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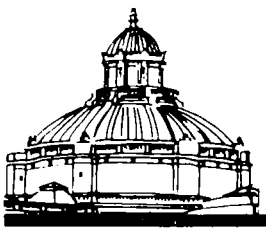
88-86 SPR

CRS REPORT FOR CONGRESS

HEROIN: LEGALIZATION FOR MEDICAL USE



Blanchard Randall IV
Analyst in Social Sciences
Science Policy Research Division
July 24, 1984
Updated January 28, 1988

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ABSTRACT

The limited legalization of diacetylmorphine (heroin) for use in the medical treatment of intractable pain is discussed in this CRS report which presents pros and cons on the issue as well as information on pending legislation. The paper also provides a comparison of heroin's analgesic qualities to those of currently available and equivalent pharmaceutical alternatives.

HEROIN: LEGALIZATION FOR MEDICAL USE

Over the past few years a great deal of attention has focused on the emotionally charged issue of whether heroin should be legalized for medical purposes, especially for the terminally ill suffering from intractable pain. Heroin, an opiate derivative, is subject to control under Schedule I of the Controlled Substances Act (Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970). Drugs placed in Schedule I meet the following criteria: (1) the drug or other substance has a high potential for abuse; (2) the drug or other substance has no currently accepted medical use in treatment in the United States; and (3) there is a lack of accepted safety for use of the drug or substance under medical supervision. Proponents of the legalization of heroin (i.e., having heroin rescheduled, probably down to Schedule II) most often argue that, contrary to the second scheduling requirement of Schedule I (no currently accepted medical use), the substance does have a place of benefit in our armamentarium of drugs to relieve pain.

The principal argument in favor of the use of heroin as an analgesic is that it is more potent and therefore can be administered in smaller doses than most other narcotic analgesics, including morphine. This may be true for early effects in that heroin passes the blood-brain barrier more rapidly than does morphine. However, once in the bloodstream, heroin is then rapidly converted to morphine in the body and acts thereafter as morphine does in pain

control.[1] Further research may uncover subjective or heretofore unknown benefits that may alter this explanation of heroin's mechanism of action.

The following arguments have been made against a change in Federal law to permit the use of heroin to control pain:

1. On an international level, the United States is party to the 1961 Single Convention on Narcotic Drugs, which restricts the use of opium and its derivatives, including heroin.
2. The United States is also party to a World Health Organization agreement, (WHO Assembly Resolution No. 14), to discontinue the medical use of heroin because of its addiction-producing qualities, and because other, less harmful drugs are available for such medical purposes.
3. The action of morphine in larger doses is generally equivalent to that of heroin and in either case dosage must be below that which would produce respiratory arrest.
4. Narcotics control authorities do not want addictive heroin to be legalized for medical use in the United States as this would require careful surveillance in lockup cabinets in American hospitals.
5. Drugs many times more potent than heroin or morphine are being developed for pain control, the attention being focused on decreased tolerance and on an acceptable level of safety and effectiveness.
6. In some cases, the better solution to terminal intractable pain is a cordotomy, a procedure performed by a neurosurgeon in which the appropriate pain nerve is severed.

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[1] Jaffe, Jerome H., and William R. Martin. In Goodman and Gilman, The Pharmacological Basis of Therapeutics [7th ed.]. New York, MacMillian, 1985. p. 506.

In order to determine the possible value of heroin compared to other powerful analgesics, the U.S. Government has supported controlled studies conducted by researchers at the Vincent T. Lombardi Cancer Research Center of Georgetown University in Washington, D.C., and the Memorial Sloan-Kettering Cancer Center in New York. The Sloan-Kettering study was designed to determine the relative potency of intramuscular heroin and morphine in cancer patients with postoperative pain.[2] The investigators reported the following conclusions:

(a) heroin was about twice as potent as morphine;

(b) heroin provided an analgesic peak effect earlier than morphine;

(c) doses with equal analgesic effects provided comparable improvements in various elements of mood;

(d) peak mood improvement occurred earlier after administration of heroin;

(e) both analgesic and mood improvement were less sustained after heroin administration at doses providing equal peak analgesic effects;

(f) sleepiness was the most frequent side effect after both drugs; and

(g) heroin has no unique advantages or disadvantages for the relief of pain in patients with cancer.[3]

The Sloan-Kettering study has been criticized because it was carried out with cancer patients who were experiencing pain following surgery rather than terminally ill patients suffering from pain.[4] By comparison, the Georgetown

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[2] Kaiko, Robert F., et al. Analgesic and Mood Effects of Heroin and Morphine in Cancer Patients with Postoperative Pain. The New England Journal of Medicine, v. 304, June 18, 1981. p. 1501-5.

[3] Ibid., (research article abstract).

[4] Quattlebaum, Judith H. Letter to the Editor. The Washington Post, July 3, 1981. p. A30.

University study was conducted with terminally ill patients with moderate and severe pain. The medical team at Georgetown also found morphine and heroin to be equally effective, but they noted that heroin, having greater potency and solubility, would be very useful in treating patients who have developed a high level of tolerance to other drugs.[5]

From a pharmacological standpoint, it appears that heroin has no analgesic superiority over morphine or even some other powerful narcotics such as hydromorphine (Dilaudid) or methadone (Dolophine, etc.). In addition, the Food and Drug Administration on January 11, 1984, approved a high potency formulation of hydromorphone named Dilaudid HP. FDA noted in its press release that the drug "will provide pain relief as great as can be obtained with any other narcotic, including heroin, and can be delivered in a very small volume."

The policy question that remains is whether or not heroin should be rescheduled as a controlled substance, and be made available along with other opiate analgesics to treat intractable pain, especially pain so often encountered by patients with terminal illnesses such as cancer. During the 1981 annual meeting of the American Medical Association, the AMA House of Delegates adopted the following resolution:

> Resolved, that the American Medical Association endorsed the principle that the management of pain relief in terminal cancer patients should be a medical decision and should take priority over concerns about drug dependence.[6]

Although this resolution avoided mentioning any specific drugs for pain relief, heroin or otherwise, it coincided with various legislative initiatives related to the use of heroin for pain that have been introduced in the recent

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[5] Personal communication with Dr. William Beaver. Department of Oncology, Georgetown University, July 7, 1981.

[6] Resolution introduced by Dr. Roger J. Smith, Delegate, American Psychiatric Association, and adopted by the American Medical Association, June 9, 1981, during their annual meeting.

Congresses. In the 96th and 97th Congresses, Representative Edward Madigan introduced legislation to authorize the use of heroin for terminally ill cancer patients, and a hearing was held by the House Committee on Interstate and Foreign Commerce, Subcommittee on Health and the Environment on September 4, 1980. Similar legislation was introduced by Representative Henry Waxman in the 97th Congress and referred to the House Committee on Energy and Commerce. Although the language of the two bills differed, the intent of each was to amend the appropriate statutes to permit the dispensing of heroin for pain relief only to individuals with terminal cancer. Senator Daniel K. Inouye also introduced a bill in the 97th Congress that would amend the Controlled Substances Act and direct the Secretary of Health and Human Services to establish a temporary heroin program under which confiscated heroin would be made available to pharmacies of qualified hospitals for dispensing to cancer patients for the relief of pain. The bill was referred to the Committee on Labor and Human Resources, and requests for executive comment were sought from the Department of Health and Human Services and the Office on Management and Budget.

In the 98th Congress, three bills were introduced in an effort to make heroin available under limited circumstances. On January 26, 1983, Senator Inouye reintroduced his legislation (S. 209) from the previous Congress. On February 6, 1984, Representative Waxman introduced H.R. 4762 which would direct the Secretary (DHHS) to establish a 60-month program under which heroin would be made available by prescription through qualified pharmacies. Hearings on Representative Waxman's proposal were held on March 8, 1984, by the Committee on Energy and Commerce, Subcommittee on Health and the Environment.

During mark-up sessions, a number of significant changes were made to the language of H.R. 4762. Under a temporary program established by the Secretary of the Department of Health and Human Services (DHHS), diacetylmorphine

(heroin) would be made available to "hospital and hospice pharmacies" rather than pharmacies in general. The drug could only be prescribed to individuals "considered to have terminal cancer if there is histological evidence of a malignancy in the individual and the individual's cancer is generally recognized as a cancer with a high and predictable mortality." The termination date of the program was shortened from 60 to 48 months. Additionally, the Secretary would be required to submit a report to the Congress specifying: 1) the extent of research activities in the management of pain which have received funds through the National Institutes of Health, 2) the ways in which the Federal Government supports the training of health personnel in pain management, and 3) recommendations for expanding and improving the training of health personnel in pain management. The amended legislation (H.R. 5290) was reported to the House (H. Rept. 98-689) from the Committee on Energy and Commerce on April 12, 1984.

The Compassionate Pain Relief Act was brought to the House floor on September 19, 1984, and was subsequently defeated by a vote of 355 to 55. At the time it was speculated that a measure labeled as a "heroin legalization bill" could not be passed in an election year. During the 99th Congress the same legislation was reintroduced (S. 70 and H.R. 1597) but no consideration was given to either bill.

To date, in the 100th Congress, S. 143 and H.R. 1470 have been introduced to establish a temporary program under which diacetylmorphine (heroin) could be used in a limited fashion to treat terminal cancer patients. At this point, it is not clear what the future holds in store for this legislation. The concept of allowing the use of heroin, on a limited basis, to treat patients suffering from intractable pain is more than a decade old. New pain control techniques have been established during this time. New, extremely powerful, pain relieving drugs have been developed coupled with unique delivery systems.

While few would disagree that heroin, like other opiates, has pain relieving ability, others might argue that it no longer rivals more modern methods of pain management.

Drug legalization

Read | Jose

February 22, 1993

Ms. Carol Hampton Rasco
Domestic Policy Advisor
The White House
1600 Pennsylvania Ave., N.W.
Washington, DC 20500

Dear Ms. Rasco:

While the subject of this correspondence may not fall particularly under your area of responsibility, in a sense, it does, in that thousands of American families are suffering extreme hardship due to the "lock 'em up" policies of the Reagan-Bush era. Knowing of your close association with both President and Mrs. Clinton, I hope you will channel these views to one or both of them.

Since literally thousands of letters pour into the White House from Americans every week, there seems to be little chance for one to get the details of specific need before the president or people who matter. However, since the next four years of my life depend on President Clinton's changing existing policies under which I am now condemned, I am compelled to pursue every possible avenue to reach him. Therefore, I hope you can appreciate and understand the spirit from which this effort is initiated.

I know that the plight of federal inmates does not top the list of Clinton Administration priorities, but I think that fairness and justice does, and neither are being served here. Surely, freedom and liberty do as well, but these qualities of being are only hopes and dreams for us. I am certain the federal deficit matters; the high cost of keeping people in prison - who, from the standpoint of protecting society, do not need to be imprisoned and could be placed in far more humane and effective alternative community programs for a fraction of the cost - is certainly worth addressing.

In particular, we who are marijuana prisoners of war plead for relief. The president, the vice president, members of the cabinet, the Congress, the Supreme Court and tens of millions of Americans have used marijuana and should recognize from personal experience that our government is wrong to put its people in prison for violations of prohibition laws. Please! Our lives are wasting away for no redeeming or worthwhile purpose. It would be the epitome of unfairness, injustice, and, even, hypocrisy for the Clinton Administration to keep us in prison. Please help us!

I respectfully request that you forward this letter or in some meaningful way put forth these views to the president or any other appropriate people who can facilitate change. I thank you and my family thanks you for doing so.

I remain, a prisoner of the war, awaiting your reply,

Very truly yours,

Fred Cole

Inmate Leonard Frederick Cole, Jr.
12293-074, Birmingham C
Federal Prison Camp
Maxwell Air Force Base, Alabama 36112

Enclosures - Letter to Bill Clinton
Details article, "Higher Ground"

P.S. While there are literally thousands of articles written which support changing the manner by which we address the issue of marijuana in our society today, the enclosed article from the February 1993 issue of Details magazine does a good job of making many of the main points, and is enclosed for your information.

Friday, January 22, 1993

President Bill Clinton
The White House
1600 Pennsylvania Ave., N.W.
Washington, DC 20500

Dear President Clinton:

Throughout the morning of Inauguration Day, I eagerly looked forward to my lunch hour at 11:30 a.m.; however, on this historic day I would forego eating in hopes of watching you take the oath as 42nd President of the United States. As soon as I arrived back at camp, I went to the unit office to ask my counselor for permission to watch the ceremony.

"I don't know," she replied. "I'll think about it, and if I feel like turning it on, I will. There is no reason for you to want to watch that man anyway. He's just like all the rest of them. He doesn't care about you."

My hopes were dashed. My enthusiasm was vanquished. I should have known better than to expect any consideration from her; however, this was so important to me that I decided to press my luck. "Should I go on and eat lunch, or should I wait in the TV room?" I tried to inquire of her.

"Did you hear what I said?" she demanded.

"Yes, ma'am. You said if you felt like turning it on, you would."

"Then we don't have anything else to talk about. Do we?"

"No, ma'am. We don't"

"Then, get out!"

This is the pervasive mentality with which I must contend on a daily basis; the attitude of people employed, presumably, to give me new direction yet epitomize a hollow sham. Fortunately, after numerous other requests, at 11:58 a.m., she turned on the television, and I watched - my heart overflowing with joy - as you became my president.

I write to you, on this day you have declared in national observation of friendship and hope, from an ever-growing part of Americana that has few voices to speak on its behalf. From here, it does sometimes seem as though nobody cares about our plight. But when I saw on the news the trace of tears streaking down your face during the morning prayer service on Inauguration Day, I knew then that you were not only a man of great political skill and intellect, but also a man with a sensitive heart of human feeling and compassion - all that is required to appreciate the injustice of my experience.

We are not that different, you and I - both created by the same God as sons of the South; both politically inclined children of the sixties; both like Fleetwood Mac and hate catfish; both believe in a place called Hope; both of us have smoked marijuana and both have still about four years to serve in our "terms." However, while you occupy the White House as president, I occupy a cubicle of bed space in a federal prison work camp as a non-violent first offender serving a five-year mandatory minimum sentence for having over 100 hardly viable marijuana seedlings three inches tall. The punishment, sir, does not fit the crime.

Mr. President, you have said, "I feel your pain," and having had a brother who served time on a drug-related offense, I expect you have, in fact, felt the pain that my family and I experience. Fortunately, Roger was sentenced prior to the implementation of the draconian drug sentences of today, otherwise, he would have most likely been down years longer than he was - years that clearly serve no good purpose.

Having a personal knowledge of our suffering, surely you will act to bring relief to the thousands in the community of non-violent first offenders. If "we don't have a person to waste," if "in this world and the world of tomorrow, we must go forward together or not at all," if we are pledged to "the reunion of America," then you must feel compelled to initiate our freedom. The time has come for a healing reconciliation, for a recognition that our government has been wrong to imprison thousands of non-violent first offenders, who from the standpoint of protecting society, do not need to be in prison. We are not the enemy!

During your campaign for the Presidency, you decried the "us vs. them" politics of division. "This is America," you said. "There is no 'them'; there is only 'us'." I encourage you to pursue more realistic solutions to this tragic and divisive fratricidal culture conflict we call war on drugs. More than a war on drugs, it has been a war against the American people, and the policy of locking everybody up in prison during the Reagan-Bush era is no longer financially or morally tenable. The price of a so-called victory - in terms of individual and constitutional liberties, national integrity, fairness and justice - is simply too high. What we are saying to you, Mr. President, is give peace a chance.

Since my days are otherwise so heavily anesthetized by the bitter experience of a prison existence, all I think about is tomorrow; all I dream about is a place called Hope and my reunion with America. The extreme punitive nature of penalties for drug offenses today are not indicative of America, but some perversion of what American is - treason against the very idea of what we are supposed to represent. As a candidate you said, "We want our future back, and I intend to help give it to you." We who are marijuana prisoners of war, non-violent first offenders, are claiming that promise; we want our freedom back! We want our freedom!

Because of the irrational, politicized excesses of current marijuana prohibition laws, I am condemned for a mandatory five years with no possibility of parole, for what in total amounted to no more than half an ounce of weed. Think about the insanity of that! When one considers the average prison sentence for a savings and loan criminal has been only 2.4 years, and the average murder sentence in this

country is only 6 1/2 years, my time is clearly disproportionate to my crime. Something has gone hideously amiss and needs to be made right. My hope that it will is strengthened by what your friend, David Leopoulos, has said of you: "He has one goal in life, and that's to make things fair and right."

"I want my administration to celebrate ideas from the first day to the last," you say, "and I want and need your ideas." Well if you want ideas for changing the prison system into a place of rehabilitation rather than a place of punishment and a breeding ground for recidivism, then send your people to the prisons for town hall meetings, excluding prison officials, whereby inmates will feel free to speak without fear of sanction. You saw the 1970's Robert Redford movie Brubaker where he went into the prison as an inmate to find out what was really going on before announcing he was actually the warden. Nobody knows better what's wrong with the prison system than the prisoners themselves.

For example, prefacing the Bureau of Prisons "Strategic Goals for 1993 and Beyond" is the BOP's "Cultural Anchors/Core Values," from which one title is "Recognizes the Dignity of All." It states: "Recognizing the inherent dignity of all human beings and their potential for change, the Bureau of Prisons treats inmates fairly and responsively and affords them opportunities for self-improvement to facilitate their successful re-entry into the community. The Bureau further recognizes that offenders are incarcerated as punishment, not for punishment."

These high-minded words form the soul of a deceptive and blatant lie upon which the federal system is built. At the institution level there is not a shred of truth to this hypocrisy. In practice, the exact opposite is true. For instance, I could be punished - not officially, mind you - for writing you this letter. Inmates are subjected to a continual flow of verbal and emotional abuse; a concerted effort to strip them of their individuality, their personal integrity, their self-respect and human dignity. These punishments prepare inmates for failure rather than success upon release. The Bureau of Prisons is an example where hundreds of millions are being spent to no good end.

Justice Marshall taught us to think about law in terms of the relationship between the law and the lives of real human beings. While I am not trying to minimize the fact that I violated the law, the penalties are far too extreme. What ever happened to the notion of giving a person a second chance? Give me the opportunity of which you so often speak, and hold me accountable to the obligation of my responsibility. I will not fail to achieve what is expected of me.

This experience has wrecked my whole world and the lives of many people for whom I care. I ask you to think about what is being gained verses what is being lost from my incarceration. I made a mistake for which I accepted responsibility and have already paid with 14 months of my life. In the process, I lost my home. My greatest joy was being a father, but now my children - Emily, age 8 and Tyler, age 4 - are growing up without me. My former employer, a television station for whom I was an advertising sales executive, would take me back tomorrow, but probably not four years from now.

Mr. President, non-violent first offenders who qualify and are currently in prison should be, as soon as possible, released into alternative community-based programs such as house arrest, home confinement, electronic monitoring and community service. This will allow us to work, to rebuild our lives before it's too late and, hopefully, to salvage our relationships with children and family members. The cost of these programs is insignificant in comparison to the cost of keeping us in prison, from which nobody is gaining a thing.

In the free world I had an established and verifiable record of community service and involvement in the political process. If you want someone for national service, to assist in finding alternative solutions to the problems existing in our society with respect to drugs and in our justice system with respect to prisons, I believe I am a person who could make a positive contribution. Put me on a task force or a commission dedicated to finding better ways to address these phenomena. I might not have a Ph.D., but I have good eyes and ears; I am a quick study and can bring to the table the unique perspective and intelligence of personal experience. The current policies are clearly not achieving their intent. We need to be more oriented toward Hippocrates' famous admonition: First do no harm.

As a politician you have used various phrases and slogans which have summarized the message you have tried to convey to America, and I have seeded my letter with some of them. I am not a politician, but rather, a prisoner of the war on drugs. Even so, I have a slogan which conveys my message to you - "Free me in '93."

