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Brandi Kalmbach

Criminal Justice

June 2021

Faculty Adviser: Dr. Falco

Essay completed in partial fulfillment of the requirements for graduation with Global Honors,
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9 June 2021
Date



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Introduction

They had never expected it to be them. Growing up, they were told by their parents to always say no to drugs, and that drug addicts were hopeless failures of society. But now, that identity consumes them. They *are* the drug addict to whom children's parents point and say, "do not be like him". They have nowhere to turn; there are very limited resources—if any—to seek for help, and it feels like the only way out is spiraling down further into the disease of addiction. The entire country has plotted a war against them—The war on drugs is a war against drug addicts and drug users rather than a fight for them. Drug addicts are incarcerated at high rates and given little to no resources to help them fight their addiction, but society feels they do their part by encouraging a war on drugs to "help" end the widespread drug addiction that consumes the United States.

The War on Drugs has brought more than just high incarceration rates. With it, the United States has seen increased racial disparities, drug use, homelessness, and overdoses while stigmas against drug users became increasingly harsh. In recent years as well, the United States saw an exponential increase of opioid usage, which resulted in many unnecessary and heart-breaking deaths, while little to no assistance is provided for those who are struggling. Overall, it is most important to discuss the failed execution of a successful "war" on drugs. Even fifty years later, it is apparent that no successful steps have been put in place and the war on drugs has failed to prevent or reduce drug use and addiction.

This paper will begin by providing a brief overview of the history of the war on drugs, evaluate its effectiveness, and discuss its unintended consequences. Comparative approaches will then be analyzed by studying perspectives from the Netherlands, Portugal, and Japan.

These findings will be converted into proposals for potential new methods in the United States, with a focus on Washington State and Pierce County, with the intent to lower rates of drug usage, decrease stigma against drug addicts, and advocate for policy change.

History of the War on Drugs in the United States

The United States has faced a drug crisis since the birth of the country. Alcoholism struck the country in a number of ways while the rebels of British society pushed for freedom in the United States. In the late 1800s, there were no regulations on drug use, and morphine and cocaine use spread rampant across the country. During this time, the main users of these drugs were middle to upper class white women. By the time that the early 1900s came around, many were aware of the alcohol and drug addiction problem that consumed many Americans across the United States. In 1914, the federal government began to regulate drugs and the Harrison Act was put into place (Head, 2013). This act began to tax narcotics, while also regulating the production and importation of these drugs. The overarching goal was to reduce the number of people who could have access to the drugs, while ultimately decreasing usage rates country wide.

On January 16th of 1920, the prohibition era—also defined by the passage of the 18th amendment— in the United States began. The laws behind prohibition limited the production, transportation, importation, and sale of alcohol across the country; however, it was still legal to consume alcohol. Though it may seem nonsensical to outlaw these actions, proponents of the movement carried strong arguments. The main reasons, though mostly unrelated to one another, that backed prohibition “[was] concern about alcohol’s link to wife beating and child abuse and [...] the impact of drinking on labor productivity” (Burke, 2012, p. 66). The main

group behind this were part of the temperance movement, which was a widespread group that pushed for prohibition and the complete abstinence of alcohol for all of society. Though it can be viewed through this lens now, the ultimate goal during this era was not to restrict freedom or limit rights on American citizens.

According to Burke (2012) there was a surprising boost in nationalism for the United States at first. In the years leading up to the prohibition era, World War I was in full swing. Many argued that the grains for making beer should be reallocated to make bread for the soldiers at war, and states across the country slowly began implementing laws against alcohol by defining it as a war measure. However, things started taking a negative turn when the government began to realize how challenging it was to truly enforce the law. The bootlegging of alcohol was widespread, and many turned to smuggling alcohol secretly. These illegal acts impacted the United States greatly because heavy drinking became much more popular despite the ban, while at the same time organized crime increased exponentially. Prohibition had destroyed the brewing industry as well. By 1933 and the passage of the 21st Amendment, the ban was lifted, and the legal consumption of alcohol was slowly placed back in American life.

