**Resolved: The illegal use of drugs ought to be treated as a matter of public health, not of criminal justice.**

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# Further Readings:

**Beittel J. (2017).** Mexico: Organized Crime and Drug Trafficking Organization *Congressional Research Service* - https://fas.org/sgp/crs/row/R41576.pdf

**Kenny, K. E. (2015).** The biopolitics of global health: Life and death in neoliberal time. *Journal of Sociology*, *51*(1), 9-27. - <http://journals.sagepub.com/doi/pdf/10.1177/1440783314562313>

**Felbab-Brown, V. (2017**, May 29). Hooked: Mexico's violence and U.S. demand for drugs. [https://www.brookings.edu/blog/order-from-chaos/2017/05/30/hooked-mexicos-violence-and-u-s-demand-for-drugs/](https://www.brookings.edu/blog/order-from-chaos/2017/05/30/hooked-mexicos-violence-and-u-s-demand-for-drugs/%22%20%5Ct%20%22_blank)

**Volkow, N. D., et al. (2017).** Drug use disorders: impact of a public health rather than a criminal justice approach. *World Psychiatry*, *16*(2), 213-214. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5428163/

**Weir, L., Mykhalovskiy, E. (2010)**. Global Public Health Vigilance. New York: Routledge.

# Overview:

**What is public health?**

According to the **Center for Disease Control, 2018.**

**Public Health Connects us all.**

Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country or region of the world.

**Affirmative Case:**

The Affirmative Case focuses on two important factors. The first is that the consequences of focusing on treatment of drug abuse would lead to MORE people in recovery. This is important because the impacts of treating people will lead them to a better life and give them a chance to re-enter society. The second is that the criminal justice system leaves drug abusers in a worse state than before. The impacts of this argument explains that the criminal justice system operates in a space of targeted racism that will always incriminate minorities. The important part of the affirmative case is that the lives of drug abusers are in a better quality of life if their abuses are tended to through a matter of public health

**Negative Case:**

The Negative Case has a few lines of attack. It has a real-world impact from Drug Cartels. These are the violence on innocent civilians and use of human trafficking. The point of this arguments shows that the criminal justice system is necessary to handle drug related issues because they stop and curb cartel related incidents. Weigh the crime and lives lost from the Cartels against the Affirmative impacts. The second argument is one of Biopower. It attacks the notion of public health and how it allows for governing bodies to control and dictate human lives as capital. Last, there are some case arguments that can help with access to the treatment impacts.

**Value:**

The type of debate is going to be one of Value. The word “ought” does not call for an action but asks for a reevaluation of the status quo.

**Judging Criteria:**

The way the judge should evaluate this round is through the lens of consequentialism. This allows arguments to assess the impacts of both public health and criminal justice ways of treating the use of drugs. Consequentialism allows for the round to focus on the implications of the arguments.

# AFFIRMATIVE CASE

##  C1) A public health approach helps patients recover from drug addiction.

###  Public Health approaches focus on treatments for a successful recovery.

**(National Institute on Drug Abuse Feb 2016)** “Understanding Drug abuse and Addiction” What Science Says - https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/1921-understanding-drug-abuse-and-addiction-what-science-says\_1.pdf

According to several studies, drug treatment reduces drug use by 40 to 60 percent and significantly decreases criminal activity during and after treatment. For example, a study of therapeutic community treatment for drug offenders demonstrated that arrests for violent and nonviolent criminal acts were reduced by 40 percent or more. Methadone treatment has been shown to decrease criminal behavior by as much as 50 percent. Research shows that drug addiction treatment reduces the risk of HIV infection and that interventions to prevent HIV are much less costly than treating HIV-related illnesses. Treatment can improve the prospects for employment, with gains of up to 40 percent after treatment.

