

# A LINE ON LIFE

2/18/91, Revised 10/29/02

## Drugs — Medicine vs. Law \*

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Most people are against drug abuse. However, they might differ greatly in how they want to deal with this problem. In part, this difference is related to differing views of medicine and law concerning drug abuse. What are these differences?

On one side, legal authorities view drug use as a **crime** that should be punished. The major law enforcement effort has been aimed at reducing drug supplies and arresting the suppliers. However, some law enforcement officials realize that they cannot stop the flow of drugs, as long as a sufficient portion of the public wants these drugs. With this latter view, urban centers like New York and Miami have used "*drug sweeps*" to arrest drug buyers and users. They think the demand will lessen, if the users have a greater fear of arrest and punishment.

In contrast, the medical community tends to view drug abuse as a **disease**, which should be treated as such. For example, for a long time in Great Britain, heroin addicts have been able to get heroin as a prescription drug. According to advocates of this program, this reduces the need to commit crimes to buy heroin at the inflated cost of illegal suppliers. Secondly — not having to continually strive to get the drug — they are more able to become constructive members of society. A similar program in the United States supplies methadone as a legal substitute for heroin.



Although both institutions want to reduce drug abuse, the conflict between their views can be seen with the medical proposal to supply *free sterile needles* to addicts to reduce the spread of AIDS. In contrast, the legal view sees free needles as condoning drug abuse. In some states, any equipment designed for illegal drug use is illegal. To the medical community, denying sterile needles because it condones drug use is like denying condoms in relation to sexual activity. Neither is

effective in reducing the undesired activity. Thus both bans would increase the spread of AIDS. The medical proposal will reduce the spread of AIDS, but it is not likely to reduce the spread of drug abuse.

Between these two views — one advocating punishment, the other advocating free access — there is a third view of drug abuse as a *treatable* disorder. Organizations like Synanon and Alcoholics Anonymous do *not* see drug abuse as *curable*. In contrast, they believe that they can promote abstinence by removing the user from the negative influences and providing positive peer support. However, even with psychotherapy and other methods, only about 10% of those who seek help are able to control their drug use. This figure does not even include the drug abusers who do not seek treatment.

With the ineffectiveness of these proposals, the debate continues. The legal camp sees law enforcement as the only viable option. However, the medical view advocates the free access and decriminalization related to drug use. They believe their way will bring use out into the open to reduce both crime and self-destructive behavior. In contrast, law enforcement people see decriminalization of drugs as leading to potential abuse among current non-users.

Unfortunately, negative consequences are not only seen with illegal drugs. Political and historical factors seem to determine the legality of drugs much more than medical or social problems. For example, the negative effects of **alcohol** are at least equal to those of heroin and greater than those from marijuana. Legal prohibition of alcohol use in the 1920s did little to stop its use and contributed to an increase in organized crime. Here we are — eight decades later — still trying to legally prohibit the use of other drugs. This legal

action is still ineffective in reducing drug use — and organized crime is flourishing with the illegal drug trade.

The big difference in the way we treat drugs is mainly **political**. Consumers of alcohol are mainly *white males* — the major group of people who enact and enforce our laws. In contrast, heroin is more likely to be used by lower-class, underprivileged groups, and marijuana is seen more as a drug for the young. These groups are usually not part of the political power structure.

With these competing views, it is hard to develop a clear, consistent pattern in responding to drug abuse. Ironically, children of social drinkers or users of prescription drugs find it difficult to understand why they should avoid drug use — when the main negative consequence is related to the legal status of the particular drug. In fact, among teenagers who rebel against current norms, this illegal status is more likely to tempt them to use drugs.

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**Although decriminalization will not stop drug use,  
it will reduce drug profits for organized crime.**

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Decriminalizing the use of drugs is not likely to stop their use. However — *if* it is done effectively — it will take the profit out of drug traffic for organized crime. In addition, users will not be branded as "*criminals*." Unfortunately, these habits will still cause problems in our society. However, the problems will probably not be any greater than those we have now with alcohol and cigarettes. If you don't agree with this proposal, do you have a more effective option?

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\* Adapted from Charles Morris' *Psychology: An Introduction*, Prentice Hall Publishers, 1988, pages 169-170.