According to Head (2013), between the years of 1933 and the late 1950s-early 1960s, alcohol and drug use was somewhat stagnant. During this time, the United States withstood the Great Depression, World War II, and many other major events that distracted American life from drug and alcohol addiction. Cigarette smoking rates did increase tremendously during this time as well. There were some events that occurred however, such as the 1937 Marihuana Tax Act (the spelling of "Marijuana" as so was a slang form during this time). This act spiked the taxes for marijuana, making it very hard to purchase. With many drugs, the target approach

was to overtax to reduce use. Besides this main event, most of this period of time was spent focusing on problems other than drug and alcohol addiction. However, in the early 1960s, the semi-stagnant drug rates began to increase.

According to Burke (2012), in the early 1960s, the United States saw a substantial shift in drug use rates. Heroin addiction became a noticeable problem, and many teenagers and young adults turned to smoking marijuana. Lysergic acid diethylamide (also known as LSD or Acid) was also popular among a wide range of people. This sudden spark of heavy drug use was promoted mainly by the “hippie” movement. This movement pushed for peace, freedom, soul, and love; it was sparked after President Kennedy’s assassination in combination with effects from the Vietnam War. The movement was very inspirational to many, especially the younger generation. However, with this kind-hearted movement, drug use was heavily promoted. Marijuana, acid, and other hallucinogens symbolized peace at the time, particularly among middle class whites, while the kids growing up in poor areas began using heroin. Groups of people gathered at music festivals—such as Woodstock in 1969—and used these drugs in mass groups while listening to popular music at that time. This period in history is very significant to American culture, despite the increase in drug use.

Also, during this time, heroin usage quickly became noticed as an epidemic because dirty needles were causing illness, infection, and death, while fatal heroin overdose rates were also increasing at an alarming rate (Mold, 2007). As the usage of heroin, marijuana, acid, and other hallucinogens were rapidly increasing, the United States began to notice that there was a massive and widespread drug problem throughout the country. This movement even began to

influence countries around the world. By the end of the 1960s, former President Richard Nixon finally decided to take action.

In 1969, President Nixon declared the drug epidemic a national threat. The United States had noticed a sizeable jump in youth arrests, as well as unorganized street crime across the country. This was alarming, as drug addiction rates were also increasing tremendously. The rates in which drug addiction and use had increased in the past nine years was substantially more than ever before in America's history (Mold, 2007). By 1971, President Nixon officially declared "War on Drugs". The war on drugs became an ultimate concern and main focus country-wide and: "It was what continued to matter during the 1960s and the first half of the 1970s, when concern over the second major postwar heroin epidemic drove policy in new directions, culminating in Richard Nixon's very different style of drug war" (Courtwright, 2001, p. 161). The war on drugs was a very new battle to be fought, and there was little to no research on how to successfully end the war on drugs. The lack of experience and control caused a great deal of problems that American society still faces to this day, though it has been fifty years since the initial declaration. Through the 1980s, we saw a shift to abstinence of drug use. The Reagan administration pushed for the "Just say No" campaign, which promoted saying no to drugs (Head, 2013). This campaign was promoted through advertisement in places such as public and private schools, workplaces, and many other public areas.

It is also very important to note the strong racial disparities arose from the war on drugs. The war on drugs became a very controversial and highly racist movement that worked to target people of color—especially African Americans. The consequences to this are tremendous and have carried into modern-day society. Mass incarceration of minorities was

promoted heavily during this time. Pictures of drug addicts were illustrated of “gangsters”, Latinx peoples, African Americans, and other minority groups of color. They were described to be poor, dirty, uneducated, and failures in society. To be a drug addict was—and often still is—viewed with disgrace and other heavy negative connotations that are very challenging to recover from.

To this day, the United States continues to bear the consequences of the war on drugs. As stated above, mass incarceration has been a major repercussion for the war on drugs. Moore’s (2008) study found the following:

Persons of color compose 60% of the incarcerated population. In 1996, Blacks constituted 62.6% of drug offenders in state prisons. Nationwide, the rate of persons admitted to prison on drug charges for Black men is 13 times that for White men, and in 10 states, the rates are 26 to 57 times those for White men. People of color are not more likely to do drugs; Black men do not have an abnormal predilection for intoxication. They are, however, more likely to be arrested and prosecuted for their use (p. 784).

