LEGISLATIVE, FINANCE, AND ADMINISTRATION COMMITTEE
A G E N D A

JUNE 23, 2014 - 6:00 P.M.

CITY HALL COUNCIL CHAMBERS
15 LOOCKERMAN PLAZA
DOVER, DELAWARE

Public comments are welcomed on any item and will be permitted at appropriate times. When possible, please notify the City Clerk (736-7008 or e-mail at CityClerk@dover.de.us) should you wish to be recognized.

AGENDA ADDITIONS/DELETIONS

1. **Presentation - Law Enforcement Against Prohibition (LEAP) (Ken Abraham)**

2. **Expiration of Downtown Dover Partnership (DDP) Loan Guarantee Extension**
   (During their meeting of June 10, 2013, Council approved the extension of the Downtown Dover Partnership (DDP) loan guarantee for a period of one (1) year effective July 1, 2013 on the loan between PNC Bank and the Downtown Dover Partnership.)(Staff recommends extension of the Downtown Dover Partnership loan guarantee with PNC Bank through March 1, 2017.)

3. **Proceeds from Sale of Real Estate**
   (Staff recommends that the net proceeds from the sale of governmental fund real estate be credited to the Capital Asset Reserve for future capital projects)

4. **Proposed Financial Reforms** *(Councilman Slavin)*

5. **Adjournment by 7:00 p.m.**

/tm
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THE AGENDA ITEMS AS LISTED MAY NOT BE CONSIDERED IN SEQUENCE. THIS AGENDA IS SUBJECT TO CHANGE TO INCLUDE THE ADDITION OR THE DELETION OF ITEMS, INCLUDING EXECUTIVE SESSIONS.

Ken Abraham
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To: Councilman Sean Lynn, Esq.
Dover City Council 3/27/14

Greetings,

I am writing to you as a representative of LEAP, Law Enforcement Against Prohibition. This organization of over 100,000 cops, prosecutors, and other supporters points out why drug abuse is bad, but the "War on Drugs" is worse.

I look forward to meeting with you briefly (about 10 minutes) at your Committee meeting on 4/14/14, to emphasize a couple of key points about why "the war on drugs is worse", and to answer any questions you may have.

I hope you will take just a few minutes to watch the DVD (it is about 8 minutes), and a few minutes to read the excellent booklet, titled "After Prohibition.". Thanks.

Many people mistakenly think that legalizing and regulating drugs will lead to more addiction, more crime, or will not benefit society and greatly improve America, I encourage you to read the pamphlet at http://www.leap.cc/wp-content/uploads/2013/11/After-Prohibition.pdf , to check out www.copssaylegalizedrugs.com . And join our Citizens for Criminal JUSTICE Facebook group. (Still working on our website). Legalize, regulate, and tax does **NOT** mean "condone"! All drugs are poison, and I have always said couple any legalization with advertising drugs' dangers.

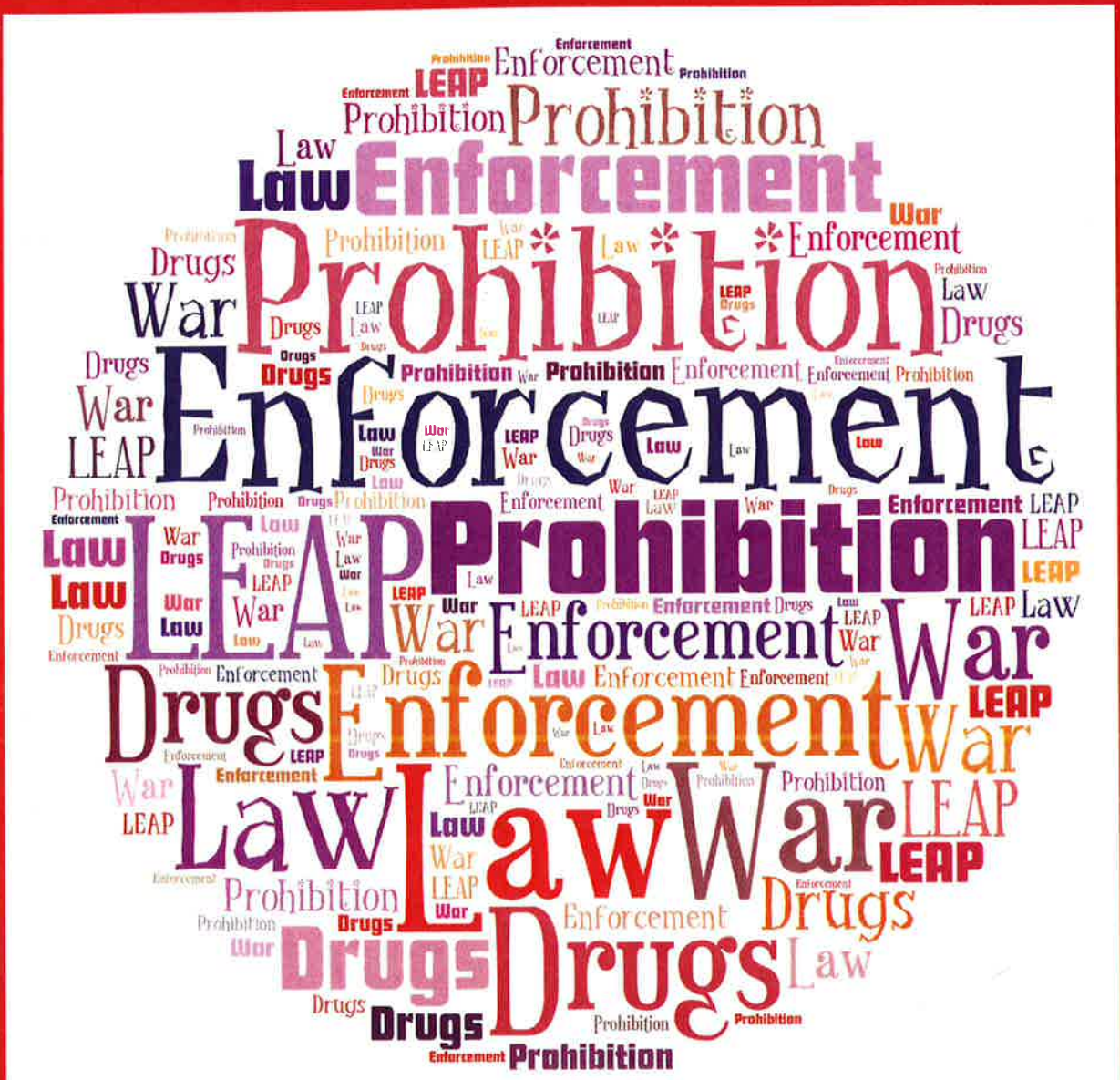
Thanks very much for your attention to this matter; as you know, drugs plague every community, and the "War on Drugs" has not worked.

MAKE it a ☺ day!
All the best,

K—A

Ken Abraham

Law Enforcement Against Prohibition



After Prohibition

October 2013

After Prohibition

Law Enforcement Against Prohibition envisions a world in which drug policies work for the benefit of society and keep our communities safer. A system of legalization and regulation will decrease violence, better protect human rights, safeguard our children, reduce crime and disease, treat people suffering from drug abuse as patients rather than criminals, use tax dollars more efficiently, and restore the public's respect and trust in law enforcement.

LEAP mission statement



Think of this war's real causalities: tens of thousands of otherwise innocent Americans incarcerated, many for 20 years, some for life; families ripped apart; drug traffickers and blameless bystanders shot dead on city streets; narcotics officers assassinated here and abroad, with prosecutors, judges, and elected officials in Latin America gunned down for their courageous stands against the cartels; and all those dollars spent on federal, state, and local cops, courts, prosecutors, prison, probation, parole, and pee-in-the-bottle programs.

Chief Norm Stamper (ret.)
Law Enforcement Against Prohibition

Introduction

We are frontline warriors who have experienced, executed and examined the war on drugs. We started out as true believers and faithfully enforced drug laws until our consciences would no longer allow us to stay silent about the harms brought on by that war. We bear personal witness to the destructive futility of all drug prohibitions – from caffeine, tobacco and alcohol, to current bans on drugs that were once legal. Even if well intended, such prohibitions rarely work and almost always harm the integrity of and respect for law enforcement.

America's increasing rejection of the corruption and violence that accompany prohibition[1] is responsible for the game-changing response of the federal government to marijuana reform in Washington and Colorado. But we appreciate the concern many feel about the accelerating pace of drug policy reform. What replaces prohibition? How will we protect our young?

