The Call

By: Law Enforcement Against Prohibition [LEAP]

We have chosen to work in challenging professions. We comfort and confront people at their most vulnerable; their most grateful, their most threatening. We work with people on physical, emotional and spiritual matters in times of crisis, often with life and death implications. And nowhere is that vulnerability more powerfully realized than in the area of drugs and drug policy.

We are law enforcers, doctors and clergy; front line witnesses to the impacts of both those drugs and those policies.

And we have changed our minds.

Not about the obvious dangers and seductions of drugs, but about the insidious dangers and seductions of our approach to them—our drug policies.

Our century-old approach is punitive; it demonizes people and chemicals while unleashing the violence, disease, spiritual and family disintegration that we see daily in our work. But it has become unavoidably clear to us that our drug policies are the motivating engine behind so many of those problems—far more powerfully than the drugs themselves, none of which are harmless.

As law enforcement professionals, we see non-violent people burdened with hope-destroying criminal records. As medical professionals, we feel the state intervene in our private interactions with those suffering from chemical dependency, making it even harder for them to manage, let alone transcend those addictions. And as clergy, we see the concept of immorality distorted so that good people with hedonist tendencies or dependencies were stigmatized beyond redemption.

From very different professions and experiences, we have begun a journey of discovery and collaboration which fundamentally questions that century old approach. We have too much in common to speak in isolation. It is time to share that journey with each other and with the world.

Law Enforcement Against Prohibition is an international 501(c) 3 nonprofit organization of criminal justice professionals who bear personal witness to the wasteful futility and harms of our current drug policies.