

Getting Smart on Drugs

by Fr. John S. Rausch

Texas swapped a \$600 million prison-expansion plan in 2007 for a \$241 million plan to expand its community-based drug and alcohol treatment services. It created residential drug and mental health facilities for in-prison and post-prison populations, and halfway houses for new parolees. By 2009 its inmate population declined.

Michigan closed eight prisons and invested the savings in an expanded network of drug, mental health and job training services for ex-offenders. Following suite, Kansas also closed prisons after investing in drug treatment programs and services for parolees.

With fiscal problems facing every state but North Dakota, legislatures are looking for savings around their prison populations that on average rose 600 percent from the 1970s. So far, ten states have addressed the uncritical rhetoric of “tough on crime” with the compassionate wisdom of “smart on drugs.”

The United States with less than 5 percent of the world’s population consumes 66 percent of the world’s illegal drugs and incarcerates 25 percent of the world’s prisoners.

States and municipalities are discovering that without treating drug and alcohol addiction as a complex disease recidivism rates remain high. According to the National Center on Addiction and Substance Abuse, of the 2.3 million prison inmates in America, 1.5 million, or 65 percent, meet the standard medical criteria for drug and alcohol addiction and abuse. Its research reveals that drug and alcohol abuse and addiction are implicated in 78 percent of violent crimes like assault and rape, and 83 percent of property crimes like burglary.

Studies indicate that drug treatment represents a highly cost-effective way to reduce substance abuse and crime. According to a 1998 Rand Corporation study, quality substance abuse treatment versus imprisonment (“smart on drugs” versus “tough on crime”) is three times less expensive. To people of faith the arguments from economics finally accomplished what the Gospel values on human dignity seemingly failed to inspire.

The “War on Drugs” overwhelmingly targeted the supply source of drugs, but failed to adequately address the demand use of drugs. It ignored the cultural forces that promoted the euphoric “highs” and the relief from even the slightest pains. Once a user creates a frequent pattern, an addiction, whether physical or process, can easily take hold. Drug abuse can no longer be viewed merely as a public safety problem leading to crime, but must be understood as a public health problem dealing with lives.

We live in a overly medicated culture: “A pill for every ill, and a potion for every emotion.” Here certain pharmaceutical firms bear serious responsibility for promoting their products without proper safeguards. Purdue Pharma, the producer of OxyContin, a narcotic and an extremely potent time released pain medication designed for the most severe pain of cancer, aggressively promoted OxyContin to general practitioners not skilled in either pain treatment or drug abuse. Teens discovered “Oxy” could be crushed and snorted for an instant euphoric high—and an almost instant addiction. In 2007 Purdue Pharma was convicted on a felony charge of misbranding and fined \$634.5 million.

Thousands of young people in Appalachia and elsewhere have died of drug overdoses. Federal, state and local governments in 2005 spent \$74 billion in court,

probation, parole and incarceration costs for drug and alcohol offenders, while spending less than 1 percent (\$632 million) on prevention and treatment.

“Getting smart on drugs” means reaching into the prisons for the redemption of offenders and grasping the teens in our communities before they fall off the cliff. We’re talking tough love, community involvement and Gospel compassion about a disease that’s killing our culture.