I remain in prison, in hopes you will take action to make things right, respectfully awaiting your reply and my freedom,

Very truly yours,

Fred Cole

Inmate Leonard Frederick Cole, Jr.
#12293-074, Birmingham C
Federal Prison Camp
Maxwell Air Force Base, AL 36112

BILL CLINTON SAYS HE experimented with it but didn't like it. Al Gore admitted that both he and Tipper used to do it in college. Imagine: Two heads of state who know what a roach clip is. With the pull of little levers across the country, Americans dumped the old regime and waved farewell to an administration that sincerely believed that marijuana and anyone associated with it is evil, contributing to heroin addiction and the decline of civilization.

Still, one of the domestic policies of the Bush administration that went unchallenged by Clinton during his campaign was the war on drugs. In fact, during one of the debates, Clinton, referring to his brother, who went to prison for selling cocaine before overcoming his addiction, said: "If drugs were legal, I don't think he'd be alive today."

While the new president is expected to reverse some Republican social policies early on, executive orders tampering with the severity of the drug laws that have been enacted over the past twelve years are not anywhere near, let alone on, the table. Compared to the economy and healthcare, after all, drug-law reform isn't a burning issue. But like the smoke that hasn't stopped wafting out of college dorm rooms since the '60s, something is in the air.

You can hear it at concerts and on MTV, not from old hippies and Rastas like Bob Dylan and Jimmy Cliff, but from Chris Robinson of the Black Crowes and Chris Novoselic of Nirvana. You can read about it while waiting on line in the supermarket. In *Time* magazine last spring, a quote from the film director Robert Altman was enlarged on the page: "I do smoke pot," he said. "I sit on the front porch like a grandpa and try to enjoy the weather." And you can see it on the street, where urban hipsters are wearing T-shirts and baseball caps with cannabis-leaf logos.

Although pot smoking is down since it peaked in the late '70s, it remains as much a part of mainstream culture as beer drinking. It has been estimated that over 60 million Americans have smoked pot at least once, and that as many as 30 million smoke it regularly. Al Gore helped transform marijuana's negative symbolism by coming out of the pot closet to protect his presidential candidacy in 1988—but he wasn't the only one. Democratic senator Claiborne Pell of Rhode Island and right-wing Republican congressman Newt Gingrich of Georgia also copped to getting high in their capricious pasts, and it didn't destroy their careers. This—as well as the growing public perception that the judicial system is overburdened with soft-drug cases, that the Drug Enforcement Agency has too often unfairly seized the homes of small-time growers, and that marijuana is useful as a legitimate medicine—is what gives activists who are campaigning for legalization of marijuana cause for hope.

AT THE NEW MUSIC SEMINAR HELD AT THE Marriott Marquis in New York City last June, over five hundred industry people with attitude convened in the kind of big, bland, corporate conference room that usually makes you behave yourself. They were there for a seminar called "Pot in Pop: Let's Be Blunt." A panel of grunge-rock, heavy-metal, and hip-hop musicians and producers held forth from the dais on the hypocrisy of prohibition and the value of pot, not only for musicians but for society.

"It brings a lot of people together," said B-Real of Cypress Hill, a hip-hop band that put an image of a cannabis leaf on their first album. "After a show, people will come to the bus with a spliff, and it's white, it's black, it's everybody. With marijuana, there's no racism."

John Scott of Rush Management, who produces A Tribe Called Quest, Run-D.M.C., De La Soul, and other bands, said that a number of his artists get high before going into recording sessions because it helps ideas flow for music tracks, as well as for videos. (He doesn't like his bands to smoke before concerts, however: "They don't know what's going on—they're all over the place.")

Almost everybody had such nice things to say about pot that it began to sound like a Tupperware party. Suddenly, though, a voice of dissent rose up from the valley of affirming heads. Jim Fouratt, a public relations rep from Rhino Records with a reputation for playing the gadfly, started firing off the standard list of dangers. (According to various studies, dangerous physical and behavioral reactions to marijuana are almost unknown.) One of the panelists told him that people hear that sort of thing every day from the Partnership for a Drug-Free America, which is financially supported in part by pharmaceutical, beer, and cigarette companies.

"This isn't a seminar, it's a rally," Fouratt yelled.

"Listen," John Scott yelled back. "Alcohol is bad for you. The sun is bad for you. Walking behind a bus, breathing its exhaust is bad for you. Food can give you cancer. It all comes down to moderation and personal responsibility."

In the '60s, pot was a part of a tribal culture of protest that gave rock 'n' roll its voice. In the '70s, reggae musicians touted pot as an aid to enlightenment sanctioned by their god, Jah Rastafari. In the '80s, punk and New Wave pretty much flushed anything mellow, spiritual, and earnest down the drain, supplanting hippie culture with a cynical, pointy-shoed nihilism that made more dangerous drugs like cocaine and heroin fashionable. (Federal policy also contributed to the escalation of harder drug use in the '80s by curtailing the importation of marijuana, which, because of its bulk, was difficult to smuggle.) Now, with the recession, the revival of '60s fashion, poverty-as-chic, health food, acoustic "unplugged" music, new-age philosophy, and being nice, pot is back and of interest to a second generation of smokers.

"Things go in cycles," says Sub Pop grunge-rock producer Bruce Pavitt of Seattle, a center of the neo-hippie movement and some of the best indoor hydroponic pot growing in the country. "I've seen a resurgence of the use of pot as a reaction to the decadence and abuse and tragedy of overdoses by hard-drug users. It all comes down to one thing: People like to do drugs. Pot is the safest recreational drug you can use, and it *does* stimulate creativity."

"I grew up in a really uptight town," says the Spin Doctors' Chris Barron. "We used to smoke pot in this graveyard. I remember walking around there and looking at all the houses on the street and noticing how they looked like a stage set for marionettes. The trees looked like giants shielding their faces from the wind, and buses would go by and you could feel the tonnage of them, all that steel and rubber and glass—it's there and then it's gone. Pot took the veneer off the town and removed its shroud of pretense.

"People talk about pot decreasing your motivation," he continues, "but I think that's just a matter of discipline. Pot's a form of inspiration, but not the only form. When I smoke, it makes me feel like playing guitar for hours and writing songs. I'm lucky, because that's what my job is. Poetry is kind of a stoned thing, in a way. It jumps back and forth between the microscopic and the macroscopic. That's what the stoned mentality is like. It helps your mind creep into the crannies and find the universe there."

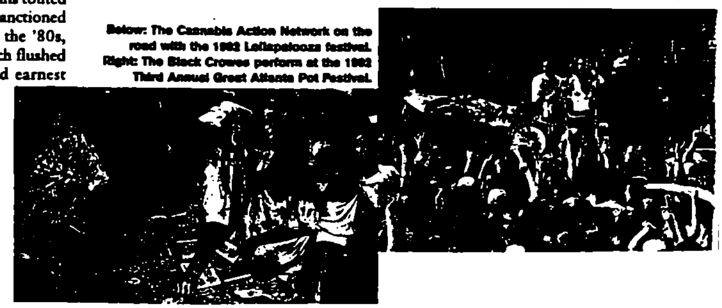
While the lyrical, dreamlike quality of the work of some of today's most successful young filmmakers—Gus Van Sant and Tim Burton, for example—seems like it could be informed, in part, by pot smoking, it's really the musicians who are piping up the most about pot right now. "Selling marijuana is one of the most respectable things anyone could do," Sinéad O'Connor told *Rolling Stone* magazine last fall. "I think everybody should smoke it . . . it teaches you a lot about yourself. It forces you to feel." The Beastie Boys, House of Pain, Run-D.M.C., Gibby Haynes of the Butthole Surfers, Das EFX, A Tribe Called Quest, and others in a smoky rainbow coalition have all celebrated, in print and in song, the virtues of marijuana.

Because there's money invested where their mouths are and because a live concert is an excellent soapbox, musicians may get the wheels of change spinning faster than any political organization. The Black Crowes, who got kicked off the Miller Lite–backed ZZ Top tour last year for slamming corporate sponsorship of rock music, have now become marijuana advocates. Last April, they headlined the Third Annual Great Atlanta Pot Festival, a benefit for the National Organization for the Reform of Marijuana Laws (NORML) that attracted 50,000 people and made national news.

"Pot's a drug a lot of people feel good about promoting right now, over and above its pleasurable effects, because of its other uses," says Sub Pop's Bruce Pavitt. Indeed, in addition to its association with the kicked-back spirit of the times, pot's other big draw for the twentysomething crowd is the environmental correctness of hemp, the cannabis plant. It grows easily almost everywhere and, when harvested, yields four times as much paper per acre as trees, makes a stronger fiber than cotton, and is an excellent source of fuel and protein. "Pot for fuel, food, and fiber," Chris Novoselic of Nirvana said in *RIP Photo Special*, a small music publication. "You can run a diesel engine off hempseed fiber. It burns a lot cleaner."

Along with love beads and granny glasses, activism is back in fashion, and Cypress

Below: The Cannabis Action Network on the road with the 1992 Lollapalooza festival. Right: The Black Crowes perform at the 1992 Third Annual Great Atlanta Pot Festival.



LEFT: DAVIES & STARR; RIGHT: TYKE GELLIS/JOANNA LANSON

Hill's B-Real is trying to do for marijuana what Sting's done for the rain forests and Liz Taylor's done for AIDS. He tells everyone who will listen to sign petitions and write their representatives: "If you wanna be down with it, do it." As official hip-hop spokesmen for NORML, Cypress Hill distribute literature at concerts and deliver its message to the media.

NORML, by some accounts, could use a boost. To its credit, the twenty-two-year-old organization, still the top marijuana advocacy organization at a national level, remains an excellent source of legal information, maintains a drug-test advisory hot line, and is planning to open new resource centers. But it has been unable to make a substantial impact on federal policy, so its effectiveness as the leader of the movement has been under question.

In response to disenchantment with NORML, smaller organizations, run by a new generation of fresher activists, have picked up the ball. The Cannabis Action Network (CAN), for example, is an all-volunteer organization that originated in Kentucky, where marijuana is the number-one cash crop. Its members, a soft-spoken but persuasive band of second-generation pot smokers, have fixated on legalization the way some people have on the Lord. They meet with legislators and senators' aides, needling them with disarming information about how the hemp plant can save the world. They suggest politely that George Washington's diary indicates he may have smoked it. They tell them that Thomas Jefferson grew it, that drafts of the Declaration of Independence were written on it, and that during World War II George Bush floated to safety on a parachute made of it. They inform them that hemp is efficient and environmentally sound, and that it was demonized and outlawed in 1937 because the timber industry found it a threat to business.

"You'd be surprised how many people turn down the chance to learn something new," says Monica Pratt, twenty-one, one of the organization's leaders. "But public opinion is changing, so politicians are eager to take our information and check it out. Hey, Washington doesn't have to be so intimidating. Those are real people, and you have to just go in and talk to them." Pratt, whose easy Southern manner is funky and smooth at the same time, wouldn't make a bad VJ on MTV.

Bob Morris wrote about Santa Cruz, California, in the August issue of Details.

Most of CAN's advocacy work is done at events on the road on The Hemp Tour: New York's Smoke-In, Ann Arbor's Hash Bash, Madison's Weedstock, and over a hundred other events in member cities. Traveling from state to state in an old van with their Hemp Museum in tow, a small, devoted crew pollinates the efforts of local organizations by linking them in a national network and helping them plan rallies and concerts. CAN got an added boost last summer when it was invited to be an official part of the 1992 Lollapalooza Tour.

"I've seen a resurgence of the use of pot as a reaction to the tragedy of overdoses from hard-drug users," says grunge-rock producer Bruce Pavitt. "Pot is the safest recreational drug you can use, and it *does* stimulate creativity."

B-Real of Cypress Hill (above) is hip-hop's most vocal advocate for the reform of marijuana laws.

"Eight hundred thousand people attended those shows," says Pratt. "We had a sea of people all around us and we got lots of good press. Every TV spot we got was positive. We talk to a lot of teenagers and college students who are unhappy with our service-oriented economy and depressed with the idea of a lifetime of working at McDonald's. They're looking for alternatives, and they're tired of buying information they know isn't true. They've smoked pot themselves to alter their consciousness, and they've found out it's not really bad for you. After that, they want to know more.

"We call our road work 'planting seeds,'" says Pratt, who recently decided to cut back on her nomadic lifestyle, move to Washington, and "have a more intimate relationship with people on the Hill."

IF JOEL PROYECT'S LIFE WERE A MOVIE, IT might begin, before the opening credits, with the sound of a ticking clock and easy breathing on a screen of darkness. Slowly the screen fades up to reveal him, a wiry man with a leathery face, entangled in a deep sleep with his girlfriend, Debbie Kyriakousis, a dark-haired, younger beauty. Outside the windows of the log house Proyect built himself in New York's Catskill Mountains, we see that it's summer and that the sun is casting early-morning shadows on the wild blueberry bushes in the surrounding meadows. There's a loud knocking. Proyect mutters something and gets out of bed, puts on his bathrobe, and walks to the door. He opens it to find about twenty men in navy blue windbreakers and DEA caps. "Joel Proyect," one of them says, "you're under arrest for the cultivation and sale of marijuana."

"You're not serious," Proyect says.

Music comes up ("I Fought the Law and the Law Won") over the next sequence, in which they march him over to a police car, throw him in it, and drive off.

Joel Proyect's life right now is a lot of things. One thing it isn't is a movie. He should have known—helicopters had been flying so low over his property in the months before the bust that the faces of pilots were identifiable to his kids. He should have known, but he didn't. He thought that, at worst, growing marijuana for personal use with no intention to sell it would be considered a misdemeanor. It is, according to New York State law. But by notifying the Mid-Hudson Drug Task Force, a regional arm of the Drug Enforcement Agency, a member of the local police department chose to set the federal government after him. In accordance with its strict minimum mandatory sentencing policy, federal law says that "the manufacturing" of over one hundred cannabis plants is a felony, and a most serious one at that.

In August 1991, Proyect was sentenced to five years in prison and threatened with disbarment. Mandatory sentencing also required that he forfeit his home and land, which he is allowed to buy back from the federal government for its estimated value of $170,000. With his arrest costing him close to $100,000 in lost clients and legal fees, he doesn't have the money to buy back his house. He could have earned more money with his practice but chose not to. Instead, he took on court-assigned cases and represented clients who couldn't afford lawyers, so his annual income was a modest $32,000 a year. Now, after spending nine years building his home, it's not his anymore.

The local community was shocked by Proyect's arrest. Friends, social workers, and colleagues, as well as the executive director of the Sullivan County Legal Aid Society, went on record, lauding his generosity and civic-mindedness. The chairman of the county Democratic party wrote that Proyect was "meticulous and a tough adversary, but he is also a kind, compassionate human being who is truly understanding of the plight of others." Even a local police sergeant went on record in support of Proyect's character. "He is a kind, concerned individual," he testified.

Proyect wasn't always the earthy, civic-minded iconoclast he is today. In the late '60s, he was a young, smug materialist who, as a county district attorney, tried to stop the Woodstock music festival from descending on the area. He drove German sports cars and says he was "really straight and really unhappy." He claims that the spiritual turnaround that put him on a kinder, gentler course began when he started smoking marijuana.

"For me, it's far from an escape from reality," Proyect explains one afternoon in his ramshackle little office in South Fallsburg. "In fact, it brings me much closer *to* reality. It helps me see things that are really important. It keeps things in perspective and keeps me from getting too caught up in the vicissitudes of life. What I like about pot is that it relaxes you and makes you alert at the same time. Basically I'm doing tedious, aggravating work, trying to help people who are in trouble. Invariably I'd have a joint after lunch or on my way home from work. Who am I hurting?"

Apparently nobody, because his reputation as a lawyer in the county (where he was a recent vice president of the bar association) remained, even after his highly publicized bust, a good one. "I think the world would be a much better place if everybody smoked pot," he says. "There wouldn't be so much fear, paranoia, and self-righteousness. They have to make some new laws."

Judge Vincent Broderick of federal district court, who heard Proyect's case last May and wasn't into making any new laws, *did* say he hoped Proyect's five-year prison sentence (more than most armed bank robbers and some murderers end up serving) would be reversed on appeal. Proyect's defense—that of the 110 plants he was growing, only half of them, the females, which contain high levels of the psychoactive tetrahydrocannabinol (THC), would be harvested and used—didn't work. With no evidence that Proyect was selling, Broderick could have set a precedent by reducing the mandatory sentence, but he didn't. Proyect thinks Broderick was embarrassed to see an attorney get himself into such an incriminating situation and wanted to provide a lesson to the world.

"The government can't have pot smokers with successful lives," he says. "I used to be more remorseful about what I'd done, but since the Feds have gone after my balls, remorse is not my first reaction anymore. Some people ask me what my job is, if not to uphold the law. I think it's protecting people from the government."

BECAUSE LAW ENFORCEMENT AGENTS HAVEN'T had much luck catching big-time dealers of hard drugs, the bludgeoning of little guys increased during the Bush years. In its annual report, the DEA called last year's expanded Cannabis Eradication/Suppression efforts a "major success." (The obituaries of three of its helicopter pilots, all killed in accidents, lend some irony to that claim.) Joel Proyect, who under New York State law could have been sentenced to a fine of $100 instead of five years in prison and loss of his property, is one of many little guys. With increased surveillance techniques, including the use of thermal imaging, infrared technology systems, and spray guns from helicopters, busts like Proyect's have been happening all over the country.

Above: Joel Proyect in his log house. Right: Barbra and Ken Jenks in 1991. After their conviction, an appeals court ruled they could legally use marijuana as medication. They subsequently became activists for the Marijuana AIDS Research Project.

Last spring, *USA Today* ran a page-one story critical of the federal forfeiture law put in place during "Drug Czar" William Bennett's reign; the statute gives federal agents the power to take property without convicting or even charging the owner with a crime. The article began with the tale of a New Hampshire gravel pit worker and his wife, who were battling to keep their $22,000 mobile home. They were growing four cannabis plants.

But it's not just the forfeiture law that's getting a lot of bad press of late. DEA-subsidized helicopter flyovers during harvest season have been turning peaceful areas into warlike zones. The paramilitary activities of Operation Green Sweep, an attempt to eradicate marijuana plants on public lands in northern California, provoked a lawsuit. "These operations deliberately employed methods that reach or exceed the boundaries of constitutionally valid law-enforcement conduct," concluded a California district court judge.

"With Clinton's election, I almost have a renewed spirit," says Joel Proyect. "I've been corresponding with members of the House and Senate. I don't know if they'll change the law to get me out of this mess, but clearly there's some movement, even from conservatives. There's change in the air."

PROYECT HAD A SIGN ON HIS GATE THAT SAID *L'AVOCAT SAUVAGE*, French for "the wild lawyer." If he was a bit of a cinematic,

LEFT: FROM LEFT: ADAM TAYLOR/PERFECT VERSION; ANDRE GINSBURGH; RIGHT: ANDRE GINSBURGH

LEFT: JOYCE DOPKEEN/NY TIMES; RIGHT: P. NORMAN

swashbuckling type before getting busted, Ken Jenks and his wife, Barbra, were plain, quiet folks, living a rather uncinematic life in a one-bedroom trailer in Panama City Beach, Florida.

A self-described moderate who preferred beer to marijuana, Ken Jenks installed security alarms for a living. Barbra worked as a convenience-store clerk. They fished together, catching king mackerel, cobia, and flounder in the blue-green wa-

"It was a pretty dark day," says Ken Jenks of his arrest for growing marijuana, which he and his wife smoked to cope with HIV-related wasting syndrome. "I was in jail, I was being branded a criminal, *and* I had AIDS."

ters of the Gulf of Mexico. Sometimes Ken played his stereo too loud in the trailer, which they bought for $500, and Barbra'd tell him to turn it down. The only thing that made them unusual, really, was that they had AIDS. Ken, now thirty, is a hemophiliac who became HIV-positive when he received tainted blood; he passed the virus on to his wife, four years his junior, before he knew he was infected.

They began smoking marijuana to cope with the nausea and severe weight loss caused by HIV-related wasting syndrome and the battery of drugs they were taking. Because pot was expensive and illegal to buy, and for the bad times when they didn't have any, they were growing two plants in their trailer.

On March 29, 1990, they had just gotten home from work. Barbra was making dinner when there was a pounding on the door. Ken tried to open it, but he couldn't because the police had already started breaking it down with a battering ram. Jenks tried to tell them through a crack that the door opened out, not in, but when he did, one of them pointed a pistol at him. He finally gave up and sat down on the floor, letting them break through.

