

Margaret Chase Smith Library 2017 Essay Contest

Each year the Margaret Chase Smith Library sponsors an essay contest for high school seniors. The essay prompt for 2017 was, How would you address the current lethal drug epidemic? The essays have been edited for length.

SECOND-PLACE ESSAY

High Society

by Abigail Hande

To anyone observing America, it seems obvious that we have failed to make headway against the drug epidemic. Americans living in the worst-hit neighborhoods still face the reality of dealers on their doorsteps and shots in the night. Many fear for their lives or their children's lives and sense that their communities have slid into a state of terror and disintegration. Even those fortunate enough to live in better neighborhoods cannot pick up a newspaper or watch television without confronting story after story about the toll of drugs and drug-related violence in families and communities. For most Americans, the drug epidemic has become a routine feature of life.

Yet, we also hear that we have made great progress in the war on drugs, and victory is around the corner. This claim that we are winning the war on drugs is designed to support America's present policies and to justify pouring even greater resources into what America has already done: harsher sentences and more jails and prisons. But, the drug epidemic remains out of control despite severe punishments. Really, the criminal-justice system's effect on the drug epidemic is limited, but that does not mean that the criminal-justice system has no role to play in a more effective strategy against drugs. Drugs will always

be a law-enforcement problem. The real job is to define what we want the police and the courts to accomplish.

We will never punish our way out of the drug epidemic. We can, however, use the criminal-justice system to improve the prospects of drug users who are caught in the endless loop of court, jail, and street. Law enforcement could help strengthen communities to defend themselves against violence, fear, and demoralization. Doing this well will require changes in priorities. We will have to shift from an approach in which discouraging drug use through punishment and fear is replaced with an approach that emphasizes different principles such as the reintegration of drug abusers into productive lives, the reduction of harm, and the promotion of community safety.

First, we must rethink the criminal-justice system. We must adopt more reasonable sentences for drug offenses. The most wasteful and irrational feature of our drug epidemic has been the extraordinary escalation of sentences for drug offenses—especially low-level dealing and possession. It is now possible in some states, as well as through federal drug law, to be sent to prison for life without possibility of parole for possession of a small quantity of hard drugs. Many judges are disgusted at the harsh

and counterproductive sentences they are forced to hand down. The length of these sentences along with the great number of offenders sentenced are responsible for the overflowing of the courts and prisons. It is time to acknowledge that the increase of penalties in the United States has done nothing to improve public safety or to diminish the drug epidemic.

Second, we need to focus on drug traffickers, not users. It is our treatment of drug users, along with the severity of our sentences, that distinguishes America from other countries with drug problems. Resources need to be freed up to focus more effectively on serious drug traffickers.

Third, we need to provide serious help for drug abusers within the justice system. Even if we reduce the number of small-scale drug offenders we jail, large numbers of drug abusers will still pass through the criminal-justice system, both for serious drug offenses and for nondrug crimes. Despite increased awareness of the drug epidemic, most drug-abusing inmates receive no help for their problems, and for the minority who do, the help is minimal or inappropriate. Since the justice system is flooded with offenders whose main crime is drug abuse, we need to develop a comprehensive program, with firm supervision and guidance, which are necessary to make drug abusers make changes in their lives that could move them away from drugs and the drug culture. This would not be just drug treatment, but also help with problems that underlie drug use in the first place like jobs, housing, or family crisis. Serious drug help is not cheap, but it is cheaper than putting people in prison over and over again. There is no magic bullet for addicted prisoners. The time inside the prison, however, does offer an opportunity to make a difference and

also during the difficult period of adjustment after prison release.

Fourth, we need to shift law-enforcement priorities toward community safety. What drug-ridden communities need is help in protecting their residents from victimization by drug dealing and the crime and violence of drug culture. Along with the expansion of community policing, we need a commitment to helping communities provide their own civilian patrols, which can improve a community's sense of security and reduce open drug trafficking and drug-related crime.

Sadly the drug epidemic grinds on. In response, some argue that drugs should be seen as a medical problem, and the remedy is treatment on demand. Some people assume that if there are enough slots for all the addicted, the drug epidemic would be eliminated or at least manageable. But this is false. We do need more and better treatment, but treatment is not a cure-all. There is no shot that can wipe out drug addiction or its epidemic. But how can we improve treatment?

First, we need to take treatment seriously. Treatment will only work well if it is adequately funded and delivered by staff with skills and commitment. Treatment programs must have rigorous standards because the range and quality of treatment programs are enormous.

Second, treatment must be user friendly. Negative attitudes toward drug addicts account for a reluctance of many users. However, user friendly does not mean permissive. Supervision is crucial in helping people stay off drugs. User-friendly treatment also means that programs must fit the culture of the people needing help.

Third, aftercare must be made a priority. Most addicts relapse—often repeatedly—after they leave treatment. Therefore, a means of working with clients after they leave treatment is critical. An investment in maintaining the

gains made in treatment is more cost-effective than repeatedly retreating addicts.

Fourth, treatment must be linked to work. Successful treatment is linked to a stable job. Treatment programs need to support people for productive work, which will result in reductions in welfare dependency, crime, and drug use.

The gap between what drug abusers need and what conventional treatment typically offers is wide. The treatment programs we now have are too often disconnected from the realities of addicts' lives, and sometimes so alienating that many who need help avoid it. Tragically, that is especially true for adolescents. Although the need is clear and urgent, the response has been weak.

Most illicit drug use starts in adolescence, and it is better to intervene early than to wait for adolescents to become seriously addicted adults and then try to treat them. Yet, for the most part that is what we do. Few adolescents seek treatment at all. Therefore, there is an urgent need to reach young drug abusers early.

A prevention strategy for adolescent drug use cannot focus on drugs alone. Drug problems must be addressed as part of a program for improving health and welfare. One way to accomplish these goals would be through a network of public, community-based health clinics. The clinic would offer comprehensive health care along with confidential advice on everything from drugs to family problems. Although such programs are not cheap, initial investments are likely to save money as well as lives.

Dealing with America's drug epidemic means attacking the conditions that breed it. Healthy societies are not overwhelmed by drugs. Societies overwhelmed by drugs have other serious problems: poverty, inequalities, violence, infant mortality, and disease. It is not accidental that the United States has both the developed world's worst

drug problem and its worst violence, poverty, and social exclusion.

There is much to be done by way of more comprehensive and accessible drug-treatment programs, better-targeted prevention programs, and a better use of the criminal-justice system. These efforts will be frustrated, however, if people go back to the same conditions that encourage their drug use in the first place. This task will be long term and enormously challenging, but we must do it. We have the opportunity to relieve human misery that lies at the heart of the drug epidemic. We have been trying the alternatives for 50 years—moral exhortation, neglect, punishment, and treatment. We have tried everything but improving lives. 🐉



Abigail Hande

is a student at Highview Christian Academy in Charleston, where she participates in math team and

drama. She will be attending the University of Valley Forge in Pennsylvania, majoring in elementary education with a minor in special education.