###  There is a multinational effort to combat mental drug addiction.

**Volkow, N. D., et al. (2017).** Drug use disorders: impact of a public health rather than a criminal justice approach. *World Psychiatry*, *16*(2), 213-214. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5428163/

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This achievement was the result of a continuous dialogue between policy makers and the scientific community during recent sessions of the United Nations Commission on Narcotic Drugs. In 2015, the United Nations Office of Drugs and Crime and the World Health Organization created an Informal International Scientific Network, consisting of experts in addiction sciences, to advise the Commission. Network members were appointed by Member States and represented widely diverse geographical regions, political systems, and cultures. The Network's input for the Commission's preparation of UNGASS 2016 provided the scientific support for the concept that substance use disorders are brain disorders1; that they can be treated; that people with even the most severe forms can recover with access to evidence‐based treatment and social supports2; and that criminal sanctions are ineffective at preventing or addressing these disorders. It also highlighted evidence‐based approaches to drug policy based on public health principles, emphasizing social protection and health care instead of conviction and punishment.

###  Therapeutic use can only be considered if Drugs are looks at as a public health issue.

**Volkow, N. D., et al. (2017).** Drug use disorders: impact of a public health rather than a criminal justice approach. *World Psychiatry*, *16*(2), 213-214. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5428163/

Ensure access to scheduled medications for therapeutic use. Some controlled and dependence‐producing psychoactive drugs are necessary medicines for treating serious health conditions. The international drug conventions are designed to ensure legitimate medical access to such medicines, under appropriate supervision, through a distribution chain that deters and combats illicit manufacture, sale, and diversion. Necessary steps should be taken to remove barriers to accessing controlled drugs for legitimate medical needs, such as analgesic drugs in the more than 150 countries where pain is undertreated9.

### Impact: Minority communities are among the highest at risk for drug abuse and overdose.

**Solomon D., Maxwell C. (2017)** “Substance Use Disorder Is a Public Health Issue, Not a Criminal Justice Issue” Center for American Progress. <https://www.americanprogress.org/issues/race/news/2017/06/12/433998/substance-use-disorder-public-health-issue-not-criminal-justice-issue/>

With more than 80 percent of opioid overdoses occurring in white communities, some forget that this issue also hurts communities of color. Yet in 2010, Native Americans [died](https://www.samhsa.gov/specific-populations/racial-ethnic-minority) from drug overdoses at higher rates than any other group, and this rate has [increased](http://www.pbs.org/wgbh/frontline/article/how-bad-is-the-opioid-epidemic/) by 236 percent since then. In 2015 alone, more than 5,000 black and Hispanic people [died](http://kff.org/other/state-indicator/opioid-overdose-deaths-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D) from opioid overdoses. Since 1999, overdose death rates among non-Hispanic black and Hispanic communities [increased](https://www.cdc.gov/nchs/products/databriefs/db273.htm) by 63 percent and 43 percent, respectively. From 2014 to 2015, the number of non-Hispanic black and Hispanic people who died from using synthetic opioids other than methadone—such as fentanyl and tramadol—[increased](https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm#modalIdString_CDCTable_1) by 87 percent.

###  Impact: More people die from the drug epidemic than breast cancer

**Kounang N. 2017** “Opioids now kills more people than breast cancer” CNN. - <https://www.cnn.com/2017/12/21/health/drug-overdoses-2016-final-numbers/index.html>

More than 63,600 lives were lost to drug overdose in 2016, the most lethal year yet of the drug overdose epidemic, according to [a new report](https://www.cdc.gov/nchs/data/databriefs/db294.pdf%22%20%5Ct%20%22_blank)from the National Center for Health Statistics, part of the US Centers for Disease Control and Prevention.

Most of those deaths involved opioids, a family of painkillers including illicit heroin and fentanyl as well as legally prescribed medications such as oxycodone and hydrocodone. In 2016 alone, 42,249 US drug fatalities -- 66% of the total -- involved opioids, the report says. That's over a thousand more than the [41,070](https://www.cancer.net/cancer-types/breast-cancer-metastatic/statistics%22%20%5Ct%20%22_blank)Americans who die from breast cancer every year.