Our report is aimed at those who are convinced of prohibition's terrible toll but who seek safe, workable alternatives. We know what happens when we arrest people for buying and using drugs. What happens when we don't?

This report contains:

1. A straightforward way to think about drugs that will allow us to move past a prohibition-only model,
2. Real-world examples of how moving away from prohibition reduces the rates of death, disease, crime and addiction; and
3. Specifics about what our drug policies and our communities might look like After Prohibition.

Section 1: The state and drug use

Drugs are processed or unprocessed substances that may be used to heighten or suppress emotions. They provide a rapid shortcut to euphoria, pain relief or a temporary escape from the challenges and responsibilities of everyday life. They have been used in one form or another in virtually every known society. Some, such as heroin and nicotine, have a high potential for physical addiction. All can be seriously abused, whether legal or illegal.

Our position is that drugs themselves, regardless of their very real potential for abuse, are not moral agents – inherently good or evil – and that adults have an inalienable right to place what they choose in their bodies.

We do not take this position lightly, for many of us have witnessed the ravages of drug abuse on individuals and their families.

But we take seriously the inalienable right of the individual to use the mood-altering chemical of their choice when there are no deleterious effects, and in cases of abuse, we are joined by a growing number of community and medical leaders who consider drug abuse not a sign of criminal immorality, but a personal mental health issue to be confronted by religious leaders, addiction specialists, social workers, family and friends.

Law enforcement, the punitive arm of the state, is not an appropriate responder, whether the drug use is a personal choice or a personal problem.

Where abuse of *others* by an intoxicated person is involved, law enforcement is indeed called for, not because of the drug *use*, but because of the anti-social behavior. Drug use is neither an excuse for nor responsible for that behavior. If it is part of an offender's pattern of dysfunction, they may be directed to relevant services as part of their restitution and rehabilitation, but they must be held accountable for their actions, whether intoxicated or not.

Just as the drugs themselves are chemicals with no intrinsic *moral* qualities, no drug automatically yields anti-social behavior. There is considerable violence associated with the marijuana trade, virtually none with the cigarette trade. That violence has nothing to do with the intrinsic qualities of either drug. As with Al Capone's reign of street terror, it is not the drugs themselves that cause the violence, it is the policy of prohibition.

Our position does not require us to say a single good thing about drugs currently prohibited. When our grandparents and great-grandparents had the wisdom to end alcohol prohibition in 1933, they didn't think for a minute that the drug in question was safe for children, non-toxic, non-addicting or unassociated with self-destructive or anti-social behavior. Quite the contrary. But its *prohibition* caused the same unnecessary death, disease, crime and addiction as today's prohibition and was equally futile in preventing the prohibited behavior. It just made the drug in question more dangerous than it otherwise would be if legal and regulated rather than pushed underground.

Section 2: Local efforts, global success

Prohibition is not just destructive and wasteful. As experienced law enforcement professionals we know that it is temporary; a realization that is fast becoming commonsense wisdom. And so, despite ongoing American pressure, many countries have taken big, revealing steps away from criminalization. There are currently twenty-one countries with some form of drug decriminalization,[2] and that number is sure to increase. Domestically, many states are also boldly shedding their prohibitionist laws.

What follows is a brief glimpse into the real-world good news that occurs every time we begin the move away from prohibitionist policies.

Portugal[3]

In response to a dramatic rise in drug use and abuse in the 1990s, Portugal decided to treat drug abuse as a mental health problem instead of a criminal problem. Though selling remained illegal, **possession of up to a 10 day supply of any drug, including heroin, is no longer a criminal offense**. Dire predictions were made about the impact this would have on Portuguese youth.

Portugal provides a meaningful glimpse into a post-prohibition world in which heavy users are encouraged, but rarely forced, to seek treatment. Drug use doesn't magically disappear in this world, any more than it ever has or ever will. But no worst fears were realized, and, in fact, there is much to celebrate and imitate. The bad stats declined. The good stats increased.

Disease and crime

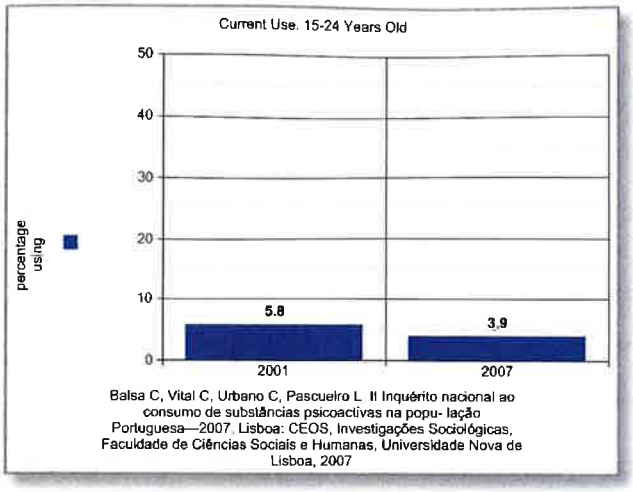
- Between 2000 and 2008, **the number of cases of HIV decreased among drug users** from 907 to 267, and the number of AIDS cases dropped from 506 to 108. This reflects the fact that harm reduction approaches such as needle exchange are most effective in the absence of police prosecution.
- The proportion of **offenses committed under the influence of drugs and/or to fund drug consumption dropped by half**, from 44% in 1999 to 21% in 2008. Overall, there has been a clear reduction in the burden on the criminal justice and health care systems.

Addiction

- The number of **drug users in treatment jumped** 62% between 1998 and 2008. This reflects the move from the criminal to the medical approach to drug addiction and shows that as soon as addicted people are not hunted by the state, they seek available help.
- In 2000, 23% of first-time treatment clients were over 34 years old. In 2008, that number jumped to 46%. Addiction specialists see this as evidence that **fewer young people are becoming drug dependent**, which is exactly the goal of good drug policy.

Impact on youth

It is reasonable to assume that if a person is dysfunctionally addicted to a drug, they've used it at least once in the past 30 days. That is called "Current Use" and is the statistic relied on by the UN Office on Drugs and Crime, the World Health Organization and the European Monitoring Centre for Drugs and Drug Addiction. And here's where the Portugal numbers shine:



Balsa C, Vital C, Urbano C, Pascuelro L. II Inquérito nacional ao consumo de substâncias psicoactivas na popu- lação Portuguesa—2007. Lisboa: CEOS, Investigações Sociológicas, Faculdade de Ciências Sociais e Humanas, Universidade Nova de Lisboa, 2007

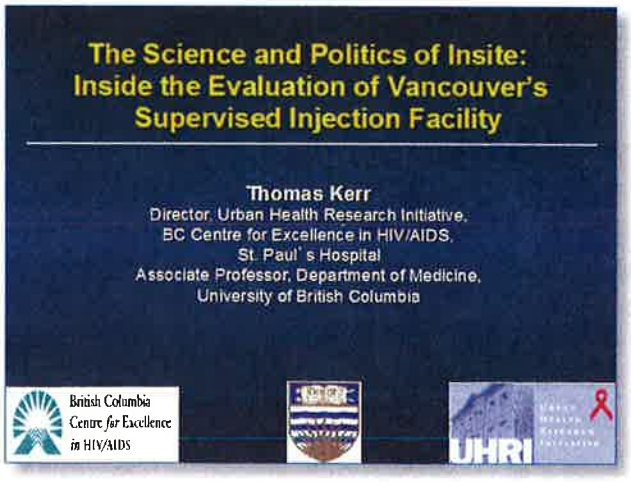
The chart to the left covers 15-24 year olds, critical years where serious drug use and potential addiction typically take hold. The chart reveals **a clear *decline* in the number of those youngsters who have used an illicit drug in the past month**, a reassuring statistic for those concerned about more than one-time youthful experimentation.

Portugal has experienced a *reduction* in blood-borne diseases, "drug-related" crime, youthful drug use and youthful drug addiction. It also saw an *increase* in people getting treatment for their addiction – the foundation of a virtuous cycle in which lives are changed and saved.

Vancouver

In response to the increasing death, disease, crime and addiction caused by the unregulated abuse of opiates and other substances, Vancouver set up a supervised injection site, Insite, where addicted people bring and use their own drugs under the supervision of medical personnel in a setting that encourages them to kick their addiction.

