic as the Netherlands reported a 21% reduction in problematic opiate users between 2009 and 2013 (Chatwin, 2016).

In 2016, 11.8 million Americans abused heroin or prescription opioids with a reported 2.4 million suffering from opioid-use disorders (Pearl, 2018). Pearl (2018) states, "Between 2014 and 2016, opioid overdose deaths increased by approximately 48 percent nationwide. Though whites have the highest rates of fatal opioid overdoses, fatalities are on the rise among communities of color. During the same period, opioid deaths rose by nearly 53 percent among Latinos and 84 percent among blacks" (p. 3). These statistics highlight the impact that the opioid epidemic has had on American society and the failure of the War on Drugs to protect American citizens. In 2014, drug war policies had been in effect for several decades yet the number of overdose fatalities and drug-related convictions continued to rise as seen in the aforementioned statistic. It is evident that War on Drugs policies have been ineffective on both the national and global scale; however, the United States continues to employ police and military intervention as its main line of attack against drug use and trafficking. As 80 percent of opioids produced globally are consumed by Americans, it stands to say that America's greatest defense against drug trafficking would be treating addiction at home rather than targeting suppliers in Colombia, Mexico, and Afghanistan (Pearl, 2018).

Previous literature on this topic highlights individual issues related to War on Drugs policies such as the prison-industrial complex, racial inequality, and addiction; however, the goal of this project is to compile existing research in order to provide an overarching critique of drug war policies on both a domestic and international scale while highlighting the effectiveness of

alternatives to prohibition. Using existing research, I will address how these policies have negatively impacted crime rates and health and public safety in the United States of America, Colombia, Mexico, and Afghanistan. In comparison, the results of decriminalization in countries such as Portugal, the Netherlands, and Switzerland will be discussed. The purpose of this paper is to serve as a counter-argument to proponents of the War on Drugs who argue that these policies protect citizens from drug crimes and addiction through providing statistical evidence that reveals much more malicious effects. Over the course of this paper, I will address how the United States' "War on Drugs" policies effectively diminish public health and safety, imprison minorities, and increase military influence on the global scale while providing realistic alternatives to drug prohibition.

Literature Review

While billions of dollars have been allocated to drug enforcement, this funding has done little to improve rates of opioid overdose, disease transmission, and crime. Rather than improving the health and safety of communities, the War on Drugs exacerbates the mental health of people who suffer from addiction and perpetuates systemic racism. Despite these failures, the War on Drugs successfully serves as a tool to exert and maintain American military control in countries such as Colombia, Mexico, and Afghanistan.

Cost Analysis

The United States reported a drug control budget of approximately $25.5 billion in 2015 (Cooper, 2018). This same year, state governments allocated an additional $7 billion to imprison drug offenders (Pearl, 2018). One example is the state of Georgia which spent 1.6 times more incarcerating people of color for drug offenses in 2015 than they spent on substance abuse treatment, reporting an estimated $78.6 million allocated to fund incarceration. This level of state funding is not uncommon, however, as this same year, North Carolina spent more than $70 million to jail offenders for drug possession (Pearl, 2018). However, this magnitude of drug control spending is not exclusive to 2015. Coyne and Hall (2017) estimate that in the 40 years following the start of the War on Drugs, the United States spent more than $1 trillion on drug prohibition —costing taxpayers upwards of $51 billion yearly. Despite this expenditure, the opioid epidemic continues to cost the United States $504 billion annually (Pearl, 2018).

As highlighted by drug control spending in Georgia, states often allocate more money to incarceration than treatment. An analysis completed by Caulkins in 1997 found that drug treatment was more cost-effective than prohibition policies (Caulkins as cited in Donohue, 2012). For every $1 million spent on substance abuse treatment, Caulkins estimated that the

average consumption of cocaine would decrease by 103.6 kg. On the other hand, $1 million spent on pursuing longer sentences, decreased consumption by a mere 12.6 kg (Caulkins as cited in Donohue, 2012). In addition to treatment, research has been done on the impact of supervised injection facilities. One study conducted in New York City found that the introduction of these facilities would reduce health care costs by $7 million annually (Pearl, 2018). Despite the cost benefit associated with enacting these policies, the United States continues to fund prohibition efforts that increase rates of overdose, disease transmission, and crime.

Human Collateral and the Myth of Public Safety

Growing Rates of Opioid Overdose

Since 1971, there has been an increase in the amount of overdose deaths reported by the Centers for Disease Control and Prevention. By 2014, this number rose from approximately 1 death per 100,000 people to 14.7 deaths per 100,000 people (Coyne & Hall, 2017). Unfortunately, these numbers did not stagnate as deaths caused by opioid overdose increased by about 48 percent nationally between 2014 and 2016 (Pearl, 2018). This information is startling when you consider that prior to this increase 61 percent of all overdose deaths in 2014 were linked to opioids (Coyne & Hall, 2017). To put this into perspective, in 2016, an American died from opioid overdose every 16 minutes. This large number can be explained by the role American citizens play in the global opioid market. Americans consume 80 percent of opioids produced on the international market despite making up less than 5 percent of the global population (Pearl, 2018). In fact, 2.4 million American adults suffer from a documented opioid-use disorder (Pearl, 2018).

Worsening Mental Illness and Addiction Related to Incarceration

According to a report by Grecco and Chambers (2019), there is a biological causal connection between addiction and mental illness. Over the past few decades, population sampling studies have found a 2-8-fold increase in substance abuse disorders among people with mental illness. This phenomenon is largely caused by abnormal neural circuits associated with mental illness which affect the threshold for addiction and, in turn, increase both the severity and rate of disease progression (Grecco & Chambers, 2019). People who suffer from mental illness and addiction are around 7.5 times more likely to be incarcerated than healthy individuals. Once incarcerated, mentally ill inmates are more likely to be subjected to behavioral intervention strategies such as solitary confinement, which are known to amplify the behaviors and brain abnormalities associated with mental illness. In addition to psychological harm, mentally ill inmates are more likely to endure physical victimization. These factors could contribute to the higher rates of suicide seen within the mentally ill prison population (Grecco & Chambers, 2019). The way the prison-industrial complex fails to combat drug use is best summarized by the following statement:

> A cast on a broken arm, insulin for diabetes, and opioid maintenance treatments for opioid addiction are all evidence-based and highly effective Harm-Reduction interventions. Oppositely, the core strategy of the War on Drugs, through punishing drug use and closely related behavior, represents Harm Amplification, where various primary and secondary damages associated with having the disease are deliberately compounded by the criminal justice system (e.g. via public humiliation, financial penalties, and incarceration), in hopes that this will motivate effort in the individual to abandon their addiction. (Grecco & Chambers,

2019, p. 7)

While the goal of imprisonment may be to discourage addiction, this is far from reality. In fact, following their release, individuals who were incarcerated are 129 percent more likely to die from an overdose than the rest of the population (Pearl, 2018).

The Impact of Prohibition on Overdose, Disease Transmission, and Crime Rates

Overdose. Outside of imprisonment, the prosecution of illegal drugs is thought to contribute to an increase in overdoses due to the secretive nature of the black market. Once drugs are on the black market, there is little information provided about their origin or quality (Coyne & Hall, 2017). Additionally, there is no incentive for consumers to report impure substances as they lack legal protections and fear implicating themselves in criminal activity. Because of this, the market continues to churn out tainted products that are more likely to cause poisoning and overdose (Coyne & Hall, 2017). On the other hand, because of the risk associated with black market transactions, consumers are more likely to seek out products and ingestion methods with higher potency. In turn, this change in product potency and consumption is thought to increase the likelihood of overdose (Coyne & Hall, 2017). The criminalization of addiction not only contributes to factors that increase overdose, but disease transmission as well.

Disease Transmission. Police presence plays a significant role in the spread of diseases among drug users. A study conducted by Thomas Kerr in 2005 found that fear of police intervention leads many intravenous drug users to rush injection, increasing their risk of infection and vascular damage (Alexandris Polomarkakis, 2017). Furthermore, a study conducted in San Francisco found that legal repercussions faced by both volunteers and clients of a needle exchange program deterred prospective clients from using the program, which, in turn, increased the likelihood that they would engage in unsafe practices (Bluthenthal et al., as cited in

Alexandris Polomarkakis, 2017). Without access to syringe exchange programs many people suffering from addiction opt to reuse or share needles as the syringe market is limited to individuals with prescriptions in several states (Coyne & Hall, 2017). In addition to limiting access to syringe access programs, a data analysis found that cases of HIV among drug users were positively correlated with heightened police presence (Friedman et al. as cited in Alexandris Polomarkakis, 2017). Disease transmission is a dire public health issue. This seriousness of this issue is highlighted by a 2012 report that estimated 91,000 Americans were living with HIV/AIDS due to intravenous drug use (Coyne & Hall, 2017). Similarly, drug users are at an increased risk of contracting hepatitis C and hepatitis B, accounting for 60% of all new hepatitis C cases and 17% of hepatitis B cases in 2000 (Coyne & Hall, 2017).

Effective Alternatives to Prohibition. This is not a hopeless cause, however, as syringe access programs and supervised injection facilities have been shown to reduce both disease transmission and cases of overdose. A study conducted in Washington state found that after syringe access programs were introduced, the rate of new hepatitis B and hepatitis C cases fell by 80 percent (Pearl, 2018). A similar result was observed in Washington D.C. where syringe access programs were linked to a significant decrease in new HIV infections. Over the course of two years, the rate of new infections in the Washington D.C. area fell by 70 percent (Pearl, 2018). In Vancouver, British Columbia, overdose fatalities were reduced by 35 percent in the two years following the opening of a safe injection site. The year after the site opened, Vancouver reported a 30 percent increase in the number of safe injection site patients that sought out treatment (Pearl, 2018).

Crime Rates. Prohibition policies not only fail to reduce rates of overdose and disease transmission but crime rates as well. Several studies conducted in the 1990s noted a positive

correlation between drug enforcement and violent crime (Coyne & Hall, 2017). Subsequently, the International Centre for Science in Drug Policy coordinated a literature review on the relationship between violence and drug prohibition, finding a significant relationship between prohibition and increased crime (Coyne & Hall, 2017). These findings are supported by a study conducted in New York City which found that 40 percent of homicides were committed due to the pressures of the drug market, while an additional 7.5 percent of homicides were attributed to the physical effects of drug use (Coyne & Hall, 2017). Prohibition has not only led to an increase in drug-related violence but has increased competition between traffickers.