These statistics are startling, as there is no truly justifiable reason for such a differing rate of incarceration based on race. The fact of the matter is, sadly, that institutional racism is strongly integrated within governing bodies and law enforcement, and that bond is yet to be broken. As major pushes in the civil rights movement slowed, politicians and other authority figures found new ways of promoting segregation. Advocacy for longer and more harsh prison sentences with drug crimes became the main fault in mass incarceration, as rates of black incarceration began

to skyrocket. Mass incarceration very quickly became a part of what Michelle Alexander describes as the “New Jim Crow”.

According to Head (2013), it is very important to address the cocaine disparity that flooded the United States in the late 1980s with the 100:1 ratio difference between powder cocaine and crack. Powdered cocaine, which is a pure form and very potent, was generally ignored by law enforcement unless one was caught with significant quantities and drug dealing. This cocaine was incredibly strong and expensive, and typically only wealthy whites had access to it. While there was also crack-cocaine—a mixed and less potent form of cocaine that was primarily sold to and used by poorer communities. If caught with only 5 grams, even though it was much less strong than that of pure powder, one would be sentenced to the same ten-year sentence as one caught with the 500 grams of pure cocaine. Most often, minority groups would use crack-cocaine, so this disparity was yet another way to target and incarcerate Black users.

According to a study by Zoorob (2019), the United States is still top in the world for highest incarceration rates, despite our awareness of the failure of the war on drugs. Failure to reduce drug use and addiction rates are blatant, and America has failed repeatedly. Present day war on drugs is shifted more toward our opioid epidemic, which takes the lives of many through overdoses each day. A big contributing factor to these overdose rates would be the use of fentanyl, a morphine-like opioid that is highly potent, and oftentimes fatal. Opioid addiction oftentimes starts from post-medical care. A patient is prescribed with pain killers’ post-surgery, and they become addicted. Or family members in their household take the medication for their own high. It is very important to note that the target of the war on drugs has somewhat shifted in the recent years. Though minority groups are still heavily targeted through drug use and

mass incarceration, lower- and middle-class whites are also greatly affected by the opioid epidemic. There's a fine line between the legality of opioids, and that is whether or not the user has a prescription. This leaves a lot of grey area for this drug, which contributes heavily to the high addiction rates we see currently. The opioid epidemic is now the middle-class white's new problem. Once opioid use began impacting middle-class white communities, the concern for addiction and drug treatment increased and discussions over public health approaches to drug use were getting national attention. Strict criminal justice approaches and mass incarceration were not seen as particularly concerning while they primarily impacted communities of color, but with the increased impact on white communities growing, policymakers and the public are more open to discussing alternatives and more effective strategies to combat drug addiction.

Rather than focusing on rehabilitation and restoration for this epidemic, and the drug crisis in general, the War on Drugs has historically focused on punishment for addiction. Some actions are being made to reduce drug rates, but they are very new, and their success is still unknown. For example, in late 2020, Oregon state voted to decriminalize drugs statewide. Media spread this news across the country; some outlets portrayed it as a leap in ending the drug crisis, while others spoke harsh words depicting the new law as a major setback. However, at this time, the results, whether they are positive or negative, are still unknown. As for the rest of the country, drugs are still mainly illegal. Some drugs, like marijuana, are legal in a number of states, but are not yet federally legal.

Other countries across the world have handled the drug crisis very differently from the methods of the United States. Some countries are very strict on their drug laws and carry heavy societal stigmas against those who use. On the other hand, other countries tolerate the use of

soft drugs in regulated areas, with less social stigmas and stereotypes. The next portion of the paper will discuss drug policy in varying countries and evaluate what strategies have been successful or failed in said methods. Upon in-depth studying and reviews of drug policies in other countries, the paper will end with a plan for policy recommendations in the United States and Washington state itself.

Comparative Approaches to the War on Drugs

Other countries across the world have handled the drug crisis very differently from the methods of the United States. Some countries are very strict on their drug laws and carry heavy societal stigmas against those who use. On the other hand, other countries tolerate the use of soft drugs in regulated areas, with less social stigmas and stereotypes. The next portion of the paper will discuss the methods and policies used to address drug use in three countries; the Netherlands, Portugal, and Japan. Upon in-depth studying and reviews of drug policies in those countries, a plan for policy recommendations in the United States and Washington state is proposed.

The Netherlands

One country that has taken a tolerance approach towards drug use is the Netherlands. The Netherlands tackled their drug crisis in a very interesting way. First, there are differing capacities in which drugs are legal and illegal. For example, the Netherlands rejects the use of police and other law enforcement to enforce drug use. However, some aspects of the drug trade here are still illegal, despite the shift away from law enforcement and punishment.