This is one of a growing number of such facilities throughout the world, all of which have prevented countless overdose deaths and given hope to afflicted individuals, their families and communities. The following are the findings of Dr. Thomas Kerr, who performed an independent evaluation of this program. Not only were there universally positive outcomes from this medical approach to substance abuse, but there were *no negative outcomes*, despite dire predictions and initial opposition. Insite is now supported by the local police, the Canadian Medical Association and local merchants. It is proof positive that helping rather than hunting those suffering from chemical addiction is humane, cost effective, and possible.



Findings of Dr. Thomas Kerr concerning independent evaluation of Vancouver's Insite program.

Summary of Findings to Date

- ✓ **Reductions in public disorder** *(Wood et al., Canadian Medical Association Journal, 2004, Petrar et al., Addictive Behaviors, Stoltz et al., Journal of Public Health, 2007)*
- ✓ **Reductions in syringe sharing** *(Kerr et al., The Lancet, 2005, Wood et al. American Journal of Infectious Diseases, 2005)*
- ✓ **Increases in safer injection behaviours** *(Stoltz et al, Journal of Public Health, 2007, Small et al., Drug and Alcohol Dependence, 2008)*
- ✓ **Increased use of detox programs and addiction treatment** *(Wood et al., New England Journal of Medicine, 2006, Wood et al., Addiction, 2007, DeBeck et al., Drug and Alcohol Dependence, 2010)*
- ✓ **Reductions in violence against women** *(Fairbairn et al, 2008, Social Science and Medicine)*
- ✓ **Overdose deaths averted** *(Milloy et al, PLOS One, 200, Marshall et al, Lancet 2011)*



Summary of Findings to Date

- ✗ **No negative changes in community drug use patterns** *(Kerr et al., British Medical Journal, 2006)*
- ✗ **No increases in initiation into injection drug use** *(Kerr et al., American Journal of Public Health, 2007)*
- ✗ **No increases in drug-related crime** *(Wood et al., Substance Abuse Treatment, Prevention, and Policy, 2006)*
- ✓ **Insite is cost-effective** (Bayoumi & Zaric, CMAJ, 2009, Andersen & Boyd, IJDP, 2010, Pinkerton, Addiction, 2010)

Insite's Supporters

- ✓ The Government of British Columbia
- ✓ The City of Vancouver
- ✓ The Canadian Medical Association
- ✓ The Canadian Association of Nurses
- ✓ The Canadian Public Health Association
- ✓ The Vancouver Police Department
- ✓ The Chinese Merchants Association

"People who are addicted and shooting up in the alleys and doorways have no access to any sort of health care, and Insite is part of program to redress that, to bring people who are marginalized out of society back into society, back into the light of health care."

Darwin Fisher, Insite


Vancouver's raging HIV epidemic most rampant in developed world

Switzerland[4]

In the late 1980s and early 1990s, Switzerland faced an intense problem of drug abuse, particularly of heroin, and growing numbers of HIV/AIDS cases as a result. After careful study, the Federal Office of Public Health made an explicit decision in 1994 to address dependent drug use as a disorder or illness. As part of this shift, they developed an experiment to treat heroin addicts with government-manufactured heroin. They also authorized methadone programs, safe injection rooms, and needle exchange programs across the country, including in prisons. Each program was designed to allow for careful, evidence-based evaluation.

Strict regulation

In order to qualify for the heroin maintenance program, a patient must be at least 18 years old, have been addicted for at least two years, show signs of poor health, and have had two or more failed attempts at conventional treatment, such as methadone. The patients use the heroin at the clinic, up to three times a day.

Dramatic decrease in death, disease, crime, and addiction

Not one person in the history of this program has died of a heroin overdose. The program resulted in a 60% drop in felony crimes committed by patients, with an average 80% drop for those who have been in the program for at least one year. Rates of HIV and hepatitis among drug users have plummeted. Moreover, there was significant improvement in health outcomes for patients, including significantly reduced consumption of illicit heroin and illicit cocaine.

New heroin use did not increase

Despite catastrophic warnings that helping addicts instead of prosecuting them "sends the wrong message," the Swiss programs led to *fewer new heroin users*. The reasons are complex, but many experts feel that this is because the program makes heroin seem unattractive to young people, and there is less of a social opportunity to be introduced to heroin by the street dealers who have been put out of business by this approach. In Switzerland, heroin addiction is increasingly seen by young people as an unglamorous health problem.

Cost savings

This comprehensive public health approach has saved the country money in terms of court time, police time, reduced crime rates and lowered demand for expensive health services.

Widespread and growing support

In a 2008 referendum vote, the Swiss public affirmed this program by a large margin. Elements of the program have been emulated by seven countries: Germany, Denmark, Holland, Belgium, England, Spain and Canada.

The United States[5]

An analysis of data from 1993 through 2009 by economists at three American universities found no evidence that legalized medical marijuana laws have contributed to more use of the drug by high school students.

During that time period, 13 states legalized medical marijuana. (Twenty states and the District of Columbia now have such a law, and legislation is pending in many others.)

Professor Benjamin Hansen of the University of Oregon, who studies risky behaviors, pointed out that, "In fact, the data often showed a *negative* relationship between legalization and marijuana use."

Researchers examined the relationship between legalization and various outcomes such as marijuana use at school, instances of drugs offered on school property, alcohol use and cocaine use. They found no evidence that legalization led to increases in marijuana use at school, the likelihood of being offered drugs on school property or the use of other substances.

In addition to national Youth Risk Behavior Survey (YRBS) data, they drew on state YRBS data for 1993-2009 and data from the 1997 National Longitudinal Survey of Youth. They also examined the Treatment Episode Data Set, which contains information on whether patients at federally funded drug treatment facilities tested positive for marijuana upon admission. The results of this analysis suggested that the legalization of medical marijuana was unrelated to the likelihood that patients ages 15-20 tested positive for marijuana.

"We are confident that marijuana used by teenagers does not increase when a state legalizes medical marijuana," said Montana State's Professor D. Mark Anderson, an economics professor who studies health economics, risky behavior and crime.

Summary of Section 2

- Portugal's experience shows that people begin to move away from their addictions and unhealthy behaviours when the power of the state is not harnessed against them in a moralistic, harrassing crusade.
- Vancouver and Switzerland show that the most effective way to deal with those addicted to hard drugs is not through punishment, but through a medical model of support in which physical addiction is isolated from the social problems thought to be caused by it, and non-judgmental help is provided.
- The American Experience with medical marijuana suggests that people continue their own level of use; that no floodgates open when we allow people access to their previously forbidden medicines without the threat of arrest.

These reforms do not change the fact that under prohibition cartels and street dealers still control the production, distribution and promotion of their products. Therefore, we can only get a glimpse of how much stronger and safer our nation could be once we abandon that approach. But as we move away from criminalization, good things happen; sometimes dramatically, sometimes incrementally.

Section 3: After Prohibition: our policies, our communities

Our policies

We know that reasonable people will disagree about *regulation*. Ongoing debates about the drinking age and allowable levels of cigarette promotion and taxation are examples of how the normal democratic process applies to drug policy. Once we remove the prohibition, that ongoing dialogue – local adjustments and preferences – can be applied to *all* drugs. We will then be positioned and empowered to meaningfully regulate and control them.

While this brief next section is not a rigid roadmap, it illustrates some directions policy might take. These are possible approaches to the regulation of drugs ranging from marijuana to heroin which permits flexibility and demands accountability.

For simplicity, we have divided our approach into two categories, one dealing with marijuana, and the other encompassing the full range of illegal drugs. Our fundamental point remains that prohibition should be repealed, not because of the relative safety of the drug in question, but because of the harms inherent in prohibitionist *policies*. Nonetheless, we make this division here because marijuana has achieved a separate status in drug policy discussions.

Marijuana

Despite decades of well-funded fear mongering and millions of arrests, marijuana is a plant that has been used recreationally or medicinally at least once by approximately 100,000,000 Americans.[6] It seems reasonable and inevitable to treat marijuana as we do cigarettes or alcohol, though it will be easy to institute bans on overt marketing. It will be legal to grow, transport and sell the cannabis plant, subject to enforceable regulations, restrictions and taxation. Just as we do with hops and barley or the tobacco plant. States currently providing the leg work on this transition can be used as models whose approaches will be accepted or modified as other states deem appropriate. Just as we did when we ended alcohol prohibition.

Private production

Once the prohibition on growing marijuana is lifted, people will be allowed to cultivate this plant, just as people are allowed to brew their own beer, subject to local regulations. In some jurisdictions the plants would have to be out of public view, in others, growers might have to register with the state; some would allow 3 plants, some would allow 14 plants, and so on.