An Evolving Market. Alexandris Polomarkakis (2017) argues that due to fear of detection, traffickers keep smaller amounts of drugs on hand. Unfortunately, this does not diminish drug trafficking, but rather increases the number of traffickers in the market (Alexandris Polomarkakis, 2017). Because suppliers are only able to keep a small quantity on hand, they are more likely to sell drugs with a higher value per unit and higher potency (Coyne & Hall, 2017). Coyne and Hall (2017) illustrate the importance of value per unit by comparing the prices of a gram of cannabis and a gram of heroin. While a gram of cannabis is typically priced between $10 and $16, a gram of heroin sells for $450 on average (Coyne & Hall, 2017). Despite this, a dealer could increase the expected value per unit of cannabis by choosing a strain with a higher tetrahydrocannabinol (THC) concentration. This idea has led to an increase in the amount of potent drugs available on the market (Coyne & Hall, 2017). Between 1990 and 2007, there was a noted increase in the potency of drugs with a 60 percent increase in the potency of heroin, an 11 percent increase in the potency of cocaine, and a 161 percent increase in the potency of cannabis (Aponte & Hurrle, 2018).

Punishing the Cause and Not the Source. While traffickers have adopted new strategies for remaining undetected, drug users are not as lucky. Americans are arrested for drug possession every 25 seconds (Pearl, 2018). An analysis of 700,000 drug arrests from 2004, 2008, and 2012 found that 40 percent of possession arrests are for 0.25 grams or less, while 20 percent of possession arrests fell between 0.25 and one grams (Stellin, 2019). To illustrate these quantities, Stellin (2019) notes that a Splenda packet weighs one gram. In 2015 alone, there were 1.3 million arrests for drug possession, outnumbering arrests for drug sales six times (Pearl, 2018). This number only continues to rise, with possession accounting for 86 percent of all drug arrests in 2018 compared with 67 percent in 1989 (Stellin, 2019). Today, there are more people serving time for drug-related offenses than were incarcerated for any crime in 1980 ("Criminal Justice Facts," 2020). This system of mass incarceration has been detrimental to the black community.

Systematic Racism in Drug Convictions

Modern Slavery for Black Americans

In 2009, black people were sent to state prisons for drug offenses at a rate ten times greater than their white counterparts with 256.2 out of 100,000 black adults being sent to prison compared to 25.3 out of 100,000 white adults (Fellner, 2009). Black Americans are 3.73 times more likely to be arrested for cannabis related offenses despite black and white Americans using cannabis at similar rates (Ahrens, 2020). While a higher percentage of black adults reported selling drugs than white adults in 2006, 2.8 percent and 1.6 percent respectively, the sheer number of white sellers far outnumbers the number of black sellers (Fellner, 2009). In 2006, there were an estimated 2,461,797 white sellers compared with 712,044 black sellers, meaning black sellers accounted for only 14% of the combined amount (Fellner, 2009). This highlights the shocking fact that almost half of all inmates serving a sentence greater than one year for drug

crimes are black (Carson and Sabol as cited in Rosenberg et al., 2017). In fact, black adults convicted of drug crimes are likely to serve about the same sentence (58.7 months) as white adults convicted of violent crimes (61.7 months) (Pearl, 2018).

In 2001, the number of black men imprisoned in the United States exceeded the number of black men who were enslaved in 1820 (Boyd, 2001). This incarceration rate is four times greater than that of black men during the apartheid in South Africa (Boyd, 2001). In New York City, black people accounted for 10.7% of the state population in 2002; however, they compromised 42.1% of drug-related arrests that same year (Fellner, 2009). Similarly, in 2005, Massachusetts reported that 1.6 percent of their entire black population was incarcerated, indicating incarceration rates were seven times higher for black citizens than white citizens (Western, 2018). Nationally, in 2009, black people accounted for 38% of state and federal prison inmates despite making up only 13% of the total US population (Nicosia et al., 2013).

In addition to inequality in the number of convictions for black Americans, there is evidence that black Americans are more likely to be convicted of drug crimes that they did not commit. Gross, Possley, & Stevens analyzed 221 drug crime exonerations and found that 55% of defendants in cases of wrongful conviction were black (2017). This means that black Americans are twelve times more likely to be wrongly accused and sentenced than white Americans (Gross et al., 2017). One of the most shocking instances of this occurred in Tulia, Texas between 1999 and 2000 (Gross et al., 2017). Tom Coleman, an undercover narcotics officer, testified that 39 defendants were guilty of trafficking cocaine in Tulia (Gross et al., 2017). The majority of these defendants were black and were convicted on Coleman's word alone (Gross et al., 2017). In 2003, a judge found that these convictions were the result of perjury and that the drugs presented as evidence in these trials were taken from Coleman's personal supply (Gross et al., 2017). That

same year, 35 of these cases were pardoned by Texas governor, Rick Perry (Gross et al., 2017). Unfortunately, this is not an isolated incident. Bradley Bridge, a public defender, states that “at least 95%” of Philadelphia’s 1,000 or more exoneration cases involved people of color (Gross et al., 2017). One of Philadelpia’s most heinous cases of perjury involves police officer Jeffrey Walker, who is linked to hundreds of wrongful convictions across the span of a decade (Gross et al. 2017). One of Walker’s victims, Kareem Torain, served 13 years in prison before he was exonerated in February 2014 (Gross et al., 2017). Wrongful convictions for minority Americans, such as those perpetuated in the cases of Tom Coleman and Jeffrey Walker, are seen in the majority of legal jurisdictions across the United States (Gross et al., 2017). The negative impact convictions have on innocent civilians is undeniable, and no settlement can account for years lost in the criminal justice system. While the following studies do not address exoneration rates, it is important to consider that this may be a factor in rates of minority arrests that are presented.

As a member of the United Nations, the United States ratified the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) (Fellner, 2009). ICERD indicates that countries must "review governmental, national and local policies, and . . . amend, rescind or nullify any laws and regulations which have the effect of creating or perpetuating racial discrimination wherever it exists” (Fellner, 2009, p. 258). However, the United States ratified this treaty under the stipulation that they would not be required to change any existing laws (Fellner, 2009). The impact systemic racism and prejudice have on drug convictions is widespread and is highlighted in several case studies across America, including studies in the state of California; Seattle, Washington; and New Haven, Connecticut.

Case Studies

California. A study analyzing drug-related offenses from 1995 to 2005 in California's Automated Criminal History System found that black men were arrested approximately twice as often as white men (Nicosia et al., 2013). In turn, black men were two times more likely to receive a prison sentence (Nicosia et al., 2013). Nicosia, Macdonald, and Arkes (2013) state that the disparity seen in prison sentences is no longer statistically significant after factoring for criminal history; however, they found that black men were statistically more likely to have a previous conviction. Between 1980 and 2003, drug arrests for black Americans increased at three times the rate of white arrests (225% vs 70%) (Fellner, 2009). This difference was even more apparent in eleven cities where the number of black arrests increased by more than 500% (Fellner, 2009). Therefore, because black people have historically been arrested and convicted at higher rates than white people, this disparity should be considered significant regardless of criminal history.

Seattle, Washington. In Seattle, Washington, disproportionate rates of black arrests are thought to be the result of policing outdoor markets and emphasizing crack over other illicit substances. (Fellner, 2009). This disparate focus on crack can be traced back to The Anti-Drug Abuse Act of 1986, which mandated a minimum prison sentence of five years for people in possession of any amount of crack cocaine (Cooper, 2018). In order to receive the same sentence for powdered cocaine as crack cocaine, you would need to possess 100 times the amount of crack cocaine required (Cooper, 2018). In Seattle, white people constitute the majority of methamphetamine, ecstasy, powder cocaine, and heroin dealers, while black people make up the majority of crack dealers (Fellner, 2009). Despite this, the Substance Abuse and Mental Health Services Administration found that 5,553,000 white people reported using crack cocaine

compared with 1,537,000 black people (Fellner, 2009). This negates the idea that crack is favored by the black community at higher rates. While white people make up the majority of crack users nationally, black people account for 79 percent of crack related arrests in Seattle (Fellner, 2009). In fact, three-fourths of drug arrests in Seattle were crack-related despite accounting for one-third of the city's drug transactions (Fellner, 2009). Researchers attempted to find an explanation for Seattle law enforcement's emphasis on crack offenders; however, researchers could not find evidence to support higher rates of crack transactions, greater public health concerns, or citizen complaints (Fellner, 2009). Unsurprisingly, around two-thirds (64.2%) of people arrested for drug offenses in Seattle are black despite white people accounting for the majority of Seattle residents that shared, sold, or transferred illicit drugs (Fellner, 2009).

New Haven, Connecticut. In New Haven, Connecticut, black people were convicted of drug sales at a rate 8.24 times greater than white people even after adjusting for sociodemographic factors such as gender, education, and history of homelessness (Rosenberg et al., 2017). Despite this, researchers did not find significant statistical differences in the number of black people and white people who reported ever selling drugs (Rosenberg et al., 2017). Additionally, they found black people were charged with possession 2.2 times more than white people in New Haven despite both groups reporting similar rates of drug use (Rosenberg et al., 2017). Once charged, black people in New Haven are more likely to be incarcerated and endure longer sentences than white people with black inmates serving 1.74 years for every .71 years served by white inmates (Rosenberg et al., 2017). In addition to being convicted for drug sales and possession at higher rates, black men in New Haven are more likely to be unemployed than white men (25% vs 12%) and black families are more likely to report a lower average income than white families ($37,547 vs $77,443) (Rawlings as cited in Rosenberg et al., 2017). After

incarceration, black people are more likely to be excluded from financial aid, housing benefits, and job opportunities (Drucker as cited in Rosenberg et al., 2017). These factors are thought to contribute to poverty in the black community and, in turn, lead black people to participate in drug trade due to a lack of available employment opportunities (Rosenberg et al., 2017).

The American War on Drugs is not only a domestic human rights issue but an international one. By analyzing both the cost-effectiveness of these policies and the impact that they have on crime rates and public safety, the detrimental effects of the War on Drugs become irrefutable. To assess the damage these policies have done abroad, these factors will be analyzed in the countries of Colombia, Mexico, and Afghanistan.