According to an article by Grund (2017), this initial shift began in the late 1960s, as drug rates began to increase in the Netherlands similar to the United States at the time. Throughout

the 1970s, heroin use was prevalent and rising at alarming rates. Seeing this increasing issue, the Dutch ensured that this was seen as a public health concern rather than a criminal justice concern. This is very important to note, as drug policies in the Netherlands have been highly successful from the public health approach, unlike the United States which took the criminal justice approach. Since the mid twentieth century, there was a great shift toward the acceptance of “soft drugs” like marijuana and a move to decrease the stigma against those who use.

Grund (2017) suggests that throughout the 1980s, “coffee shops” began opening around the Netherlands. Unlike traditional coffee shops in the U.S. (often called cafes in Europe), that serve coffee and pastries, this term became used for shops that serve as marijuana bars for people to recreationally use in safe locations. There were many rules and regulations behind these operations, causing difficulties in obtaining, producing, and selling marijuana, as most of the “back door” supply actions were—and still are—illegal in the Netherlands. Coffee shops and soft drug use is highly regulated with control over age restrictions, transaction amounts, sale limits, etc. This created a bit of a challenge for coffee shops to obtain and sell their marijuana, as it is illegal to obtain it outside the shops. This resulted in what is known as the “backdoor problem” which is where home growers secretly provide coffee shops with their inventory. Though law enforcement knows that coffee shops illegally obtain their marijuana (as they have no legal means to be able to), law enforcement does not intervene. Despite both the strict and relaxed rules behind Coffee Shops, there are many regulations behind them that are an absolute requirement to follow. One of which being that no hard drugs or alcohol are to be sold or consumed at the shop. This means for a coffee shop to be shut down. On the other hand,

the requirement that only those from the Netherlands can purchase from coffee shops is difficult to enforce. When passports are checked as ID, all European Union residents' passports are labeled with "EU" rather than the specific country in which they reside. With this, there is no real way to distinguish a true citizen of the Netherlands from a resident of a bordering country. For a more detailed view of regulations in coffee shops, see table 9.1 below (Grund, 2017) to further understand coffee shops criteria in the Netherlands:

Table 9.1 Dutch coffee shop criteria

<i>a. Original 1994 'AHOJ-G' criteria (Staatscourant, 1994)</i>	
A	No Advertising: no more than (very) low profile signposting of the facility
H	No Hard drugs: these may not be sold or held on the premises
O	No Nuisance (Overlast in Dutch): including traffic and parking, loitering, littering and noise
J	No sales to under-aged customers (Jeugdigen) and no admittance of under-aged customers to coffee-shops. (Minimum age was set to 18 in 1996)
G	Transaction size is limited to 'personal use,' defined as 30 Grams per person per coffee shop per day (Transaction size was lowered to 5 grams in 1996). Since 1996, this criterion also included to the limited trade stock of coffee shops (no more than 500 grams)
<i>b. Criteria added in 2012 (Aanwijzing Opiumwet, 2012)</i>	
B	Coffee shops needed to be small and membership-only (Besloten) (Abolished in January 2013)
I	Coffee shops are only open to residents of the Netherlands (Ingezetenen). Introduced nationally on January 1, 2013.

As you can see, there are many regulations and rules regarding coffee shops and how they must run in the Netherlands. Next, to briefly touch on another means of consuming drugs in the Netherlands are Smart Shops. These shops, similar to coffee shops, are designed for

individuals to consume soft drugs. These drugs are mainly hallucinogens like LSD and Mushrooms. Smart shops also have many restrictions and regulations to be able to distribute soft drugs. Both these different shops are widespread around the Netherlands and allow for individuals to safely consume non-addictive drugs.

Another form of health and drug regulation in the Netherlands is a strategy referred to as harm reduction. Harm reduction is a method that overall tries to reduce the negative consequences that come from drug use. Harm reduction is very opposite of the United States' zero tolerance policy, as it aims to emphasize practical goals rather than idealized goals of drug use in addicts. The Netherlands adopted this strategy to help promote healthy living, while also not punishing those who are addicted for using (Marlatt, 1999). This societal push for support of a tolerance approach and aid for users has shown phenomenal results across the country.