Medical use

After prohibition, health providers will be free to set standards and restrictions that provide patients access to a plant that has been used medicinally for thousands of years and which was part of the official medical pharmacopeia for most of our nation's history. It will be a subject of medical research on a par with any other plant deemed by scientists to have medicinal potential.

General regulations

As with any drugs having consciousness-altering potential, there will be age limits and scientifically sound education about the potential downsides for young people. Impaired driving laws will remain unchanged, but the mere presence of marijuana in hair samples, in the absence of other problematic behaviors, will not be grounds for arrest, on or off the road. Unlike alcohol, THC remains in your system for weeks, and its presence is therefore not evidence of impairment. Environmental and labor regulations in effect for domestic and imported crops will now apply to the cannabis plant.

Heroin and other drugs

It is noteworthy that supervised injection sites were created in response to problems exasperated by addiction, not in the name of personal freedom, growth or exploration. Opiates and stimulants have a very high potential for damage and dependency and should, at a minimum, never be promoted for recreational use.

We share the concern about the widespread overuse of an array of stimulants and newly created synthetic drugs, regardless of their legal status. Yet we understand that there is nothing constructive in the prohibitionist approach to these drugs, and much that is destructive.

We know that homemade meth labs don't create demand for methamphetamine, but do cause horrific, unnecessary damage to producers and users alike. We know that crack cocaine functions like a poor person's Prohibition-era bathtub gin, magnifying the dangers inherent in the forbidden drug. And we know that some truly dangerous synthetic drugs would have little reason to exist if their creators weren't in a perpetual cat-and-mouse game with law enforcement over established drugs whose potency and damage potential are known quantities.

And, as with marijuana, there are viable alternatives. Successful cross-national experiences with the regulated distribution and consumption of the most dangerous drugs can be copied and modified when dealing with people whose lives are ruled, but not enhanced, by those drugs.

By bringing opiates and stimulants back into the legal system, we will ensure that the entire production and distribution chain, including doctor-supervised medicinal use, will include meaningful levels of governmental or clinical oversight. In order to partake in this tightly regulated market, for example, Afghan farmers would have to be recognized as legitimate providers by their governments, thus reducing their vulnerability to terrorists who extort farmers by protecting them from prohibition-based government crackdowns. It will also allow law enforcement to get a meaningful handle on quantities and sources, both vital to pursuing illegal diversion.

A very small percentage of the adult population will continue to want to try heroin or similar drugs at least once, and instead of finding street dealers, or friends who know street dealers, they will be able to go to highly regulated, specialized dispensaries and obtain limited

amounts without sanction. Diversion to children will be treated with extreme severity and will be much easier to trace.

In all such cases, the drugs would continue to be available. The addiction rate, virtually untouched by decades of intense prosecution, will remain roughly constant, likely dipping moderately.

But our approach to drugs and those who use them would change. And that, as we discuss next, will make all the difference.

Our communities

Now that we have dismantled both the drug war and the drug cartels, join us on a virtual "drive around" in our near-future patrol car to get a cop's sense of life on the streets ... *After Prohibition.*

We start out in our **national parks** and shake our heads when we think back on the gangs and cartels who had commandeered large swatches of land to grow marijuana when it was illegal. Incredible as it seems today, prohibition brought turf-protecting gang violence to our national parks. We also recall with some embarrassment the Keystone Cops videos of our comrades burning marijuana plants and looking as hapless as their predecessors who sternly smashed barrels of beer during the prohibition of alcohol. How our profession suffered under this policy.

We drive on, passing **farm land** revitalized by the legalized regulation of cannabis. Hemp has regained its Colonial days status as a patriotic American crop, requiring relatively little water, pesticide or fertilizer, providing environmentally safe paper, rope, clothing and more. The female plant that is associated with both recreational and medicinal use is being studied by virtually all medical centers, universities and drug companies. While common, cannabis farming is only moderately profitable, as it is easy to grow and many small farmers supply themselves and their friends. We remember when it was obscenely profitable and a major source of untaxed funding for gangs and terrorists. Some of those gangs and terrorists remain, though profoundly weakened now that the vast majority of their income has disappeared. They have been hurt deeply by the fall of prohibition and many have been forced to seek legal employment, just as their bootlegging predecessors did after the prohibition of alcohol.

We drive on, into **rural counties**, where we pass a number of burnt-out houses and think sadly of the desperate people who lost everything from their amateur attempts to create the same methamphetamine safely manufactured by pharmaceutical companies. They, too, remind us of a dangerous past when people died making illegal alcohol when their homemade distilleries exploded. People are still using – and some abusing – that product, but of course without the punitive stigma of prohibition, it is easier and far more common for people to get help with their addiction.

We drive on, into the **suburbs**, where things seem remarkably unchanged. We pass the houses of successful people, some of whom are addicted to cocaine or heroin or alcohol. All have access to

their drug of dependency, and when they use it, they know what they are putting in their bodies and how much is too much. When it starts to affect their lives, they are able to find treatment.

We pass a **school** where some teens have decided that scraping bicycle tires and burning the rubber yields mood-altering smoke, and it has caught on among the bored and curious. As this fad passes through the nation, the media gamely labels it another "epidemic," but we know it will soon pass, though some kids will seriously, even fatally, damage their lungs. As we think back on the "Cinnamon Challenge" and other similar fads, we wish there were a way to legislate against impulsive stupidity. What we no longer see, though, is a large number of kids enlisted into the drug trade. Illegal activity is now less organized, more individual, smaller scale. It doesn't define or dominate the playground as it did during drug prohibition.

We pass by a **hospital**, and see women who successfully seek treatment for their addictions to pain killers or cocaine before becoming mothers. It is an affirming environment which encourages all women to avail themselves of pre-natal care. This contrasts starkly with the previous generation, some of whom were forced to deliver (and often lose) their babies in shackles, not because they used child-endangering drugs such as cigarettes or alcohol, but because they used *forbidden* drugs. Illegal diversion still occurs, as happens now with Oxycodone, but there is virtually no violence from prohibition-era turf battles over drug manufacture and sale, and we law enforcers have reliable intelligence about the source and path of such drugs, unlike during the anarchy and chaos of prohibition. The addicted and their families and friends now have the resources to work together over time, a proven way to reduce addiction. Countless overdose deaths have been avoided because friends no longer fear calling 911 in the case of a bad drug reaction. Hospitals have slow days.

We drive on, into the **inner city**, where things are remarkably different. We immediately notice the increased number of men on the street, many having been released as non-violent drug "offenders" whose actions are no longer crimes and who were pardoned after review. As part of a restorative justice program, they receive remedial training to help them reintegrate into their shattered community. Their children walk with them, happy to have their fathers back. Most notably, the statistics on gun and gang violence have dropped as dramatically as they did the year alcohol prohibition ended. Once they lost control of the illegal drug market, our modern gangs became shells of their former selves. Outlaws are no longer the role models they were during drug prohibition. While prostitution remains, pimps have lost their unique access to the drugs that many of these women are dependent on and have therefore lost much of their absolute power.

Drug treatment clinics look the same as their inconspicuous European counterparts, and work just as effectively. Some former drug runners work in those clinics or in regulated drug dispensaries, just as some former rum and numbers runners found legal employment in liquor stores or lottery outlets. They pay taxes, raise families, and vote. And life goes on.

We are once again *peace officers*, our original name. We can pursue the rapists and child molesters who have been ignored because of federal incentives to chase drug activities. As we drive down the street, kids look at us differently. Once we abandoned the stealth mode of undercover work required by an unenforceable prohibition, the community abandoned its "no snitching" mentality. We are increasingly on the same team. It is, again, remarkably different.

We conclude our virtual drive at our multi-thousand mile long **borders** and shake our heads at the hundreds of thousands of deaths and political instability caused by prohibition. We used to shrug when we heard drug warriors bragging about a five ton bust, knowing that tens of tons of that same drug were simultaneously finding their way through the border. We are gratified that farmers are now allowed to grow crops, including poppies, as safely as they always grew other crops. And we are gratified that people, especially in the Third World, have access to the pain relief that we take for granted but which was denied by drug prohibition. And, as with American street gangs, the cartels and terrorists who were empowered and armed by drug prohibition have at last suffered the deadly blow we tried to give them unsuccessfully for more than forty years.