The War on Drugs as a Tool of American Militarism

Colombia

In 1999, the Colombian government partnered with the United States in order to reduce the production and trafficking of cocaine and regain jurisdiction over areas controlled by armed militias (Mejía, 2016). After the Cold War ended in 1991, American military officials feared budget cuts, and scholars argue that this partnership provided a logical solution (Lee, 2017). Additionally, the United States hoped to maintain American interests, such as access to the Panama Canal and oil in South America, by suppressing guerrilla uprisings in Colombia (Lee, 2017). While these intentions have only been speculated, the United States publicly stated that the goal of Plan Colombia was to "reduce the cultivation, processing, and distribution of cocaine in Colombia by 50 percent in six years" (Guardiola-Rivera & Koram, 2019, p. 130). Between 2000 and 2008, the United States spent an average of $540 million per year funding military operations related to Plan Colombia (Mejía, 2016). Despite this, the cultivation and production of cocaine did not decrease between 2000-2006 but rather increased with cultivation rates rising by

15% and production rates rising by 4% (Guardiola-Rivera & Koram, 2019). As of 2016, Colombia continued to maintain its spot as the world's largest cocaine producer (Mejía, 2016).

While prohibition policies have had little impact on cocaine production, they have had a substantial impact on quality of life for Colombian citizens. One such example is the long-term environmental and physical impacts of aerial fumigation. Aerial fumigation was one of the core strategies used to reduce cocaine production employed under Plan Colombia (Mejía, 2016). This practice is detrimental to the environment, and several studies have linked aerial spraying with harming amphibian populations, water pollution, and deforestation (Mejía, 2016). It is estimated that 1 million hectares of Colombian forests were destroyed due to the practices of aerial spraying and crop eradication (Guardiola-Rivera & Koram, 2019). Additionally, one of the primary herbicides used in aerial fumigation, glyphosate, is linked to health problems ranging from skin conditions to miscarriages (Mejía, 2016).

Increased violence poses an even greater threat to Colombian citizens than the effects of aerial fumigation. The Colombian National Centre of Historical Memory estimates that 220,000 Colombians have died or gone missing due to War on Drugs and counterinsurgency efforts; however, some scholars believe that these estimates are conservative (Guardiola-Rivera & Koram, 2019). One report estimates that more than 57,000 Colombians were killed due to drug-related violence between 1994 and 2008 alone (Mejía, 2016). Despite evidence tracing these acts of violence to several well-known paramilitary leaders, victims rarely see justice for these crimes as these leaders are often extradited to the United States, where they face minimal sentencing. In fact, paramilitary members average less time in American prisons than inmates convicted of trafficking less than an ounce of crack cocaine, serving seven and a half and 12 years respectively (Sontag, 2016). The case of Salvatore Manusco serves as one example of the unjust

sentencing of paramilitary leaders. In Colombia, Manusco was charged with the disappearance of over 1,000 people; however, the United States District Court sentenced him to a mere 15 years and 10 months due to his cooperation (Sontag, 2016). Prosecutors in Manusco's case have described him as a "gentleman" and it is anticipated that he will serve a little more than 12 years of his sentence (Sontag, 2016). Typically, paramilitary members face additional sentences once they return to Colombia; however, the United States has granted two members, Juan Carlos Sierra and Carlos Mario Aguilar, safe haven for both themselves and their families (Sontag, 2016). While drug traffickers do not qualify for asylum, the United States has sanctioned their stay under the Convention Against Torture (Sontag, 2016). In 2016, there were three additional paramilitary members seeking asylum under this convention (Sontag, 2016).

The average Colombian citizen is not afforded the same opportunities as these paramilitary members. Many impoverished farmers were forced into cocaine production due to their inability to compete with the prices of subsidized American crops (Guardiola-Rivera & Koram, 2019). Despite promising a portion of Plan Colombia's funds would go towards the development of social programs, 80 percent of funds were allocated to the Colombian military (Guardiola-Rivera & Koram, 2019). The Colombian government has invested in programs such as coca crop substitution to promote alternative livelihoods to coca farming; however, most of these programs are unsuccessful as they only provide limited training and monetary incentives instead of resources that promote self-sustainable farming (Mejía, 2016). Despite failed alternative livelihood programs, the Plan de Consolidación Integral de la Macarena was shown to successfully boost the economy, increase school enrollment, improve public health, and reduce homicides (Mejía, 2016). The program's success was largely attributed to the numerous issues it addressed, including justice reform and police presence (Mejía, 2016). Despite the success of the

Plan de Consolidación Integral de la Macarena's success, the Colombian government discontinued the plan's expansion (Mejía, 2016). However, in 2013, the Colombian government opted to decriminalize methamphetamine and ecstasy, adding these drugs to a list that includes marijuana and cocaine (Isacson et al., 2013 as cited in Bartilow, 2019).

Mexico

The Colombian drug trade is directly tied to drug operations in Mexico. The partnership between Colombian drug traffickers and Mexican cartels began as a way to ensure Colombian drugs would not be seized when they passed through the Caribbean and Florida, with the U.S.-Mexico border providing better entry (Mercille, 2011). It is estimated that 50% of all South American cocaine entered through this border in 2001 (Finckenauer et al., 2001 as cited in Brouwer et al., 2006). In 2008, the United States launched the Mérida Initiative, a program designed to train and equip Mexican military and police forces to squash drug operations (Mercille, 2011). Since it was first enacted, the initiative has delivered more than $1.5 billion to Mexico (Mercille, 2011). However, despite extensive funding, drug production continued to grow. Most notably, opium production increased from 71 tons in 2005 to 425 tons in 2009 (Mercille, 2011). During this same period, cannabis production grew from 5,600 hectares to 17,500 hectares (Mercille, 2011). In 2010, the US State department announced a new initiative, the "Beyond Mérida" strategy (Mercille, 2011). This strategy involved providing the Mexican government with 26 armored vehicles, seven Bell helicopters, and three UH-60 helicopters (Mercille, 2011). While these helicopters are valued at $88 million and $76.5 million respectively, they are purchased from US arms manufacturers and as Mercille (2011) explains they can be "seen as a gift to the US arms industry" (p. 1645). Despite the failure of these policies to suppress drug production and trafficking, the Office of National Drug Control Policy

has noted forming a working military relationship with Mexico as one of the successes of the Mexican War on Drugs (Mercille, 2011). Notable analysts believe that this was the intention of the drug war from the beginning (Mercille, 2011).

While the Mérida Initiative furthered the scope of the United States military, the Mexican public suffered at the hands of drug-trafficking groups. As Durán-Martínez (2015) noted, "Homicide rates increased from 8.5 percent in 2007 to 13.5 percent in 2008, and by 2011 they had reached 24.22 percent" (p. 136). These figures are even more shocking when they are isolated to cities with a large cartel presence. For example, Ciudad Juarez experienced over a 700 percent increase in homicides between 2007 and 2008 alone (Durán-Martínez, 2015). These increases were not unique to Ciudad Juarez as Tijuana and Culiacan also experienced notable increases in violence with homicide rates increasing that same year by 259 and 205 percent respectively (Durán-Martínez, 2015). Between 2007 and 2010, the number of municipalities with at least 12 deaths related to organized crime rose from 53 to 200, marking an increase of 277% (Guerrero Gutiérrez, 2012).

Violence is not the only issue perpetuated by drug cartels as areas they occupy experience increases in drug use and addiction. In 1998, Tijuana reported the highest rate of illicit drug consumption in the country, with approximately 14.7% of adults aged 12-65 reporting drug use in their lifetimes (SSA, 1998 as cited in Brouwer et al., 2006). This rate equals three times the national average, 5.3% (SSA, 1998 as cited in Brouwer et al., 2006). Similarly, Ciudad Juarez reported higher rates of drug use, approximately 9.2% (SSA, 1998 as cited in Brouwer et al., 2006). While surges in drug use are most notable in areas with cartel influence, Mexico experienced a nationwide surge in drug use between 1988 and 1998, with the percentage of Mexicans in urban areas reporting drug use increasing from 3.3% to 5.5% and reported cocaine

use rising from 0.33% to 1.5%. (SSA, 1998 as cited in Brouwer et al., 2006). As of 2002, 38% of all patients enrolled in government-run drug treatment centers were seeking help for cocaine abuse, while composing 19% of patients in non-government-controlled centers (SSA, 2002 as cited in Brouwer et al., 2006). Several studies have linked increased cocaine consumption along the U.S.-Mexico border to strict border control measures that were enacted following the events of September 11, 2001 (Medina-Mora and Rojas Guiot, 2003 as cited in Brouwer et al., 2006). Because cartels found themselves with a surplus of cocaine that they were unable to move across the border, they looked to Mexican citizens as clientele in order to unload their product (UNODC, 2003 as cited in Brouwer et al., 2006). In addition to selling products to Mexican citizens, there is evidence dating back to the 1980s that drug traffickers have been paying workers along the border with drugs, increasing their availability in local markets (Meyer 2007, as cited in Durán-Martínez, 2015). This is significant as approximately 450,000 Mexicans earn a portion of their income from drug trafficking (Mercille, 2011).

Trafficking drugs is not the only job that exploits Mexican citizens. Many Mexican farmers have turned to opium production due to the fall of corn and coffee prices (Bucardo et al., 2005). While coffee garnishes an average profit of 15 cents a pound, a pound of opium gum can result in a profit of $700 to $1200 USD (Lloyd, 2003 as cited in Bucardo et al., 2005). Many of the farmers that did not switch to opium production were forced to relocate to cities along the U.S. border, providing cheap labor to U.S. manufacturers (Mercille, 2011). These jobs have had little impact on overall employment as the manufacturing industry has only added between 500,000-600,000 jobs (Mercille, 2011). These numbers may seem substantial; however, they do little to address the 2.3 million agricultural jobs lost due to Mexican farmer's inability to compete with U.S subsidized crops (Mercille, 2011). As a result, in 2004, 57% of the Mexican

workforce was made up of informal labor (Mercille, 2011). This type of employment often exploits workers. The consequences of this can be seen in the city of Juárez where the average wage dropped from $4.50 a day to $3.70 (Mercille, 2011).