**Impact Extension:**

**This subpoints of this card layer the possibilities of considering drugs as a matter of public health. They provide the chance for abusers to recover and rejoin society. Treatment decreases the occurrences of relapses and reduces the chance that abusers will commit crimes. This is extremely important to the minority groups who have alarming rates of drug abuses.**

## C2: The Criminal Justice System PUNISHES those who enter, NOT HELP them rehabilitate.

### Jails and prisons do not solve the issue of drug abuse.

**Vestal C. (2016).** “Helping Drug-addicted Inmates Break the Cycle”. Huffington Post https://www.huffingtonpost.com/entry/inmates-heroin\_us\_56966f64e4b09dbb4bad6ab6

But even as the nation grapples with an epidemic of opioid overdoses, the use of medication to treat opioid addiction has faced stiff resistance: Only about a fifth of the people who would benefit from the medications are getting them. The opposition is especially strong in prisons and jails. About two-thirds of the nation’s 2.3 million inmates are addicted to drugs or alcohol, compared to 9 percent of the general population, according to a study by the National Center on Addiction and Substance Abuse at Columbia University. Yet only 11 percent of addicted inmates receive any treatment. The nation’s nearly 200,000 federal prisoners have not been offered any addiction medicines, though the Federal Bureau of Prisons is considering changing that policy this year.

###  Treatment programs saves money and improves public safety

**Vestal C. (2016).** “Helping Drug-addicted Inmates Break the Cycle”. Huffington Post https://www.huffingtonpost.com/entry/inmates-heroin\_us\_56966f64e4b09dbb4bad6ab6

Evidence suggests that diverting addicted offenders into court-supervised treatment programs instead of imprisoning them can reduce recidivism and save taxpayers millions of dollars. For example, the STOP Drug Diversion Program in Multnomah County, Oregon, reduced re-arrests by 76 percent and saved Oregon taxpayers nearly $80 million over a 10-year period. According to the Urban Institute, providing treatment to all U.S. arrestees at risk of abusing drugs would cost $13.7 billion but produce more than $46 billion in benefits to society.

### Incarcerating drug users strips them of any hope of participating in society.

**Human Rights Watch (2016)** “US: Disastrous Toll of Criminalizing Drug Use” Human Rights Watch https://www.hrw.org/news/2016/10/12/us-disastrous-toll-criminalizing-drug-use

“Every 25 seconds someone is funneled into the criminal justice system, accused of nothing more than possessing drugs for personal use,” said Tess Borden, Aryeh Neier Fellow at Human Rights Watch and the ACLU and the report’s author. “These wide-scale arrests have destroyed countless lives while doing nothing to help people who struggle with dependence.” The long-term consequences can separate families; exclude people from job opportunities, welfare assistance, public housing, and voting; and expose them to discrimination and stigma for a lifetime. While more people are arrested for simple drug possession in the US than for any other crime, mainstream discussions of criminal justice reform rarely question whether drug use should be criminalized at all.

### IMPACT: The criminal Justice System is a system of racism and oppression because unfairly penalizes drug offenses.

**Human Rights Watch (2016)** “US: Disastrous Toll of Criminalizing Drug Use” Human Rights Watch https://www.hrw.org/news/2016/10/12/us-disastrous-toll-criminalizing-drug-use

On any given day, at least 137,000 men and women are behind bars for drug possession. Tens of thousands more are convicted, cycle through jails and prisons, and spend extended periods on probation and parole, often burdened with crippling debt from court-imposed fines and fees. People interviewed for the report were prosecuted for small quantities of drugs – sometimes fractions of a gram – that were clearly for personal use. The report’s analysis of new data suggests that in 2015, nearly 16,000 people in Texas were sentenced to jail or prison for possession of under one gram of substances containing commonly used drugs – enough for only a handful of doses in many cases. State legislatures and the US Congress should decriminalize personal use and possession of all drugs, Human Rights Watch and the ACLU said. Federal and state governments should invest resources in programs to decrease the risks associated with drug use and provide and support voluntary treatment options for people struggling with drug dependence, along with other approaches. Until full decriminalization is achieved, officials at all levels of government should minimize and mitigate the harmful consequences of current laws and practices. The groups provided detailed recommendations to state legislatures, police, prosecutors, and other state and local government entities, as well as the federal government. “Criminalizing personal drug use is a colossal waste of lives and resources,” Borden said. “If governments are serious about addressing problematic drug use, they need to end the current revolving door of drug possession arrests and focus on effective health strategies instead.”