Ten local officers from the Bay County Narcotics Task Force stormed in, dressed in black, pointing guns at Barbra and Ken. One of them held a gun to Barbra's head while the others conducted a search, producing the two plants—each about six inches high—and a scale. They also found the syringes Ken used for his hemophilia medications and accused him of being a heroin addict. After the agents bullied them, demanding they turn in their friends, Barbra and Ken were handcuffed, taken away, and thrown in jail. "It was a pretty dark day," Ken says with a little laugh of disbelief. "I was in jail, I was being branded a criminal, *and* I had AIDS."

A friend paid $600 to get them out on bail, but Ken was fired from his job for being arrested. It took a year for him to start getting social security, which would also pay his medical bills; in the meantime, they lived on Barbra's monthly $450 disability checks, which she had begun to receive after she became too ill to work. After being convicted by a county judge, Barbra and Ken appealed, and a few months later the state court of appeals overturned the conviction, ruling that they could legally use marijuana for medication. The FDA shipped them their first can of three hundred meticulously rolled joints in February 1991. Jenks told the papers that he felt vindicated. His wife said that she'd smoked better, but it worked.

After that, the Jenkses became activists and started working on behalf of the Marijuana AIDS Research Project—a Washington-based advocacy group—and NORML. In October of 1991, they spoke out in support of San Francisco's Proposition P, a local initiative to allow people who need marijuana as medicine to grow up to six plants for personal use. The measure received an overwhelming 80 percent of the vote the following month. That winter, Barbra Jenks died from MAI, a severe strain of tuberculosis common among people with HIV.

THE ISSUE THAT ACTIVIST GROUPS ARE PUSHing the hardest right now, and the one that might just swing public opinion furthest, is that of marijuana as medicine. Surveys of cancer specialists indicate that marijuana is frequently recommended to chemotherapy patients to help battle the debilitating effects of treatment, including the weight loss that comes from nausea and vomiting. Other research indicates marijuana is effective in the reduction of muscle spasms common to neurological conditions such as epilepsy and multiple sclerosis. The most long-standing recommended use for medical marijuana to date, however, has been to reduce pressure in the eyes of glaucoma patients.

For the past year or so, CAN organizers have been traveling around the country with a spokeswoman named Elvy Musikka, a chirpy, middle-aged Floridian with glaucoma and one of thirteen people in the country to legally receive medical marijuana from the federal government's high-security pot farm in Oxford, Mississippi. Arrested in 1988 for growing a few plants (again, pot was expensive and hard to get), Musikka went to trial, fought the charges, and with the help of testimony from her ophthalmologist and Dr. Robert Randall, the first American to receive medical marijuana for his eyesight, she was found not guilty. The marijuana she now receives comes to her packed and rolled in a can. She says it's like Mexican (not the potent domestic female sinsemilla) and not very strong, but, smoking the recommended dosage of five joints a day, it's doing the trick and has stabilized her vision.

In 1988, a month after Musikka's trial in Florida, Francis L. Young, an administrative law judge in Washington who was presiding over a suit brought against the DEA by NORML and the Drug Policy Foundation, ruled in favor of reclassifying marijuana as a Schedule II drug (like cocaine and morphine) with accepted medical uses. (Pot is currently classified as a Schedule I drug, like LSD and heroin.) "The evidence . . . clearly shows that marijuana has been accepted as capable of relieving the distress of great numbers of very ill people, and doing so with safety under medical supervision,"

(Continued on page 123)

Higher Ground

(Continued from page 31)

Young wrote in his now-famous ruling. "It would be unreasonable, arbitrary, and capricious for DEA to continue to stand between those sufferers and the benefits of this substance." The DEA appealed the ruling and won last March, on the basis that marijuana has not been thoroughly tested for safety.

"The claims that marijuana is medicine are false, dangerous, and cruel," one DEA administrator said, likening the plant's advocates to snake-oil salesmen. He instead recommended the FDA-approved Marinol, a synthetic form of THC manufactured by a pharmaceutical company. Patients who have tried Marinol and doctors who have prescribed it, however, contend it is not nearly as effective in combating nausea as smoked marijuana, mainly because it's impossible to keep pills in the stomach. Marinol also costs significantly more. Dr. Lester Grinspoon of Harvard Medical School believes that oral cannabis products like Marinol are "clearly less effective than smoked cannabis, which shamefully has not yet achieved its rightful place in our treatment of cancer."

"The DEA keeps rejecting requests from private and public research scientists to conduct legal studies, making it impossible to come up with the evidence necessary to prove that marijuana is medicine," says Allen St. Pierre, NORML's assistant national director. "It's basically a catch-22 and they know it."

Before the DEA won its appeal last year, Dr. James O. Mason, chief of the Public Health Service, announced that until the government finished a review of marijuana's reported benefits and dangers, his office would withhold it from the additional sick people who had been approved by the government to use it and also stop processing applications. Mason said that he was concerned about a surge in new applications, especially from AIDS patients, and the message it would send if Health and Human Services were to approve them. Apparently worried about undercutting the Republican administration's hard-core antidrug policy, Mason said, "If it's perceived that the Public Health Service is going around giving marijuana to folks, there would be a perception that this stuff can't be so bad."

Still, another spokesperson for the Public Health Service denied that the government has started to include the sick in its war on drugs. "We know that marijuana contains substances which can cause lung problems," said Bill Grigg, "and AIDS patients are prone to pneumonia and other lung infections." While that is quite possibly true, it's also true that if the sick were given sinsemilla, with its higher levels of THC, they wouldn't need to put as much smoke in their lungs to benefit from pot's positive effects.

Ironically, at the same time that government agencies were warning the public about the possible dangers of medical marijuana, medical experts in Washington advised the government that benzoyl peroxide, a possible carcinogenic ingredient in popular acne medicines, could remain on the over-the-counter market while new studies were conducted, because its benefits outweighed its potential dangers.

KEN JENKS CONTINUES TO TRAVEL FOR ADVOcacy organizations, speaking out in favor of legalization of pot. Lately, he's seen some changes for the better. In the fall, two more counties in northern California joined San Francisco in approving measures recommending that marijuana be legalized for medical use. While these don't actually change the federal law as it stands, they send out a message to law enforcement officials that they're going to have a hard time prosecuting cases in counties where the juries of registered voters they will be selecting at trials are more likely to be in favor of medical marijuana than against it. With similar initiatives on the drawing boards in Los Angeles and San Diego, it may not be long before a statewide change is possible. The California office of NORML has drafted reform legislation that will be presented early this year.

When Jenks is home, he advises people who call with questions or who need help filling out the discouraging piles of paperwork needed to apply to the government for medical marijuana. He talks to the press openly and generously. Sometimes his cat sits on his message machine and cuts off messages. "He's mad at me for traveling so much," Ken says with his little laugh. He's taking a lot of drugs, including AZT, and his spleen is infected, but he says that on most days, he feels pretty good. "Marijuana helps," he says. "I couldn't be taking these drugs if it wasn't for marijuana. It makes you feel better, and on top of that it makes you hungry."

Like Elvy Musikka, he has to smoke five joints a day to benefit from the low-intensity strength of his legal, federally grown medicine, which is, no doubt, not the best thing for his lungs. "They could improve the quality," he says. "They have the technology. Free enterprise could do a much better job. If it was better, I wouldn't have to smoke so much. Still, it's free and it's legal and it *does* work."

Ken Jenks isn't one to complain. "I'm not gonna be disappointed if the laws haven't changed before I go," he says. "I'm just gonna be happy to have done my part. I know eventually it'll be legalized." •

THE WHITE HOUSE

WASHINGTON

N O V E M B E R
Fifteenth
1 9 9 3

Howard Wuelting
Director of Publicity
Columbia Records
550 Madison Ave.
New York, NY 10022

Dear Mr. Wuelting:

Andrew Stephanopoulos passed your letter of November 1 to me earlier today. Thank you for your interest in setting up a meeting between Cypress Hill and the President to discuss the Administration's drug policy toward marijuana use.

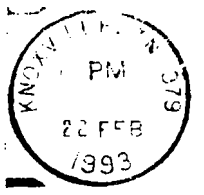
Unfortunately, President Clinton's intense schedule would prohibit him from meeting with the group at present. However I could suggest that you might wish to approach either Jose Cerda who works here at the White House on domestic policy issues or Lee Brown, Director of the National Drug Control Policy at 467-9800 for a possible meeting.

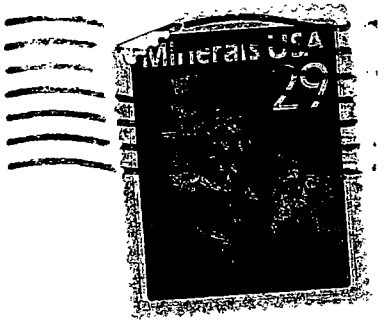
Again, thank you for your interest in participating in this Administration's policy making. I hope that we will have the opportunity to work together, please feel free to call me if I can be of further assistance.

Sincerely,

Heather Beckel

cc: Lee Brown
Jose Cerda
Andrew Stephanopoulos





Ms. Carol Hampton Rasco
Domestic Policy Advisor
The White House
1600 Pennsylvania Ave., N.W.
Washington, DC 20500

OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
Washington, D.C. 20500

May 19, 1994

MEMORANDUM TO: JOSE CERDA
FAX: 67028

FROM ARTHUR HOUGHTON

I send a copy of the most recent draft of Dr. Brown's speech, following staff revisions here and Dr. Brown's own comments.

Also, a copy of the Qs and As on the same issue.

Please note the suggested A to a Q on the Surgeon General.

There may be a few other, relatively minor revisions this edition.

Regards.

OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
Washington, D.C. 20500

May 18, 1994

MEMORANDUM TO THE DIRECTOR

FROM: ARTHUR HOUGHTON

SUBJECT: Harvard Speech: Revised Version

The attached speech text takes into account the comments or changes you asked for in your fax today. It also incorporates views generated by a meeting here today that involved Bob Wasserman, Ricia, Ed, Pat, Jim Miller and John Gregrich.

To answer the questions that you asked in connection with the speech:

- "Drug Policy Reform" is a code term for the radical change of drug policy that favors, generally, the legalization of drugs or decriminalization of use.

  This conference is intended to showcase views that support legalization. It will include many persons who favor the Administration's views, but has been created to discuss drug policy issues from an adversarial viewpoint. It includes members of the drug policy reform/alternative drug policy movement from Washington and New York, and well as the Boston area.

- To the legalization crew, the Administration's strategy is not "reform". By and large, they consider it to be more of the same, with some added emphasis on treatment and prevention. But it involves no change with respect to the prohibition of use, or the need to maintain our domestic and international enforcement efforts.

  We do not consider the new Strategy to be "reform." Restructuring, changed emphasis, new approaches, re-focusing, are all appropriate terms for the 1994 Strategy. But, with its emphasis on maintaining what works and seeking approaches that can work, it is not intended to be a reformist document. Many of our supporters in Congress and outside would be alarmed if we advertised it as such.

- The speech could be another reworked version of the basic

policy speech you have given on many occasions. But our best judgment is that this audience needs to hear what the Administration's view is on their subject of principal concern: legalization. Many continue to believe that there are many Administration voices that speak on the drug issue, and that if they could only find the right one, they could say that the Administration is in fact changing its position on the matter (or really wants to do so, but just can't say it!).

This door needs to be shut and locked. The Harvard conference, and the audience, provide the occasion to do so. The speech has been configured to the moment, and to the need to remove any ambiguity about the Administration's views on drug policy "reform."

You asked about the effect of Prohibition on alcohol consumption. I attach a copy of the Brandeis-RWJ publication, Substance Abuse, which gives a chart a pp. 10 and 11 on this. The most ineresting part of the chart, to my mind, is not the fall-off of consumption after Prohibition went into effect, but the rise in consumption that followed the repeal of Volstead -- even though many State laws continued to prohibit alcohol sales.

Let me know what more I can do.

cc: Ricia
Ed Jurith
John Carnevale
Pat Wheeler/Jim Miller

EIGHT MYTHS ABOUT DRUGS

REMARKS BY DR. LEE P. BROWN

DIRECTOR OF NATIONAL DRUG CONTROL POLICY

AT THE DRUG POLICY REFORM CONFERENCE

OF THE CIVIL LIBERTIES UNION OF MASSACHUSETTS

HARVARD LAW SCHOOL

CAMBRIDGE, MASSACHUSETTS

MAY 21, 1994

Thank you Ms. (Laura Murphy) Lee for your thoughtful introduction.

Let me say immediately that I am very pleased to have been invited to talk to this conference on drug policy and drug policy reform -- to an audience whose members have serious questions about the direction of national policy, and who are prepared to hear what we have to say about it.

As I look around me, I know that I am speaking to many who believe that our country's drug policy must be radically changed. To them, what I say here may not be convenient, or particularly easy. But it must be said.

The use of drugs, and the causes and consequences of drug use, are serious matters. They affect us all. To me, and to the Clinton Administration, drug use is among the most important domestic issues that our nation faces.

The use of illegal drugs is a very complex policy issue. It goes to the core of our behavior as individuals, as families, as communities, and as a nation. It has global implications. Those of us who must grapple daily with the issue of illicit drug use and its consequences, and who must see it in its many dimensions, know that if we are to be effective, our responses must be thoughtful, comprehensive, balanced, and effective.

By comparison, some solutions that have been put forward to resolve the problem of drugs, and crime, and violence, seem remarkably simple. And plausible. Until they are forced into the bright light of day.

This is what I want to talk about today: simple solutions, tough problems, difficult choices.

From time to time one hears some remarkable -- even bizarre -- assertions by so-called drug experts about what the drug situation is. The purported solutions then follow the mythology.

Let me outline what I have come to call Eight Myths about Drugs. These can be put in straightforward terms.

The first myth is that everything is getting worse, and that nothing is getting better. It follows from this that the so-called drug war is a failure, and that we should abandon it in favor of another approach.

In fact, drug use data from the nation's households and secondary schools show substantial declines in overall drug use over the past decade:

- In 1979, more than 23 million Americans used some illicit drug. By 1992 the number had dropped to 11.4 million.

- **Past month cocaine use, which peaked in 1985 at 8.6 million users, had dropped to 1.3 million users by 1992. This was accompanied by a similarly dramatic decline in the use of cocaine by adolescents from the mid-1980s until 1992.**

- **We have a severe, continuing problem with the chronic, hard-core, addicted use of drugs. We freely acknowledge this; indeed, we want this to be broadly known. The nation's estimated 2.7 million hard-core users are our most serious concern. They cause the most damage to themselves, to their families and to their communities. They are the most important single focus of our National Drug Control Strategy.**

- **As troubling, we have indicators of recent increases in the use of drugs by secondary school children.**

- **Overall, the country -- not the government, not a particular Administration, but the country -- has experienced major declines in non-addictive, casual use of illicit drugs. The number of users of any illicit drugs is today at the same level as it was in the early 1970s.**

Let us reason about this: can this really be called failure?

Now, it is sometimes alleged that one can't trust what government

data says.

In fact, the government does not collect the data. The Research Triangle Institute, an independent non-Government organization, conducts the Household Survey. The University of Michigan's Institute for Social Research conducts the survey of drugs use in the nation's secondary schools.

A second myth is that current policy -- one suspects any current policy -- is making things worse. This myth says that current drug policy does not address the real problems, which are violence and HIV transmission.

In fact, violence and HIV transmission are only part of the human carnage that results from drug use. Addiction, drug-exposed infants, drug-induced accidents, loss of productivity, loss of employment, family breakdown, and the degeneration of communities are others. All directly flow from drug use itself. As the number of users increases, these problems will multiply.

Current policy directly addresses these issues through specific strategies to prevent new use, to effectively treat hard-core users, and to bring overwhelming force against the street markets.

A third myth is that enforcement just adds to the problem. Drug

enforcement and the application of criminal justice should be given up in favor of harm reduction approaches.

In fact, effective enforcement serves to reduce drug supply, drive up prices, reduce the number of users and decrease the effects of chronic hard-core use. There is a demonstrable inverse relationship between the price of cocaine and the number of individuals seeking emergency room treatment. The criminal justice system, moreover, provides means to remand drug offenders to effective treatment.

A fourth myth is that there is massive support for policy change by social thinkers, policy-level officials, and the public at large. This includes broad support for legalization, or the decriminalization of drug use.

In fact, there is no massive support for legalization. A 1990 Gallup poll showed that 80 percent of the public thought that legalizing drugs was a bad idea. Only 14 percent thought that it was a good idea. Among American 12th-graders surveyed in the 1992-3 school year, 84 percent said that their friends would disapprove of their smoking marijuana regularly; 94 percent said that their friends would disapprove of their taking cocaine occasionally.

Reflecting the views of the American public, there is no

meaningful support within Congress for the legalization of illicit drugs.

And in fact, policy level officials who are directly responsible for the drug issue -- beginning with the President oppose legalization. I do, too.

A fifth myth is that legalizing drugs, or decriminalizing drug use, will eliminate the illegal drug markets and the violence in our streets.

I do not dispute that drug markets do, in fact, generate violence. But the way to deal with the markets and the associated violence is to dry up the pool of users through effective prevention and treatment, and through the use of street enforcement, as many communities throughout the country are now struggling to do.

A sixth myth is that legalizing drugs will be free of cost. As this myth goes, there is nothing to suggest that legalizing drugs will increase drug use, or its consequences.

In fact, the suggestion that legalizing drugs will not increase drug use is a fantastic myth.

o Our own national experience with Prohibition is indicative

of what would happen if drug laws and drug enforcement were eliminated. Alcohol use data from the 1930s shows clearly that the repeal of the Volstead Act resulted in an immediate, sustained rise in the use of alcohol to levels higher than those that existed prior to Prohibition.

- We believe that the repeal of drug control laws would, likewise, result in an immediate, sustained rise in the use of drugs -- and a concomitant rise in the casualties of the use of drugs.

Another -- seventh -- myth is that there are excellent foreign models to show that decriminalization works: the Netherlands and the U.K. are two.

This is another fantastic myth. One need only read the international press to realize the degree to which the Dutch have visited upon themselves misery from drug abuse by enacting drug laws that go unenforced, and policies that encourage "responsible" use rather than discourage any use at all. The Dutch are pleased to say they have remained mostly unscathed by drug use by their own citizens. They cannot say the same of the many thousands of foreign visitors who arrive to buy drugs, steal or panhandle to keep using them, and then ask the Dutch to treat them for addiction.

And one need only recall the disastrous experience of Great Britain with the controlled distribution of heroin. In the years between 1959 and 1968 -- according tot he 1981 British Medical Journal -- the number of heroin addicts in the U.K. doubled every sixteen months. The experiment was, of course, terminated. But addiction rates in the U.K. have not subsided.

At the same time, no one mentions Italy, which permits heroin and other drugs to be used legally, and where the number of heroin addicts -- some 350,000, by official estimates -- and the level of HIV prevalence -- an estimated 70 percent -- are higher than those in any other country in Western Europe. I ask myself at times why those who advocate drug policy reform are so quiet about the Italian model.

And then there is a final, eighth myth. This one says that drug use is a personal matter, and that it affects no one other than the user.

There's no good thing to say about this. Given what we know about the effects of drugs, this is simply wrong. No one familiar with alcohol abuse would suggest that alcoholism affects the user only. And no one who works with the drug-addicted would tell you that their use of drugs has not affected others -- usually families and friends in the first instance.

* * * * *

Through this day, you have heard a number of views about the so-called war on drugs and what it supposedly does or does not do. Let me make a simple point, now: the war analogy is false. We in the Clinton Administration do not use this term to describe the long, difficult struggle to free Americans from the grip of use and addiction. We do not make "war" on the American people. And we do not find useful a concept that suggest a beginning and an end to this struggle, with "victory" as the goal.

No doubt it is helpful to some to use the war terminology as a straw man. But the reality of drug use, and the policies that must address the problem, are very different, and I suggest that it is time to recognize the reality rather than the mythology -- here, as well as with the other myths that I have mentioned.

Let me conclude with a few overall points.