Even though unemployment leads to increased participation in drug production and trafficking, funding from the United States has done little to encourage crop substitution and alternative livelihoods. The majority of $1.5 billion provided in aid between 2008 and 2011 was allocated to military training and equipment (Mercille, 2011). Despite this, the Mexican government has attempted to address the drug epidemic through legislation. In 2009, Mexico decriminalized the possession of minute amounts of cocaine, heroin, methamphetamine, and cannabis (Bartilow, 2019). However, this same year, Mexico continued to highlight incarceration and penalization as primary actions against the drug crisis (Bartilow, 2019).

Afghanistan

After the Taliban was deposed in 2001, the United States directed their attention to opium eradication (Coyne et al., 2016). In 2002, the United Nations Office on Drugs and Crime reported that Afghanistan was responsible for the production of more than 75 percent of the world's opium supply (Coyne et al., 2016). As opium production was a significant source of revenue for terrorist organizations, the United States hoped to devastate any remaining terrorist influence in Afghanistan (Coyne et al., 2016). In 2003, they implemented their first course of action, opening 13 Drug Enforcement Agency (DEA) offices in Afghanistan (Coyne et al., 2016). The following year, the DEA reported a budget of $3.7 million (Coyne et al., 2016). This influence only continued to increase with the DEA reporting a budget of $40.6 million in 2008 and 95 Afghanistan offices in 2013 (Coyne et al., 2016). However, much like Colombia and Mexico, interdiction efforts did not significantly decrease opium production. In fact, in 2006,

Afghanistan broke the record of opium production, cultivating a total of 165,000 hectares (UNODC 2006, as cited in Coyne et al., 2016). This marked a 60 percent increase between 2005 and 2006 alone (UNODC 2006, as cited in Coyne et al., 2016). In 2009, a United States representative, Richard Holbrooke, admitted that eradication efforts in Afghanistan were largely unsuccessful, stating that "hundreds and hundreds of millions of dollars" had been wasted (Donadio as cited in Coyne et al., 2016, p. 102). As of 2016, the United States spent $8.4 billion on drug war efforts in Afghanistan (Coyne et al., 2016). These efforts did not lead to decreased opium production, but rather, increased violence (Glaze, 2007).

Between 2005 and 2006, the number of terrorist attacks against the Karzai government, NATO, and U.S. troops increased from 1,558 to 4,542 (Glaze, 2007). Additionally, there was an uptick in roadside bombings with numbers increasing from 783 to 1,677 (Glaze, 2007). Likewise, suicide bombings increased five times, reaching 139 reported in 2006 (Glaze, 2007). Unfortunately, the Taliban was not the only source of increased violence in the area. At the end of 2006, the United States military was responsible for over 2,000 air strikes (Glaze, 2007). These strikes could not specifically target insurgent forces and, as a result, hundreds of innocent civilians lost their lives (Glaze, 2007). In 2006, President Karzai released a statement saying, "It is not acceptable that in all this fighting, Afghans are dying. In the past 3 to 4 weeks, 500 to 600 Afghans were killed. Even if they are Taliban they are sons of this land" (Glaze, 2007, p. 10).

Violence is not the only issue plaguing the sons of Afghanistan. In 2007, the country of Afghanistan was extremely impoverished, reporting an average per capita income of $800 (Glaze, 2007). During this period, about 80% of the rural population in Afghanistan lived in poverty (Glaze, 2007). Even more shocking is that only 23% of the population had access to clean drinking water at this time (Glaze, 2007). The U.N. Development Program reported that

Afghanistan had some of the worst rates of nutrition, life expectancy, infant mortality, and literacy in the world (Glaze, 2007). In order to make a livable wage, many farmers turned to opium cultivation (Glaze, 2007).

While only 12 percent of land in Afghanistan is arable, 70 percent of Afghans rely on agriculture as a primary source of income (Glaze, 2007). Traditional crops such as barley, corn, cotton, grapes, fruit, nuts, and wheat suffered from drought and lack of infrastructure; therefore, opium poppy provided a drought-resistant alternative (Glaze, 2007). Due to a lack of feasible alternatives and pressures from warlords, opium poppy became the largest crop cultivated in Afghanistan (Paul et al., 2014). This is unsurprising considering that a hectare of opium garnishes $4,622 in profit whereas a hectare of wheat garnishes a mere $266 (Glaze, 2007). Despite producing most of the world's opium, Afghanistan is unable to enter the prescription drug market as it is saturated by opium produced in India, Turkey, Spain, and Hungary (Glaze, 2007). Therefore, virtually all opium cultivated in Afghanistan is sold as heroin on the international market (Glaze, 2007). In 2006, this production accounted for more than 35 percent of their gross national product with Afghanistan reporting a revenue of over $3 billion; however, only 20 percent of this profit went towards poverty-stricken farmers (Glaze, 2007). Most of this revenue is used to pay opium traffickers and corrupt politicians (Glaze, 2007).

Government officials in Afghanistan are thought to play a role in at least 70 percent of all opium trafficking (Glaze, 2007). Much like Afghan farmer's involvement in opium production, government officials in Afghanistan are largely motivated to participate in opium trafficking due to poverty. While Afghan police chiefs are typically awarded a salary of $60 a month, they have the potential to make $100,000 in bribes every six months in opium-producing areas (Goodhand, 2008). Positions in both the Afghan Border Police and the Ministry of Interior Affairs are often

auctioned off for amounts in excess of "hundreds of thousands of dollars" (Paul et al., 2014, p. 215). Unsurprisingly, 25 percent of Afghanistan's parliament and 13 current or former provincial governors are thought to be intimately involved with opium trade (Glaze, 2007).

The United States shifted its focus from eradication to providing alternative livelihoods in 2009 (Coyne et al., 2016). They sought to implement crop-replacement programs and provide economic assistance to "poppy-free provinces" (Embassy of the United States, 2014 as cited in Coyne et al., 2016). However, despite these efforts, little headway has been made towards reducing opium cultivation and trafficking. As Paul et al. (2014) state, "Afghanistan is what might be termed a worst-case scenario or perfect storm of persistent conflict, narcotics trade, state weakness, and extremely low levels of development" (p. 216). These factors partnered with political corruption have allowed drug trade to continue to flourish.

Decriminalization as an Alternative to Prohibition

Drug policy in the United States has proven ineffective both domestically and abroad; however, there is evidence to support decriminalization as an effective alternative. Several European countries, such as Portugal, the Netherlands, and Switzerland, have addressed the drug epidemic with plans that emphasize treatment rather than incarceration. After emphasizing prevention, treatment, and harm reduction, all three countries saw significant declines in the number of reported drug users, overdose deaths, and cases of disease transmission.

Portugal

Portugal became keenly aware of its opioid epidemic in the late 1980s (Domoslawski & Siemaszko, 2011). The first action taken by the Portuguese government in response to this crisis was the establishment of a TAIPAS treatment center in Lisbon (Domoslawski & Siemaszko, 2011). This response was backed by the public as, following the establishment of TAIPAS, a

number of privately-owned drug rehabilitation centers were opened (Domoslawski & Siemaszko, 2011). However, due to public concerns about the legal consequences related to drug use, many people suffering from addiction avoided treatment (Domoslawski & Siemaszko, 2011). As a result, rates of drug use and new cases of HIV among heroin users steadily increased (Domoslawski & Siemaszko, 2011). By 1997, Portugal reported that drug abuse was the number one issue plaguing the country (Domoslawski & Siemaszko, 2011).

In response, the Portuguese government formed a committee of doctors, lawyers, psychologists, sociologists, and social activists, known as the Commission for a National Drug Strategy, to evaluate its drug control policy (Domoslawski & Siemaszko, 2011). In 1998, the commission recommended a policy of harm reduction rather than punishment (Loo et al., 2002 as cited in Anderson, 2012). As a result, new laws were put in place in 2001 to decriminalize the possession of up to what they determined to be a 10-day supply of any drug (Kristof, 2017). If someone is found in possession of illicit substances, they are directed to a panel of experts to determine if they are suffering from addiction (Anderson, 2012). Before this panel, known as the Dissuasion Commission, offenders are encouraged to discuss their family history, relationship with drug use, and work status (Domoslawski & Siemaszko, 2011). If they have previously been brought before the commission, they are subject to administrative action, such as a verbal warning, fine, or suspension of professional licenses (McCaffrey, 2010 as cited in Anderson, 2012). However, these actions can be avoided if the defendant submits to drug treatment (Anderson, 2012). Likewise, if it is their first offense and they are not determined to show signs of addiction, the hearing is dismissed (Anderson, 2012). In 2005, Portugal reported that 83% of the 3,192 committee hearings were dismissed, while 2.5% of the hearings found that the defendant was not guilty (McCaffrey, 2010 as cited in Anderson, 2012). If the defendant is

dependent on drugs and refuses treatment, they are rarely sanctioned to do so, as the commission wants them to seek treatment through their own volition (Domoslawski & Siemaszko, 2011). Furthermore, Portuguese law prohibits fines on citizens with signs of addiction because they may commit crimes in order to obtain the necessary funds (Domoslawski & Siemaszko, 2011). As a result, Portuguese residents reported less fear attending meetings with the Dissuasion Commission than attending court hearings prior to the implementation of decriminalization (Domoslawski & Siemaszko, 2011).

In addition to changing government policies regarding drug use, many community outreach and social service programs have been established. These outreach programs seek to raise the understanding of and eliminate prejudice associated with addiction (Domoslawski & Siemaszko, 2011). This involves teams speaking in residential areas, schools, and businesses in communities where people are known to be battling addiction (Domoslawski & Siemaszko, 2011). In these same communities, street worker teams are tasked with providing kits containing clean syringes and hygiene products, such as condoms, distilled water, and gauze, to drug users (Domoslawski & Siemaszko, 2011). In an effort to curb the spread of blood borne diseases such as HIV and hepatitis C, recipients are required to return syringes and needles before they are given a new kit (Domoslawski & Siemaszko, 2011). Finally, in addition to providing methadone therapy, psychotherapy, and physical therapy, TAIPAS has also expanded its role in rehabilitation and now offers art and information technology courses (Domoslawski & Siemaszko, 2011). TAIPAS hopes to help patients successfully reintegrate into society by forming a reintegration team (Domoslawski & Siemaszko, 2011). These teams collaborate with the patient in order to develop a plan to achieve their goals, such as returning to work or school, while assisting them in their search job search (Domoslawski & Siemaszko, 2011).