In their push to establish healthy drug use, the Netherlands has seen a tremendous decrease in drug use, as well as a shift from dangerous hard drugs to drugs like marijuana and soft hallucinogens. Rather than overdosing on opium in the streets, many enjoy their time at smart shops and coffee shops across the Netherlands (Marlatt, 1999). The Netherlands has been able to build positive relationships with law enforcement, significantly reduce drug use rates and overdose rates, and increase the quality of life and happiness throughout the entire country, with a large reason being their rehabilitative and harm reduction approach to drug addiction. To this day, the Netherlands is still seeing lowering drug use rates, unlike the United States.

Portugal

Throughout the 1990s, the country of Portugal was experiencing a major drug crisis. Thousands of drug addicts wound up on the streets with nowhere to turn. Heroin addiction loomed over the heads of Portugal's citizens, and took down people across the population such as students, doctors, teachers, and other key role models and members of society. These alarmingly high rates of drug use began the widespread transmission of infectious diseases such as HIV, commonly spread through intravenous drug use. People had open wounds and infections that went untreated, some lost limbs from overusing, and many overdosed or ended up passing away from drug use (Hughes, 2010). In the beginning, Portugal took a very similar method of proposed treatment as the United States. They became very strict with drug laws and gave harsh sentences and punishments for users. This cost Portugal billions of dollars to fail repeatedly. However, after a decade of failed attempts, it was obvious that this method was not going to truly end their drug crisis.

By the end of the 1990s, Portugal began to make new measures toward regaining control over drug use. Rather than mass punishing users, the government sought new ways in the opposite direction to achieve the same goal. In 2001, Portugal became the first country to decriminalize the "consumption, acquisition, and possession for personal use or narcotic drugs and psychotropic substances" (Cabral, 2017, p.3). On the surface, this idea is very bold, and ultimately looks like it would fail. Many commented how they thought Portugal would become a "drug-tourist" country, meaning people would travel there for the ultimate reason to use drugs like psychedelics and narcotics. That idea is sensical, and it allows the thought that decriminalizing drugs would make even more people use, however, that has not been the case.

Criminal penalties led to increased drug use, while Portugal's decriminalization plan has actually lowered drug addiction rates significantly.

According to Cabral (2017), in the 20 years that have passed since the decriminalization of personal use of drugs, Portugal's approach "is known in the entire world as one of the most successful policies of its kind. Since it was adopted the consumption of narcotic drugs and psychotropic substances actually decreased" (p.2), and along with that, "The number of cases of HIV and AIDS in drug users also decreased (even if it still is slightly above the EU average), and the number of deaths by drug overdose stabilized. The number of deaths by drug overdose in Portugal is actually one of the lowest in all of the European Union, at just 4.5 per million of inhabitants" (p.2). This change in rates has come very far over the years and has allowed for increasing the health in many throughout Portugal. It is also important to note the reallocation of funds as well. The funds that originally were used to fight the failing drug battle have been able to be shifted to aid more with public health. Now, according to Cabral, this money is used to fight HIV, tuberculosis, and other life-threatening diseases. Much of this money is going toward fighting illness and diseases that were caused, or showed increased rates, due to the previous drug crisis. With lowered drug rates and more medical care, Portugal has seen higher qualities of life and a more sustainable living environment for its current citizens and its future.

Japan

With that said, there are other countries who take opposing stances to the Netherlands and Portugal but still have achieved much lower drug use rates than that of the United States. Take Japan for example. Japan is very much a culture-based society. There are many societal and cultural norms that citizens adopt across the country that relate to drug use and drug

addiction. The social control mechanisms and cultural homogeneity in Japan are often significant factors influencing drug use and addiction.

According to Greberman (1994), one of these norms is a complete zero-tolerance approach to drug use. This began around the late 1940s, when Japan had begun experiencing a widespread and detrimental methamphetamine addiction. This caused scarcity of food, unemployment, poverty, and many other hardships for Japan. Quickly following, many laws were put into place regulating these drugs, like the 1955 Stimulant Control Law that worked to enforce even more harsh sentences and punishments for those caught with drugs. See the figure below (Greberman 1994) for more comparison on how harsh Japanese sentences can be, but note that these sentences are from 1994 rather than present day 2021:

Maximum Sentences for Criminal Offenses Involving Selected Drugs in the United States and Japan

<i>Offense</i>	<i>Sentence and fines¹</i>	
	<i>United States (28) Heroin and cocaine²</i>	<i>Japan (17,29) Amphetamines and heroin²</i>
Possession	1 year or \$5,000 or both	10 years or at least 1 year and 5 million yen
Trafficking	14 years or \$5,000 or both	10 years or at least 1 year and 5 million yen
Importation	15 years or \$5,000 or both	Life in prison and 10 million yen

¹1,000 yen = \$8.80 (reference 31). ²Federal statutes.

