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"Ending the "Drug War;" Solving the Drug Problem: The Public Health Approach

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ABSTRACT

"Ending the Drug War." That has been a rallying cry for drug policy reformers almost since the "Drug War," aimed primarily at the trade in and use of marijuana, heroin, and cocaine, was first declared in the U.S. by President Richard M. Nixon, in 1971. A basic premise of the "Drug War" is that there is a dichotomy among what can be called the "Recreational Mood-Altering Drugs," the RMADs. But the "Drug War" is not a war on the RMADs themselves, as substances, or on general RMAD use. Rather it is rather a very limited war, on certain users of certain RMADs, the entirely artificially defined "illicits" (see above). However, the "licits" --- primarily alcoholic beverages and tobacco products --- are orders of magnitude more widely used and more harmful to the health of any nation than any of the illicits.

Unfortunately, the drug policy reform (DPRM) around the world for many years has a) bought into the "Drug War's" artificial dichotomy, and in certain countries like the United States of America, b) has become more-and-more focused on marijuana legalization rather than dealing with the negative health effects of all RMAD-use. The latter, as proven by the experience of the U.S. National Smoking Cessation Campaign (first established in 1964) is best approached using legal/public health measures.

Of course, for the U.S. the DPRM *critique* of the "Drug War" is right on track. It: a) has been totally ineffective in achieving its publicly stated objectives, b) has a racist basis that has become ever more apparent over the years, c) is enormously costly, d) has led directly to the problem of massive incarceration of minority young men, and e) like the original Prohibition in the U.S., has created a large, very profitable, criminal enterprise that would otherwise not exist.

As a public health physician for many years I have worked on dealing with the negative health outcomes of the use of the illicits, but also with the much more widespread negative health effects of the use of the licits, as well as the social, political, and economic inter-relationships between the two groups. And so, beginning in the late 1980s, I developed what I call the Public Health

Approach to the Drug Problem (PHADP). It is based on five important principles:

- 1) The drug problem is a unity not a duality.
- 2) The United States has a broad-based Drug Culture, which promotes not only the use of the "licit" RMADs themselves. It also heavily promotes the use of both pharmaceutical and over-the-counter drugs as problem-solvers, starting in childhood --- "have a problem? Take this pill" --- when such use is not always indicated and can easily become excessive. (Further, both government and private interests promote gambling, potentially a highly addictive behavior.)
- 3) RMAD-use, part of human culture apparently since there has been human culture, will never be eliminated, nor should any attempt be made to do that; rather the focus should be on reducing both the negative health effects of their use and the numbers of people who use them in a health-harmful way, to the extent possible, using tried-and-true public health methods which have been shown to work.
- 4) that there is a series of major Stakeholders in the maintenance of the "Drug War," which range, among others, from certain political interests to the drug cartels themselves;
- 5) Along with its many negatives the "Drug War" actually interferes with solving the drug problem.

Fortunately, there is an outstanding example of how the PHADP can be very successful, over time --- in dealing with cigarette smoking. It has been introduced in many countries around the world. In the U.S. it is of course the United States' Public Health Service's National Anti-Smoking Campaign which, since 1964, has reduced the adult smoking rate from 45% to 18%. And guess what? It did so without locking up even one cigarette smoker.

The PHADP has approximately 20 separate elements, ranging from the development of a rational classification system for the RMADs, through the development of a regulated sale model, to the development of a rational RMAD-use control educational and advertising campaign.

My recent book on the subject can be found at: (e-version) https://www.amazon.com/Ending-Drug-War-Solving-Problem-ebook/dp/B01EO9RGKO/ref=sr_1_4?s=books&ie=UTF8&qid=1461783388&sr=1-4&keywords=Ending+the+Drug+War and: (printed version) https://www.amazon.com/End-Drug-War-Solve-Problem/dp/3659843733/ref=sr_1_3?s=books&ie=UTF8&qid=1479229890&sr=1-3&keywords=End+the+Drug+War.

This paper is based on an article on the subject that I published in a short-lived, online, open source journal, the Journal of Preventive Medicine, at: http://preventive-medicine.imedpub.com/ending-the-drug-war-the-public-he alth-approach-to-the-drug-problem.pdf. Here is the reference list for that article:

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