These policies have effectively achieved the goal of harm reduction. Since the implementation of new policies in 2001, the Portuguese Health Ministry has reported a significant decrease in the number of reported heroin users (Kristof, 2017). In 2017, it was estimated that there were 25,000 heroin users in Portugal, compared with 100,000 in 2001 (Kristof, 2017). This is a significant drop because in 2001, Portugal reported the second highest rate of citizens in Europe who had used heroin in their lifetime, 0.7% respectively (Domoslawski & Siemaszko, 2011). In addition to high rates of drug use, in 1999, Portugal reported the highest rate of AIDS transmission in drug users in all of the European Union; however, by 2017, the rate of transmission among drug users had decreased by more than 90 percent (Kristof, 2017). As of 2017, Portugal reported the lowest drug mortality rate in Western Europe, approximately one-fiftieth of the drug mortality rate reported in the United States (Kristof, 2017). Despite decreased rates of drug use, the Portuguese government has confiscated larger quantities of drugs despite making fewer arrests (Domoslawski & Siemaszko, 2011). Initially, the Portuguese police force was concerned that decriminalization policies would encourage drug abuse, result in a loss of drug informants, and decimate both their financial and human resources; however, today, the Portuguese police officers report that these policies have allowed them to better combat organized crime and drug trafficking (Domoslawski & Siemaszko, 2011).

The Netherlands

In 1976, the Netherlands determined that cannabis possession was not proven to cause "substantial harm" and, as a result, should rank low on the priority list of law enforcement (Anderson, 2012, p. 9). However, unlike Portugal, the possession of hard drugs, such as cocaine and heroin, is still criminalized under the Opium Act of 1976 (Anderson, 2012). This reprioritization of cannabis resulted in the emergence of coffee shops, a form of cannabis

dispensary, in the early 1980s (Van Ooyen-Houben & Kleemans, 2015). By 1995, the Netherlands estimated that there were 1,100-1,200 coffee shops in operation (Van Ooyen-Houben & Kleemans, 2015). Despite this, cannabis possession remains illegal in the Netherlands; however, it is only considered to be an "offense against order" and rarely results in legal action (Anderson, 2012, p. 9). By tolerating coffee shop operations, the Dutch government hoped to encourage the separation of the market for soft and hard drugs (Van Ooyen-Houben & Kleemans, 2015). However, the increasing number of coffee shops in 1995 created concern among Dutch policy makers and led to the implementation of new regulations limiting the amount of cannabis that could be held in stock and purchased by consumers, prohibiting the sale of alcohol on coffee shop premises, and restricting purchase to people over the age of 18 (Staatscourant, 1996 as cited in Van Ooyen-Houben & Kleemans, 2015). By 2011, these restrictions had expanded, limiting the advertising of coffee shops, requiring coffee shops to operate as private clubs limited to residents by 2012, and prohibiting coffee shops from operating within 350 meters of secondary schools by 2013 (Staatscourant; Tweede Kamer as cited in Van Ooyen-Houben, 2015).

Despite government concerns, there is evidence to support that the implementation of coffee shops helped to deter citizens from using hard drugs. In 2013, the Netherlands reported a total of 14,000 problematic opiate users (Chatwin, 2016). This figure is 21 percent lower than estimates reported in 2009 (Chatwin, 2016). By 2016, the Netherlands reported the lowest rate of injecting drug users among all European countries, with only 7% of heroin users reporting recent drug injections (Chatwin, 2016). Additionally, the Netherlands has seen a decline in the number of 12-18-year-olds that report using cannabis. In 1996, the Netherlands reported that 11 percent of 12-18-year-olds that were surveyed had used cannabis in the last month; however, in both

2007 and 2011, this fell to 8 percent of those surveyed (Van Ooyen-Houben & Kleemans, 2015). Studies have suggested that because the majority of cannabis users acquire product through coffee shops rather than illegal means, the implementation of coffee shops has successfully separated the market (Van Laar et al., 2009 as cited in Van Ooyen-Houben & Kleemans, 2015). In fact, studies have shown that the soft and hard drug markets in the Netherlands are more fragmented compared to other regions in Europe and the United States (Van Ooyen-Houben & Kleemans, 2015). However, after requiring private club status for coffee shops, the Netherlands saw an increase in cannabis-related black-market transactions (Van Ooyen-Houben & Kleemans, 2015). In November 2012, the Dutch government responded by nullifying two previous restrictions, namely restrictions requiring coffee shops to operate as private clubs and prohibiting coffee shops from being within 350 feet of secondary schools (Van Ooyen-Houben & Kleemans, 2015). After this policy change, the illegal market has decreased; however, it is still bigger than before (Van Ooyen-Houben & Kleemans, 2015).

Switzerland

In the 1970s, although Zurich was one of the wealthiest cities in the world, it was known for its rampant drug use (Wolf & Herzig, 2019). In response, the Swiss government imposed stricter penalties for the possession and sale of illegal drugs (Wolf & Herzig, 2019). Nevertheless, by 1986, Switzerland reported the highest rate of new HIV infections in Western Europe (Wolf & Herzig, 2019). In response, nonprofits and public agencies took it upon themselves to establish programs such as needle-exchange programs and supervised injection facilities (Wolf & Herzig, 2019). While authorities did not seek to dismantle these programs, doctors providing patients with clean syringes were threatened with legal action (Wolf & Herzig, 2019). However, despite this initial push back, medical professionals, social workers, churches,

and law enforcement eventually came together in an effort to help those suffering from addiction (Wolf & Herzig, 2019). Coalitions were formed, and city representatives and healthcare authorities alike began to advocate for harm reduction policies such as needle exchange programs (Wolf & Herzig, 2019). Over time, the success of these programs led to increased support from government officials, who in turn allocated funds to support drug reform efforts (Wolf & Herzig, 2019). Between 1991 and 1999, the Swiss government allocated about 15 million Swiss francs to the Federal Office of Public Health, which helped create more than 300 programs (Wolf & Herzig, 2019). One such example is the Heroin Assisted Treatment trials, which analyzed the effectiveness of the prescription of heroin to drug users in Bern, Basel, Geneva, and Zurich (Wolf & Herzig, 2019). Finally, in 1997, Switzerland founded a committee of 14 academic experts well-versed in the area of narcotic drugs known as the Federal Commission of Drug Issues (Wolf & Herzig, 2019). The Swiss approach to drug reform became known as the "four-pillar model" as it emphasized prevention, treatment, harm reduction, and law enforcement (Wolf & Herzig, 2019). Despite some opposition, this model received strong public support as 70% of Swiss citizens voted to uphold these policies in 1997 (Knopf, 2019). It is important to note that while this model has been in place since the 1990s, Switzerland did not make amendments to their narcotic law until 2008 after significant progress had already been made (Wolf & Herzig, 2019).

The four-pillar model has successfully reduced disease transmission. Although Switzerland reported the highest HIV transmission rate in Western Europe in 1986, fewer than 500 new cases were reported in Switzerland by 2017, compared with 3,000 in 1986 (Knopf, 2019). Likewise, despite seeing a spike in new Hepatitis C cases in 1999 and 2002, rates have since declined (Knopf, 2019). In addition, since the implementation of the four-pillar model, the

price and purity of heroin seized by the Swiss police have fallen sharply, and analysis estimates that the purity is between 15% and 20% (Knopf, 2019). As mentioned earlier, this may have a significant impact on the rate of drug overdose. It is believed that the use of illegal substances with higher potency will increase the incidence of drug overdose (Coyne & Hall, 2017). On the other hand, due to accessible drug testing, Switzerland does not struggle with cases of accidental fentanyl overdose like the United States as consumers can easily receive laboratory reports of what is in their product (Knopf, 2019). Perhaps most shocking, Switzerland saw a 98 percent reduction in the number of reported theft cases (Knopf, 2019). In addition to reducing theft, the number of prosecutions involving opioid-related crimes has dropped from 20,000 in 1993 to an average of 5,000 in 2019 (Knopf, 2019).

Thilo Beck, medical director of Zurich's heroin-assisted treatment program, contributes the program's success to the accessibility of treatment provided by Switzerland's universal healthcare system (Knopf, 2019). In addition to universal healthcare, the program is accessible as it creates realistic goals for people suffering from substance-abuse disorder (Knopf, 2019). For example, patients can receive methadone or buprenorphine for drug-assisted treatment, regardless of whether they have used street drugs recently, because patients do not need to be screened for drugs before receiving treatment (Knopf, 2019). This allows patients to receive treatment within 20 minutes of entering the clinic (Knopf, 2019). Additionally, Swiss drug analyst, Christian Schneider, stated that the availability of drug alternatives competes with the illicit drug market (Knopf, 2019). Schneider highlighted this phenomenon in the following statement: "By offering substitution therapy almost unconditionally to virtually anyone willing to change their consumption from heroin to another product, the health care system became a viable competitor among those supplying people addicted to opioids in Switzerland (Knopf, 2019, para.

42). This sentiment was echoed by harm reduction expert Savary who praised the impact drug treatment has had on theft rates, stating, “With health measures, you can have a very big security impact… You can do both. It’s cheap and effective. It sounds like a miracle, but you can do it” (Knopf, 2019, para. 53).

Findings

Drug war policies are costly and ineffective. In 2017, it was estimated that the United States had spent more than $1 trillion on drug prohibition since the start of the War on Drugs (Coyne & Hall, 2017). However, this investment has yielded little return as the opioid epidemic generates an annual expenditure of $504 billion in the United States (Pearl, 2018). In addition to this expense, the United States has also allocated a large amount of funds to foreign drug control. This can be seen in Colombia, Mexico, and Afghanistan. In Colombia, the United States allocated $540 million annually between 2000 and 2008 to fund military operations related to drug prohibition (Mejía, 2016). Following this period, the United States spent $1.5 billion between 2008 and 2011 to fund the Mérida initiative in Mexico (Mercille, 2011). Likewise, in 2016, the United States reported a total of $8.4 billion had been allocated towards the War on Drugs in Afghanistan (Coyne et al., 2016). Drug war funding had no impact on drug production in any of these countries with all three noting increases in either cultivation or drug production. Between 2000-2006, while Plan Colombia was in full effect, cultivation and production rates rose by 15% and 4% respectively (Guardiola-Rivera & Koram, 2019). Between 2005 and 2009, Mexico reported substantial increases in opium and cannabis production, with average opium production increasing from 71 tons to 425 tons, and cannabis production from 5,600 hectares to 17,500 hectares (Mercille, 2011). Around this same time, Afghanistan experienced significant increases in opium production, reporting a 60% increase between 2005 and 2006 (UNODC 2006, as cited in Coyne et al., 2016). The United States publicly acknowledged that these policies had failed with representative Richard Holbrooke stating that the United States government had "'wasted hundreds and hundreds of millions of dollars' on efforts to combat opium production with no positive results to show for it" (Donadio, 2009 as cited in Coyne et al., 2016). Studies in

the United States have shown that allocating money to drug treatment is much more effective than funding prohibition policies (Caulkins as cited in Donohue, 2012). For example, it is estimated that $1 million spent on substance abuse treatment results in cocaine consumption decreasing by an average of 103.6 kg, while the same amount spent on longer sentences reports only 12.6 kg decrease (Caulkins as cited in Donohue, 2012). If funding in the United States, Colombia, Mexico, and Afghanistan, were dedicated to drug treatment rather than prohibition it is likely that these policies would have a much greater impact on rates of drug use.