First, given what the overwhelming number of Americans want, and given what we have to do to address the terrible consequences of drug use, legalization is a marginal issue. It does not get to the core of the problem. In seeking to satisfy the few, it subverts the best interests of the many. In purporting to provide a quick, simple, costless cure for crime and violence in America, it fails to suggest how more drug availability will not

lead to more drug use -- and more devastating consequences.

It does not deal with the essential business of responsible policy-making:

-- how to provide effective prevention education for adolescents;

-- how to make effective treatment available for our estimated 2.7 million hard-core drug users;

-- how to develop effective workplace strategies that reduce accidents, reduce employer's health care costs, and improve productivity.

-- How to ensure that health care reform provides for those in need of treatment.

And it does not deal with the essential business of bringing together health policy and criminal justice policy, to improve society as a whole.

This is the real story: the day-in-day-out, blood and guts of policy-making that deals directly with the very complex issues of human behavior, that recognizes that there are no simple solutions.

* * * * *

In 1917, the renowned American journalist and social observer, H.L. Mencken, remarked: "There is always an easy solution to every human problem -- neat, plausible, and wrong."

To the overwhelming number of Americans, to the Clinton Administration, to the American Congress, to American policy makers of this as well as prior Administrations, to Americans involved with drug programs across the country, to Americans in drug-blighted communities across the country, legalization is exactly such a solution -- neat, plausible, and wrong.

Speaking for these Americans and for this Administration, I can tell you that it's just not going to happen.

What we need to do is to get on with the business of reducing drug availability, preventing drug use, treating addicts, of restoring the value of the American family -- in short, of addressing some of the most basic and pressing issues of the country.

I invite those who seek policy reform to light a candle and stop cursing the dark. Come in out of the cold, work with us on these problems -- help us find realistic and meaningful solutions to drug use and its devastating effects on millions of our citizens.

Let us get on with the serious business of drug policy, together.

Thank you.

May 19, 1994

MEMORANDUM TO RICIA

FROM: ARTHUR

SUBJECT: Qs and As for Dr. Brown

These follow our discussion yesterday.

You indicated that you wanted to send the one on the Surgeon General to the Domestic Policy Staff for review.

Let me know of any changes that are needed.

Thanks.

cc: Pat Wheeler

QUESTION

You say one thing about drug policy; the Surgeon General says another. Who speaks for the Administration?

ANSWER

- As head of the Executive Branch, the President determines the overall policy of the Federal Government. I am directly responsible for the formulation and articulation of our national drug policy.

- As the President stated in the 1994 National Drug Control Strategy, this Adminsitration will never consider the legalization of illegal drugs.

- That is the Administration position on the subject of legalization. Any other view expressed by another member of the Federal Government does not reflect Administration policy.

QUESTION

What is wrong with studying the legalization issue? Why cannot the Administration take into account alternative in developing drug policy?

ANSWER

- We take into account all viewpoints in developing the National Drug Control Strategy. It is our judgment that the question of whether or not to decriminalize the use of illicit drugs, or to leagalize them, needs no further study.

- As with other issues, the formulation of drug policy requires choices. We believe that the choices that the Administration has made -- which include no-use as an intended goal and the continued prohibition of illegal drugs as a means to attain that goal -- are the most appropriate for the country.

QUESTION

Have you taken into account the harm that prohibition causes, including violence in the streets, the costs and excesses of enforcement, a criminal justice system that is overburdened by drug cases, and a burgeoning prison population who have been arrested and convicted of drug possession charges only?

ANSWER

- We are well aware of the costs that must be borne in seeking to reduce the nation's use of and dependence on drugs.

- We also know the costs that would ensue if we adopted a policy of decriminalization or legalization. We believe that if we did so, we would see significantly more drug use, not less.

- As I have indicated in my talk, more drug use would, in our judgment, lead to even worse consequences and hisgher costs to society than those we now have.

- These include significantly greater addiction and treatment costs, the costs of dealing with drug-exposed infants, more accidents in the workplace, decreased productivity by workers and employees, and added stresses on families and communities.

QUESTION

How are drugs related to violence and crime and what difference can treatment make?

ANSWER

- In general, researchers have found that crime and violence are associated with drug use in three ways:
  - -- **psychopharmacological crimes** are caused directly by the effects of the drug;
  - -- **economic compulsive crimes** are committed to get money to buy drugs; and
  - -- **systemic crimes** are committed in the course of doing drug business.
- Although all drugs are related to these three types of crime, alcohol and PCP are often cited with first listed type, heroin with the second, and crack with the third.
- Entry into drug treatment has been shown to have an immediate impact on the levels of drug use and associated crime, and retention in drug treatment to have a significant impact.
  - -- One recent study of methadone treatment participants found a reduction in criminal activity of 75 percent for all entrants, and of 85 percent for those who remained in treatment a year.
- Furthermore, certain treatment programs have been designed to deal directly with violence and are showing promise.
  - -- For example, the Violence Interruption Program of Chicago TASC breaks the cycle of violence among young male and female drug users and gang members in a day reporting program through intensive training and counseling.
- In summary, drug treatment can have a significant impact on crime and violence if it includes: strong linkage with the criminal justice system; aggressive outreach to get heavy users into treatment; strong management and monitoring to ensure treatment retention; and interventions designed specifically for those at-risk of violence.

NEEDLE EXCHANGE

QUESTION

Given numerous reports citing the effectiveness of needle exchange programs, and the recent adoption of programs by cities such as Baltimore, has your position on needle exchange programs changed?

ANSWER

- ONDCP can find no compelling reason for the Administration to depart from existing Federal policy regarding needle exchange.

- The United States Congress incorporated the following language, regarding the use of Federal block grant funds, in the Appropriations Act for Fiscal Year 1993

> "[N]o funds...shall be used to carry out any program distributing sterile needles for the hypodermic injection of any illegal drug, unless the Surgeon General of the United States determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs..."
>
> (Public Law 102-321)

- The most extensive study to date, the CDC-funded study, "The Public Health Impact of Needle Exchange Programs in the United States and Abroad," is now under review within the Department of Health and Human Services. This study presents a review and summary of existing research through late 1993.

  -- Although generally positive in its discussion of reports on needle exchange programs (NEP), the CDC report concludes, in part, "These studies do not...provide clear evidence that NEPs decrease HIV infection rates." (at pages v and 465)

- Another study is now being conducted by The Institute of Medicine, and ONDCP will review that study with care when it is available this fall.

- Needle exchange programs, like all programs geared to drug demand reduction and HIV/AIDS reduction, must be assessed in terms of their actual performance.

  -- Although negative impacts of earlier concern, such as increased drug use and increased needle stick accidents, do not appear to be realized in the practice of these programs, the positive impacts claimed for these programs have not been demonstrated. It may be that these programs have had only marginal impact of any kind to date.

- ONDCP encourages jurisdictions that decide to experiment with needle exchange programs to conduct thorough outcome evaluations on the positive and negative impact of these programs.

ODR:5/18/94

MEDICAL USE OF MARIJUANA

QUESTION

What is the position of ONDCP on the Medical use of Marijuana?

ANSWER

- This is basically a question of medical research more than one of drug control policy.
- The Office of National Drug Control Policy is cognizant of the fact that certain drugs with significant abuse potential can also have important, if limited, medical uses.
  - -- Cocaine, for example, has been placed on Schedule II of the Controlled Substances Act and is available for appropriate administration by health care professionals.
- Marijuana plant material remains on Schedule I, as a drug of high abuse potential and no proven medical use.
  - -- However, patients not helped by other medications may be prescribed pills which contain synthetic tetrahydrocannabinol (THC), a psychoactive ingredient of marijuana. The trade name for these pills is Marinol and it is a Schedule II controlled substance.
- Serious research on the therapeutic value of marijuana plant material remains to be done and the Public Health Service has repeatedly expressed its receptivity to credible research proposals, to address the possible therapeutic use of marijuana.
- Related NIH research activity is demonstrating the effectiveness of Marinol, alone and in combination with other drugs, in the treatment of HIV-wasting syndrome.
- In summary, ONDCP will continue to encourage legitimate medical research and the National Drug Control Strategy will in no way hinder the conduct of such research.

July 28, 1994

MEMORANDUM TO THE FILES

FROM: ARTHUR HOUGHTON

In conversation yesterday evening, David Condliffe, Executive Director of the Drug Policy Foundation, confirmed to me that there had been a major restructuring of the DPF, as well as the National Organization for the Reform of Marijuana Laws (NORML).

Condliffe said that Kevin Zeese, Vice President of the DPF, has resigned. Richard Cowan, the head of NORML, has resigned. Arnold Trebach, founder and President of the DPF, was still in place, but Condliffe suggested that he would play a less active role in the future.

Condliffe is now pushing ahead actively in search of fora for the DPF. He is particularly interested in showcasing foreign approaches to drugs that could be applied in the United States. He says that he, and George Soros, want to support the Administration's drug strategy. However, in response to a question, he said that Soros believes that the Administration has sought to stifle debate on drug policy, has "muzzled" the Surgeon General, and wants to find ways to "open up" the discussion of what to do about drugs.

As a related matter, Rose Ochi has reported that during his visit to Los Angeles last week, Condliffe approached Los Angeles Deputy Mayor William Violonte and Michael Thompson, L.A. Director of Criminal Justice Planning, about a mayors' conference in Los Angeles on the subject of alternative approaches to drugs.

EIGHT MYTHS ABOUT DRUGS

REMARKS BY DR. LEE P. BROWN

DIRECTOR OF NATIONAL DRUG CONTROL POLICY

AT THE DRUG POLICY REFORM CONFERENCE

OF THE CIVIL LIBERTIES UNION OF MASSACHUSETTS

HARVARD LAW SCHOOL

CAMBRIDGE, MASSACHUSETTS

MAY 21, 1994

Thank you Ms. (Laura Murphy) Lee for your thoughtful introduction.

Let me say immediately that I am very pleased to have been invited to talk to this conference on drug policy and drug policy reform -- to an audience whose members have serious questions about the direction of national policy, and who are prepared to hear what we have to say about it.

As I look around me, I know that I am speaking to many who believe that our country's drug policy must be radically changed. To them, what I say here may not be convenient, or particularly easy. But it must be said.

The use of drugs, and the causes and consequences of drug use, are serious matters. They affect us all. To me, and to the Clinton Administration, drug use is among the most important domestic issues that our nation faces.

The use of illegal drugs is a very complex policy issue. It goes to the core of our behavior as individuals, as families, as communities, and as a nation. It has global implications. Those of us who must grapple daily with the issue of illicit drug use and its consequences, and who must see it in its many dimensions, know that if we are to be effective, our responses must be thoughtful, comprehensive, balanced, and effective.

By comparison, some solutions that have been put forward to resolve the problem of drugs, and crime, and violence, seem remarkably simple. And plausible. Until they are forced into the bright light of day.

This is what I want to talk about today: simple solutions, tough problems, difficult choices.

From time to time one hears some remarkable -- even bizarre -- assertions by so-called drug experts about what the drug situation is. The purported solutions then follow the mythology.

Let me outline what I have come to call Eight Myths about Drugs. These can be put in straightforward terms.

The first myth is that everything is getting worse, and that nothing is getting better. It follows from this that the so-called drug war is a failure, and that we should abandon it in favor of another approach.

In fact, drug use data from the nation's households and secondary schools show substantial declines in overall drug use over the past decade:

- In 1979, more than 23 million Americans used some illicit drug. By 1992 the number had dropped to 11.4 million.

- Past month cocaine use, which peaked in 1985 at 8.6 million users, had dropped to 1.3 million users by 1992. This was accompanied by a similarly dramatic decline in the use of cocaine by adolescents from the mid-1980s until 1992.

- We have a severe, continuing problem with the chronic, hard-core, addicted use of drugs. We freely acknowledge this; indeed, we want this to be broadly known. The nation's estimated 2.7 million hard-core users are our most serious concern. They cause the most damage to themselves, to their families and to their communities. They are the most important single focus of our National Drug Control Strategy.

- As troubling, we have indicators of recent increases in the use of drugs by secondary school children.

- Overall, the country -- not the government, not a particular Administration, but the country -- has experienced major declines in non-addictive, casual use of illicit drugs. The number of users of any illicit drugs is today at the same level as it was in the early 1970s.

Let us reason about this: can this really be called failure?

Now, it is sometimes alleged that one can't trust what government

data says.

In fact, the government does not collect the data. The Research Triangle Institute, an independent non-Government organization, conducts the Household Survey. The University of Michigan's Institute for Social Research conducts the survey of drugs use in the nation's secondary schools.

A second myth is that current policy -- one suspects any current policy -- is making things worse. This myth says that current drug policy does not address the real problems, which are violence and HIV transmission.

In fact, violence and HIV transmission are only part of the human carnage that results from drug use. Addiction, drug-exposed infants, drug-induced accidents, loss of productivity, loss of employment, family breakdown, and the degeneration of communities are others. All directly flow from drug use itself. As the number of users increases, these problems will multiply.

Current policy directly addresses these issues through specific strategies to prevent new use, to effectively treat hard-core users, and to bring overwhelming force against the street markets.

A third myth is that enforcement just adds to the problem. Drug

enforcement and the application of criminal justice should be given up in favor of harm reduction approaches.

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A fourth myth is that there is massive support for policy change by social thinkers, policy-level officials, and the public at large. This includes broad support for legalization, or the decriminalization of drug use.

In fact, there is no massive support for legalization. A 1990 Gallup poll showed that 80 percent of the public thought that legalizing drugs was a bad idea. Only 14 percent thought that it was a good idea. Among American 12th-graders surveyed in the 1992-3 school year, 84 percent said that their friends would disapprove of their smoking marijuana regularly; 94 percent said that their friends would disapprove of their taking cocaine occasionally.

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meaningful support within Congress for the legalization of illicit drugs.

And in fact, policy level officials who are directly responsible for the drug issue -- beginning with the President oppose legalization. I do, too.

A fifth myth is that legalizing drugs, or decriminalizing drug use, will eliminate the illegal drug markets and the violence in our streets.

I do not dispute that drug markets do, in fact, generate violence. But the way to deal with the markets and the associated violence is to dry up the pool of users through effective prevention and treatment, and through the use of street enforcement, as many communities throughout the country are now struggling to do.

A sixth myth is that legalizing drugs will be free of cost. As this myth goes, there is nothing to suggest that legalizing drugs will increase drug use, or its consequences.

In fact, the suggestion that legalizing drugs will not increase drug use is a fantastic myth.

o Our own national experience with Prohibition is indicative

of what would happen if drug laws and drug enforcement were eliminated. Alcohol use data from the 1930s shows clearly that the repeal of the Volstead Act resulted in an immediate, sustained rise in the use of alcohol to levels higher than those that existed prior to Prohibition.

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At the same time, no one mentions Italy, which permits heroin and other drugs to be used legally, and where the number of heroin addicts -- some 350,000, by official estimates -- and the level of HIV prevalence -- an estimated 70 percent -- are higher than those in any other country in Western Europe. I ask myself at times why those who advocate drug policy reform are so quiet about the Italian model.

And then there is a final, eighth myth. This one says that drug use is a personal matter, and that it affects no one other than the user.

There's no good thing to say about this. Given what we know about the effects of drugs, this is simply wrong. No one familiar with alcohol abuse would suggest that alcoholism affects the user only. And no one who works with the drug-addicted would tell you that their use of drugs has not affected others -- usually families and friends in the first instance.

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No doubt it is helpful to some to use the war terminology as a straw man. But the reality of drug use, and the policies that must address the problem, are very different, and I suggest that it is time to recognize the reality rather than the mythology -- here, as well as with the other myths that I have mentioned.

Let me conclude with a few overall points.

First, given what the overwhelming number of Americans want, and given what we have to do to address the terrible consequences of drug use, legalization is a marginal issue. It does not get to the core of the problem. In seeking to satisfy the few, it subverts the best interests of the many. In purporting to provide a quick, simple, costless cure for crime and violence in America, it fails to suggest how more drug availability will not

lead to more drug use -- and more devastating consequences.

It does not deal with the essential business of responsible policy-making:

-- how to provide effective prevention education for adolescents;

-- how to make effective treatment available for our estimated 2.7 million hard-core drug users;

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And it does not deal with the essential business of bringing together health policy and criminal justice policy, to improve society as a whole.

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* * * * *

In 1917, the renowned American journalist and social observer, H.L. Mencken, remarked: "There is always an easy solution to every human problem -- neat, plausible, and wrong."

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Speaking for these Americans and for this Administration, I can tell you that <u>it's just not going to happen</u>.

What we need to do is to get on with the business of reducing drug availability, preventing drug use, treating addicts, of restoring the value of the American family -- in short, of addressing some of the most basic and pressing issues of the country.

I invite those who seek policy reform to light a candle and stop cursing the dark. Come in out of the cold, work with us on these problems -- help us find realistic and meaningful solutions to drug use and its devastating effects on millions of our citizens.

Let us get on with the serious business of drug policy, together.

Thank you.

The Washington Times

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PAGE: A19

The dangerous illusions of drug legalization

By Lee P. Brown

Justifiably, concern about crime and violence is high on the list of what Americans care about. As this concern increases, there is a heightened sense of need for dramatic action. Sometimes, however, such pressure leads to desperately conceived notions that will ultimately be more devastating than the current crisis.

Legalizing drugs is one of those notions. It is not a new idea; debates over legalization have been going on for the past several years. Americans oppose the idea, and no serious-minded policy-maker would ever consider it. What troubles me this time is the emergence of the issue right now.

There can be no rational argument that legalization would prove to be a panacea to our social ills. On the contrary, it will only exacerbate the violence.

For the first time in many decades, we have a comprehensive, coordinated strategy to deal with the underlying causes of drugs and crime. The Clinton administration is totally committed to investing in America. Creative initiatives such as community policing, empowerment zones, national service, health care reform, worker retraining for the unemployed, and welfare reform offer a powerful combination of hope and opportunity to communities where drugs and crime normally thrive. How can support be sustained for efforts to revitalize communities hit hardest by drug abuse and violence if we are willing to let drug abuse freely occur?

People have asked about the Clinton policy on drug legalization. The president has made his position on legalization quite clear. The Clinton administration is vehemently opposed to drug legalization. In the national drug strategy, the president stated, "this Administration will never consider the legalization of illegal drugs." It is not an idea we embrace in any form.

Legalization advocates seem adept at raising the issue, but they have a tough time translating their ideas into anything that is practical and workable. They don't tell us what drugs they would legalize or where they would sell them and for how much — even as they continue to press the same fallacious arguments:

■ Drug legalization will reduce the burden of our prison and court systems. Why do we have to legalize drugs to ease prison and jail overcrowding and lighten court dockets? Effective drug control requires bold and effective programs to bring a stop to the recidivism that is overwhelming our criminal justice system. The recent announcement of the creation High Intensity Drug Trafficking Area in the Washington-Baltimore region to target chronic, hard-core drug use is the type of programming that is needed. President Clinton's anti-crime agenda calls for the development of innovative concepts like drug courts and boot camps to address the non-violent offender population. According to the National Center for State Courts, about 20 local jurisdictions — most of them large urban areas — are either experimenting with or running full-time programs that either provide treatment and rehabilitation for offenders (as opposed to incarceration) or separate courts for drug violators to improve drug case flow.

In Dade County, Florida, for example, prosecutors and defendants in relevant cases are allowed to reach an agreement where the defendant is diverted form incarceration into rehabilitation. Some court systems, such as the ones in St. Paul and Washington, D.C., combine both these innovative approaches into one.

■ Drug legalization will reduce crime and violence by removing the profit motive. Legalization advocates just do not get it. Many drugs are illegal because they are addictive. They are mind-altering and cause catastrophic outcomes. People who are addicted to them cannot moderate or control their use. Therefore, the notion that legalization will remove profits is specious. Because these substances are addictive, when legalized government drug stores close for the night, a money-making underground market for drug abusers will open up to serve clients in need of a fix. And, you can be dead sure they will sell drugs that are not legalized — as well as the new ones that are created by enterprising drug cartels.

People have asked about the Clinton policy on drug legalization. The president has made his position on legalization quite clear. The Clinton administration is vehemently opposed to drug legalization.

