



Ending the War on Drugs

By the Numbers

By Betsy Pearl June 27, 2018

President Richard Nixon called for a war on drugs in 1971, setting in motion a tough-on-crime policy agenda that continues to produce disastrous results today. Policymakers at all levels of government passed harsher sentencing laws and increased enforcement actions, especially for low-level drug offenses. The consequences of these actions are magnified for communities of color, which are disproportionately targeted for enforcement and face discriminatory practices across the justice system. Today, researchers and policymakers alike agree that the war on drugs is a failure. This fact sheet summarizes research findings that capture the need to replace the war on drugs with a fairer, more effective model that treats substance misuse as a public health issue—not a criminal justice issue.

The war on drugs

- Every 25 seconds, someone in America is arrested for drug possession.¹ The number of Americans arrested for possession has tripled since 1980, reaching 1.3 million arrests per year in 2015—six times the number of arrests for drug sales.²
- One-fifth of the incarcerated population—or 456,000 individuals—is serving time for a drug charge.³ Another 1.15 million people are on probation and parole for drug-related offenses.⁴
- Incarcerating people for drug-related offenses has been shown to have little impact on substance misuse rates.⁵ Instead, incarceration is linked with increased mortality from overdose. In the first two weeks after their release from prison, individuals are almost 13 times more likely to die than the general population.⁶ The leading cause of death among recently released individuals is overdose.⁷ During that period, individuals are at a 129 percent greater risk of dying from an overdose than the general public.⁸
- Incarceration has a negligible effect on public safety. Crime rates have trended downward since 1990, and researchers attribute 75 to 100 percent of these reductions to factors other than incarceration.⁹

Racial disparities

- Black Americans are four times more likely to be arrested for marijuana charges than their white peers.¹⁰ In fact, black Americans make up nearly 30 percent of all drug-related arrests, despite accounting for only 12.5 percent of all substance users.¹¹
- Black Americans are nearly six times more likely to be incarcerated for drug-related offenses than their white counterparts, despite equal substance usage rates.¹² Almost 80 percent of people serving time for a federal drug offense are black or Latino.¹³ In state prisons, people of color make up 60 percent of those serving time for drug charges.¹⁴
- In the federal system, the average black defendant convicted of a drug offense will serve nearly the same amount of time (58.7 months) as a white defendant would for a violent crime (61.7 months).¹⁵
- People of color account for 70 percent of all defendants convicted of charges with a mandatory minimum sentence. Prosecutors are twice as likely to pursue a mandatory minimum sentence for a black defendant than a white defendant charged with the same offense,¹⁶ and black defendants are less likely to receive relief from mandatory minimums.¹⁷ On average, defendants subject to mandatory minimums spend five times longer in prison than those convicted of other offenses.¹⁸

Economic impact

- Since 1971, the war on drugs has cost the United States an estimated \$1 trillion. In 2015, the federal government spent an estimated \$9.2 billion every day to incarcerate people charged with drug-related offenses—that's more than \$3.3 billion annually.¹⁹
- State governments spent another \$7 billion in 2015 to incarcerate individuals for drug-related charges.²⁰ North Carolina, for example, spent more than \$70 million incarcerating people for drug possession.²¹ And Georgia spent \$78.6 million just to lock up people of color for drug offenses—1.6 times more than the state's budget current for substance use treatment services.²²
- In contrast, marijuana legalization would save roughly \$7.7 billion per year in averted enforcement costs and would yield an additional \$6 billion in tax revenue. The net total—\$13.7 billion—could send more than 650,000 students to public universities every year.²³

The opioid epidemic

- In 2016, 11.8 million Americans misused prescription opioids or heroin.²⁴ Around 3.6 percent of adolescents (ages 12 to 17) and 7.3 percent of young adults (ages 18 to 25) reported opioid misuse in the last year.²⁵

- Every 16 minutes, a person in America dies from an opioid overdose.²⁶ In 2016, 42,249 Americans died from opioid overdoses²⁷—more than the number of people killed in motor vehicle accidents.²⁸
- Between 2014 and 2016, opioid overdose deaths increased by approximately 48 percent nationwide. Though whites have the highest rates of fatal opioid overdoses, fatalities are on the rise among communities of color. During the same period, opioid deaths rose by nearly 53 percent among Latinos and 84 percent among blacks.²⁹
- Americans account for less than 5 percent of the world’s population but consume 80 percent of all opioids produced globally.³⁰ Roughly 1 out of every 100 American adults—or 2.4 million people—have an opioid-use disorder.³¹
- The opioid epidemic costs the United States an estimated \$504 billion per year, including the costs to the health care and justice systems as well as the economic impact of premature fatalities.³²
- Doctors wrote 259 million opiate prescriptions in 2012³³—enough for every American adult to have their own prescription, with 19 million to spare.³⁴ Among women, prescription painkiller overdose deaths jumped 400 percent from 1999 to 2010.³⁵
- Opioid fatality rates jumped by 28 percent from 2015 to 2016,³⁶ in large part due to a surge in overdoses on fentanyl—a synthetic opioid that is up to 50 times stronger than heroin.³⁷ For the first time, synthetic opioids were the leading cause of all drug-related deaths, claiming some 20,000 lives in 2016 alone.³⁸