Along with these laws, many over the counter cold and cough medicines were, and still are, banned in Japan. This was due mainly to a linkage between methamphetamine production and cough medicine production, but this does not matter very much in Japanese culture due to their spiritual medicinal values as well as affordable healthcare.

Since the 1940s, Japan has become noticeably strict with drug laws, which has formed many stigmas against users, causing an inability for addicts to be able to find support medically

or even emotionally from family members and friends. Despite their harsh method of dealing with drug addiction, Japan has been very successful in reducing drug rates. The tough on crime model has been so successful in Japan for a few reasons. First, Japan has always been a country of heavy social control and citizens have adopted this lifestyle. While being accustomed to the social control, those in Japan are much more willing to follow the social and cultural standards that are in place—especially for those who use drugs. These two reasons stand out when explaining why Japan is so successful with lowering drug rates in comparison to the United States, and this will be discussed in further depth in the proceeding section of the paper.

Policy Recommendations

As expressed previously in the paper, there are many varying methods for drug control across the world. The Netherlands, being the first country to really begin tackling the drug crisis as a public health approach, and Portugal, being the first country to completely decriminalize drugs, have both come very far in their journeys to reduce drug use. Japan, though its policies are different from that of the Netherlands and Portugal, has successfully done the same. It is important to remember and even apply these concepts learned from these countries in everyday life within the United States. These methods, though most of which are large scale, can even be implemented by individuals all throughout society. The big picture here is to remember the importance of reducing stigmas and negative connotations for drug users and drug addicts. This will be addressed in greater depth within the upcoming sections of the paper.

United States Recommendations

As established previously in the paper, the United States has been fighting a constant battle with drugs, yet they have mostly failed in their efforts to prevent and reduce drug use.

Upon analysis of three varying countries across the world, this paper worked to view the successes and failures of three different successful methods for combatting a drug crisis.

Though the drug epidemic is worldwide, some countries are affected much more than others—such as the United States—while others have taken a variety of new approaches to successfully decrease the numbers.

In the Netherlands, where social stigmas are being reduced tremendously while coffee shops and smart shops are widely available for citizens, there was a drastic decrease in drug abuse and overdose rates. A country-wide ideal policy recommendation would be the national legalization of marijuana and the implementation of coffee shops like those in the Netherlands. Once this could be put into play, coffee shops could open (and even be re-branded with different names other than coffee shops) across the country, allowing people to safely consume marijuana. This would begin to eliminate the need for dealers of marijuana and would hopefully begin to bring a change in lowering illegal drug consumption. Once coffee shops had established roots and became more widely accepted, the potential for smart shops arises. Now, there are still many stigmas against hallucinogens and soft drugs, so the pursuit of these shops would likely be much more challenging for the entire country to agree upon and engage in.

As previously addressed, Portugal decriminalized the possession of all drugs in 2001, and has seen tremendous positive results throughout the past twenty years. In the United States, we are starting to see a shift toward this mentality. The increased number of states that decriminalized or legalized marijuana use/sales is one example of this shift. In addition, in 2020 the state of Oregon passed a law—which just went into effect in April 2021—very similar to that of Portugal. Although this new law has not been in place long enough to see results, the

state of Oregon is very hopeful that this method will follow the same characteristics as that of Portugal. Many who study the War on Drugs argue that ending it is comprised of three key components, which are: “(1) decriminalizing recreational drug use; (2) expunging criminal records and freeing those imprisoned as a result of unethical drug criminalization policies; and (3) eventually legalizing and regulating all recreational drug use” (Reider, 2021, p. 39).