Epilogue

Legalized regulation is not a panacea and will not end our very real drug problems. But it creates breathing room for personal redemption and community revitalization. It will cripple cartels and gangs, reduce street crime and deglamorize the outlaw drug dealer. And overall drug abuse will almost certainly decline as the afflicted are freed to pursue the long-term commitment required to defeat long-term addiction.

The message that legalized regulation sends is one of hope and support; one based on adult freedom and responsibility.

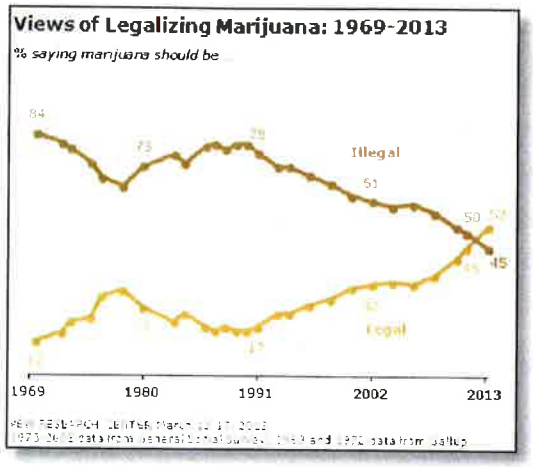
We joined law enforcement to protect people from one another, not to monitor what they choose to ingest. If there is to be something called a "War on Drugs," it should be a war on drug *abuse*. And that war should only be fought as the successful war on tobacco addiction has been fought – with *regulations* such as education, targeted taxation, age restrictions, and limits on public usage, with clinics providing an array of help for the addicted.

Prohibition is an approach that needs to be replaced, not refined. And, as we've come to learn, that approach does not require a leap of faith.



Endnotes

[1] Pew Research Center for the People & the Press. (April 4, 2013). Retrieved from http://www.people-press.org/2013/04/04/majority-now-supports-legalizing-marijuana



Becker, G. S. & Murphy, K. M. (January 4, 2013). "Have We Lost the War on Drugs?" The Wall Street Journal. Retrieved from http://mapinc.org/url/FfHA7MsQ.

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Argentina, Armenia, Australia, Belgium, Brazil, Chile, Columbia, Czech Republic, Denmark, Estonia, Germany, Italy, Mexico, Netherlands, Paraguay, Peru, Poland, Portugal, Spain, United States and Uruguay (which is in the process of complete marijuana legalization). In Argentina, Brazil, Columbia, Germany and Spain, courts have determined that it is unconstitutional to outlaw personal use or possession.

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*All data except Current Use chart from Instituto da Droga e da Toxicodependencia 2009.

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"The first legally sanctioned DCR was established in Berne, Switzerland in 1986 (Hämmig, 1992). During the 1990s DCRs were set up in other Swiss cities, the Netherlands and Germany; and from 2000 they were set up in Spain, Norway, Luxembourg, Australia (Sydney) and Canada (Vancouver) (Stöver, 1991; Klee, 1991; Eastus, 2000; Zurhold et al., 2001; Parliament of New South Wales, 1998; Health Canada, 2002). By the beginning of 2009 there were 92 operational DCRs in 61 cities, including in 16 cities in Germany, 30 cities in the Netherlands and 8 cities in Switzerland." (p. 305)

Hedrich, Dagmar. (February, 2004). "European report on drug consumption rooms." European Monitoring Centre for Drugs and Drug Addiction. Luxembourg: Office for Official Publications of the European Communities.

"The liberalisation of drug laws in Zurich has led to a massive fall in the number of new heroin users, according to a study published yesterday. Now Britain, which has the highest number of drug deaths in Europe, is being urged to follow suit." Source: Jeremy Laurance, "Heroin: The solution?" Health Editor, The Independent (UK), 02 June 2006; "The incidence of regular heroin use in the canton of Zurich started with about 80 new users in 1975, increased to 850 in 1990, and declined to 150 in 2002, and was thus reduced by 82%." **Source:** Carlos Nordt, Rudolf Stohler, "Incidence of heroin use in Zurich, Switzerland: a treatment case register analysis," Lancet 2006; 367: 1830-34, Psychiatric University Hospital, Militärstrasse, Zurich, Switzerland (correspondence to Carlos Nordt cnordt@bli.unizh.ch)

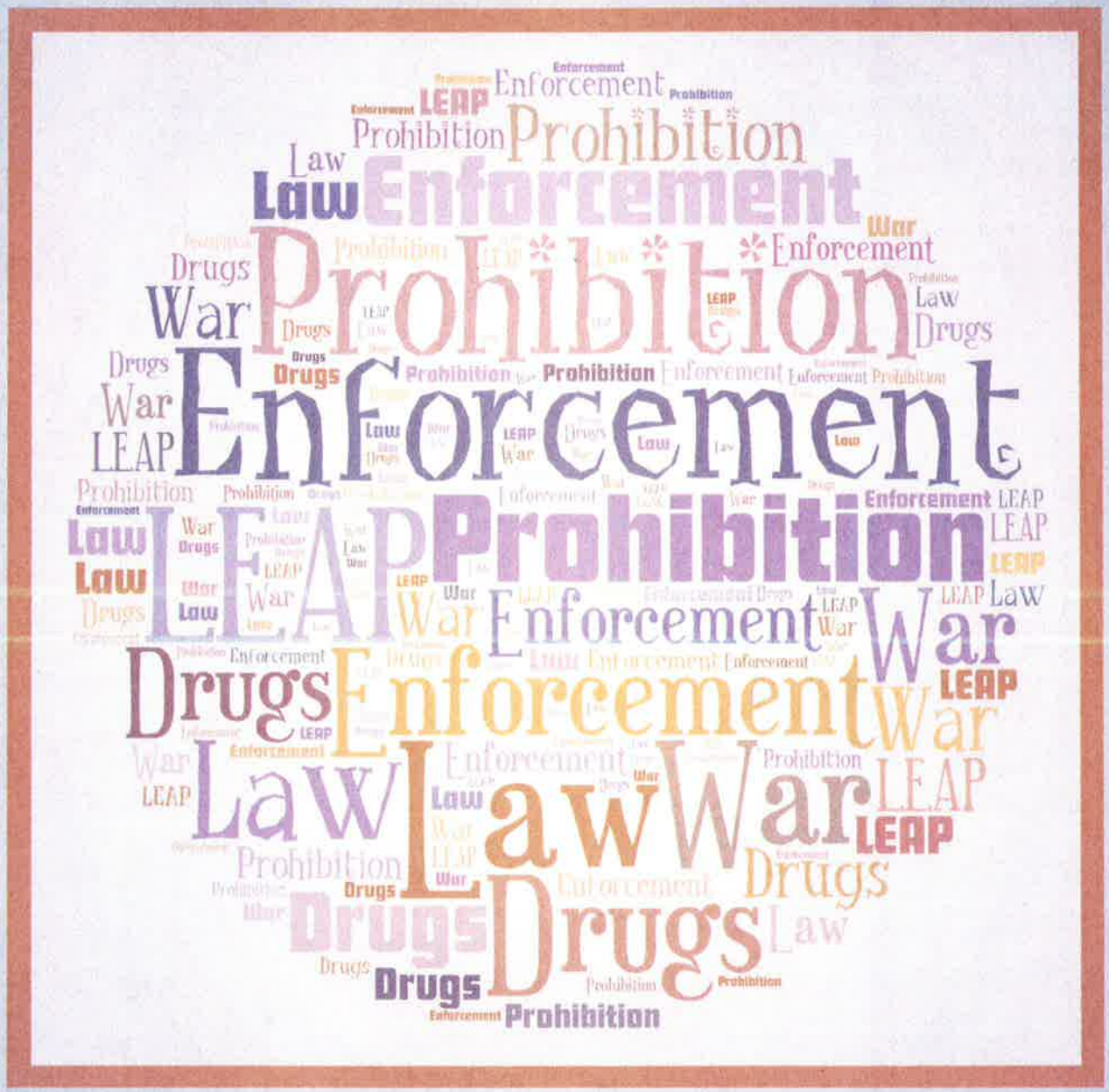
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See also, study published by the American Journal of Public Health and conducted by researchers at the University of Florida's College of Medicine, which culled data from the national Youth Risk Behavior Survey (YRBS) as reported in Youth Today, July 12, 2013, James Swift

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Acknowledgements

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Law Enforcement Against Prohibition

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After Prohibition

The "War on Drugs" hurts YOUR Business! This interesting piece should be read by *everyone*! The entire article follows my summary, immediately below. (I'm tellin' ya, don't settle for the summary; the article is fascinating, irrefutable, and so sadly true!-kra)

(1) You have fewer customers because the war on drugs reduces purchasing power. The domestic illegal drug business is a $300 BILLION+ market; every dollar thus spent is not available to buy your products or services.