The War on Drugs creates unsafe communities. In New York City, a study found that 40 percent of all homicides were thought to be directly related to the illicit drug market (Coyne & Hall, 2017). Similarly, in Colombia, it is believed that between 1994 and 2008, more than 57,000 Colombians died because of drug-related violence (Mejía, 2016). Of the 220,000 Colombians who are said to have been killed or missing because of the drug war and the counter-insurgency movement, this proportion is small (Guardiola-Rivera & Koram, 2019). Mexico reported similar increases in violence related to the War on Drugs. In 2007, Mexico reported a homicide rate of 8.5 percent (Durán-Martinez, 2015). By 2011, this number had risen to 24.22 percent (Durán-Martinez, 2015). These increases were even more significant in areas with a large cartel presence such as Ciudad Juarez, Tijuana, and Culiacan (Durán-Martinez, 2015). Between 2007 and 2008, Ciudad Juarez reported over a 700 percent increase in homicides (Durán-Martinez, 2015). Although there is no cartelized drug market in Afghanistan, it is directly tied to terrorist organizations. United States intervention in Afghanistan led to a significant increase in violence between 2005 and 2006 (Glaze 2007). During this period, terrorist attacks against the Karzai government, NATO, and U.S. troops rose from 1,558 and 4,542 (Glaze, 2007). Increases in

violence in New York City, Colombia, Mexico, and Afghanistan reveal that actions taken in the War on Drugs are not only unsustainable, but harmful to the public.

The War on Drugs not only increases rates of violence but rates of overdose, disease transmission, and drug use. The United States reported more deaths were caused by opioid overdose than car accidents in 2016, approximately 42,249 deaths (Pearl, 2018). This issue is exacerbated by the criminalization of drugs as there are no checks performed to check the quality of illicit drugs and tainted products continue to flood the market uncontrolled (Coyne & Hall, 2017). As drug users fear legal repercussions, they are less likely to report contaminated substances and are more likely to seek out stronger products and ingestion methods, thereby increasing the risk of overdose (Coyne & Hall, 2017). In turn, this increases risks of infection and vascular damage as intravenous drug users are more likely to rush injection due to fear of police presence (Alexandris Polomarkakis, 2017). Consequently, this fear deters people suffering from addiction from accessing services such as syringe exchange programs (Blunthenthal et al., as cited in Alexandris Polomarkakis, 2017). As drug users were responsible for 60% of new hepatitis C cases in 2000, this is a dire public health issue (Coyne & Hall, 2017). This crisis is further highlighted by the fact that in 2012, 91,000 had contracted HIV/AIDS because of intravenous drug use (Coyne & Hall, 2017). In Mexico, drug use is significantly worsened in areas with cartel presence (Brouwer et al., 2006). For example, Tijuana reported rates of illicit drug use in adults aged 12-65 that were three times the national average in 1998, 14.7% and 5.3% respectively (SSA, 1998 as cited in Brouwer et al., 2006). This can also be seen in other regions where cartels are strong, such as Ciudad Juarez, where the drug abuse rate in 1998 was about 9.2% (SSA, 1998, Brouwer et al., 2006 cited). Drug abuse has a significant impact on rates

of disease transmission and overdose; therefore, it is an issue of public health and safety both in the United States and abroad.

People often get involved in drug trafficking and production out of necessity due to a lack of viable employment opportunities. For example, in New Haven, Connecticut, black men are more likely to be convicted of drug crimes than white men despite reporting similar rates of drug use and sales (Rosenberg et al., 2017). Once convicted, they are more likely to be barred from receiving financial aid, housing benefits, and job opportunities (Rosenberg et al., 2017). As a result, black men in New Haven report significantly higher rates of unemployment than white men, approximately 25% compared to 12% (Rosenberg et al., 2017). This disparity not only leads to poverty within the black community of New Haven but perpetuates the cycle of incarceration as they have few opportunities outside of drug trade (Rosenberg et al., 2017). Correspondingly, in Colombia and Mexico, farmers are forced into drug production and trafficking due to massive job losses sparked from an inability to compete with American subsidized crops (Guardiola-Rivera & Koram, 2019; Mercille, 2011). In Mexico alone, there were a reported 2.3 million agricultural jobs lost (Mercille, 2011). As a result, farmers turn to more profitable crops such as opium gum, which reports an average profit of $700 to $1200 USD per pound (Lloyd, 2003 as cited in Bucardo et al., 2005). To put that into perspective, coffee averages a mere 15 cents per pound (Lloyd, 2003 as cited in Bucardo et al., 2005). Likewise, in Afghanistan, traditional crops such as wheat, corn, and barley are unsustainable due to drought and lack of suitable farmland (Glaze, 2007). Opium serves as both a drought-resistant and more profitable alternative (Glaze, 2007). Although the profit of one hectare of wheat is about $266 USD, the profit per hectare of opium is about $4,622 USD (Glaze, 2007). With a lack of legitimate employment opportunities for disadvantaged populations, both in the United States

and abroad, many are forced to turn to drug production and trafficking in order to support themselves and their families.

Drug prohibition not only fails to address economic disparity associated with drug trafficking/production but contributes to racial inequality. As a member of the International Convention on the Elimination of All Forms of Racial Discrimination, the United States has a responsibility to address policies and laws that perpetuate racial discrimination (Fellner, 2009). However, despite this, drug prohibition policies in the United States continue to target black Americans at a disproportionate rate. This issue is highlighted by the fact that black men in the United States are more likely to be incarcerated than to attend college (Nicosia et al., 2013). Shockingly, there were more black men incarcerated in 2001 than were enslaved in 1820 (Boyd, 2001). This inequality has continued to grow as in 2009, it was reported that black Americans accounted for 38% of the prison population despite constituting a mere 13% of the total population (Nicosia et al., 2013). This difference in imprisonment is not only observed at the national level but is also evident in analyses carried out at the state and city levels. For example, in California, from 1980 to 2003, the number of black American drug arrests increased by 225%, while the number of white American drug arrests increased by 70% (Fellner, 2009). In Seattle, Washington, although white residents account for most people who have ever shared, sold, or transferred illicit drugs, black residents make up 64.2% of all drug arrests (Fellner, 2009). This disparity is observed from coast to coast as black people in New Haven, Connecticut are 8.24 times more likely to be arrested for drug sales than the white residents of New Haven (Rosenberg et al., 2017). Analysis conducted at the federal, state, and local levels shows that discrimination against black Americans in arrests and convictions is not an isolated example, but a national

phenomenon. It is critical that these policies are analyzed and amended in order to further equality in the United States.

As incarceration undermines equality and is ineffective at combating drug use, alternative programs should be put in place. Studies have shown that social services, such as syringe access programs and supervised injection facilities, are effective tools to combat the impacts of drug use, such as overdose rates and disease transmission. For example, rates of hepatitis B and C transmission fell by 80 percent after syringe access programs were implemented in Washington state (Pearl, 2018). Likewise, Washington D.C. saw a 70 percent decrease in new HIV infections in the two years following the implementation of these programs (Pearl, 2018). Portugal reported similar results after national decriminalization with HIV transmission rates falling more than 90 percent since 1999 (Kristof, N). This change marks a significant milestone for Portugal, as they reported the highest number of drug-related AIDS cases in the European Union in 1999 (Kristof, N). Switzerland celebrated a similar milestone as they reported a 65 percent decrease in new HIV infections between 1991 and 2010 after reporting the highest number of new cases in Western Europe in 1986 (Wolf & Herzig, 2019). This is largely due to the success of the Swiss four-pillar model, which emphasizes both treatment and harm reduction (Wolf & Herzig, 2019). Correspondingly, upon establishing safe injection sites, Vancouver, British Columbia observed a decrease in overdose fatalities and an increase in the number of patients seeking substance abuse treatment (Pearl, 2018). Similarly, the Netherlands reported more safe injection sites and needle replacement programs than most regions in Europe. In turn, their reported overdose deaths are lower than the European average, with 10.2 deaths per million people reported in the Netherlands (Chatwin, 2016). On the other hand, the probability of overdose death among people incarcerated in the United States is 129% higher than that of the general population (Pearl, 2018).

Imprisonment is not conducive to public health and safety; however, it has been proven that syringe access programs and safe injection sites can effectively reduce the rate of drug overdose and disease transmission, while encouraging drug abuse treatment.

Recommendations

This study has shown that drug prohibition policies implemented by the United States both domestically and abroad are ineffective in reducing crime and detrimental to public health and safety. However, decriminalization has proven to be effective in fighting crime, while simultaneously curbing the spread of disease and drug overdose. Due to the severity of the opioid epidemic in the United States and the inequality caused by the global drug war, the United States should make policy changes. These changes should be made at the local, state, national, and international levels.

Local

There are localities plagued by the drug epidemic disproportionately to other areas in their home state. As demonstrated in Switzerland, communities can work together to improve the outlook of those suffering from addiction. This requires the cooperation of medical professionals, law enforcement, social workers, and local organizations such as churches. Based on my research, the following changes should be made:

- Social workers and medical professionals should advocate for policy change at the local level based on their professional experience with people battling addiction. This would contribute to community-wide awareness of substance-abuse disorder and how prohibition policies harm disadvantaged communities.
- Local organizations such as churches and food banks should provide assistance to drug users by providing hygiene products such as clean water, gauze, and antiseptic. This action could have an impact on rates of disease transmission.
- Law enforcement officials should receive education on the impacts of substance-abuse disorders in addition to attending seminars on racial discrimination and profiling. This

has the potential to create a police force that is more equipped to deal with citizens exhibiting signs of drug use. In turn, learning about the harms of racial profiling may contribute to future equality in convictions.