### IMPACT: Minorities are targeted unfairly for drug offenses.

**Human Rights Watch (2016)** “US: Disastrous Toll of Criminalizing Drug Use” Human Rights Watch https://www.hrw.org/news/2016/10/12/us-disastrous-toll-criminalizing-drug-use

Black adults use drugs at similar or even lower rates than white adults, yet data the groups analyzed shows that Black adults are more than two-and-a-half times more likely to be arrested for drug possession, and nearly four times more likely to be arrested for simple marijuana possession. In many states, the racial disparities were even higher – 6 to 1 in Montana, Iowa, and Vermont. In Manhattan, Black people are nearly 11 times as likely as white people to be arrested for drug possession. This racially disparate enforcement amounts to racial discrimination under international human rights law, said Human Rights Watch and the ACLU. Because the FBI and US Census Bureau do not collect race data for Latinos, it was impossible to determine disparities for that population, the groups found.

## Answers to (A2) Criminal Justice System

**Criminalizing drug addiction delays recover**

**Lawson K. (2017).** “Criminalizing Addiction Sets a Dangerous Obstacle to Effective Treatment” Vice. -https://impact.vice.com/en\_us/article/nevpww/criminalizing-addiction-sets-a-dangerous-obstacle-to-effective-treatment

"People start using substances for many different reasons: to feel good, to cope with physical or emotional pain, to relieve anxiety related to past or present traumatic events, etc.," Margie Skeer, an associate professor of public health and community medicine at Tufts University School of Medicine, told VICE Impact. "The human brain is wired to respond positively to reward, and drugs provide a level of reward that is much greater than rewards like having sex or eating good food." According to Skeer, addiction sets in when people are physically dependent on a drug and will do almost anything to get it. "It's not because they are weak or because they lack will power—it is because their brain essentially tells them that they have to.," she said. "Treatment allows the brain to recover and get back on track to not need the drug all of the time."

## A2 Jails are not enough.

**Separation from drugs in jail is not enough to save lives alone.**

**Chandler et al. (2009).** Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety *Jama*, *301*(2), 183-190.

Drug education—not drug treatment—is the most common service provided to prisoners with drug abuse or addiction problems. More than one-quarter of state inmates and 1 in 5 federal inmates meeting abuse/dependence criteria participate in self-help groups such as Alcoholics Anonymous while in prison. However, though treatment during and after incarceration has been shown to significantly reduce drug use and drug-related crime, less than 20% of inmates with drug abuse or dependence receive formal treatment (Table 1).3,4 In a recent survey of correctional programs and organizations across the United States,42 most correctional agencies reported providing sometype of drug abuse treatment services;however, the median percentage of offenders who had access to those services at any given time was low, usually less than 10% (Table 2).42 Even if a correctional institution does provide treatment, the continuity of treatment post-incarceration, which is essential to recovery, is often lacking when the drug-involved offender transitions from incarceration to community supervision. Failure to receive treatment on release increases the risk not only of relapse but also of mortality from drug overdose and other causes.

# NEGATIVE CASE

## CC 1) DRUG CARTELS ARE THE BIGGEST REASON FOR PROSCUTING DRUG OFFENSES.

###  Large Scale Drug Smuggling Cartels use Human Trafficking to transfer drugs across the border.

**United Nations Office on Drugs and Crime (2018).** Drug Mules: Swallowed by the illicit drug trade UNODC. - https://www.unodc.org/southasia/frontpage/2012/october/drug-mules\_-swallowed-by-the-illicit-drug-trade.html

Many victims of human trafficking are used to ferry drugs across international borders. Popularly known as 'drug mules', the victims are made to swallow balloons containing illicit drugs and are then transported across borders. Once they have reached their destination, these balloons are retrieved from the victim's body. The balloons are made with multilayered condoms and are often force fed to the victim. The traffickers use a special machine to open the condom and put drugs into it. On many occasions, the drug mules are first given a soup laced with drugs to numb their throats. The soup is very oily and makes the balloons slide down their throat. The victim's mouth can also be sprayed with anesthesia, enabling them to swallow up to 120 balloons. A drug mule may be forced to swallow up to one kg of illicit drugs and this painful procedure can lead to serious injuries in the throat. During the journey, they are given medication to inhibit bowel movement. Once they have reached their destination, they are fed laxatives and the balloons pass through their bodies. This medically dangerous way of transporting drugs can lead and has led to the death of persons**, if and when** balloons rupture within the body. Stomach acids can sometimes cause the rupture of the balloons and death is very quick.