Impact of interventions

Harm reduction

- Many jurisdictions are reducing fatalities by expanding the availability of naloxone, an opioid overdose reversal drug. Every month, first responders in New York City save 180 lives by administering naloxone.³⁹ A Massachusetts program reduced opioid-related deaths by 11 percent by distributing naloxone to individuals at risk of overdose, as well as to their family, friends, and service providers.⁴⁰
- Syringe access programs provide people with clean injection equipment to prevent syringe sharing, resulting in significant reductions in the incidence of blood-borne diseases. After implementing syringe access services, Washington state documented an 80 percent drop in new diagnoses of hepatitis B and hepatitis C.⁴¹ And in the District of Columbia, syringe access programs were credited with a 70 percent decrease in new HIV infections over two years, saving \$44.3 million in lifetime health care costs.⁴² Nationally, researchers estimate that syringe access programs yield a return on investment of \$7.58 for every dollar spent.⁴³
- More than 60 international cities now operate supervised injection facilities (SIFs).⁴⁴ SIFs are safe, hygienic places where individuals can inject preobtained drugs under medical supervision. These facilities have proven successful in con-

necting individuals with treatment and social services, as well as reducing overdose fatalities and blood-borne illnesses. Over the course of two years, a safe injection site in Vancouver, British Columbia, for example, was associated with a 35 percent reduction in overdose fatalities in its immediate vicinity.⁴⁵ Safe injection sites also increased connections to substance use services. In the year after establishing the facility, Vancouver saw a 30 percent increase in entry into treatment among safe injection users, compared to the year before the site opened.⁴⁶

- A number of American cities—including Philadelphia, Seattle, and New York—are working to implement SIFs. Philadelphia estimated that SIFs would save up to 76 lives every year and avert up to 18 cases of HIV and 213 cases of hepatitis C.⁴⁷ In New York, research found that SIFs would prevent an estimated 130 overdoses and save up to \$7 million in health care costs annually.⁴⁸

Drug courts

- Nationwide, there are more than 3,100 drug courts. These are specialized court programs that can reduce recidivism by sentencing defendants to substance use treatment, supportive services, and supervision and monitoring instead of incarceration.⁴⁹ Interviews with drug court participants show significantly lower rates of reoffending (40 percent), as compared to comparison groups (53 percent).⁵⁰ Specifically, drug court participation reduced future incidences of drug-related offenses, as well as property crimes.⁵¹
- A longitudinal study of drug courts in Multnomah County, Oregon found that the program had long-lasting benefits. Fourteen years after enrolling in the program, drug court participants were 24 percent less likely to be rearrested for a drug-related offense and nearly 30 percent less likely to recidivate overall.⁵²
- A national evaluation of drug courts found that participants were 26 percent less likely to report substance use after completing the program than individuals processed through traditional judicial systems.⁵³ Drug court participants were also less likely than nonparticipants to report unmet educational, employment, and financial service needs.⁵⁴
- Drug court completion rates vary significantly by program, ranging from 30 percent to 70 percent.⁵⁵ The low completion rates among participants suggest that drug court programming may not provide the necessary support for some individuals. Successful graduation is also less common among communities of color. In some drug courts, failure rates for black participants exceed that of white participants by 30 percent or more.⁵⁶ Notably, unsuccessful participants are often sentenced to long periods of incarceration, casting doubt on the model's capacity to reduce entanglement with the criminal justice system.⁵⁷

Law Enforcement Assisted Diversion

- Law Enforcement Assisted Diversion (LEAD) programs allow officers to divert individuals to treatment or social services, rather than making low-level drug arrests. The model was pioneered in Seattle, where it has yielded positive results. Individuals diverted through the LEAD program were 58 percent less likely to be rearrested, as compared to similar individuals processed through the criminal justice system.⁵⁸
- LEAD is associated with significant increases in housing and economic stability. After being referred to LEAD, participants were 33 percent more likely to have an income or benefits, 46 percent more likely to be employed or in vocational training, and 89 percent more likely to obtain permanent housing, as compared to the month prior to referral.⁵⁹ For every month individuals had stable housing, they were 17 percent less likely to be arrested.⁶⁰ Every month of employment was associated with a 41 percent decrease in likelihood of arrest.⁶¹
- On average, LEAD participants spent 39 fewer days in jail per year and were 87 percent less likely to be incarcerated in prison than comparison groups.⁶²
- For each participant, LEAD was associated with a \$2,100 annual reduction in criminal and legal system costs. The average annual cost per nonparticipant increased by \$5,961 in the same period.⁶³

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Endnotes

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