■ Drug legalization would allow drug abuse to be treated as a social and health problem, rather than a criminal justice matter. We do not need to legalize drugs to pay more attention to the social or health aspects of drug abuse. Promoting health and social concerns would seem foolish while at the same time

cont'd.

we make drugs more available. President Clinton has proposed the largest-ever treatment budget for hard core drug abusers in his fiscal 1995 budget request. Certainly, our administration sees it as more than a crime problem.

■ Drug legalization has worked in other countries, such as Great Britain and the Netherlands. It is not meaningful to compare the United States to other countries when it comes to social and economic profiles, and conditions like poverty, crime and violence. Yet, no nation permits the unregulated, legal purchase and sale of scheduled drugs. An experiment with an open air "drug park" for addicts in Zurich, Switzerland, was closed two years ago, in the wake of rising crime. There is absolutely no international groundswell of support for drug legalization. The Council of Europe, as well as 112 nations attending a 1990 global drug conference, reported strong opposition to legalization. The United Nations has warned that drug legalization would not contribute to solving the problems of production, trafficking and abuse of illicit drugs.

These are not the only myths about drug legalization. The one point that legalization proponents always seem to overlook is what effect drug legalization would have on our youth.

Already, the nation is reeling from a wave of youth violence that is particularly devastating to young African American males, who are both victims and perpetrators. African American males have the highest violent crime victimization rate and are half of all homicide victims. Nine of every 10 African American homicide victims were killed by other African Americans. To introduce legalized drugs into this mix would be the moral equivalent of genocide.

Aside from the violence, do we really think that fewer teenagers — already increasing their use of cigarettes and alcohol — would not take the plunge and experiment with drugs if we legalize them?

Increased drug abuse trends concerning youth continue to surface. Just last fall, anti-drug groups in Massachusetts warned parents there to be on the lookout for a new teen drug use trend —hollowed out cigars called "blunts," filled with marijuana.

Americans have said in recent opinion polls that they are most concerned about drugs and crime. The public expects policy makers to discuss serious, thoughtful, intelligent strategies to deal with these complex and difficult matters. This is not the time to discuss proposals that will bring our communities more addiction, more crime, more violence, and a whole new set of medical and legal worries — all things that would come from society's transformation into an open-air drug market.

Think about it.

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LEGALIZATION: THE MYTH EXPOSED

Robert E. Peterson

It is intriguing to see how national debates get started in our society. One U.S. mayor, in disagreement with the overwhelming majority of his colleagues, suggests returning to a failed approach to the drug problem and it is front-page news in the *New York Times*.[1] A university professor and the director of a twenty-year-old marijuana consumers' lobby form a new group, and it is declared proof of a growing national movement.[2] Two leading conservatives with libertarian leanings are cited as recent converts to the cause, although they were for it fifteen years earlier.[3] The media had an instant sensation, and columnists, editors, television producers, and readers cranked out letters, columns, programs, and articles on the issue. The lecture-debate circuit became a profitable enterprise for prolegalization proponents. Funding to scholars and special interest organizations flourished, including a single donor's $2-million commitment to the nation's most active pro-drug-legalization group, the Drug Policy Foundation.[4] With such promotion, a position held by about 10 to 14 percent of the people of the United States became a fixture in the popular drug debate.[5]

A few new public figures have joined the call to legalize drugs, but most of the proponents have supported the concept for years. There is no groundswell of ranks to legalize drugs, the concept is opposed by a six-to-one margin, politically it is a dead issue, and the nation's recognized leaders in drug prevention, education, treatment, and law enforcement adamantly oppose it.[6] The drug legalization discussion is more a pseudo-academic and entertainment exercise than a policy debate. The president and Congress do not find the position meriting

serious consideration and refuse to divert energy from the national strategy they adopted.[7] *Why* we are again talking about relegalizing drugs is as significant as *what* we say about the topic.

The peculiar history of the drug-legalization "debate" must be taken into account in any intelligent review of the issue. The last time this debate raged was in 1977, when the president and his "drug czar" asked Congress to decriminalize marijuana and indicated that laws against cocaine were also undergoing review. The intellectual community, social psychologists, and media editors were generally supportive. Then, as now, this vocal group was out of step with the people and oblivious to the interests of children and parents. A spontaneous movement of outraged parents arose to defeat the organized marijuana lobby and beat back the multi-million-dollar drug-paraphernalia industry.[8] In 1977, one in ten high school students was stoned on marijuana every day of the week and student cocaine use was above today's levels. Prolegalization drug permissiveness was blamed for these phenomena and many experts now attribute the less tolerant attitudes of today with success in cutting the likelihood of teen drug use in half since 1980.

With the public and elected officials opposed to abolishing drug laws and drug use dropping, the question arises: Why the renewed call for legalization?

There are three rationales for drug legalization, with overlap among adherents to each. First, there are theorists who apply a form of economic, legal, political, or health-policy analysis to the issue and conclude that drug laws do not pass a cost-benefit test. Legalizers have offered little new in the way of facts or objective analysis since the 1970s. They have instead played on public frustration arising from the crack epidemic to bolster the "drug-laws-do-not-work" position, although crack use is now declining. This paper examines the various theories and data proposed, and exposes their logical deficiencies.

A second group of legalization advocates holds to a political and personal ideology that drug use is an individual right that should not be intruded upon by the government. This group includes both conservative libertarians and left-of-center civil libertarians. Timothy Leary was perhaps the first to propose adding to the Bill of Rights: "Congress shall not infringe on one's right to alter one's consciousness." In its purest form, this right to use drugs is absolute and the outcome of a cost-benefit analysis or the degree of harm imposed to society at large from drug legalization does not matter. Others would allow government curtailment of the right to alter one's consciousness if private use causes a sufficient amount of harm to others. This ideology fails to balance the interests and rights of children and society at large with that of personal intoxication, but it has gained in intensity as youth of the 1960s and early 1970s age into positions of responsibility in the 1990s.

Richard Dennis, $2-million donor to the prolegalization Drug Policy Foundation, perceives the nation's drug strategy as "about sort of repealing the 60s."[9]

When high school students expressed opposition to marijuana legalization to Loren Siegel of the ACLU, her reaction was one of alarm, not relief.[10] To many in the 30-to-40 age bracket, marijuana and drug use was a symbol of youth, rebelliousness, and personal freedom.[11] Although the dangers and damage of these chemicals are apparent, and fear of use by children is real, it is hard to look at drugs from an objective perspective when the "just-say-no" philosophy is considered more a personal threat than a healthy life-style for youth. Drug-legalization proponents often mix an emotional appeal of guilt and hypocrisy with selective facts and rationales to support legalization. Today's drug intolerance is blamed on "big brother," and the loving and concerned parents who fought the government to end the age of drug permissiveness are accused of irrational drug hysteria.[12] Only through awareness of this bias and the resultant cognitive dissonance can rational review of implications of legalization on youth and nonusers take place.

The third and perhaps the largest numerical group for legalization are those that use illicit drugs. It would be naive to ignore the strong self-interest of drug users in seeking legalization. Drug users come from all walks of life. It is not surprising that former Mayor Marion Barry seconded the call for legalization at the conference of mayors that launched the public debate. Ironically, of the population that has tried an illicit drug, only about a third support drug legalization. It is not coincidental that the legalization movement became more vocal after enactment of laws holding drug users accountable. A renewed cry for legalization is for some an act of desperation, in an age when drug use is increasingly viewed as selfish, unhealthy, and harmful to society. Marijuana promoters in particular grasp at straws with campaigns like "Hemp for America" that declare hemp rope and cloth is a miracle cure for the economy and that the highly carcinogenic drug is good for the environment.[13] Current drug users, although accounting for only 7 percent of the population, are not all politically disenfranchised. The National Organization to Reform Marijuana Laws (NORML) is the oldest drug-user-rights organization and has strong ties to both the Libertarian party and the Cato Institute, the Drug Policy Foundation, and the ACLU.[14]

Treatment experts note that as drug use progresses the drug becomes a focal point of the user's life.[15] Drug magazines, such as *High Times*, have centerfolds of marijuana buds and articles that raise the drug to the level of a religious sacrament. Drug users, even occasional marijuana smokers, have a personal bias built in to their analysis of drug policy. Although policy analysis is alluded to, rational review is not likely to have an impact over the strong emotional and chemical attachments that bind users to psychoactive drugs.[16]

Although drug legalization is not widely popular nor an official part of the national policy debate, the public discussion on it is having an effect and may portend future developments as the United States grapples with the drug problem in the 1990s. A return to social acceptance of drug use could bring about a

reversal in dropping drug-use trends, especially among youth. It is important to understand not only the various theoretical arguments made for drug legalization, but also to assess the practical impact of the debate itself.

Drug Legalization: Faulty Assumptions

There is an old joke about three professors on a deserted island trying to open a can of food without any utensils. The physics professor suggests dropping a rock onto the can and estimates the weight, height, and velocity needed to do the job—but the contents would be scattered, so that solution is rejected. The chemist says to apply heat to expand the contents to the bursting point, but again the contents would be lost. The economist has a better solution, "Let's suppose that we have a can opener," and from there his theory is successful. Legalization proponents often begin their argument with assumptions that do not reflect reality.

Is the War on Drugs "Hopeless"?

Major articles and editorials for drug legalization begin with the premise that the drug war is unwinnable and the problem only grows worse the more we fight it. This assumption derives its validity not from data and accepted methods of policy analysis, but rather from public frustration with the complex social problem of drug abuse. Due to the emotion of the issue, it is often accepted without critical analysis. Nearly all the available data and the historical experience of the United States and other nations contradicts this assumption.

Frustration and media accentuation on the negative have led many to despair over the drug issue. Legalization proponents use propagandistic analogies to Vietnam or alcohol prohibition, although these events did not have the support of three-fourths of the public, as President Bush's drug strategy does.[17] That may be why drug abuse is actually declining. Legalization advocates say it is time to call off the war and gracefully withdraw from efforts to stop drug abuse.[18] As former Pennsylvania Attorney General LeRoy Zimmerman stated regarding the Vietnam withdrawal analogy, however, this is a war for the hearts, minds, and souls of our children. There is no place to which we can withdraw.[19] We can run, but we can never hide.

The Data on Drug Use

Today, a high school child is half as likely to try an illicit drug as was his or her counterpart a decade ago.[20] In 1979 there were 23 million illicit drug users, in 1988 there were 14.3 million, a 40 percent drop, with monthly cocaine use

falling 50 percent from 1985 to 1988.[21] Nearly seven of ten children in New Jersey and California who do not use drugs said that fear of getting in trouble with the law was a major deterrent to drug use.[22] Cocaine use skyrocketed in 1985 and a combination of education, prevention, and tough laws was put in place. Regular high school use of cocaine has dipped to 2.8 percent.[23] Crack use in the inner city is now showing signs of decline.[24]

Daily teenage marijuana use has plummeted 75 percent since 1978, when the president and his top drug advisor sought to decriminalize the drug.[25] It is still dropping, except in Alaska. In that state, when marijuana was legalized for adults, high school students are twice as likely to smoke pot as those in the lower forty eight.[26] As a result, Alaskan citizens voted in 1990 to recriminalize the drug. Drug users are considered the out-crowd and student drug-free groups have grown nationwide. Citizens in the inner cities have teamed up with policy to oust neighborhood drug dealers. Most of those in the field of education, prevention, and treatment believe progress is being made. Why, then, the frustration and fear and emergence of the "war-is-hopeless" sloganeering?

The emergence of the drug crack, the fact that drug abuse is still too high, and peak addiction levels following record cocaine drug use in 1985 have been sources of irritation. Use among the poor, especially the young poor, has increased disproportionately to the rest of the population.[27] In addition, fewer drug buyers increased competition and violence among dealers. Drug-legalization proponents note that after all these years of fighting drug abuse the problem still persists. The problem is still severe. It is a long leap in logic, however, to the conclusion that such laws will never work, are not working, and that they should be abandoned. Ironically, the leading legalization proponents admit that legalization is no panacea and that drug use will increase as a result of legalization.[28]

The facts are that today drug use is down, way down, for almost every sector of the population, and the public is more united against drug abuse than ever. There is still a long way to go, priorities may have to be shifted, and care must be taken not to leave anyone behind—but advances have been made as a result of a combination of drug awareness, education, prevention, treatment, and law enforcement.

The Role of Drug Laws

The case built against drug laws is in part dependent on the artificial extractions of drug laws from the more comprehensive and complex social context in which the law operates. Legalizers assume that in order to handle the multifaceted problem of drug abuse a choice is required between law enforcement or education, treatment, and prevention.[29] There may be honest disagreement about whether funding is adequately distributed among health, legal, and educational approaches to counter drug abuse, but trying to find a federal or state drug strategy

that pursues law enforcement as the sole solution is like trying to find the economist's hypothetical can opener. Such a strategy simply does not exist.

Although a systemwide approach is now being implemented and most states have comprehensive drug plans, many drug-legalization proponents continue to view law enforcement in isolation. A poll sponsored by the legalization activist group, the Drug Policy Foundation, polarized options offered respondents, and forced an unrealistic choice between treatment, education, and prevention *or* imprisonment. Pollsters were instructed *not* to provide the option of choosing both approaches.[30]

The national drug strategy clearly notes that dividing the drug problem into supply and demand side tactics is "a bad idea" and that ". . . the reality of the drug problem cannot be met through an exclusive 'law enforcement' strategy on the one hand, or a 'prevention and treatment' strategy on the other. Most Americans recognize by now that we require both approaches."[31] Americans do know this and recent polls, reflecting record support for drug laws, also reveal that the top strategy endorsed is drug education.[32] The national strategy notes that drug education cannot work if law enforcement does not clear school zones of drug traffickers, and that law enforcement has a part in drug education. Drug laws drive people to receive treatment, both voluntarily and as justice-system referrals. The strategy concludes, "Most leaders of prevention and treatment programs recognize this; their task is made easier when drug enforcement works."[33]

To reach the conclusion that the drug war cannot succeed, legalization advocates narrowly define the war and ask, can drug laws alone defeat the problem of drug abuse? It is a safe question because even the staunchest advocates for drug laws, including the president and the attorney general, agree that the law cannot work in isolation. The drug czar says that millions of users should *not* be locked up and that reliance on law enforcement alone is a delusion.[34] The question for legalizers is, how would drug education, prevention, and treatment efforts improve, if repeal of drug laws increased drug use, reduced prices, and increased availability? No agreed-upon answer, or detailed alternative plan, has yet been offered.[35]

A False Dichotomy

Legalization proponents compare drug effects and costs with lack of comprehension of the polydrug-abuse concept and adherence to a mistaken model of drug substitution. Medical experts find a strong link between frequent cocaine use, alcohol abuse, and marijuana use. As cocaine use climbs, so does the use of these other substances.[36] Those who have smoked marijuana a hundred times or more are 75 percent more likely to use cocaine than those who abstain from marijuana smoking, a correlation that is estimated to be ten times stronger than the link between cigarette smoking and lung cancer.[37] Legalization would com-

pound societal costs by increasing not only harm due to new illicit drug use, but also costs from upswings in other drug use, including alcohol. Drug abusers seldom chose a single drug to abuse; they use active combinations of substances. Legalizers often attribute the rise in cocaine use to the decline in marijuana availability. The data actually indicate that cocaine use has declined 50 percent since 1985, as marijuana use also fell. Today, with marijuana use at a low, use of cocaine is below the level in 1977 when marijuana smoking was near an all-time high.[38]

Measuring Drug-Use Risk

In an article for drug legalization in *Foreign Policy* magazine, Ethan Nadelmann makes this erroneous assumption: "Clearly there is no valid basis for distinguishing between alcohol and tobacco, on the one hand, and most of the illicit substances, on the other, as far as their relative dangers are concerned."[39] Before making this point he compares alcohol and illicit-drug statistics and attempts to extrapolate drug-addictiveness indicators from drug-use surveys. In measuring dangerousness, emphasis is put on dangers to the user, not to society at large. Marijuana safety is "proven" because there are no documented overdose deaths. The impact of marijuana use on others, such as the sixteen deaths and $51-million cost imposed by a Conrail engineer on pot, is largely disregarded.[40]

The Risk to Nonusers. The reason illicit drugs pose a high risk to nonusers is that these substances significantly impair the judgment and though processes of users *every* time they are shot, smoked, snorted, or swallowed. Tobacco has minimal disruptive psychoactive impact and its primary risk is chronic disease for the user. Alcohol can be used as a beverage without significant mental impairment. The greatest risk of alcohol use to others is when it is used to a point of intoxication or impairment; the leading alcohol-related cause of death is injuries, not overdoses—chiefly from drunken driving.[41] Because illicit drugs are always used for their intoxicating effect, any analogy to alcohol use should be to getting drunk, not to having a drink. One ounce of alcohol is incapable of intoxicating the average adult, but one ounce of marijuana could impair over 100 people.[42]

Opposition to drug intoxication is based on more than "puritan" distrust of altered consciousness; it involves public safety. An intoxicated person not only has motor and behavioral impairment, but the very capacity to make safe and sound choices regarding driving, future drug use, child care, and other matters also is diminished. There is evidence that illicit drug users are more likely to be involved in accident fatalities and serious injuries than are alcohol users. Although there are nine times as many current drinkers as there are marijuana smokers, a Maryland study found recent marijuana use as prevalent as alcohol use (35 percent

for each) for those treated at a hospital for serious injuries. Another 16.5 percent had both drugs in their systems.[43] A study of national truck-driver fatalities shows that the proportion who died with marijuana in their systems (13 percent) equaled the percentage with alcohol in their systems[44] Cocaine is used by 1.5 percent of the U.S. population, but was implicated in 8.5 percent of the truck fatalities. In a New York study, the drug had been used within 48 hours by 20 percent of drivers fatally injured.[45] In most cases, use of illicit drug goes undetected.

The argument is made that under drug legalization dangerous behavior such as drugged driving would still be illegal. Drugged driving is already illegal and with the data above indicating that on a per user basis, drug users are five to ten times as likely to be involved in fatal accidents as those who use alcohol, there is little rationale for making drugs legal and increasing the risk imposed by drug use. Why kill more innocent drivers? Dr. Schultz of the University of Miami School of Medicine summarized his study on alcohol deaths by stating that if everyone who drank did so very occasionally, at levels not likely to produce injury-prone behavior, there would be few alcohol-related deaths.[46] Many alcohol drinkers do drink at safe levels, but every user of illicit drugs uses to get intoxicated. Every one else is put at risk from their mental impairment.

The Risk to Users. The addictiveness of various substances cannot be determined by the ratio or the number of people who have tried a drug to the number who are "hooked." Medical scientists disagree with political scientists and social psychologists advocating legalization because illicit drugs are not dangerous or addictive as commonly believed. Dr. Gabriel Nahas, a scientific researcher and expert on marijuana and cocaine, has extensively reviewed these issues in his writings and provides a chemical basis for his findings, centering on biological disruption in the brain.[47] Dr. Robert Gilkeson clearly states the issue: "The toxicity of intoxicants is not determined by debate. . . . We cannot vote for or against the 'toxicity' of a drug."[48]

Health risks of illicit drug use have now been clearly established.[49] These drugs induce biochemical changes in areas of the brain that regulate memory and coherent behavior, thereby affecting personality and survival. Such changes are in many cases irreversible. It is the very exercise of freedom that is abridged by these drugs. In addition, illicit drugs impair the genetic code: They are genotoxic, and may affect germ cells, sperm, and ova, threatening future generations before they are even conceived. Cannabis, cocaine, and the opiates also are fetotoxic, damaging the growing fetus.

While demanding a health approach to the drug problem, legalization arguments often imply that addicts are a few individuals who simply cannot hold their drugs, "a minority without self-restraint."[50] One legalization proponent suggests that more sophisticated individuals are more immune to addiction.[51] Treatment specialists believe that addiction is not a respecter of race, religion, or

social status and that anyone can fall prey to this disease and the resultant degradations.[52] Drug harm is not limited to addiction; as Len Bias tragically discovered, the effects of even casual use are not predictable. The fact that not everyone who uses drugs becomes an addict does not mean that all users are not at risk of addiction. Like Russian roulette, the more you play, the greater the risk.