- Local judiciary members should educate themselves on the impact of addiction and consider sentencing minor drug offenders to court-ordered rehab for all or a portion of their sentence. Drug users are often deterred from seeking treatment due to the stigma associated with illicit drug use. Although it is proven that incarceration aggravates the mental health of people suffering from substance abuse disorders, rehabilitation provides resources to help drug users transition to a sober state.
- Localities battling the opioid epidemic should implement needle exchange programs and safe injection sites. Not only can these programs effectively curb overdose and the rate of disease transmission, but they provide a cost-effective alternative to emergency response.

State

While local municipalities can advocate for change and provide social services, institutional change should be enacted at the state level. Through amending laws, creating programs, and redirecting resources, states can address issues of both inequality and public health and safety. The following actions should be taken on the state level:

- Minor drug offenses should be expunged. As minorities are often the target of law enforcement, minor drug offenses disproportionately affect them by barring them from jobs opportunities, financial aid, and other forms of public assistance. Correcting this would not only be a step toward equality, but these actions have the potential to improve employment and education rates in minority communities.

- Rehabilitation programs should be created as an alternative to incarceration. Since the rate of overdose is highest among those who have been released, rehabilitation may have a major impact on health across the state.
- After the rehabilitation program is completed, individuals who were previously detained should be referred to a reintegration program. These programs should aid these individuals in finding employment and housing, while connecting them with resources for managing addiction. The implementation of these programs has the potential to not only improve employment rates, but to deter criminal activity as previous offenders are connected with alternative means of employment.
- Law enforcement should be directed to prioritize drug trafficking over possession. Punishing drug addicts for possession does not reduce the rate of drug abuse. On the contrary, the legal fines they bear may encourage drug addicts to obtain funds through illegal means. As seen in Switzerland, this could lead to a drop-in theft rate.
- State governments should consider decriminalizing possession of small amounts of drugs. In doing so, the public's fear of law enforcement may be lessened, increasing the likelihood that drug users seek out therapy and public programs such as needle exchange programs. In turn, this rescheduling could allow law enforcement officials to refocus their efforts on fighting more serious crimes.

National

Today, efforts to combat drug use are not organized at the national level. As a result, drug criminalization and available social services vary widely from state to state. In response, the United States should exercise its authority by organizing studies, implementing programs, and

changing policies at the national level. The following changes should be made at the national level:

- The United States should organize nationwide studies on the impact of programs such as syringe exchange programs, safe injection sites, and methadone replacement therapy. While studies have been conducted on these topics within the United States, they have not been studied on a national scale. Through research, the government could better inform lawmakers and healthcare professionals about the benefits of these programs as an alternative to prohibition.
- The United States should allocate a portion of its drug control budget to the development of rehabilitation centers and public health programs in areas that are affected by addiction. Because the opioid epidemic costs the United States a significant amount of money each year, these programs may not only improve public welfare, but also the national deficit.
- Since the states are very divided on issues related to drug control, the United States should propose an action plan. If the research is completed, the United States should share these results with state officials, outlining how the implementation of certain policies and programs will financially affect the state and improve public health.
- The United States should consider adopting a stance on drug control by decriminalizing the possession of small amounts of drugs at the national level. This may not only encourage apprehensive states to follow suit, but further eliminate the fear of legal repercussions among drug users who are actively seeking treatment.
- The United States should seek to remedy racial inequality by encouraging states to expunge records of minor drug offenses. They should issue a public debriefing on

disparities in convictions for minorities, inviting experts and individuals who have been impacted by these policies to speak on a national platform. This may not only increase public awareness but may trigger political change.

International

The United States allocates large amounts of funds to drug war policies in Colombia, Mexico, and Afghanistan each year. Despite this exorbitant spending, these policies have proven to be largely ineffective at combating drug production and trafficking. These policies are not only ineffective, but harm local communities due to increased rates of violence in areas where they are in effect. In turn, these policies do little to benefit disadvantaged communities. The United States should attempt to undo the damage caused by their interdiction efforts in these countries by funding efforts outside of militarization. The United States should consider the following changes to its global drug control policy:

- The United States should eliminate the process of aerial spraying as it is both costly and ineffective. In turn, it has been discovered that the chemicals used in this process can damage natural resources and have a negative impact on the health of civilians. This process has exacerbated inequality in these regions, so the United States should address damage done to local communities.
- The United States should withdraw a significant number of military personnel and DEA officials from Colombia, Mexico, and Afghanistan. The United States' military presence has been correlated with increased instances of violence against civilians and military personnel alike; thus, their presence has a negative impact on public safety in these countries.

- If the United States is to continue to intervene in these countries, it should allocate funds to alternative livelihoods, crop replacement programs, and economic development rather than the military. Drug trafficking and trade is common among farmers in these countries as they could not compete with prices of American subsidized crops. As a result, a lack of viable employment opportunities directly contributes to participation in this market.
- Companies headquartered in the United States should be required to pay workers equal to their cost of living. In Mexico, the informal job market supported by American companies exploits Mexican workers. As a result, many workers turn to illegal drug production and trafficking. If legitimate companies provided adequate wages, manufacturing jobs could potentially compete with work provided by local cartels.
- The United States should eliminate the practice of granting asylum to paramilitary members under the Convention Against Torture. Because these members are often associated with the deaths of thousands of people and the trafficking of large quantities of drugs, their sentencing rate is lower than that of minor drug traffickers in the United States. In turn, granting asylum prevents sentencing from being carried out in the home countries of these paramilitary members, leaving the citizens in these countries without justice for their family members and communities.

These actions taken at home and abroad may alleviate the inequality caused by the global drug war. By implementing policy changes, establishing social services, and raising awareness, the United States can work to correct harmful policies that have directly led to overdose deaths, disease transmission, and inequality on an international scale. As an international power, the United States should follow the example of other first-world countries, such as Portugal, the Netherlands, and Switzerland, by adopting a progressive drug policy. Through adopting a

strategy that highlights education, harm reduction, and rehabilitation, the United States can improve health, public safety, and equality for citizens of America and countries abroad.

Conclusions

In order to fight the opioid epidemic, the United States must take an alternative approach to drug control. Studies reveal that prohibition policies have not decreased drug use, but instead are associated with increased rates of overdose and disease transmission. Rates of overdose among previously incarcerated individuals reveal that drug prohibition policies do little to address the link between mental illness and substance abuse disorders. As the number of reported overdose deaths continues to rise, it is vital for the United States to take action to maintain public safety. What's more, prohibition policies have failed to address growing rates of HIV, hepatitis B, and hepatitis C among drug users. This represents a dire public health issue that should be prioritized by policy makers.

At the same time, these policies exacerbate racial inequality as minorities are arrested for drug possession at a disproportionate rate. Overwhelming evidence shows that black Americans do not use or traffic drugs at higher rates than white Americans; therefore, higher rates of conviction among black Americans reveal that they are the victims of a corrupt and unjust system. This is supported by studies conducted on exonerations within the United States as the vast majority of defendants belong to minority groups. As a member of the International Convention on the Elimination of All Forms of Racial Discrimination, the United States has a responsibility to resolve the issue of discrimination in drug convictions among minorities. The impact of drug prohibition on minority populations can be considered one of the largest human rights issues in the United States. In order to ensure that minorities are given equal access to public assistance, financial aid, and job opportunities, historical inequality in drug convictions must be addressed.

In addition to perpetuating inequality within the United States, drug war policies implemented abroad have harmed local resources and communities, while failing to solve the unemployment problem triggered by US subsidized crops. This phenomenon is not isolated and can be observed in Colombia, Mexico, and Afghanistan. Rather than investing in alternative livelihoods and crop substitution programs, the United States emphasizes military intervention as the primary solution to drug trafficking and production. Facts have shown that this approach not only fails to effectively reduce the number of drugs produced, but also exacerbates violence in communities with large numbers of military personnel. In addition, the practice of aerial spraying is thought to contribute to pollution, deforestation, and numerous health problems. As a result, local communities are affected by their environment, violence, and unemployment perpetuated by the United States' global War on Drugs. Despite overwhelming evidence that these policies have been ineffective, they continue to be implemented by the United States in an effort to strengthen relationships with foreign military powers.

By implementing policies that have proven effective abroad, the United States can potentially reduce drug-related expenditures, disease transmission rates, overdose deaths, crime, racial inequality, and the number of problematic drug users. Significant progress was observed in European countries such as Portugal, the Netherlands, and Switzerland after implementing a strategy of treatment and harm reduction. Similar programs, such as syringe exchange programs and safe injection sites, have been implemented in Washington state and Washington D.C. These programs have proven to be effective at combating the opioid crisis locally; however, harm reduction strategies have not been implemented on a national scale. In order to implement these changes, lawmakers, medical professionals, social workers, and civilians alike must advocate for policy change. As seen in Switzerland, advocating for change at the local level has the potential

to spark a nationwide movement. By recognizing the harm caused by the War on Drugs and amending these policies, the United States can create a safer and more equal society.