(2) Your potential customers can't buy your products because the war on drugs has deprived them of credit. So true; after exhausting all cash, pawning valuable assets for "peanuts" to get more poison (drugs), the addict destroys his/her credit. With great shame and embarrassment I relate that I ran up more than $60,000.00 in credit card debt for this purpose – filed bankruptcy.

(3) Fewer customers walk by your door due to drug prohibition crime.Crime and disorder outside your doors drives potential customers away. Hard to pinpoint the dollar amount, but it is in the tens of BILLIONS. In every state, entire towns and neighborhoods are blighted.

(4) Your overhead is higher because insurance premiums and security cost more. Shoplifting, other drug related thefts, and related security costs are costing you a fortune in higher insurance premiums and expenses = more tens of BILLIONS of dollars.

(5) Your health insurance premiums are higher because prohibition does not protect public health. HIV and AIDS are the main culprits here. Add in trips to the ER and you see the cost reflected in *every* patient's bill! If you think addicts are getting any meaningful health treatment in America's prisons, you just don't know the sad facts – they are NOT!

(6). The housing business is further depressed and your real estate taxes are higher because of prohibition crime. Remember, drugs don't cause all the crime, prohibition causes crime! Alcohol did not create Al Capone, alcohol prohibition created Al Capone. Prohibition crime makes many neighborhoods unattractive to live in or to visit, which significantly depresses residential and commercial real estate values. Housing is frequently abandoned, and lenders won't issue mortgages on such properties.

(7) Your tax bill is higher because prohibition wastes taxes. This may be the understatement of the century. In the past 40 years America has wasted

more than ONE AND A HALF TRILLLION DOLLARS on the "War on Drugs"! Federal, state and local governments are spending at least $45 billion a year fighting the war on drugs; think what good could be done with such amounts! Politicians say "we need money for this", "we need money for that". Legalize, regulate and tax drugs, and THERE is all the money you need! This simply means responsible people making responsible decisions about drug availability, quality control, and sales, instead of the current mayhem because the business is controlled by violent criminals!

8. You pay more in interest and bank charges. To fight money laundering, the government requires that cash transactions of more than a trivial amount be subject to identification and reported to federal law enforcement. The number of financial transaction reports filed annually has grown from 8,000 in 1985 to over 17,100,000 in 2011 (16). It costs a bank, on average, $25 to prepare, file and audit each report. The annual cost to banks, just for filing these reports, is now at least $425 million, and those costs are, of course, passed on to YOU!

9. Some of your competitors have an unfair advantage because they help launder drug money. Restaurants, for example, are a $632 billion a year industry, involving tens of billions in cash each month. They are notorious money-laundering enterprises.

(10) The goods you sell cost you more to purchase. We buy hundreds of billions of dollars of imported goods annually. The inspection costs and delays, trying to interdict drugs, are astronomical.

(11) Prohibition crime creates long commutes and reduces your employees' productivity. crime that flows from drug prohibition devastates large sections of American cities and suburbs. Hundreds of thousands of attractive, well-built homes and apartments convenient to jobs and transit are in neighborhoods considered too dangerous by millions of American families. Affordable housing is often many miles away from jobs and convenient transit.

The Full Report: **Eleven Ways the War on Drugs is Hurting Your Business**

By Eric E. Sterling, J.D. (Embarrassed to say that although I know the myriad ways in which the "War on Drugs" has ruined our criminal justice system I had not thought of this ... but Eric did!)

Updated July 2013

Over the past five years, we have witnessed profound change in the U.S. and global economies. Who would have ever imagined that General Motors would go into bankruptcy and the government would take a one-third stake in its ownership? U.S. unemployment has been extraordinarily high. Key sectors of the economy such as housing have been knocked to the ground. Federal government indebtedness has skyrocketed. State and local government spending has cratered, resulting in extensive cuts in services, from public schools to police departments.

Every business knows that its survival could be upended by a shock to oil prices, the unavailability of credit, or a hit to the economy of Europe or China. Every investor is desperate to protect their portfolio against loss, and struggles to obtain a return on investment greater than inflation. The economic impact of public policy dominates every contest, from county sheriff to President, from U.S. Senator to town councillor.

Yet one public policy with profound impacts on business and the economy is rarely evaluated: drug prohibition policy. If you have a retirement account or own property, drug policy makes those assets less valuable. If you simply work for a profit-making business, chances are the size of any raise you might get is smaller because of drug prohibition. The text below explains how drug prohibition shrinks your customer base, increases your taxes, creates crime, raises your costs and reduces your profits. Around the world, government leaders, ordinary citizens, and business leaders are now questioning the effectiveness, the merit, and the wisdom of continuing the war on drugs.

(1) You have fewer customers because the war on drugs reduces purchasing power.

Over the last twenty years, more than seven million Americans received felony convictions for possessing drugs or selling them. Tens of millions of others have criminal records for arrests or misdemeanor drug convictions. Many of these people are drug-free, but struggle to find a job and a regular paycheck. Ex-felons are rarely hired for responsible jobs – typically they are underemployed, if employed at all. Tens of millions of potential customers can't buy what you are trying to sell. Our prison population has grown by two million persons over forty years. People in prison don't buy Fords or Chevrolets. Japan and Germany do not hurt *their* domestic motor vehicle markets by filling their prisons with young people, drug offenders, or substance abusers.

(2) Your potential customers can't buy your products because the war on drugs has deprived them of credit.

Typically, one-third of your customers use a credit card at the cash register (1, *please go to www.cjpf.org/CitationsFor11Ways for citations*). Ex-felons' applications for credit

are often rejected, even if they have regular jobs. In many neighborhoods, a significant fraction of the men and women walking by your door can't buy your goods or order your goods and services by Internet or telephone.

The average American left about $3,389 unpaid on their credit card each month in 2010 (2). With more than seven million ex-drug felons without credit cards, drug prohibition enforcement has shrunk the market for goods and services by about $23.7 billion.

(3) Fewer customers walk by your door due to drug prohibition crime.

If you are a retailer, you depend on foot traffic. Crime and disorder outside your doors drives potential customers away. Fortunately, crime rates have gone down in much of America, but the salient fact of the war on drugs is that it causes crime among competing sellers, crime as thieves attempt to rob drug dealers, and crime that is committed by compulsive users to get the money to buy their drugs.

The goal of drug prohibition is not to control drugs or drug using behavior but to make drugs scarce, and thus drive up the price. The illegal drug business is enormous – as high as $121 billion in annual retail sales in America (3).

Drug dealers have enormous amounts of cash to protect, but they can't hire licensed security firms or off-duty police – they need criminals willing to use violence to repel robbers. Ordinary business disputes are resolved by litigation or mediation but within the illegal drug business the many inevitable conflicts are not resolved in court, but with violence.

In 2004, 17% of state prisoners and 18% of federal inmates said they committed the offense they are in prison for in order to obtain money for drugs (4). The crime of some drug users – if they are in your neighborhood – frightens away your customers. Your customers' cars are broken into when parked outside your stores. Your customers may fear robbery coming to your stores. On the sidewalks of many urban commercial districts, drug-using criminals fence stolen property, hawk counterfeit goods, and solicit customers for sex.

(4) Your overhead is higher because insurance premiums and security cost more.

Every business needs property and loss insurance. Losses from shoplifting were estimated at $11.7 billion in 2009, according to the National Retail Security Survey. In 2009, total retail losses cost retailers $33.5 billion. Total overall victim losses from all property crimes excluding arson totaled $15.7 billion in 2010, according to the FBI. Even if your business was not a victim last year, those losses translate into higher insurance premiums for you. And to prevent crime against your business, you pay for security personnel, equipment and services.

An estimated one-half of people in prison have suffered from drug abuse or dependence (5). If drugs were legal and controlled and addicts had better access to treatment, maintenance, and harm reduction services, addicts would not be driven to crime. Switzerland, using Heroin Maintenance Therapy (HMT) since 1994, reduced serious crime by each addict in HMT by fifty to ninety percent, depending upon the crime (6).

(5) Your health insurance premiums are higher because prohibition does not protect public health.

