

Do We Really Want a 'Needle Park' on American Soil?

Prevention, not legalization, is the key to winning the war on drugs.

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The Global Commission on Drug Policy, a 19-member panel chaired by former Brazilian President Fernando Henrique Cardoso, has declared America's "war on drugs" a failure with "devastating consequences for individuals and societies around the world." In a report released in early June, the commission recommended "far reaching changes including . . . decriminalization and experiments in legal regulation."

Not surprisingly, the report has led to increased calls for the legalization of drugs as a panacea to end the violence and criminal-justice costs of current U.S. drug policies. Just last week, Reps. Barney Frank (D., Mass.) and Ron Paul (R., Texas) introduced a bill in Congress to remove marijuana from the list of federally controlled substances, leaving it up to the states to decide if they want to legalize it.

But legalization is no panacea. Without question, abuse and addiction involving all substances (tobacco, alcohol, illegal and controlled prescription drugs) is the nation's top health-care and criminal-justice problem, filling our hospitals and crowding our courts and prisons. But making illegal drugs more readily available is hardly the answer.

Legalization will only make harmful substances cheaper, easier to obtain, and more socially acceptable to use. The U.S. has some 60 million smokers, 20 million alcoholics and alcohol abusers, and 21.2 million illicit drug users (over seven million of whom are addicts). If illegal drugs were easier to obtain, this latter figure would rise sharply. Moreover, more readily available drugs will increase criminal activity. Most violent crimes, such as murder, assault and rape, occur when the perpetrator is either on drugs or drunk, and a high percentage of property crime involves people seeking money to buy drugs and alcohol.

Approximately 30% of our federal and state health-care spending is attributable to the use and abuse of addictive substances including tobacco, alcohol and illegal drugs. The National Center on Addiction and Substance Abuse at Columbia University (CASA)

estimates the total financial cost to taxpayers to be \$500 billion annually. The human misery is incalculable. Increased use of illegal drugs will increase these costs and this misery.

A Medicaid patient with drug and alcohol problems costs \$5,000 to \$15,000 a year more in health-care costs than one without such problems. Most Medicaid hospital patients readmitted within 30 days are those with drug and alcohol problems. Do states, crushed financially by Medicaid costs, want to increase the number of Medicaid patients abusing and addicted to drugs and alcohol?



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Without question, substance abuse and addiction is the nation's top criminal-justice problem. But legalization is no panacea.

The notion that taxing sales of marijuana and drugs like cocaine and heroin will provide a windfall for our public coffers is also illusory. For every \$1 of taxes collected from the sale of tobacco and alcohol, we incur \$9 in state and federal health-care, criminal justice and social-service costs. These costs will skyrocket if legalization becomes the norm, draining our public coffers at an even more alarming rate.

Legalization in other countries has had disastrous results. In the 1990s, Switzerland experimented with what became known as Needle Park, a section of Zurich where addicts could buy and inject heroin without police interference. Policy makers saw it as a way to restrict a few hundred legal heroin users to a small area. It soon morphed into a grotesque tourist attraction of 20,000 addicts that had to be closed before it infected the entire city.

In the Netherlands, where marijuana can be bought in "coffee shops," adolescent use, citizen anger and international irritation have soared. Responding to the outcry from its own citizens and from other countries, the Dutch government has reduced the number of marijuana shops, limited the amount that can be purchased, and raised the age of legal buyers to 18 from 16. This May, the Dutch government also announced that it will

prohibit tourists from purchasing marijuana at coffee shops by the end of this year (in part, it said, to curb criminality and drug trafficking).

Here in the U.S., facing an onslaught of angry citizens whose neighborhoods were overrun with marijuana users, the Los Angeles City Council last year closed 437 of the thousand or more "medical marijuana" shops that opened after California's medical-marijuana law passed in 1996.

Sweden offers an example of a successful restrictive drug policy. Faced with rising drug use in the 1990s, the government tightened drug control, stepped up police action, mounted a national action plan, and created a national drug coordinator. The result: Drug use is a third of the European average.

We strongly support greater emphasis on prevention and public-health initiatives to reduce drug use, especially among children and teens. This is a war that has to be fought on all fronts, from prevention and treatment to law enforcement and interdiction. But legalization, a policy certain to increase illegal drug availability and use among our nation's children, hardly qualifies as sound prevention. The facts are indisputable: 20 years of CASA research shows that a child who reaches 21 without using illegal drugs is virtually certain never to do so.

Sadly, we've shown little capacity to keep our two legal drugs, tobacco and alcohol, out of the hands of children and teens. There is little reason to believe that we can legalize drugs like marijuana, cocaine and heroin only for adults and keep them away from our children and teenagers.

At the end of the day, we must remember one thing: Drugs are not dangerous because they are illegal; they are illegal because they are dangerous.

Mr. Califano is the founder and chairman of The National Center on Addiction and Substance Abuse. Mr. Bennett was secretary of education during the Reagan administration, and the first director of the Office of National Drug Control Policy during the George H.W. Bush administration.

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