Furthermore, prodrug-legalization advocates often refer to treatment of addiction as a cornerstone of their policy alternative. They cannot ignore that there is no cure for drug addiction. No foolproof specific psychiatric or psychological treatment is available. The addict knows it and is often reluctant to accept his only chance for drug-free recovery—a protracted and difficult period of drug-free rehabilitation. Drug laws save thousands of lives each year by insisting on such treatment as conditions of parole or probation or pretrial release. Even so, at best, only half the addicts in the typical treatment program are rehabilitated.

Even marijuana would not pass FDA approval standards if application were made by a pharmaceutical company to market this substance for the general public. Many of those favoring legalization are opposed to other, nonintoxicating environmental pollutants that cause far less biochemical damage. The risk of smoking a weed that combusts to release over 2,000 crude chemicals, with more carcinogens in stronger concentration than tobacco, and a fat-soluble neurotoxin with a half-life of five to seven days, is minimized for political, not health, reasons. Ironically, members of the marijuana consumer's lobby claim that the drug fight should be led by the "surgeon general, not the attorney general," yet many fail to heed the surgeon general's warning regarding marijuana use.

The Forgotten History of Civilizations and Drug Control

In spring 1990, the world's first international drug summit of leaders from 112 supplier and consumer nations convened and strongly rejected the drug-legalization option. Instead, a broad range of strategies, including treatment, prevention, education, eradication, and law enforcement, was adopted.[53] The European Parliament had reached a similar conclusion two years earlier. The United States would be in violation of international treaty if it legalized drugs.[54] The historical experience of various countries with drug abuse provides useful observations generally ignored in the legalization debate.

The United States. This country once had legal cocaine, heroin, and marijuana. At the turn of the century these substances were widely used and promoted, largely through medical and drugstore outlets. Home remedies touting cures for nearly every ailment often included one or more now-illicit drugs.[55] The outrageous claims made by drug and snake-oil salesmen for these substances rivaled those made by Timothy Leary for LSD, NORML for marijuana, or recent

reports underwritten by the National Institute on Drug Abuse extolling the hallucinogen MDMA.[56] The result of this "honeymoon period" of drug acceptance was record addiction levels, crime, and associated social disruption. The murder rate jumped 300 percent from 1907 to 1917.[57]

Drug laws were the result of a public outcry by people victimized by the impact of these chemicals on themselves, their families and neighbors.[58] In the early 1900s, the cocaine and opium addiction rate rivaled that of today. In 1914, these substances were made illegal and by 1940 the number of addicts dropped from over a quarter million to 50,000. The availability of cheap, pure cocaine and other drugs led to their widespread use. When druggists stopped selling cocaine, neighborhood disorder declined. A medical model of drug distribution failed to curb the drug epidemic of the 1900s or to effectively limit availability. Law enforcement also has been credited by a leading criminologist with helping to contain a rising tide of heroin addiction in the 1970s.[59] Legal narcotics in the United States brought about the predecessor of current drug laws.

In 1988, the White House Conference for a Drug-Free America issued a final report that drew "on the innate wisdom and good sense of the American people." The bipartisan group of 127 conferees, made up of the nation's top leaders from diverse fields, heard from thousands of citizens on the front lines of drug treatment, education, and enforcement. The report reflected their recommendation that drug legalization be "vigorously opposed."[60]

Sweden. After attempting to soften drug laws to destroy the criminal element and remove the profit motive, Sweden's drug laws were stiffened in response to high abuse rates, especially of amphetamines in the late 1970s. The number of teenagers who had tried drugs was cut in half by 1987. Law enforcement was part of a broad approach that included mandatory treatment and selective drug testing of students.[61]

Japan. Our major global business competitor has one of the lowest drug-abuse rates and crime rates of any industrial nation. It also has some of the stiffest drug laws. Japan faced an epidemic of highly addictive amphetamine use, a central nervous system stimulant like cocaine, after World War II and a heroin use problem in the early 1960s. Both epidemics were successfully routed through a combination of strong law enforcement in conjunction with drug user stigmatization and rehabilitation.[62]

China. China overcame a severe national opium-addiction problem through public education, rehabilitation, and strict law enforcement.[63]

Spain. Spain provides a good example of what to expect when tough drug laws are liberalized. When the Socialists took over in 1983, Spain went from

having some of the strictest laws in Western Europe to having some of the most lenient. A spurt in cocaine, heroin, and other drug use and trafficking, and the accompanying problems of crime and social disruption, plague that nation today. Spain has become a major transhipment point for drug kingpins. Outraged parents presented a drug report that shamed the government into action and antidrug laws were enacted and are being strengthened.[64]

Italy. Italy has rescinded soft laws on the possession and use of heroin because of record addiction rates and overdose deaths.[65]

Germany. Germany, America's major European business competitor, is taking a strong stance against drug abuse and has enacted tighter drug controls.[66]

Switzerland. In 1987, the Zurich City Council approved a program allowing drug addicts to buy and use drugs freely, and providing clean needles and condoms in one city park. Overdose deaths dropped, but crime in the area rose 30 percent and Switzerland has the highest drug-abuse and AIDs rate in Europe. Half the addicts in Zurich test HIV-positive. In *Mother Jones* magazine, a publication that has printed prodrug-legalization articles, the scene is described as follows: "Platzpromenade Park is littered with hundreds of people thrusting needles into their arms and necks. Blood falls to the grass. Bodies overload the park's benches, heads dangle at impossible angles, eyes roll back."[67] Is this a model for America to follow on a national level?

Netherlands. The Dutch drug experience is used as a model for U.S. drug policy. It is difficult to see how this example squares with most legalization propositions. Dutch drug laws reflect a liberal moral philosophy and a traditional toleration of more radical viewpoints. For instance, pornography legislation in 1986 included a provision (later rejected) to lower the age of consent from sixteen to twelve years of age.[68] Marijuana and other drugs are not legal in the Netherlands, but certain laws are simply ignored. The Dutch do not raise one dollar in tax revenue from drug sales because the junkies union, a political lobbying force for junkie rights, successfully sued to stifle tax provisions on the basis that, as a signatory to the United Nations drug convention, drugs were illegal and illegal substances could not be taxed.

The Dutch retain a narcotics police force and have hardened drug-trafficking laws, cracking down on border and customs patrols. Drug violators account for 50 percent of the Dutch prison population, a higher proportion than in the United States.[69] The Netherlands is the most crime-prone nation in Europe.[70] Most drug addicts live on state welfare payments and by committing crimes. Thievery and vandalism have skyrocketed. Unemployment is at 15 percent and minorities are overrepresented among the addict population.[71]

Legalization advocates boast that marijuana use has dipped since laws were liberalized, but this is based on a questionable survey. Other data suggests that Amsterdam marijuana use is not much lower than use in the United States.[72] The number of Amsterdam drug cafes rose from under 30 to over 300 in one decade. Legalizers fail to note that daily marijuana use by U.S. youth declined 75 percent following blockage of the decriminalization movement. The Dutch tried licensed legal heroin distribution but quickly scrapped the notion after a spurt in crime and overdose deaths. A recent Dutch report concluded that legal heroin distribution would not reduce drug-related crime.[73] A Dutch businessman quoted in *Forbes* magazine lamented, "If they had made jails instead of organizations to help the junkies, things would be much better."[74]

Britain. England discovered that allowing doctors to prescribe heroin led to a huge black market and an increase in drug problems.[75] The drug problem is of serious concern there and the British Prime Minister opposes efforts to legalize or liberalize drug laws. Britain's experience with liberal drug regulation and legislation led to stricter control and tougher drug laws.

Alcohol Prohibition: Propaganda or Useful Analogy?

Historically, "prohibition" describes the period (1919–1933) in which the Volstead Act was in effect banning alcohol sales and transport. Use of the word to describe current drug policies and laws is based on clever public relations, not careful policy analysis. Murder and child-abuse laws are not referred to as forms of prohibition. Although primarily a moral appeal, the term is interspersed throughout an often-cited article on legalization in the prestigious *Science* magazine.[76] Prohibition purportedly demonstrates lessons applicable to current drug law, most prominently its alleged failure as a social policy.

Is the Prohibition Analogy Appropriate? A useful historical analogy must exhibit facts and circumstances that made comparison meaningful. Important distinctions between current drug policy and alcohol prohibition must be noted before any "lessons" of prohibition are applied. Prohibition attempted to use the law to create a strong moral consensus against use of a popular drug and beverage that had over 2,000 years of cultural acceptance. Drug legalization attempts to use legal repeal to bring about cultural acceptance for the use of substances that are widely feared and traditionally rejected by the vast majority of the population. In a democratic government, it is essential that the law reflect the will of a substantial proportion of the general public. Alcohol prohibition never garnered the widespread backing given to current drug laws. Three years after prohibition, only 38 percent favored it, and in 1981 that figure dropped to a low of 17 percent. In contrast, today 80 percent of Americans want drugs kept illegal. Prohibition

did demonstrate the difficulty of putting the drug "genie" back into the bottle and making a substance illegal, once legal status is granted.[77]

The use and purchase of alcohol was never outlawed by prohibition. Alcohol use was attacked almost solely through regulation of manufacturers and suppliers. The lesson, if any, is that current user-accountability statutes may be an essential improvement over drug-control efforts that allow drug use, but not manufacture and sale. Under alcohol prohibition, doctors could prescribe alcohol and the medical profession was a major source of alcohol products, "for medicinal purposes."[78] If there is any lesson here, it is that legalization through medical distribution is fraught with dangers and loopholes. Alcohol prohibition was not part of a comprehensive education, prevention, and treatment strategy as today's drug laws are.

Did Prohibition Fail? Surprisingly, from a health and economic perspective, prohibition accomplished its goal, saving the nation both money and lives. The direct costs of prohibition and loss of tax revenues were more than recouped through fines and penalties assessed on violators.[79] Even though alcohol use was not illegal, prohibition significantly lowered alcohol consumption. On a public health basis, cirrhosis deaths were cut over a third, alcohol psychosis cases fell dramatically, in Massachusetts child neglect cases declined by over 50 percent, juvenile delinquency and alcohol-related divorces dropped by half.[80] Even with gangster killings, the overall murder rate declined. From 1905 to 1919 the murder rate rose 300 percent; during the prohibition period, 1918 to 1929, the overall rate rose 30 percent.[81] Arguments against prohibition are based more on public opinion and social consensus than economic or health data.

Since the repeal of prohibition, alcohol consumption has tripled. It is estimated alcohol abuse costs the nation $100 billion per year and over 300 lives per day, an amount that the $18 billion in state and federal excise tax revenues does not begin to cover.[82] Alcohol is also strongly linked (together with illicit drugs) to violent and property crimes. Ironically, legalization advocates somehow believe that the tremendous costs and dangers of alcohol abuse justify adding new, dangerous mind-altering substances to the public pharmacopoeia.

What Is the Real Lesson of Prohibition? The choice is not whether society will absorb the heavy cost of legal alcohol or legal cocaine or legal marijuana or legal heroin; the choice is whether to multiply the cost incurred from legal alcohol *plus* legal cocaine, *plus* marijuana, *plus* heroin.[83] From an economic, health, or legal perspective no justification can be made.

To demonstrate that alcohol is the more dangerous and more costly substance, legalizers note that fewer deaths and lower costs (estimated at $60 billion per year) are currently attributed to illegal drugs, and therefore these substances are more worthy of legal status than alcohol. What is not acknowledged is that it is the

drug laws that keep use, and its associated costs to the economy and human life, below that of alcohol. Because drug laws help keep use at such low levels, relative to alcohol use, the dangers of illicit drugs are grossly underestimated. What the analogy to alcohol dangers and costs indicates is that drug laws save the nation billions of dollars and thousands of lives each year.

Drug Laws: Costs and Benefits

Legalization theorists contend that drug laws cause problems more serious than the tragedies related to drug use. The "seriousness" of problems attributed to drug laws is defined and weighed in a highly subjective manner. Dangers of illicit drug use, for both users and those around them, are intentionally downplayed, while the impact of drug laws on creating new crime and criminals is exaggerated. The drug problem, as experienced by the majority of U.S. citizens, is redefined into the drug-law problem, as viewed through the eyes of intellectual theorists, drug users, and drug-use-rights civil libertarians.

What Is "the Drug Problem"?

In answering this inquiry, one must ask, the problem for whom? In this case, where you stand very definitely depends on where you sit.

From Conception to Birth. At this stage the drug problem is solely related to drug use by the mother. Illicit drugs pass in utero to developing infants, and cocaine-addicted mothers have higher miscarriage rates and increased risk of developmental damage and organ defects.[84] The offspring of mothers who smoke marijuana showed a tenfold increased risk of having a form of leukemia in a preliminary study.[85] Demands on health-care services, with an estimated cost of $90,000 per crack baby, have a public carryover cost.[86] Any drug-policy change that would increase drug availability and decrease price would have a damaging impact.

From Birth to One Year of Age. The number-one cause of death for this age group is homicide, mostly from abuse and neglect of caregivers. Parental cocaine use and child neglect are highly correlated.[87] Psychologists believe cocaine can override the mothering instinct. Babies of addicted mothers are difficult to care for and infants have been fed fatal drug overdoses to quiet them. In Washington, D.C., infant mortality rose 50 percent in the first half of 1989, and up to 15 percent of addicted babies died of sudden death syndrome.[88] The drug

problem for this group is drug use by parents, and legal, cheaper drugs pose a severe threat.

Children from One to Twelve. Accidents are the leading cause of death for this group and many of them are drug-related.[89] Child abuse and neglect are aggravated by drug use. Even if a child is not beaten, drugs steal the love and affection of parents that children are entitled to have. Peer pressure is a powerful factor in decisions to use drugs; parental drug use is the leading predictor of use by youth. Reducing drug demand among older students and siblings could reduce that risk. A Pennsylvania teenager, active in drug-prevention efforts with elementary children, noted that legalization would "destroy everything we have worked for."[90] First drug use is likely to be of alcohol, because of its legal status and wide acceptance. Children cannot separate the message that it is legal from the message it is all right to use it.[91] The greatest drug problem is drug use.

Teenagers. The leading teen killer is not drug-gang shootings, lung cancer, or cirrhosis of the liver; it is automobile and other accidents largely attributed to alcohol and marijuana use; next comes suicides and homicides, also linked to use of illicit substances.[92] Even libertarians generally agree that children must be protected under the law and that not all choices available to adults should be available to children.

Adolescent drug use would rise dramatically if drugs were legalized for adults. This is amply demonstrated by alcohol-use patterns. Over 90 percent of high school seniors have experimented with alcohol, and two-thirds are current drinkers. In contrast, only 10 percent have tried cocaine, and only 1.5 percent use it regularly.[93] Marijuana use is less than half that of alcohol use, except in Alaska where use was legal for adults. In that state, most used both drugs and student marijuana use is twice the national average.[94] Drug legalizers should reduce student alcohol-use levels to those of illicit drugs before legitimating adult role modeling with other deadly substances.

Murder is the only major source of teen fatalities that is related to both drug use and the illicit drug trade. The drug crack causes unpredictable, violent behavior unrelated to the drug trade. Crack studies show a high degree of violence related to drug use, not just to drug laws.[95] Children are murdering others for leather coats, designer sneakers, and gold chains. Teens are more likely to engage in high-risk sexual behavior under the influence of drugs, not just to obtain more drugs. Drug use impairs mental judgment and restraint.[96] Psychological problems from teen drug use can be lifelong.

Parents. For parents of nondrug users, the drug problem is primarily the risk that their child will succumb to the temptation to try drugs and end up with

serious life problems. The chief concern is that there are too many drugs and too many drug users. Parents do not want a government crack store on their block any more than they want an illicit crack house. Increasing drug availability through legalization is not an answer to their problem; reducing drug use and drug demand is.

For parents of children involved with drugs, the primary problem is the impact these substances have on their child and family. Drug use changes the very personality of a child, never for the better, and puts their entire future at risk. Families become dysfunctional. The greatest fear is that drug use will lead to premature death. A *Wall Street Journal* reporter wrote of the drug-use tragedy of his son, "Because of drugs he is dead, and every day my heart breaks a little more."[97] There are deaths due to the drug trade, but there are thousands more broken hearts due to drug use, and its destructive power on children and adults.

The Nonusing Public. For those nonusers, the drug problem hits home hardest when a family member or friend has a substance-abuse problem. Drug users in the neighborhood and on the job constitute a second concern.[98] Crime related to drug abuse and the drug trade is another fear. The odds of being injured in an accident are twenty times those of being criminally assaulted, and the odds of being killed in an accident are over twice those of being murdered.[99] The impact of drug abuse on the national economy and tax rate also causes problems for the nonuser.

Recovering Addicts. To the recovering addict the problem is totally one of drug use. The vast majority of those in recovery do not see any merit in making illicit drugs any cheaper or more available. In 60 hours of drug hearings held by the governor and attorney general of Pennsylvania, drug addicts told how essential it was in recovery to get away from a drug-ridden environment. Some reported how law enforcement played an important role in their seeking treatment.[100]

People of Color. Leaders have been quick to call drug legalization "chemical apartheid," creation of a "bio-underclass," and Washington, D.C., Councilman Ray terms "state-sponsored addiction" a form of racism.[101] Peter Bell, former director of the Black Chemical Abuse Institute, wrote that he cannot think of one serious problem faced by the black community, be it teen pregnancy, unemployment, or educational opportunity, that would not be negatively impacted by drug legalization.[102] Homelessness is highly correlated with substance abuse, with 44 percent of the homeless identified as drug abusers.[103] Attacking drug demand, not creating a cheap legal market, is the only solution to both problems.

The Economist's Drug Problem

From a theoretical viewpoint the drug problem looks quite different. Drug problems arise from the economics of the drug market, not the impact of these chemicals on the brain's pleasure center. Subjective items, such as the pain felt by the *Wall Street Journal* reporter for his son, are difficult to calculate and therefore deemphasized. The drug problem is solely one of crime associated with the black market in drugs. Drug laws artificially raise drug prices and bring about criminal organizations that profit from this trade and fight off competitors with violence. High prices force addicts to commit more crime to feed their habits. Deaths from drug overdoses and drug-trade-related murder are given disproportionate weight over accident fatalities. The tremendous impact of drug use on children and youth is discounted in the cost-benefit calculation.

Two Solutions to End the Illicit Drug Traffic. The national drug strategy puts top emphasis on taking away customers and reducing demand to put drug dealers out of business. Tactics include drug education and prevention to stop first use, drug treatment to break the cycle of abuse, and law enforcement to make drug use difficult, risky, and expensive.[104]

Drug legalization would end illegal drug trafficking by making drug trafficking legal. A legitimate drug market would wipe out the current drug trade through price-slashing competition. If necessary, a government monopoly would be created. It is estimated that the price for a dose of cocaine would drop to about forty cents, low enough for a child to purchase two hits with lunch money.[105]

How Legalization Would Work. There are many variations and schemes for drug legalization, but if the goal is to significantly reduce the most dangerous forms of drug trafficking, only one method could possibly work and that is outright legalization of all drugs, of all potencies, to all users, at convenient twenty-four-hour locations with bargain-basement prices. Again, cocaine would go for about forty cents per dose.[106] Any new street drugs developed would be immediately manufactured and made legally available. Economists are wrong to assume that the black market is responsible for creating the crack form of cocaine. Crack became popular because drug users naturally crave more powerful highs. Crack is easier to market, but drug users do not select their drug of choice for the convenience of dealers. Wealthy cocaine users created freebase coke on their own, prior to the advent of crack. Hallucinogens increased in potency while they were legal (for example, peyote to mescaline, or LSD development). If new designer drugs were not instantly legal, the incentive to create stronger drugs illicitly would increase under legalization. The first drug deserving legal marketing would be crack, currently having the most violent black market. The last drug to legalize would be marijuana, since that market is already somewhat dry.

The government would most likely hold a monopoly because of the potential legal liability for private industry. No reputable law firm would advise a client to get into this business, nor would an insurance company issue policy protection. In some neighborhoods, there would have to be as many crack stores and smoking dens as there are liquor stores and bars. An illicit drug user would be no more willing to snort and puff and shoot in a sanitized medical setting that a beer drinker would. It would have to work like alcohol distribution to be successful.