Obviously, number three is a step that we are likely very far from in the United States, but number one and two are steps that could be easily implemented if the effort was put in to do so. Currently, the state of Oregon is working on bringing reality to all three of these steps. Hopefully within a few years the country will be able to see the expected positive results. With that, one can hope that the United States would then take more measures to mimic or follow the same methods that Oregon has adopted this year.

In Japan, social control over drugs is a common practice. There are many social stigmas and regulations over drugs, and there are trends similar—yet not as extreme—as in the United States. In the United States, there are many social stigmas against drug users. Drug addicts are viewed oftentimes as dirty, homeless, unsuccessful, and overall untrustworthy people. Drug addicts are not viewed as people suffering from a disease, as they should be. Oftentimes, addicts are thought of as being too lazy to stop using drugs, rather than people trying to understand how the brain changes to require the drug, causing addiction. Addiction is no issue to be taken lightly, and it is very important that one understands the consequences of addiction and how challenging it can be to find treatment. With that, it is also important for the United States to reduce these stigmas on drug addicts. These stigmas, originally created to shed

negative light on minority groups, are a major barrier that stops the United States from progressing in ending the country-wide drug crisis.

If all these ideas are slowly implemented throughout the country, then the United States will likely begin to see positive change. It is important to remember the depth of the problem and deep-rooted societal stigmas that loom over drug addiction, and how hard it will be to sway the mindsets of many. This is why reducing social stigmas must be the first component that is acted upon for ending the War on Drugs. This would essentially include a move away from a criminal justice approach to drug use into a public health approach including a reeducation of the public on the causes of drug use and the best practices for reducing use. If this concept is overlooked, any further progress that could be made will fail.

Puget Sound Area Recommendations

Country-wide, the United States faces a great challenge ahead when it comes to ending the War on Drugs. However, there is hope for change even in the local area. In the Greater Puget Sound area (or even more local in Tacoma itself), there are noticeably high drug use rates. Currently, not much is being done to decrease these rates.

An idea—which has slowly been implemented in a few areas across the country—that would be useful for the Puget Sound area would be a stronger harm reduction approach. Harm reduction was briefly touched on earlier in the paper, but it will now be covered in more depth with potential applications to the Puget Sound area. Harm reduction is a framework for drug policy that focuses on reducing harm (i.e., serious infections like HIV) that can be caused from sharing needles and drug substances. Harm reduction works to develop, “new regulatory formats for distributing drugs for some nonmedical use”, “reducing the transmission of HIV

associated with illicit drug use”, and “providing adequate treatment for persons with psychoactive drug use problems” (Susser, 1995, p. 12). With these three goals in mind, harm reduction works to serve the purpose overall of limiting the amount of serious harm, injury, or death that comes along with drug use. Examples of harm reduction policies that can be adopted include the decriminalization or legalization of drugs, needle exchange programs, methadone replacement therapy, and safe injection sites.

There are a few ways that the harm reduction approach can be implemented in the Puget Sound area. First, the Tacoma and Seattle area could begin to implement safe injection sites. According to Black (2020), the city of Seattle, as well as King County, are currently working to budget in money for differing social services around helping addicts, as well as working to build a budget of \$1.4 million to create a safe injection site. As stated above, some have already been put into place, but more sites create more safety for both addicts and citizens, as these sites help to prevent the littering of needles in public spaces as well as the sharing of needles between users. These sites could be implemented in many areas around Tacoma—such as the Hilltop area—to provide spaces for addicts. At these safe injection sites, Tacoma could have trained professionals work to spark the idea of rehabilitation in the addicts as well. With the combination of the ideas described above, there is definite potential that the Puget Sound area could slowly begin to see more addicts seeking rehabilitation and overall, lower drug use rates.

Conclusion

The United States has come a long way in many aspects since 1971, but advancements in ending our drug crisis is not one of those things. There are many different ideas and policies that need to be implemented to even begin reducing drug rates, and though we have made

baby steps, there is still a long way to go before this progress can truly be acknowledged and accounted for. Hopefully in the coming years, the United States will begin to see the change that the country so desperately needs. The first step begins with the individual. By changing one's perspective on drugs and addicts to one that is more understanding and willing to help, the United States is already off to a better start. With that comes reduction of social stigmas and a desire to help addicts recover. From there, the United States can move into governmental and policy changes to reduce drug rates and stigmas further. Despite the many years put behind this fight, United States can still win the battle against drugs, but to do so, the United States needs to begin to try a different approach.

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