One of the major costs to American business is the contribution to the health insurance premiums of their employees.

Conditions or policies that aggravate health problems raise health costs, and health insurance premiums. Drug prohibition not only makes the drugs illegal, it puts drug users outside the law. Doctors and nurses distrust illegal drug users. Drug addicts frequently try to obtain drugs by fraud. Doctors and nurses are prosecuted for prescribing narcotics to drug users. Thus when drug users present themselves for treatment of legitimate medical conditions, they are rejected. Their untreated medical problems become major, expensive problems we all pay for.

The White House estimated that the healthcare cost of substance abuse was $11 billion in 2007 (7). President Obama's Fiscal Year 2013 budget has requested $15.6 billion for medical care of persons with HIV an AIDS). The sharing of syringes by people who inject drugs has contributed to about a quarter of the cumulative number of AIDS diagnoses in the U.S. from the beginning of the epidemic until 2009 (9). Needles are shared because possessing a needle (drug paraphernalia) is a crime.

Needle sharing is prevented by providing new needles to injecting drug users in exchange for used ones. Thorough research has demonstrated syringe exchanges reduce the spread of HIV. This intervention has been recommended by the U.S. Public Health Service and the Centers for Disease Control and Prevention. However, members of Congress who are strident anti-drug legislators have blocked federal funding for syringe exchange programs to stem HIV infection. They say it "sends the wrong message," even though extensive research has established that promotion of sterile syringe use does not increase drug use. This disregard for public health raises your cost of doing business.

(6) The housing business is further depressed and your real estate taxes are higher because of prohibition crime.

Prohibition crime makes many neighborhoods unattractive to live in or to visit, which significantly depresses residential and commercial real estate values. Housing is frequently abandoned, and lenders won't issue mortgages on such properties.

Abandoned properties in high crime neighborhoods with drive-by drug markets don't pay any real estate taxes. Investment to redevelop properties is deterred. Even occupied buildings become undervalued. Overall, the real estate tax base for the city is depressed and your tax expense for municipal services is higher. Ending drug-prohibition-crime helps increase property values. A10% decrease in property crime adds about 1.7% to the selling price of homes (10).

(7) Your tax bill is higher because prohibition wastes taxes

Federal, state and local governments are spending at least $45 billion a year fighting the war on drugs (11). Over the past forty years, this spending has wasted over one trillion dollars, while drug abuse is worse (12):

*High school kids reported in 2011 that heroin and other narcotics are easier to obtain now than in the 1970s and 1980s (13).

* Drug overdose rates in America are higher than ever. The number of persons who die from drugs is five times higher than the rate in 1990 (14).

* Heroin and cocaine have continued to become cheaper and purer over the past 28 years.

Heroin is about 10 times more pure at retail than in 1980 (15).

(8) You pay more in interest and bank charges.

Illegal drug sales are cash transactions. Laundering $5 billion in cash each month is an enormous task. Money launderers convert cash into monetary instruments and conceal the criminal origin and control of the assets.

To fight money laundering, the government requires that cash transactions of more than a trivial amount be subject to identification and reported to federal law enforcement. The number of financial transaction reports filed annually has grown from 8,000 in 1985 to over 17,100,000 in 2011 (16). It costs a bank, on average, $25 to prepare, file and audit each report. The annual cost to banks, just for filing these reports, is now at least $425 million.

(9) Some of your competitors have an unfair advantage because they help launder drug money (17).

To launder drug money, drug traffickers need business allies to move cash into and through the financial system. High volume cash businesses are ideal to hide drug money (18). Restaurants, for example, are a $632 billion a year industry (19), involving tens of billions in cash each month. Banks expect restaurants to make large cash deposits daily. Restaurants can launder money by including in their daily deposits the cash from drug sales. This gets drug money into the monetary system.

Money laundering restaurants do not need to make a profit on the meals they sell, because selling meals is not their only business. Businesses that launder money can charge less than you do, take your customers, weaken your revenues, and make it harder for you to make a profit.

Your business may have a line of credit to finance your inventory. You probably took loans to open your business. You probably have to pay on loans and a mortgage every month. You can't escape that "nut." But some of your competitors never have to worry about their debt.

Businesses financed with laundered funds create the illusion that they were financed with legitimate funds. The drug traffickers' goal is to operate apparently legitimate businesses that generate for them a "visible means of support," enabling them to pay taxes and avoid suspicion. Overseas, widespread drug money laundering increases competitive pressure on American businesses.

Many money laundering businesses would fail if they were legitimate businesses, but subsidized with drug cash, they continue to compete with you.

(10) The goods you sell cost you more to purchase.

Americans buy $230 billion in goods imported from abroad (20). All these products must pass Customs inspection, along with the thousands of tons of heroin, cocaine, methamphetamine, ecstasy and marijuana that are hidden in legitimate articles as they are smuggled across our borders. A major element of the national anti-drug strategy is to "interdict" the flow of drugs from abroad. Imported goods are delayed to be searched to detect the presence of drugs. Time is money. Perishable goods such as meat, dairy products, vegetables and flowers delayed too long become worthless. Every time your perishable products are lost, your higher prices lose business and your customers subsidize the ineffective anti-drug interdiction effort.

(11) Prohibition crime creates long commutes and reduces your employees' productivity.

The crime that flows from drug prohibition devastates large sections of American cities and suburbs. Hundreds of thousands of attractive, well-built homes and apartments

convenient to jobs and transit are in neighborhoods considered too dangerous by millions of American families. Affordable housing is often many miles away from jobs and convenient transit.

Long commutes exhaust and frustrate your employees. Parents working far from their children are anxious should they fall sick. Parents rush to pick up children in after-school programs, or to get home for dinner. Resultant anxiety increases stress, and reduces creativity and productivity. (And such long commutes drive up the price of gasoline, contribute to global warming, and increase long-term economic costs.)

Conclusion

The unanticipated consequences of drug prohibition cost hundreds of billions of dollars in losses annually. Prohibition is economically illogical because its objective to make drugs ever-more expensive continually draws more people to seek the ever-higher profits it creates. The failure to tax the estimated $121 billion of drug trafficker revenues amounts to a federal subsidy of organized crime of about $42 billion annually -- much more than the cost of the U.S. Justice Department.

The Business Council for Prosperity and Safety wants to increase profits for American investors and create safe neighborhoods for our families, employees, and customers. The Business Council is working to reduce crime, to reduce the harm from drugs, and to reduce unnecessary taxes by controlling drugs with a sensible regulatory system.

The American system of private enterprise balances incentives and regulatory tools that rely upon the rule of law. Those tools – legal markets, courts, insurance, professional ethics, licensing, regulation, and proper taxation – work for every aspect of the American economy. It is time to use these tools to take the profits of the drug trade away from organized crime and street dealers in order to protect public safety and control drugs.

American businesses manufacture and distribute an infinite array of products without violence or corruption while making a reasonable profit. We can apply the American way of business – the most widely admired in the world – to control the distribution and use of drugs while protecting public safety and health.

(Great job, Eric! Ken Abraham, also "J.D.", and President of Citizens for Criminal Justice)

LEAP (Law Enforcement Against Prohibition – over 100,000 law enforcement officers and prosecutors who see that drug abuse is bad, the "War on Drugs" is worse):

Law Enforcement Against Prohibition

info@leap.cc www.leap.cc (781) 393-6985

Criminal Justice Professionals
Speaking Out
Against the "War on Drugs"

The membership of LEAP believe that to save lives and reduce disease, crime and addiction, as well as to conserve tax dollars, we must end drug prohibition.

A system of regulation and control is far more ethical and effective than one of prohibition.

COPS SAY

LEGALIZE DRUGS

ASK US WHY

LAW ENFORCEMENT AGAINST PROHIBITION

Founded in 2002 by five cops, Law Enforcement Against Prohibition (LEAP) is run and represented solely by those who fought on the front lines of the "war on drugs" and who know firsthand that prohibition only worsens drug addiction and street violence.

Today, LEAP has grown into an organization of 80,000 supporters, including police, prosecutors, judges, FBI/DEA agents, corrections officials, military personnel and civilians. LEAP's members in 90 countries have helped to put a credible face on the modern anti-prohibition movement by giving presentations to civic groups, public officials, members of the media and others.

Contact information

Headquarters: (301) 565-0807
MA Office: (781) 393-6985
Web site: www.CopsSayLegalizeDrugs.com
e-mail: **info@leap.cc**

WHAT CAN LEAP DO FOR YOU?

