This initiative is a recipe for failure on all counts ... what is going to happen to those drug users when the Drug Treatment Diversion Initiative puts them out on the street again? They’ll go back to drugs, reverting to business as usual, sustaining their drug habit. Everybody loses.”

Alexander Cockburn
Los Angeles Times
June 15, 2000

Health professionals know the cornerstone of effective drug treatment is accountability. Then why does this initiative propose to spend $120 million a year in tax money on drug “treatment” — while prohibiting any of the funds from being used for testing? It also eliminates any consequences for failing treatment. And without consequences, there is little incentive to take drug treatment seriously. And why does it exclude drug treatment programs lasting longer than 12 months and in-custody programs — even though these programs are among the most effective treatments available?

The answer is clear: this initiative is a drug decriminalization measure, not an attempt to offer serious treatment to drug abusers.

If the initiative’s backers were sincere about improving drug treatment in California, they would have asked health care professionals to help draft the initiative. Instead, it was written by a San Francisco criminal defense attorney and is being funded by three wealthy out-of-state backers who consider California a “must win” in their campaign to legalize drugs.

The initiative will actually hurt serious drug treatment efforts while threatening public safety — which is why it’s opposed by the drug treatment specialists, educators, community leaders, judges and defense counsel comprising the California Association of Drug Court Professionals.

Health care professionals should be especially wary of this initiative because it will encourage the creation of questionable treatment programs run by people more interested in money than results. The initiative fails to specify who will regulate these facilities and fails to set licensing requirements and minimum treatment standards. Qualified physicians and trained professionals should be leading drug treatment efforts, not “fly-by-night” operators who are only interested in money, not results.

- Health care costs directly attributable to illegal drug use exceed $30 billion annually.
- Illegal drug-related deaths are estimated at 20,000 annually.
- About 500,000 newborns are exposed to illegal drugs in utero.
- Medicaid patients with a secondary diagnosis of drug abuse remain in hospitals twice as long as non-drug abusing patients with the same primary diagnosis.
Girls and boys under age 15 remain in the hospital three to four times longer when they have a secondary diagnosis of drug abuse.

Young people who use drugs are at higher risk of mental health problems, including depression, suicide and personality disorders — and are more likely to engage in risky behavior such as unprotected sex.

Fifty to sixty percent of mental health care patients are drug abusers.

To learn more, call Californians United Against Drug Abuse at 1-800-995-3221.