### The MAJORITY of drugs in the U.S. are smuggled in by violent Cartels.

**Beittel J. (2017).** Mexico: Organized Crime and Drug Trafficking Organization *Congressional Research Service* - https://fas.org/sgp/crs/row/R41576.pdf

Today, the major Mexican DTOs are polydrug, handling more than one type of drug, although they may specialize in the production or trafficking of specific products. According to the U.S State Department’s International Narcotics Control Strategy Report (INCSR) covering 2016, Mexico is a major producer of heroin, marijuana, and methamphetamine destined for the United States. It is also the main trafficking route for U.S.-bound cocaine from the major supply countries of Colombia, Peru, and Bolivia.30 The west coast state of Sinaloa, which has a long coastline and difficult-to-access areas favorable for drug cultivation, is the heartland of Mexico’s drug trade. Marijuana and poppy cultivation has flourished in this state for decades.31 It has been the source of Mexico’s most notorious and successful drug traffickers. In the INCSR published in March 2017, the U.S. State Department reports coca bush cultivation and cocaine production in Colombia has risen sharply, with the U.S. government estimating for 2016 that Colombia produced 710 metric tons of pure cocaine. Cocaine of Colombian origin supplies about 90% of the U.S. market, and most of it is trafficked through Mexico. In 2015, according to the National Drug Threat Assessment, Mexico produced about 80% of the heroin seized in the United States, and Mexico has become a producer of a potent synthetic opioid, fentanyl, which can be up to 50 times stronger than heroin.32 The Mexican government eradicates both opium poppy (from which heroin is derived) and cannabis, and it increased its eradication efforts of both plant-based drugs in 2016. According to the INCSR, Mexico seized 26.5 metric tons of methamphetamine and 10.2 metric tons of cocaine from April 2014 to September 2015. In addition, Mexican authorities seized 272 clandestine drug laboratories

1. **Fragmentation of the cartels has led to more factions of smaller groups willing to commit acts of violence.**

**Felbab-Brown, V. (2017**, May 29). Hooked: Mexico's violence and U.S. demand for drugs. Retrieved from [https://www.brookings.edu/blog/order-from-chaos/2017/05/30/hooked-mexicos-violence-and-u-s-demand-for-drugs/](https://www.brookings.edu/blog/order-from-chaos/2017/05/30/hooked-mexicos-violence-and-u-s-demand-for-drugs/%22%20%5Ct%20%22_blank)

But even after his second arrest in 2014, the post-Chapo leadership structures of the Sinaloa Cartel held together, a unique success among Mexican criminal groups. The Sinaloa Cartel had some breakoffs, such as the Beltrán Levya branch, but at its core held together better than any other cartel. El Chapo [designated two leaders](http://www.insightcrime.org/news-briefs/sinaloa-cartel-leader-arrested-mexico-city%22%20%5Ct%20%22_blank) to run the Sinola Cartel, Ismael “El Mayo” Zambada, known for striking deals with rivals, making alliances, and seeking to avoid bloodbaths; and Dámaso López Núñez, alias El Licenciado. In picking Zambada and El Licenciado, El Chapo even passed over his children, rewarding experience over family. The succession arrangement held through El Chapo’s second imprisonment, his escape from a maximum-security prison through a tunnel late in 2014, and his hiding for the following year in January 2016 until he was recaptured again.

But the arrangement has collapsed since. El Mayo has apparently been ill, and his absence from day-to-day operations and strategic guidance significantly weakened the cartel. El Licenciado proved to be a problematic choice, turning on Chapo’s sons and causing [a split in the group](http://www.insightcrime.org/news-briefs/mexico-mass-kidnapping-signals-narco-war-between-cjng-sinaloa-cartel%22%20%5Ct%20%22_blank) between Chapo’s family and other Sinaloa factions. El Licenciado was arrested in May 2017, but that alone may not calm the infighting. Moreover, widespread knowledge of the Sinaloa Cartel’s troubles has encouraged other criminal groups to attempt to take over some of Sinaloa’s hard-won turf in places such as Tijuana, Baja California, and Ciudad Juárez.