Underage use could be prohibited, but if heavy penalties were put on illicit sales to children that would raise the risk and attendant profit margin for the youth market and a specialized trafficking network would prosper from this trade. Therefore, sales to youth would not be treated any more seriously than alcohol sales to children. If all of the above conditions were met, the black market would probably diminish, but would that really decrease the drug problem as experienced by the majority of citizens?

Drug-Law versus Drug-Use Problems

Former Secretary of State George Shultz indicates that legalization would take the "criminality" out of the drug business—and the incentives for criminality.[107] Most legalization arguments mistakenly assume that a legal drug market would reduce crime committed by drug traffickers, street dealers, and drug users. Recent research casts doubts on the legalizers' assumption that drug laws and the crack black market are the primary drive behind the burgeoning murder rate in the inner cities.[108] These murders appear to have more to do with a general disregard for life accompanied by family and community disintegration, factors highly correlated with drug use, not drug laws. In one survey, one-third of drug-hotline callers reported "uncontrollable violence" as an effect of their drug use.[109]

Organized Street Drug Gangs. Gangs would temporarily lose ground under an open, legal drug-market scheme. These individuals, however, will not stop selling drugs without a fight, and government crack centers had better be well fortified with armed guards. Government does not have a good track record of running competitive enterprises. If government competition with murderous drug thugs is successful, gangsters are not going to go out and get jobs. They are going to shift their emphasis to other crimes. Street gangs in Los Angeles and other cities existed long before the crack epidemic. With the advent of crack, dealer competition increased for a diminished demand, fueling open violence. The effect of the drug itself on human behavior plays an underrated role in the violence. Other drugs had been sold, but crack brought mayhem. Gangs that derived income from armed robberies, burglaries, and other crimes have higher income expectations through drug sales.

What will happen when gangs can no longer make money selling drugs?

First, they will sell whatever drugs the law still bans, to whomever still cannot get them. This means intensive marketing to younger children. Once that market is saturated, an upswing in armed robbery, burglary, and larceny against nondrug users can be anticipated. A detective in Washington, D.C., believes that a dip in burglary and robbery statistics is the result of criminals' either selling drugs instead of robbing, or robbing drug dealers instead of other citizens.[110] Nationwide, from 1984 to 1988, robbery arrests of those under 18 declined 11 percent and burglaries dropped 12 percent. Then, with the ebbing of the crack epidemic in 1988, arrests of minors for robbery rose 18 percent and the decline in burglaries slowed to a mere 1 percent in the 1988–1989 period.[111] The murder rate is high, due more to drug use and social factors than the drug trade. In fact, the legal drug alcohol has a prominent role in most murders.

Drug dealers who are not addicted sell drugs to make money. The criminal incentive and profit motive would not be destroyed by drug legalization; criminal activity would simply be transferred. Currently 50 to 80 percent of felony offenders have illicit drugs in their systems.[112] The increased availability of cheaper lethal drugs that impair judgment and self-control, together with the loss of drug-related income, would bring a wave of violent crime directed at those outside the drug trade.

The above should not lead one to conclude that there is any public interest in perpetuating the drug trade. By drying up demand to put dealers out of business, a more gradual transition will take place. Drug use often runs parallel to criminal involvement, and decreasing the number of drug users will also decrease potential criminal ranks. Incarcerated drug dealers are those with the most serious records, and keeping these individuals locked up deters redirected crime. Alternative sentencing, like boot camps and halfway houses, is being developed to teach work and life skills. Treatment in prison and in conjunction with parole also is increasing, albeit too slowly.[113]

Crimes Committed by Drug Users. Contrary to popular belief, overall crimes by drug users would increase, not decrease, under a drug-legalization system. Just as alcohol-related crime has not declined since prohibition was repealed, neither would drug-related crime. Legal drugs would sell for 20 percent of the current cost, and thus cash requirements to feed a habit would be reduced, with an offset in this reduction caused by increased drug use. The number of users, especially addicted users, would skyrocket.[114] Heavy drug users are not likely to obtain gainful employment; they will hustle and steal. There would be an increased incentive to steal cash because the government crack store would not be likely to trade doses for "hot" goods. Users who sold drugs for a living would have to victimize outsiders. Neighborhoods where crack is widely available and sells for as low as $3 a hit have high, not low, crime rates. Even if drugs were free, users would need money to eat, pay rent, and buy clothing. As was noted

earlier, the Dutch, with their "enlightened" drug policy, concluded that legal heroin would not reduce crime.

In Philadelphia, cocaine is implicated in half the cases in which parents beat their children to death, and in 80 percent of all abuse cases.[115] In the District of Columbia, 90 percent of those reported for child abuse were substance abusers.[116] Cheaper, purer, legal cocaine, used by more mothers, is only going to kill more babies. The number of children wounded and killed by stray bullets in tragic drive-by drug shootings pales in comparison to the impact of cocaine in the over 1,200 child-abuse murders in 1989. Add to that a significant increase in the 375,000 infants born to drug-dependent mothers and their 15 percent sudden-death-syndrome fatality rate.[117] Some children are abandoned at birth,[118] and many of the children who survive will have lifelong medical and psychological problems. Ethan Nadelmann candidly admits that the child-abuse problem would not improve, but he fails to acknowledge that it would dramatically escalate. Arnold Trebach, head of the Drug Policy Foundation, says that even with a doubling of the addicts, legalization would probably pay off with a "net increase in the health and safety of all Americans."[119] The prospect of 750,000 suffering babies with doubtful futures hardly seems to be a net benefit.

Drug users are more likely to commit rape, assault, and murder unrelated to obtaining drugs. It is stunning that illicit drugs, used regularly by only 7.3 percent of the population, were used by 60 to 80 percent of those arrested for violent felonies.[120] The reason is that illicit drugs are always used to get high, and getting high entails impairment of the mind. Marijuana, a drug often unassociated with criminal behavior, is frequently found in felony offenders. Intoxication lowers inhibitions, making crime-prone individuals more likely to act.

International Drug Trafficking The criminal element involved in international trafficking would be greatly aided by drug legalization in the United States. The number-one fear of cocaine kingpins in Colombia is fear of extradition to face U.S. laws. This fear has led drug terrorists to declare war on their own government. If cocaine were completely legal and inexpensive, the cartel would fill the void and lower prices due to lower risk resulting from the lapse of U.S. drug enforcement. If the cocaine market were totally licit, the drug cartels would control the legal market.

The United States would become the major safehouse and transhipment point for the European and Canadian markets. Drug kingpins choose nations with weak drug laws as distribution centers, such as Spain and the Netherlands in Europe.[121] European nations currently make up 30 percent of the cocaine market. A legal U.S. market would free billions of dollars in hidden drug proceeds amassed in foreign accounts that could be spent to establish new legitimate and

illegitimate bases in the United States. Just as the end of prohibition, or the establishment of legal gambling and prostitution in Nevada did not destroy the mafia, legalization would only strengthen the drug cartels' hand. In the 1970s a conglomeration of marijuana growers and dealers donated a substantial sum of cash to NORML, the marijuana lobby. Drug traffickers long to see the United States establish a legal drug market. In a videotaped message to 7,000 antidrug volunteers in Florida, Colombia's former president pleaded with the people of the United States not to legalize drugs—to stop the demand.[122]

The Cost to Civil Liberties

Legalization advocates argue that the current drug war has led to "repressive" measures and has resulted in the loss of precious constitutional freedoms.[123] They note that a disproportionate number of drug felons are minorities, and that the courts have been upholding legal tactics such as asset forfeiture and drug testing. More disturbing are recent polls showing that U.S. citizens are willing to sacrifice certain "rights" to fight drug abuse; 97 percent support forms of drug testing and 78 percent of college freshmen agree employers have a right to test for drugs.[124]

The legalizers usually focus on the rights of drug users and their lawyers, not those of the general public. The rights of law-abiding citizens to be free to walk down the street safely, or to have peaceful neighborhoods, or to send children to secure schools, are seldom discussed. The right to a safe, drug-free work environment, or public transport system, is not weighed against the individual "indignity" of a drug test. In New York City, one of three bus-driver applicants tested positive for drugs.[125] The more the rights of drug criminals take precedence over the rights of law-abiding citizens, the more the civil liberties of all are lost. It is self-defeating to work for the right to use illegal drugs and at the same time oppose drug testing, sobriety checkpoints, drug-control efforts in the schools, jail reimbursement from drug offenders, and forfeiture of illegal drug assets.[126]

Giving drug users a legal right to use mind-altering drugs is not going to enhance civil liberties. Law enforcement may lose the power to act and fed-up citizens will act on their own. In some areas citizens have already taken the law into their own hands and burned down crackhouses.[127] In Europe, similar responses have taken place.[128] The loss of basic security and order that would result from legalization would bring a dangerous backlash. Plato once noted, "Far too great liberty seems to change into nothing else than too great slavery."[129]

The Moral Dilemma

The Moral Question: Costs to Whom?

The moral appeal of the prohibition analogy, with its implicit hint at hypocrisy toward everyone who has ever had a drink or smoked a cigarette of tobacco or marijuana, has, on the surface, a more rational basis than any economic or health justification for combining the harm of legal alcohol with legalized dangerous drugs. Not only does the argument of "you have your poison, I have mine" grip alcohol and tobacco users with a tinge of guilt, but it also reaches the sentiments of civil libertarians and conservatives who want to keep government out of private affairs. When the biochemical nature of these substances and the risk users impose on children and nonusers are rationally assessed, however, the case for legalization self-destructs. The public health and welfare interest, and the future of generations to come, far outweigh the self-interest in using and having access to dangerous intoxicating chemicals.

The emphasis on harm to the user reflects another faulty assumption made regarding the primary justification for making drugs illegal. Legalization advocates, especially those of the libertarian bent, often contend that drug laws are designed to keep people from hurting themselves. Chicago columnist Mike Royko, supporting legalization, says that if someone wants to shoot, snort, or smoke his way into oblivion, that is his problem and "it's a lot easier to sweep up the gutters than to fight a hopeless war."[130] In reality it is also the problem of the user's family, neighbors, employer, coworkers, and all who share the same highways. It is the problem of all taxpayers, who carry the welfare, insurance, and health costs to "sweep up the gutter." That is why drug laws focus not only on harm to users, but also on the risks and costs that users impose on the rest of society, especially children.[131]

Libertarian theory contends that a man has a right to freely stretch out his arms until they strike someone else in the face. If this logic were truly followed, libertarians would seek to abolish drunk-driving laws. Why punish a drunk driver until he actually hits someone? After all, many drunks do make it home without incident. The fact is that no one has the right to intimidate and put others at unreasonable risk of harm. The degree of risk allowed is related to the extent of harm threatened. An additional problem is that society refuses to let individual rights be accompanied by individual responsibility. It is inconsistent for libertarians to use British and Dutch drug policy to bolster legalization arguments, and then be opposed to the socialized medicine and guaranteed income policies that support those systems. Under legalization, a person would have the right to

become enslaved to drugs, but nonusers would pick up the health, social, and economic costs.

Whose Interests Will Prevail?

Most of the credit for the downturn of drug abuse has been attributed to an attitude of the American people of concern and intolerance.[132] Legalization proponents call for a return to the failed drug-tolerance policies of 1978.[133] They seek a return to "marijuana gladness" drug education that deemphasized drug harms and focused on how drugs made one feel. Drug education would again teach "safe" drug use. A 1979 book instructed students who chose to smoke pot to smoke with friends, clean out seeds, and use a waterpipe.[134] Internationally renowned scientist Gabriel Nahas has brilliantly traced how the dangers of cocaine were intentionally downplayed in public drug education by psychologists in his book *Cocaine—The Great White Plague*.[135] Scientific evidence on negative biochemical effects of marijuana has been even more censured and politicized.[136] Many drug-prevention specialists were trained with information written by those with a tolerant drug view and who were political activists in the prodrug-legalization issue.[137]

One result of the renewed debate over drug legalization is a resurgence of these older views on teaching children safe drug use.[138] Once again, divisions are developing just when public unity is beginning to make a difference. Although voices for alternative drug policies should not be censured, neither should precious resources be squandered. On a cost-benefit basis, is it wise to spend time and resources pursuing this discussion? The Congress and the president's top drug adviser do not think so. The media apparently do. The Alaskan people recently voiced their opinion in a statewide referendum to recriminalize marijuana. The vast majority of those on the front line, treating drug abusers, teaching children how and why to avoid drug use, and enforcing drug laws, oppose legalization. Despite intensive lobbying and public relations by leading drug-legalization organizations, no new facts or evidence are offered. The best they say is that it is "impossible to predict" what would happen if drugs were made legal.[139]

At its core, the legalization debate raises critical questions of who we are as a people. What values do we stand for, where are we headed, and to what extent will national policy reflect the needs of children?[140] Like racism, poverty, and environmental pollution, we have had to coexist with rampant drug-abuse problems and find it difficult to eradicate these tragedies. We have never formally thrown up our hands and resigned ourselves to passively accepting the chemical enslavement of a proportion of our people. It is my hope that we never will. The real issue is, perhaps, essentially a moral one. The question is, whose interests will prevail? The answer depends not on an abstract policy analysis, but rather on the spirit and will of the people of the United States.

NOTES

1. *New York Times*, May 15, 1988, p. 1.

2. *Chicago Tribune*, December 6, 1989, Sec. 1A, p. 29. The Drug Policy Foundation was founded by Arnold Trebach, who since 1983 spoke at National Organization to Reform Marijuana Laws' (NORML) conferences, and Kevin Zeese, former national director of NORML.

3. William F. Buckley and Milton Friedman have advocated forms of drug legalization since the early 1970s.

4. *Chicago Tribune*, May 24, 1990, Sec. 5, p. 2.

5. Diane Colasanto, "Widespread Opposition to Drug Legalization," *Gallup News Service Poll*, v. 54, no. 35, January 17, 1990.

6. Ibid. For compilations of leading views, see National Drug Information Center of Families in Action and the Scott Newman Center, "Arguments against Legalizing Drugs," *Drug Abuse Update* 26, Atlanta, Georgia, September, 1988; Committees of Correspondence, "Reasons Not to Legalize Drugs—A Compilation of Articles," *Drug Prevention Newsletter*, Danvers, Massachusetts, 1989.

7. *Washington Times*, December 15, 1989, p. F5. See also *Chronicle of Higher Education*, January 3, 1990, p. 1; *Harper's*, March, 1986, p. 4.

8. Marsha Manatt, *Parents, Peers, and Pot II*, National Institute on Drug Abuse, Washington, D.C., 1983.

9. *Baltimore Evening Sun*, November 2, 1989, p. A-14.

10. Ms. Siegel's comments to the National Organization for the Reform of Marijuana Laws (NORML), Twentieth Anniversary Conference, August–September 1990 (audiotape available through NORML, Washington, D.C.).

11. The difficult situation that parents from the 1960s now confront in warning their children about drugs is reported in *Wall Street Journal*, January 23, 1990, pp. A-1, 8.

12. Arnold S. Trebach, *The Great Drug War* (Macmillan Publishing Company, New York), 1987, pp. 120–21, 125–26. Healthy drug-free youth and caring parents involved in volunteer antidrug efforts are labeled "zealots" and personal attacks against its leaders are launched in this book. The author goes so far as to "guess" that drugs "prevent as many youth suicides as they cause" and that conceivably "the number of young people helped through school by the responsible use of alcohol and drugs may be roughly equal to the number hindered in attaining their educational goals because of the irresponsible use of such chemicals" (pp. 74–75).

13. *Pittsburgh Press*, September 16, 1990. The Hemp movement is backed by NORML, *High Times* magazine, and several promarijuana groups.

14. For an example of interaction see National Organization for the Reform of

Marijuana Laws, "NORML on the Front Lines," *The Leaflet* (Washington, D.C.), Fall, 1989, p. 1.

15. Robert L. DuPont, Jr., *Getting Tough on Gateway Drugs* (American Psychiatric Press, Inc., Washington, D.C.), 1984; Richard A. Hawley, *The Purposes of Pleasure—A Reflection on Youth and Drugs* (Independent School Press, Wellesley Hills, Massachusetts), 1983.

16. Gabriel Nahas and Henry Clay Frick, II, eds., *Drug Abuse in the Modern World* (Pergamon Press, Elmsford, New York), 1981.

17. Colasanto, *Gallup News Service Poll*, January 1990.

18. *Rolling Stone Magazine*, July 12–26, 1990, p. 11.

19. *New York Times*, March 31, 1988, p. A-26.

20. National Institute on Drug Abuse (NIDA), *National Household Survey on Drug Abuse: Population Estimates, 1988*, U.S. Department of Health and Human Services (DHHS Pub. No. (ADM) 89–1636), 1989.

21. Ibid.

22. Rodney Skagen, Dennis Fisher, and Ebrahim Maddahain, *A Statewide Survey of Drug and Alcohol Use among California Students in Grades 7, 9, and 11*, Office of Attorney General, May 1986; Wayne S. Fisher, et al., *Drug and Alcohol Use among New Jersey High School Students*, New Jersey Department of Law and Public Safety, 1990 (consistent with 1987 survey).

23. National Institute on Drug Abuse (NIDA), *National Trends in Drug Use and Related Factors among American High School Students and Young Adults 1975–1986*, U.S. Department of Health and Human Services (DHHS Pub. No. (ADM) 87–1535), 1987.

24. *Washington Post*, October 14, 1990, pp. A-1, 12. Article notes falling cocaine use with rising violence.

25. NIDA, *National Trends in Drug Use, 1975–1986*; NIDA, *National Household Survey: 1988*.

26. Department of Health and Social Services, *The State of Adolescent Health in Alaska*, Office of the Commissioner, Juneau, Alaska, May 1990; Bernard Segal, *Drug Taking among Alaskan Youth, 1988: A Follow-Up Study*, University of Alaska, Anchorage, November 1988.

27. White House, *National Drug Control Strategy*, Office of National Drug Control Policy (ONDCP), September 1989, p. 4; *New York Times*, August 30, 1987, p. 1.

28. Ethan A. Nadelmann, "Drug Prohibition in the United States: Costs, Consequences, and Alternatives," *Science*, September 1, 1989, p. 939.

29. Ethan A. Nadelmann, "The Case for Legalization," *Public Interest*, no. 92, pp. 3–65, Summer 1988.

30. Drug Policy Foundation, Washington, D.C.. The poll was conducted by Targeting Systems, Inc. for Richard Dennis and the Drug Policy Foundation on January 24, 1990, and February 4, 1990. Question 83 forces a choice between social problems or drug use as the sole cause of the drug problem; question 84 lectures on the costs of law

enforcement and the growing jail population before dividing options between imprisoning all drug users (an option no one is pursuing) or "less expensive" treatment options; question 85 plays on the prohibition analogy. Pollsters are told not to offer the option of combining approaches. The final question is a two-paragraph argument against law enforcement before polarizing options between laws or legalization and increased treatment and education lumped as one.

31. White House, *National Drug Control Strategy*, Office of National Drug Control Policy (ONDCP), January , 1990, p. 2.

32. *Gallup Poll News Service*, January 17, 1990.

33. ONDCP, *National Drug Control Strategy*, January 1990.

34. ONDCP, *National Drug Control Strategy*, September 1989, pp. 5–7.

35. Congressman Charles Rangel of New York City has repeatedly drilled legalizers on their agreed-upon plan and still awaits an intelligible response; see *New York Times*, May 17, 1988, p. A-25.

36. *Washington Post*, January 30, 1990, *Health Weekly*, p. 7; DuPont, *Getting Tough on Gateway Drugs*, 1984. See also Mark S. Gold, *800-Cocaine* (Bantam Books, New York), 1984; and NIDA, *National Household Survey: 1988*.

37. R. Clayton and H. Voss, *U.S. Journal of Alcohol and Drug Dependence*, January 1982; and Gabriel G. Nahas, *Cocaine—The Great White Plague* (Paul S. Errikson, Publisher, Middlebury, Vermont), 1989, p. 104.