References

Aguilar Camín, H. (2012). On Mexican violence. In E. Zedillo & H. Wheeler (Eds.), *Rethinking the "War on Drugs" through the US-Mexico prism* (pp. 47-56). Betts House. https://ycsg.yale.edu/sites/default/files/files/rethinking-war-on-drugs.pdf

Ahrens, D. M. (2020). Retroactive legality: Marijuana convictions and restorative justice in an era of criminal justice reform. *Journal of Criminal Law & Criminology*, *110*(3), 379–440. https://scholarlycommons.law.northwestern.edu/jclc/vol110/iss3/1

Alexandris Polomarkakis, K. (2017). Drug law enforcement revisited: The "war" against the War on Drugs. *Journal of Drug Issues*, *47*(3), 396-404. https://doi.org/10.1177/0022042617697017

Anderson, S. (2012). European drug policy: The cases of Portugal, Germany, and the Netherlands. *The Eastern Illinois University Political Science Review, 1*(1), 1-15. http://thekeep.eiu.edu/eiupsr/vol1/iss1/2

Aponte, R., & Hurrle, H. (2018). The worldwide War on Drugs: Advancing reforms, circumventing resistance. In G. W. Muschert, K. M. Budd, M. Christian, B. V. Klocke, J. Shefner, & R. Perrucci (Eds.), *Global agenda for social justice* (pp. 3-10). Policy Press. https://doi.org/10.2307/j.ctv47wfk2

Bartilow, H. (2019). *Drug War pathologies: Embedded corporatism and U.S. drug enforcement in the Americas*. University of North Carolina Press. http://www.jstor.org/stable/10.5149/9781469652573_bartilow

Berry, P. A. (2019). Plan Afghanistan, 2004–2005. In S. Marsh & A.P. Dobson (Eds.), *The War on Drugs and Anglo-American relations: Lessons from Afghanistan* (pp. 83-100). Edinburgh University Press. http://www.jstor.org/stable/10.3366/j.ctvss3x1q.12

Blankenship, K. M., Del Rio Gonzalez, A. M., Keene, D. E., Groves, A. K., & Rosenberg, A. P. (2018). Mass incarceration, race inequality, and health: Expanding concepts and assessing impacts on well-being. *Social Science & Medicine 215*(1), 45–52. https://doi.org/10.1016/j.socscimed.2018.08.042

Boyd, G. (2001, July). *The Drug War is the New Jim Crow*. ACLU. https://www.aclu.org/other/drug-war-new-jim-crow

Brouwer, K. C., Case, P., Ramos, R., Magis-Rodríguez, C., Bucardo, J., Patterson, T. L., & Strathdee, S. A. (2006). Trends in production, trafficking, and consumption of methamphetamine and cocaine in Mexico. *Substance Use & Misuse*, *41*(5), 707–727. https://doi.org/10.1080/10826080500411478

Bucardo, J., Brouwer, K. C., Magis-Rodríguez, C., Ramos, R., Fraga, M., Perez, S. G., Patterson, T. L., & Strathdee, S. A. (2005). Historical trends in the production and consumption of illicit drugs in Mexico: Implications for the prevention of blood borne infections. *Drug and Alcohol Dependence*, *79*(3), 281–293. https://doi.org/10.1016/j.drugalcdep.2005.02.003

Butler, P. (2010). One hundred years of race and crime. *The Journal of Criminal Law and Criminology (1973-)*, *100*(3), 1043-1060. http://www.jstor.org/stable/25766114

Chatwin, C. (2016). Mixed messages from Europe on drug policy reform: The cases of

Sweden and the Netherlands. *Journal of Drug Policy Analysis*, *11(*1), 1-12. https://www.brookings.edu/wp-content/uploads/2016/07/ChatwinSwedenNetherlands-final-1.pdf

Congressional Research Service. (2020). *Trends in Mexican opioid trafficking and implications for U.S.-Mexico security cooperation.* https://fas.org/sgp/crs/row/IF10400.pdf

Cooper, J. (2018). The United States, Mexico, and the War on Drugs in the Trump Administration. *Willamette Journal of International Law and Dispute Resolution*, *25*(2), 234-301. http://www.jstor.org/stable/26787265

Coyne, C., Blanco, A., & Burns, S. (2016). The War on Drugs in Afghanistan: Another failed experiment with interdiction. *The Independent Review*, *21*(1), 95-119. http://www.jstor.org/stable/43999678

Coyne, C. J., & Hall, A. R. (2017, April 12). *Four decades and counting: The continued failure of the War on Drugs.* CATO Institute. https://www.cato.org/publications/policy-analysis/four-decades-counting-continued-failure-war-drugs

Crandall, R. (2020). *Drugs and thugs: The history and future of America's War on Drugs.* Yale University Press. https://doi.org/10.2307/j.ctv177tk3n.24

Domoslawski, A., & Siemaszko, H. (2011). *Drug policy in Portugal: The benefits of decriminalizing drug use.* Open Society Institute. https://www.opensocietyfoundations.org/publications/drug-policy-portugal-benefits-decriminalizing-drug-use

Donohue, J. J., III. (2012). Rethinking America's illegal drug policy. In E. Zedillo & H. Wheeler (Eds.), *Rethinking the "War on Drugs" through the US-Mexico prism* (pp.

145-158). Betts House. https://ycsg.yale.edu/sites/default/files/files/rethinking-war-on-drugs.pdf

Drug Enforcement Administration. (2019). *2019 National Drug Threat Assessment*. https://www.dea.gov/documents/2020/01/30/2019-national-drug-threat-assessment

Durán-Martínez, A. (2015). Drugs around the corner: Domestic drug markets and violence in Colombia and Mexico. *Latin American Politics and Society, 57*(3), 122-146. http://www.jstor.org/stable/24765978

Fellner, J. (2009). Race, drugs, and law enforcement in the United States. *Stanford Law & Policy Review*, *20*(2), 257–291. https://law.stanford.edu/publications/race-drugs-law-enforcement-united-states/

Glaze, J. (2007). *Opium and Afghanistan: Reassessing U.S. counternarcotics strategy.* Strategic Studies Institute, US Army War College. http://www.jstor.org/stable/resrep11563

Goodhand, J. (2008). Corrupting or consolidating the peace? The drugs economy and post-conflict peacebuilding in Afghanistan. *International Peacekeeping*, *15*(3), 405-423. https://doi.org/10.1080/13533310802058984

Grecco, G. G., & Chambers, R. A. (2019). The Penrose Effect and its acceleration by the War on Drugs: A crisis of untranslated neuroscience and untreated addiction and mental illness. *Translational Psychiatry 9*(1), 320. https://doi.org/10.1038/s41398-019-0661-9

Guardiola-Rivera, O., & Koram, K. (2019). The apotheosis of war in Colombia. In K. Koram (Ed.), *The War on Drugs and the global colour line* (pp. 128-140). Pluto

Press. https://doi.org/10.2307/j.ctvdmwxn7.9

Guerrero Gutiérrez, E. (2012). An assessment of illegal protection markets in Mexico. In E. Zedillo & H. Wheeler (Eds.), *Rethinking the "War on Drugs" through the US-Mexico prism* (pp. 33-46). Betts House. https://ycsg.yale.edu/sites/default/files/files/rethinking-war-on-drugs.pdf

Knopf, T. (2019, January 21). *Switzerland couldn't stop drug users. So it started supporting them.* North Carolina Health News. https://www.northcarolinahealthnews.org/2019/01/21/switzerland-couldnt-stop-drug-users-so-it-started-supporting-them/

Kristof, N. (2017). *How to win a war on drugs.* The New York Times. https://www.nytimes.com/2017/09/22/opinion/sunday/portugal-drug-decriminalization.html

Lee, G. (2017). *Imperialism by another name: The US "War on Drugs" in Colombia* [Undergraduate paper, University of Toronto]. https://www.e-ir.info/2017/08/22/imperialism-by-another-name-the-us-war-on-drugs-in-colombia/

Mejía, D. (2016). *Plan Colombia: an analysis of effectiveness and costs.* Center for 21st Century Security and Intelligence-Latin America Initiative. https://www.brookings.edu/wp-content/uploads/2016/07/mejia-colombia-final-2.pdf

Meng, G. (2019, July 01). *A price too high*. Human Rights Watch. https://www.hrw.org/report/2015/06/16/price-too-high/us-families-torn-apart-deportations-drug-offenses

Mercille, J. (2011). Violent narco-cartels or US hegemony? The political economy of the 'War on Drugs' in Mexico. *Third World Quarterly, 32*(9), 1637-1653.

http://www.jstor.org/stable/41341189

National Registry of Exonerations. (2017). *Race and wrongful convictions in the United States.* http://www.law.umich.edu/special/exoneration/Documents/Race_and_Wrongful_Convictions.pdf

Nicosia, N., Macdonald, J. M., & Arkes, J. (2013). Disparities in criminal court referrals to drug treatment and prison for minority men. *American Journal of Public Health*, *103*(6), e77-e84. https://doi.org/10.2105/AJPH.2013.301222

Paul, C., Clarke, C. P., & Serena, C. C. (2014). *Mexico is not Colombia: Alternative historical analogies for responding to the challenge of violent drug-trafficking organizations, supporting case studies*. RAND Corporation. http://www.jstor.org/stable/10.7249/j.ctt7zvzdn.17

Pearl, B. (2018, June 27). *Ending the War on Drugs: By the numbers*. Center for American Progress. https://www.americanprogress.org/issues/criminal-justice/reports/2018/06/27/452819/ending-war-drugs-numbers/

Rosenberg, A., Groves, A. K., & Blankenship, K. M. (2017). Comparing black and white drug offenders: Implications for racial disparities in criminal justice and reentry policy and programming. *Journal of Drug Issues*, *47*(1), 132–142. https://doi.org/10.1177/0022042616678614

Sawyer, W., & Wagner, P. (2020, March 24). *Mass incarceration: The whole pie 2020*. Prison Policy Initiative. https://www.prisonpolicy.org/reports/pie2020.html

Sontag, D. (2016, September 10). *The secret history of Colombia's paramilitaries and the U.S. War on Drugs.* The New York Times. https://www.nytimes.com/2016/09/11/world/americas/colombia-cocaine-human-rights.html

Stellin, S. (2019, November 05). *Is the 'War on Drugs' over? Arrest statistics say no*. The New York Times. https://www.nytimes.com/2019/11/05/upshot/is-the-war-on-drugs-over-arrest-statistics-say-no.html

The Sentencing Project. (2020, September 02). *Criminal justice facts.* Retrieved October 12, 2020, from https://www.sentencingproject.org/criminal-justice-facts/

Van Ooyen-Houben, M., & Kleemans, E. (2015). Drug Policy: The "Dutch Model". *Crime and Justice*, *44*(1), 165-226. https://doi.org/10.1086/681551

Western, B., & Muller, C. (2013). Mass incarceration, macrosociology, and the poor. *The Annals of the American Academy of Political and Social Science, 647*(1), 166-189. http://www.jstor.org/stable/23479100

Western, B. (2018). *Homeward: Life in the year after prison.* Russell Sage Foundation. http://www.jstor.org/stable/10.7758/9781610448710.16

Wolf, M., & Herzig, M. (2019, July 22). *Inside Switzerland's radical drug policy innovation.* Stanford Social Innovation Review. https://ssir.org/articles/entry/inside_switzerlands_radical_drug_policy_innovation