### From Mexico’s Drug cartels alone, MORE INNOCENT CIVILLIANS HAVE DIED in drug related violence THAN FROM U.S. involvement in Iraq and Afghanistan.

**Breslow, J. M. (2015**, July 27). The Staggering Death Toll of Mexico's Drug War. Retrieved from [https://www.pbs.org/wgbh/frontline/article/the-staggering-death-toll-of-mexicos-drug-war/](https://www.pbs.org/wgbh/frontline/article/the-staggering-death-toll-of-mexicos-drug-war/%22%20%5Ct%20%22_blank)

the Mexican government released new data showing that between 2007 and 2014 — a period that accounts for some of the bloodiest years of the nation’s war against the drug cartels — more than 164,000 people were victims of homicide. Nearly 20,000 died last year alone, a substantial number, but still a decrease from the 27,000 killed at the peak of fighting in 2011. Over the same seven-year period, slightly more than 103,000 died in Afghanistan and Iraq, according to data from the [United Nations](http://unama.unmissions.org/Portals/UNAMA/human%20rights/2015/2014-Annual-Report-on-Protection-of-Civilians-Final.pdf%22%20%5Ct%20%22_blank).

### The unchecked drug crisis could lead to 500k dead over the next decade and cost Billions to innocent civilians

**Blau 2017 (Max, STAT forecast: Opioids could kill nearly 500,000 Americans in the next decade)**

There are now nearly 100 deaths a day from opioids, a swath of destruction that runs from tony New England suburbs to the farm country of California, from the beach towns of Florida to the Appalachian foothills.In the worst-case scenario put forth by STAT’s expert panel, that toll could spike to 250 deaths a day, if potent synthetic opioids like fentanyl and carfentanil continue to spread rapidly and the waits for treatment continue to stretch weeks in hard-hit states like West Virginia and New Hampshire. If that prediction proves accurate, the death toll over the next decade could top 650,000. That’s almost as many Americans as will die from breast cancer and prostate cancer during that time period. Put another way, opioids could kill nearly as many Americans in a decade as HIV/AIDS has killed since that epidemic began in the early 1980s. The deep cuts to Medicaid now being debated in Congress could add to the desperation by [leaving millions](https://www.nytimes.com/2017/06/26/us/politics/senate-health-care-bill-republican.html%22%20%5Ct%20%22_blank) of low-income adults without insurance, according to the nonpartisan Congressional Budget Office. Even the more middle-of-the-road forecasts suggest that by 2027, the annual U.S. death toll from opioids alone will likely surpass the worst year of gun deaths on record and may top the worst year of AIDS deaths at the peak of that epidemic in the 1990s, when nearly 50,000 people were dying each year. The average toll across all 10 forecasts: nearly 500,000 deaths over the next decade. Beyond the immeasurable pain to families, the overdoses will cost the U.S. economy hundreds of billions of dollars.

## CC 2) Public Health is abuses human rights

###  Public health is a form of biopower used to control the populace by political control.

**Weir, L., Mykhalovskiy, E. (2010).** Global Public Health Vigilance. New York: Routledge.

In Foucault’s 1979 article “The Politics of Health in the Eighteenth Century” (Foucault 1979/1997: 90–91), he suggested that medicine had historically been two-sided, one side being oriented to care of individual patients and the laws of the market, the other concerned with collective health and disease as social and political problems. The public health side of medicine received more expansive treatment in Foucault’s 1975–1976 and 1977–1978 lectures at the Collège de France (Foucault 2003, 2007) where he investigated the historical formation of public health measures that sought to improve the health of population by acting on birth rates, mortality rates, illness, accidents, injuries, and so forth. Foucault’s analyses often examined the history of infectious disease control.