We support and inform **law enforcers** struggling with the disastrous effects of prohibition. We can help you to safely and effectively advocate drug policy reform. Even if you are not ready to speak out, the fellowship and information provided by LEAP will provide you with support and camaraderie. You are **not** alone.

LEAP can provide **concerned citizens** with knowledgeable and credible speakers for any educational, professional, civic, benevolent, or religious organization. LEAP can also supply information, outreach tools, and strategies that can help you educate your fellow citizens about the damage done by prohibition.

LEAP can provide **legislators** with knowledgeable and articulate former drug warriors to testify before committees and forums, offering honest assessments of U.S. drug-war policies from people who are no longer paid to implement those policies. LEAP can be your best information resource for changing our failed drug policies.

WHAT CAN YOU DO FOR LEAP?

Please Join Us!

Law enforcers: If you wish to speak out about better drug policies, we can provide you with important venues. You may also join us as an active non-speaking member or, if you prefer, you may remain anonymous. No matter what level of involvement you choose, you will be part of a rapidly growing, influential group whose voices and numbers cannot be ignored.

Concerned citizens: Although only law enforcers can be LEAP speakers, anyone can join us. You can also help by donating money or services. Many important volunteer jobs must be done, and we cannot succeed without you.

Legislators: LEAP speakers can show how ending prohibition will reduce death, disease, crime and addiction while saving your constituents billions of their tax dollars.

Supporter Form

I believe that legalized regulation of all drugs will reduce death, disease, crime, and addiction, while lessening the drain of tax revenues caused by the "War on Drugs." I want to join LEAP.

NAME: _____

ADDRESS: _____

CITY: _____

STATE/PROV: _____ COUNTRY:_____

ZIP/POSTAL CODE: _____

PHONE _____

EMAIL _____

Where did you hear about LEAP?

_____

If you have a law enforcement background:
What is or was your role in law enforcement?
(circle all that apply)

Police Corrections Judge Prosecutor
Other_____

Are you interested in speaking for LEAP?
Yes / No

If you are a private citizen (i.e., no law enforcement background):
Would you like to volunteer? Yes / No

Would you like to donate to LEAP? Yes / No

LEAP is a 501(C)3 nonprofit organization

Send tax deductible donations to

LEAP Education Fund
121 Mystic Avenue, Suites 7-9
Medford, MA 02155

LEAP's MISSION

To prevent the multitude of unintended harmful consequences resulting from fighting the war on drugs, and to reduce the incidence of death, disease, crime, and addiction by ending drug prohibition.

LEAP's Goals

(1) Educate the public, the media, and policymakers about the failure of current drug policy by presenting a true picture of the history, causes and effects of drug abuse and of the crimes related to drug prohibition.

(2) Restore the public's respect for law enforcement.

LEAP's Strategy

Create a speakers bureau of knowledgeable and articulate former drug warriors who describe the impact of current drug policies on:

- Police and community relations
- The safety of law enforcement officers and suspects
- Police corruption and misconduct
- Creating and financing crime and terrorism
- Treatment and prevention of drug abuse

ACTION FORM

PROCEEDING: Legislative, Finance & Administration Committee	**AGENDA ITEM NO.:**
DEPARTMENT OF ORIGIN: Finance	**DATE**: 06/23/14
PREPARED BY: Donna Mitchell, Controller/Treasurer	
SUBJECT: Downtown Dover Partnership – Loan Guarantee, City of Dover	
APPROVALS: Committee & Council	
EXPENDITURE REQUIRED: N/A	**AMOUNT BUDGETED**: N/A
FUNDING SOURCE (Dept./Page in CIP & Budget): Loan Payments to be paid from tenant lease payments	
TIMETABLE: Upon approval	
RECOMMENDED ACTION: Extension of the Downtown Dover Partnership loan guarantee with PNC Bank through March 1, 2017.	

BACKGROUND AND ANALYSIS

The Downtown Dover Partnership has negotiated new terms for the PNC Loan collateralized by real estate on Governors Avenue (old "Acme" Property). City Council provided the City's guarantee on the loan in March 2008. The guarantee was extended for one year effective July 1, 2013.

PNC is requesting continuation of the City's guarantee through the term of the loan. The reason for this request is a) LTV greater than 80% and b) Marketability of the "Acme" property, value and strength of tenants and lease stream. The bank has agreed to extend the "Acme" loan to March 1, 2017 and begin amortizing the loan based on a 20 year amortization.

ACTION FORM

PROCEEDING: Legislative, Finance & Administration Committee	**AGENDA ITEM NO.:**
DEPARTMENT OF ORIGIN: Finance	**DATE**: 06/23/14
PREPARED BY: Donna Mitchell, Controller/Treasurer	
SUBJECT: Net proceeds from sale of real estate	
APPROVALS: Committee & Council	
EXHIBITS:	
EXPENDITURE REQUIRED: N/A	**AMOUNT BUDGETED**: N/A
FUNDING SOURCE (Dept./Page in CIP & Budget): Loan Payments to be paid from tenant lease payments	
TIMETABLE: Upon approval	
RECOMMENDED ACTION: Net proceeds from the sale of governmental fund real estate will be credited to the Capital Asset Reserve for future capital projects.	

BACKGROUND AND ANALYSIS

The City Council approved the sale of Garrison Oak Technical Park Lot 12 (10.684 acres) for $1,000 per acre in accordance with the City's economic development goals. The City netted $10,623 from the sale of Lot 12 as follows:

Contract Sales Price	$10,864.00
Seller Settlement Charges	(241.00)
Net Proceeds	$10,623.00

The current City real estate disposition policy does not specify which account the net proceeds are credited to. Staff's recommendation is to credit the Capital Asset Reserve and develop a formal policy for future transactions.

The GAAP accounting for this transaction will require recordation of a $44,140.65 loss on sale of fixed assets. The purchase of the Garrison Oak Technical Park was completed with an award of a $2 million grant receipt from the State of Delaware. The City recorded the purchase of the land (381.8425 acres) at $1,933,277.16 or $5,063.02 per acre.

Discussion Draft

Proposed Financial Reforms

Councilman Tim Slavin, At-Large

For Discussion at June 11, 2014 Budget Hearing

Public Safety Fund

1. A Public Safety Fund will be created. It will be comprised of all costs associated with Police, Fire, and Ambulance services.

2. Revenue to the Public Safety Fund shall include all monies included in the revenue categories of Fines and Police Revenue, Police Extra Duty, Civil Traffic Penalties, Property Tax, and grants related to these functions.

3. Expenses against the Public Safety Fund shall include all monies included in the expense categories of Life Safety, Police, Police Extra Duty, and Fire.

4. The entire amount of funds received from the revenue category of Property Tax will be dedicated to the Public Safety Fund.

5. It is stated policy of City Council that the City shall have a goal of covering 100% of the costs for the Public Safety Fund with the revenue categories of Fines and Police Revenue, Police Extra Duty, Civil Traffic Penalties, Property Tax, and grants by FY 25.

Compensation Policies

6. Council will not authorize pay raises, bonuses, or other forms of compensation in consecutive fiscal years for any City employee, including Council appointees. A two-thirds vote of Council is required to authorize an exception to this policy.

7. Council will not authorize more than 1% compensation increases (which shall include the total of salary, bonus, and other forms of compensation) for any one fiscal year. A two-thirds vote of Council is required to authorize an exception to this policy.

8. Council will not authorize any compensation package with a bargaining unit which results in a total compensation increase of more than 2.5% in any three-year period. A two-thirds vote of Council is required to authorize an exception to this policy.

Property Tax Governance

9. Council shall not raise the property tax rate more than 9.5% without first holding a referendum on the proposed tax increase. This provision shall not apply in those years when a revenue-neutral adjustment to the tax rate is required because of property revaluation.

10. Council shall not raise the property tax rate more than 9.5% without two separate votes of a two-thirds majority vote of Council, with the requirement that a municipal election occur between the first and second vote. This provision shall not apply in those years when a revenue-neutral adjustment to the tax rate is required because of property revaluation.

Restrictions on uses of Appropriations

11. Funds appropriated for personnel expenses shall be restricted to use as personnel expenses.

12. Funds appropriated as capital expenses shall be restricted to use as capital expenses.

13. Funds appropriated as operating expenses shall be restricted to use as operating expenses.

14. All requests for additional personnel shall be accompanied with a five-year estimate on the costs of such position, including salaries and other employment costs (OECs).