

# [Social policy: illicit drug use in canada and worldwide](https://assignbuster.com/social-policy-illicit-drug-use-in-canada-and-worldwide/)

No matter where you visit in the world, turn on the news and you will hear about drugs, especially so-called illicit drugs. What are illicit drugs? According to Webster’s dictionary illicit drugs is defined as not permitted, unlawful (1997: 369). These illicit drugs then do not include things like alcohol, cigarettes, or prescribed medicines. But these types of drugs can also cause just as many problems as so called illicit drugs. How do sociologist look at this subject and what are we doing in our communities to help people using illicit drugs? In the United States the war on drugs is at a crisis point.

In 2003 alone 1, 678, 819 drug arrests were made (FBI Uniform Crime Reports , 2003). Of these 662, 886 were for simple marijuana arrests (FBI Uniform Crime Reports, 2003). In Washington State, they have three strikes you are out law. This means if you are convicted of felony crime three times, the third conviction puts you in jail for life (Schmidt). This has led to a very high number of people in jail in the United States. In the United States they incarcerate 550 people a day while in Canada it is 150 a day (Schaefer, Floyd, Haaland 2005).

Canada obviously is concerned about this trend and do not want to go the same route. The drug problem is a huge issue in Canada lately with stories in the news of the recent killing of RCMP officers to meth labs being busted in Kamloops. Here in Canada, the worst hit city is Vancouver (Schaefer, Floyd, Haaland 2005). If you have ever driven down the eastside of Vancouver you will see exactly why it is so grim. Some of the other reasons are that this is the poorest area in all of Canada (Schaefer, Floyd, Haaland 2005).

The people who call this home have the most severe social, economic and health problems in Canada (Schaefer, Floyd, Haaland 2005). Even the death rate is high due to sharing of needles, which leads to such diseases as hepatitis C, and HIV (Schaefer, Floyd, Haaland 2005). Other problems include prostitution, panhandling, and burglaries (Schaefer, Floyd, Haaland 2005). So how do sociologist look at the problem? It depends on what view they use.

Here is a quick look at the four: Functionalist Theory: They think the loss of a direction felt in a society when social control of individual behavior has become ineffective to be the cause of many forms of addiction (Schaefer, Floyd, Haaland 2005). They also think that the illicit drug problem creates boundaries of behavior (Schaefer, Floyd, Haaland 2005). In fact they think that it creates social agreement and cohesion in what is acceptable behavior and what is not (Schaefer, Floyd, Haaland 2005). Conflict Theories: This contrasts the functionalist theory by asking questions like whom benefits and why is it that some drug users receive the label addict while others do not (Schaefer, Floyd, Haaland 2005).

They also see that state institutions like prisons, police, and rehab programs serve to benefit from these so-called labels due to employment of people (Schaefer, Floyd, Haaland 2005). They also look at the reasons of how you are labeled differently if you are addicted to tobacco or alcohol versus being addicted to illicit drugs (Schaefer, Floyd, Haaland 2005). Feminist Theory: Like other approaches in this theory there is many different ideas of illicit drugs (Schaefer, Floyd, Haaland 2005). This includes some who believe that addiction for women comes from their status of subordination (Schaefer, Floyd, Haaland 2005).

That their powerlessness causes them to chose self-destructive escapes from their lives (Schaefer, Floyd, Haaland 2005). Another approach says that the concept of gender, roles and behaviors deny both men and women their full expression of their humanity and addiction becomes a metaphor for the gender stereotypes in our society (Schaefer, Floyd, Haaland 2005). Interactionist Theory: This theory includes looking at a continuous action on the part of the drug addict, and stresses the process through which the person is identified as an addict and the impact this label has made of their sense of self (Schaefer, Floyd, Haaland 2005). It also uses the Goffman’s Dramaturgical approach (Schaefer, Floyd, Haaland 2005). This states a person plays many roles; like a drug addict when speaking to a cop and wanting help, then when he is with his addicted friends all he does is want drugs (Schaefer, Floyd, Haaland 2005). Vancouver decided to look at their drug problem from a social view rather than a criminal view (Schaefer, Floyd, Haaland 2005).

The mayor formed a committee and they came up with a plan called The Four-Pillar Approach. It contained four strategies or pillars as they called them in approaching illicit drugs (Schaefer, Floyd, Haaland 2005). The four pillars were called enforcement, harm reduction, treatment, and prevention (Schaefer, Floyd, Haaland 2005). Here is a brief description of each: Enforcement: They wanted to establish a drug pilot treatment court, which would send drug users to treatment rather than jail (Schaefer, Floyd, Haaland 2005).

They also wanted to increase police crack down on organized drug crime dealers so they could stem the flow of drugs (Schaefer, Floyd, Haaland 2005). Also a drug action team is created for each neighborhood since each part of the city was dealing with different drug issues (Schaefer, Floyd, Haaland 2005). . Harm Reduction: This pillar included creating an overdose death prevention campaign to lower drug related deaths (Schaefer, Floyd, Haaland 2005). Also they wanted to make provisions for short-tem shelter and housing for drug users to get them off the street (Schaefer, Floyd, Haaland 2005). Another way to reduce the harm was to establish street drug testing to get people affected with HIV or hepatitis C some healthcare (Schaefer, Floyd, Haaland 2005).

Treatment: This pillar included getting treatment beds for young people outside the eastside of town to get young people away from this area (Schaefer, Floyd, Haaland 2005). They also saw the need for special treatment for women, pregnant women, and women who had children (Schaefer, Floyd, Haaland 2005). Needle exchanges needed to be set up along with out patient and peer support counseling (Schaefer, Floyd, Haaland 2005). The need for housing support was also a part of this pillar (Schaefer, Floyd, Haaland 2005). Prevention: The last pillar included understanding substance abuse and its negative health and legal risks (Schaefer, Floyd, Haaland 2005).

They wanted to encourage people to make healthy choices by giving them affordable housing, employment training, jobs, recreation and finally create long-term economic development (Schaefer, Floyd, Haaland 2005). This Four Pillar Approach was created four years ago so where does it stand? A report came out a month ago called Four Years, Four Pillars Where To Now? They looked at each pillar and what had been done successfully, these included education in schools, a media campaign, safe site injection sites, and seven housing projects (Four Years, Four Pillars Where To Now? 2005). Of course not all the goals had been achieved such as a health program in the city government and no long-term treatment center for the youth (Four Years, Four Pillars Where To Now? 2005). In the end they do believe they are going the right way but more money and time will be needed (Four Years, Four Pillars Where To Now? 2005) Other cities are even looking at this new rogram and realizing that illicit drugs are not just a criminal issue (Schaefer, Floyd, Haaland 2005). After reading all this material it reinforced my beliefs that illicit drugs are a health issue and that locking away people is not going to solve the issues. The other big issue of legalizing marijuana I do not think will help the curtailing of drugs, it will just mean another drug will become the forefront problem like meth.

I think we need to approach the problem with more money, education, and better safety nets for people to help prevent them from falling into this ugly cycle. In the end drug use is a worldwide problem but it is also a problem in our back yard that we cannot ignore. References Canada, Vancouver. Four Pillars Drug Strategy. 2005. Four Years, Four Pillars Where To Now.

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