### The concept of life as public health is bad because it treats life as a form of human capital.

**Kenny, K. E. (2015).** The biopolitics of global health: Life and death in neoliberal time. *Journal of Sociology*, *51*(1), 9-27. - <http://journals.sagepub.com/doi/pdf/10.1177/1440783314562313>

With health as human capital, and lifetimes disaggregated into life/time, life is reassembled as a revenue stream. But perhaps more worryingly, premature death becomes not just a foreshortening of time, but a form of failed investment, or, more accurately, a failure to self-invest. Grossman explains: [I]t is assumed that individuals inherit an initial stock of health that depreciates over time – at an increasing rate, at least after some stage in the life cycle – and can be increased by investment. Death occurs when the stock falls below a certain level, and one of the novel features of the model is that individuals ‘choose’ their length of life. (Grossman, 1972: 225) With health imagined as a form of human capital, the length of one’s life becomes the result of investing, or failing to invest, in one’s own health. Death is no longer a disease outcome, it is rendered a decision outcome; a decision outcome that the future-oriented, risk-minimizing economically maximizing rational actor should, obviously, avoid through self-optimizing practices of investing in one’s own health. This rendering of health as human capital, the disaggregation of lifetimes into life/time and reassembly of life as a revenue stream presupposes a neoliberal *homo oeconomicus* who must optimize their own health in the present in order secure future life/time.

# Case Answers/Criminal Justice System Good

1. **The Criminal Justice System leads to recovery.**

**The Criminal Justice leads to various forms of treatment. This mandated treatment has higher forms of success than volunteer enrolled programs.**

**National Institute on Drug Abuse ’18** (What role can the criminal justice system play in addressing drug addiction?) - https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/what-role-can-criminal-justice-system-play

The majority of offenders involved with the criminal justice system are not in prison but are under community supervision. For those with known drug problems, drug addiction treatment may be recommended or mandated as a condition of probation. Research has demonstrated that individuals who enter treatment under legal pressure have outcomes as favorable as those who enter treatment voluntarily. The criminal justice system refers drug offenders into treatment through a variety of mechanisms, such as diverting nonviolent offenders to treatment; stipulating treatment as a condition of incarceration, probation, or pretrial release; and convening specialized courts, or drug courts, that handle drug offense cases. These courts mandate and arrange for treatment as an alternative to incarceration, actively monitor progress in treatment, and arrange for other services for drug-involved offenders.

1. **Court Ordered rehab can account for minor-non-violent drug offenses and abusers.**

**Addiction Resource ’18** - How to Get Someone Court-Ordered Rehab and Who Pays for It. (2018, May 17). Retrieved from [https://addictionresource.com/drug-rehab/court-ordered/](https://addictionresource.com/drug-rehab/court-ordered/%22%20%5Ct%20%22_blank)

Court ordered rehab is something the defendant of a drug-related crime might have to do in lieu of going to jail. If the judge and the prosecution believe that a defendant would benefit from rehab, they would rather try to help that person than put them in jail. Court ordered rehab, as the name implies**,** is a mandatory rehabilitation from a drug or alcohol addiction as ordered by a judge as part of a court ruling. It is usually in lieu of a prison term which is a punishment that might not have matched the nature of the crime. It’s a common occurrence for law-breakers who were under the influence of a substance, be it illicit or legal, when they committed a crime to be ordered to participate in a compulsory rehabilitation program. Such people are addicted to alcohol or other drugs which impair their judgment and lead them to commit a relatively minor crime. At other times, it’s the driving force behind a crime as an offender may steal or partake in some illegal activity just in order to acquire some money to feed the addiction. People who are ordered to go through court-ordered drug treatment are mostly just regular people. If the crime committed is not violent in nature, the judge has an option of ordering a court-mandated drug program instead of prosecution or incarceration.

1. **The results of drug recover operate from utilizing the Criminal Justice System and treatment options.**

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The most effective models integrate criminal justice and drug treatment systems and services. Treatment and criminal justice personnel work together on treatment planning—including implementation of screening, placement, testing, monitoring, and supervision—as well as on the systematic use of sanctions and rewards. Treatment for incarcerated drug abusers should include continuing care, monitoring, and supervision after incarceration and during parole. Methods to achieve better coordination between parole/probation officers and health providers are being studied to improve offender outcomes.