38. NIDA, *National Trends in Drug Use, 1975–1986*.

39. Ethan A. Nadelmann, "U.S. Drug Policy: A Bad Export," *Foreign Policy*, Spring 1988, p. 96.

40. *New York Times*, January 15, 1987, p. A-1. A GAO report found that one in five rail workers involved in accidents tested positive for drugs and alcohol; see January 21, 1988, p. B-9. Drug testing has dropped this figure dramatically.

41. For a report on the National Centers for Disease Control study, see *New York Times*, March 27, 1990, p. C-10. Problems with underreporting are noted in *New York Times*, July 21, 1987, p. C-10.

42. An ounce of marijuana can be rolled into a minimum of 40 cigarettes, each capable at today's THC levels of intoxicating at least four average adults.

43. Carl A. Soderstrom, et al., "Marijuana and Alcohol Use among 1023 Trauma Patients," *Archives of Surgery*, vol. 123, June 1988, pp. 733–37; reported in *Washington Post*, June 2, 1988, p. D-4. The study was conducted by the Maryland Institute for Emergency Medical Services by Dr. Carl A. Soderstrom. It noted numerous other studies linking marijuana use and accidents (p. 736) and a high correlation of alcohol and marijuana use. Dr. Edward Cone of Johns Hopkins Addiction Research Center noted the incidence of marijuana use was "phenomenally high" and put a new slant on marijuana-use safety.

44. National Transportation Safety Board, *Fatigue, Alcohol, Drugs and Other Medical Factors Fatal to Drivers in Heavy Truck Crashes*, Washington, D.C., February 5, 1990; reported in *Washington Post*, February 6, 1990, p. A-1. An exposé on drugs and truckers was reported in *Chicago Tribune*, March 4, 1990, Sec. C, pp. 1, 6.

45. *Philadelphia Inquirer*, January 12, 1990, p. 21-A.

46. *New York Times*, March 27, 1990, p. C-10.

47. G. Nahas, *Cocaine—The Great White Plague*; see also Saleh S. Tumeh et al., "Cerebral Abnormalities in Cocaine Abusers: Demonstration by SPECT Perfusion Brain Scintigraphy," *Radiology*, 1990, pp. 821–24; *Washington Post*, March 19, 1990, p. A-3.

48. Robert C. Gilkeson, "The Toxicity of Intoxicants Is Not Determined by Debate," *Drug Prevention Newsletter*, Committees of Correspondence, Danvers, Massachusetts, August 1990.

49. G. G. Nahas and C. Latour, eds., *Physiopathology of Cannabis, Opiates and Cocaine*, Pergamon Press, New York and Oxford, 1991.

50. Ethan A. Nadelmann, "The Case for Legalization," Summer 1988, p. 23.

51. James Ostrowski, "Answering the Critics of Legalization," paper delivered at Hoover Institution Conference on U.S. Drug Policy, Stanford, California, November 15–16, 1990 (Chapter 18 in this volume).

52. Avram Goldstein and Harold Kalant, "Drug Policy: Striking the Right Balance," *Science*, vol. 249, September 28, 1990, p. 1514. While the authors oppose legalization at present, they apparently would reconsider if a magic bullet is found to control addiction. They conclude more funds should go to such research, which, not surprisingly, they and their colleagues would carry out.

53. *Wall Street Journal*, April 10, 1990, p. A-1.

54. In addition to the Single Convention of 1961, several international agreements have been made regarding the illicit drug trade, such as a United Nations declaration in 1989 reported in *Washington Times*, January 11, 1990, and one in 1988 reported in *New York Times*, December 21, 1988, p. A-14.

55. David F. Musto, *The American Disease—Origins of Narcotic Control* (Oxford University Press, New York), 1987, pp. 7, 70–73.

56. Timothy Leary, known as the high priest of LSD, made many claims for LSD, including its ability to produce "hundreds" of orgasms in women. NORML distributes Jack Herer's book *The Emperor Wears No Clothes*, a work that portrays marijuana as a miracle care for the economy, environment, and health. A recent report to NIDA—Marsha Rosenbaum, Patricia A. Morgan, and Jerome Beck, "Exploring Ecstacy: A Description of MDMA Users," *Final Report to the National Institute on Drug Abuse*, Washington, D.C., September 15, 1989—contains many glowing accounts from MDMA users.

57. U.S. Bureau of the Census, *Historical Statistics of the United States, Colonial Times to 1970*, Part One, Washington, D.C., 1975, p. 414.

58. Musto, *The American Disease*, especially pp. 91, 115; see also *Wall Street Journal*, June 11, 1986, p. 30; *Parade*, July 31, 1988.

59. James Q. Wilson, "Against the Legalization of Drugs," *Commentary*, February, 1990; pp. 21–28; Musto, *The American Disease*.

60. White House Conference for a Drug-Free America, *The White House Conference for a Drug-Free America Final Report*, U.S. Government Printing Office, Washington, D.C., June 1988.

61. *New York Times*, June 10, 1987, p. A-13; see also EURAD—Europe against Drugs, "Four Steps in the Development of a Narcotics Epidemic," *EURAD News* (Lomma, Sweden), no. 2, February, 1990.

62. Ministry of Health and Welfare of Japan, *A Brief Account of Drug Abuse and Countermeasures in Japan*, Pharmaceutical Affairs Bureau, Ministry of Health and Welfare, Japan, 1972; Masaaki Kato, "An Epidemiological Analysis of the Fluctuation of Drug Dependence in Japan," *International Journal of Addictions*, 4(4), December 1969.

63. *Wall Street Journal*, July 11, 1988, p. 18; *New York Times*, November 18, 1989, p. A-18.

64. *New York Times*, July 27, 1989, p. A-7; *New York Times*, April 29, 1989, p. A-1; *Economist*, April 18, 1987, pp. 45–46.

65. *Wall Street Journal*, January 22, 1990, p. A-10.

66. Ibid.

67. Lonny Shavelson, "Sunday in the Park," *Mother Jones*, February–March, 1990, pp. 36–38; see also *Washington Post*, May 29, 1989, p. A-18.

68. *Time*, August 31, 1987, pp. 28–29.

69. Jeffrey Eisenach and Andrew Cowin, "Fighting Drugs in Four Countries: Lessons for America?" *Heritage Foundation Backgrounder*, Heritage Foundation, Washington, D.C., September 24, 1990, p. 13.

70. *Wall Street Journal*, April 2, 1990, p. A-10 (report on study published by the Dutch Justice Ministry).

71. van de Wijngaart, G. F., "Heroin Use in the Netherlands," *American Journal of Drug and Alcohol Abuse*, vol. 14, 1988, pp. 126–36.

72. Peter Cohen, *Cocaine Use in Amsterdam in Nondeviant Subcultures*, Instituut voor Sociale Geografie, Universiteit van Amsterdam, Amsterdam, Nederlands, 1989, p. 17.

73. Stichting INTRAVAL, *Hardrugs & Criminaliteit in Rotterdam* (Hard Drugs and Criminality in Rotterdam), Groningen, Stichting INTRAVAL, 1989.

74. *Forbes*, February 27, 1984, p. 46.

75. J. Wilson, "Against the Legalization of Drugs," pp. 22–23; see also Heritage Foundation, *Fighting Drugs in Four Countries*, pp. 2–4; *Wall Street Journal*, January 22, 1990, p. A-10.

76. Nadelmann, "Drug Prohibition in the U.S."

77. J. Wilson, "Against the Legalization of Drugs," p. 24.

78. W. B. McClure, "President's Address," *Kentucky Medical Journal*, 2:8, 1930, pp. 594–96; see Richard H. Schwartz, *Prohibition, 1920–1933: The Good, the Bad, and the Ugly*, unpublished manuscript, Vienna, Virginia, 1990.

79. Clark Warburton, *The Economic Results of Prohibition*, Columbia University Press, New York, 1932.

80. H. Emerson, "Prohibition and Public Health," *Survey*, vol. 2, 1928, pp. 289–400; L. I. Dublin, "Has Prohibition Improved the Public Health?" *American Journal of*

Public Health, vol. 18, pp. 1–14, 1928; H. Emerson, "Has Prohibition Promoted the Public Health?" *American Journal of Public Health*, vol. 17, 1927, pp. 1230–34.

81. U.S. Bureau of the Census, *Historical Statistics to 1970*, 1975, p. 414.

82. U.S. Bureau of the Census, *Statistical Abstract of the United States: 1989* (109th ed.), Washington, D.C., 1989, p. 268; *New York Times*, March 27, 1990, p. C-10.

83. *Washington Post*, May 20, 1988, p. A-21.

84. *Washington Post*, February 22, 1989, p. B-1; *USA Today*, June 8, 1989; *Philadelphia Daily News*, May 16, 1989.

85. Leslie Robison et al., "Maternal Drug Use and Risk of Childhood Nonlymphoblastic Leukemia among Offspring," *Cancer*, May 15, 1989, pp. 1904–10. This study investigated the impact of pesticides on fetal development and childhood leukemia and the marijuana correlation was unexpected (p. 1908).

86. *New York Times*, May 28, 1989, p. D-14; *Washington Post*, November 29, 1989, p. F-11.

87. *Philadelphia Inquirer*, December 27, 1987, pp. A–1, 6; *Philadelphia Daily News*, March 2, 1989 (report on John Hopkins University study).

88. *Washington Post*, September 30, 1989, p. A-1.

89. National Center for Health Statistics, *Health, United States, 1987*, Public Health Service (DDHS Pub. No. (PHS) 88–1232), Washington, D.C., March 1988; R. DuPont, *Gateway Drugs*, pp. 4–7.

90. Statement of Colin True, age 14, at news conference, Harrisburg, Pennsylvania, March 29, 1990; see *Pittsburgh Post-Gazette*, March 30, 1990.

91. For student's view, see Jennifer R. Steel, *We Didn't Start the Fire*, Campuses without Drugs, Pittsburgh, Pennsylvania, 1990; former NIDA director Robert DuPont withdrew support for marijuana decriminalization because of the impact on children; see R.DuPont, *Gateway Drugs*, pp. 62–65; for Alaska's experience, see Families in Action, *Drug Abuse Update*, September 1988, p. 16.

92. National Center for Health Statistics, *Health, 1987*.

93. NIDA, *National Household Survey, 1988*.

94. Alaska Department of Health and Human Services, *The State of Adolescent Health*; Bernard Segal, "Drug-Taking Behavior among Alaskan Youth," *Ketchikan Daily News*, May 23, 1988.

95. Users cite "uncontrollable violence" as drug effect in *Washington Post*, March 24, 1989, p. A-11; Hope Corman, Theodore Joyce, and Naci Mocan, "Homicide and Crack in New York City," paper delivered at Hoover Institution Conference on U.S. Drug Policy, Stanford, California, November 15–16, 1990 (Chapter 7 in this volume); *New York Times*, November 24, 1990, p. L-31.

96. *New York Times*, June 1988, p. B-1; *Philadelphia Inquirer*, February 10,1990, p. A-2.

97. *Wall Street Journal*, July 31, 1989, p. A-1.

98. *USA Today*, December 13, 1989, p. 1-A; over a third of the respondents said they knew of drug users on the job.

99. National Center for Health Statistics, *Health: 1987*, p. 58; Bureau of Justice Statistics, *Report to the Nation on Crime and Justice* (2nd ed., NCJ-105506), U.S. Department of Justice, Washington, D.C., March 1988, p. 24.

100. Statewide Penn-Free Drug Hearings, May–April, 1989 (see especially Williamsport, Pennsylvania session). Transcript available through Office of the Governor, Harrisburg, Pennsylvania.

101. Ray's article is in *Washington Post*, January 2, 1990, *Health Weekly*, p. 14; see also drugs as conspiracy against blacks, *Washington Post*, December 29, 1989, p. A-16; A. M. Rossenthal, "The Case for Slavery," *New York Times*, September 26, 1989, p. A-31; crack babies as "bio-underclass" in Krauthammer's column, *Washington Post*, July 30, 1989, p. C-7; and David R. Gergen, "Drugs and White America," *U.S. News & World Report*, September 18, 1989, p. 79.

102. Families in Action, *Drug Abuse Update* 1988, pp. 19, 22.

103. *Washington Post*, December 21, 1989, p. A-6; a report on U.S. Conference of Mayors study showing 44 percent of homeless are substance abusers, up 10 percent from previous year.

104. ONDCP, *National Drug Control Strategy*, 1989 and 1990 editions; a Rand study on the crack trade revealed how risky and unprofitable drug dealing is. See Scott Minerbrook, "Crack Dealers' Rotten Lives," *U.S. News & World Report*, November 12, 1990, pp. 36, 38.

105. John Kaplan, "Taking Drugs Seriously," *Public Interest*, no. 92, Summer 1988, p. 41. The late John Kaplan once served on NORML's board. His previous work underestimated the social and health costs of marijuana, but his assessment of the danger of legalizing other drugs is sound, as is his call for drug testing.

106. Ibid. ONDCP, *National Drug Control Strategy*, January 1990, pp. 6–7.

107. *Wall Street Journal*, October 27, 1989, p. A-16.

108. Hope Corman, "Homicide and Crack," 1990; *New York Times*, November 24, 1990, p. L-31.

109. *Washington Post*, March 24, 1990, p. A-11.

110. *Washington Post*, January 19, 1990, pp. E-1, 2.

111. Federal Bureau of Investigation, *Uniform Crime Reports for the United States*, U.S. Department of Justice, Washington, D.C., 1989; see also 1988 and 1987 editions.

112. Bureau of Justice Statistics, *Report to the Nation on Crime and Justice*, 1988, p. 51.

113. ONDCP, *National Drug Control Strategy*, 1990, pp. 23–26, 35–36.

114. Murray E. Jarvik, "The Drug Dilemma: Manipulating the Demand," *Science*, October 19, 1990, pp. 387–392; J. Wilson, "Against the Legalization of Drugs," p. 21. Ironically, legalizers argue that illicit drugs are not as harmful as alcohol and seek to teach safe drug use, while saying drug use would not climb significantly.

115. *Philadelphia Inquirer*, December 27, 1987, p. 1-A; this article includes an in-depth look into this tragedy and the drug-child abuse relationship.

116. *Philadelphia Daily News*, March 31, 1989, p. 19.

117. *New York Times*, March 17, 1990, p. 8.

118. *USA Today*, March 22, 1990, p. 11-A.

119. Arnold S. Trebach, "The Worst Case," *Reason*, October 1988, p. 29.

120. National Institute of Justice, *Drug Use Forecasting Program, 1989*, U.S. Department of Justice, Washington, D.C., 1989.

121. *New York Times*, April 29, 1989, p. A-1; Heritage Foundation, *Fighting Drugs in Four Countries*, pp. 14–15; *Wall Street Journal*, January 22, 1990, p. A-10.

122. Video message to International PRIDE conference held in Orlando, Florida, March 1990; available through PRIDE, Atlanta, Georgia.

123. E. Nadelmann, "U.S. Drug Policy: A Bad Export," p. 1; *Washington Times*, September 7, 1989, p. A-5; Drug Policy Foundation, *Drug Policy Newsletter*, vol. 1, no. 2, Washington, D.C., May/June 1989; cf. *Wall Street Journal*, October 3, 1988, p. A-22.

124. *USA Today*, December 13, 1989, p. 1-A; *USA Today*, January 25, 1990. The college survey also showed continued decline of support for marijuana legalization (16.7 percent).

125. *New York Times*, September 21, 1987, p. B-1.

126. *Wall Street Journal*, October 3, 1988, p. A-22; on sobriety checkpoints see *Wall Street Journal*, December 29, 1989, p. A-6; on school policy see *Wall Street Journal*, January 5, 1990, p. A-6; on jail reimbursement see *New York Times*, April 8, 1990, p. A-25.

127. *New York Times*, May 28, 1989, p. D-14. The article asks "How can citizens respect a government that can't even provide basic security?"

128. In the Netherlands 150 citizens stormed the homes of alleged drug dealers; *Boston Globe*, September 26, 1989, p. 11. In Spain, a drug bar and disco was blown up; *Economist*, April 18, 1987, p. 45.

129. Plato, *Republic*, Book VIII, W.H.D. Rouse translation (Mentor Books, New York, 1956).

130. Mike Royko, "Drug Wars Over: Guess Who Won?" *Playboy—The Playboy Forum*, November 1990, p. 46.

131. The social costs of legalization under liberal and libertarian schemes are compared by Charles Krauthammer in *Washington Post*, April 13, 1990, p. A-25.

132. Total drug-abuse costs to the nation are estimated at over $60 billion per year; *New York Times*, December 5, 1989, p. D-1.

133. In response to Milton Friedman's melodramatic "open letter," William Bennett notes there was nothing new in the legalization argument; see *Wall Street Journal*, September 19, 1989, p. A-30. For a review of 1978, see David Martin, "We Can Win the Drug War," *Human Events*, August 30, 1986, p. 12.

134. Ruth C. Engs, *Responsible Drug and Alcohol Use* (Macmillan Publishing Co., Inc., New York, 1979), p. 211.

135. G. Nahas, *Cocaine—The Great White Plague*, pp. 84–138.

136. Senate hearings on marijuana and health with Nobel prize–winning and internationally renowned scientists have been virtually ignored; see U.S. Congress, Senate, Committee on the Judiciary, *Health Consequences of Marijuana Use; Hearings before Subcommittee on Criminal Justice*, 96th Cong., 2d sess., January 16–17, 1980. Instead, outdated studies from the early 1970s, such as *Licit and Illicit Drugs* (1972) by E. Brecher, are repeatedly cited in prolegalization literature. Even the prestigious Merck Manual's marijuana information was written by a Drug Policy Foundation board member. The marijuana THC content could not be measured and standardized for scientific research until 1972. See also Frick and Nahas, eds., *Drug Abuse in the Modern World*, pp. 164–73; Peggy Mann, *Marijuana Alert* (McGraw-Hill Book Co., New York, 1985).

137. Frick and Nahas, eds., *Drug Abuse in the Modern World*, pp. 181–86.

138. William F. Jasper, "Some Kids Are Taught to Just Say Yes," *New American*, November 7, 1988, p. 47; Richard A. Hawley, "School Children and Drugs: The Fancy That Has Not Passed," *Phi Delta Kappan*, May 1987, pp. K1–K8. Articles advocating teaching "responsible" drug use include Ruth C. Engs and Stuart W. Fors, *Journal of School Health*, vol. 58, no. 1, January 1988, p. 26; Patricia A. Morgan, Lawrence Wallack, David Buchanan, *Waging Drug Wars: Prevention Strategy or Politics as Usual*, paper in introduction of briefing packet for Illinois Assembly on the Prevention of Alcohol and Other Drug Use, Department of Alcoholism and Substance Abuse, Springfield, Illinois, March 23–24, 1990; Marsha Rosenbaum, *Just Say What? An Alternative View on Solving America's Drug Problem*, National Council on Crime and Delinquency, San Francisco, California, 1989, p. 16. The council and research by Ms. Rosenbaum have received significant federal funds.

139. E. Nadelmann, *Science*, 1989, p. 943.

140. Excellent commentary on America's "schism of soul" over the drug issue includes Pat Buchanan's syndicated column, "Legalizing Drugs Leads to Crime," 1988; Max Lerner's "Our Schism of Soul over Drugs," *Washington Times*, January 15, 1990; Cal Thomas's "Don't Give Up on Drug Users," *Los Angeles Times*, May 19, 1988, p. B-7; and William Bennett's "Mopping Up after the Legalizers—What the Intellectual Chorus Forgets to Tell You," *Washington Times*, December 15, 1989, p. F-5.

The dangerous illusions of drug legalization

By Lee P. Brown

Justifiably, concern about crime and violence is high on the list of what Americans care about. As this concern increases, there is a heightened sense of need for dramatic action. Sometimes, however, such pressure leads to desperately conceived notions that will ultimately be more devastating than the current crisis.

Legalizing drugs is one of those notions. It is not a new idea; debates over legalization have been going on for the past several years. Americans oppose the idea, and no serious-minded policy-maker would ever consider it. What troubles me this time is the emergence of the issue right now.

There can be no rational argument that legalization would prove to be a panacea to our social ills. On the contrary, it will only exacerbate the violence.

For the first time in many decades, we have a comprehensive, coordinated strategy to deal with the underlying causes of drugs and crime. The Clinton administration is totally committed to investing in America. Creative initiatives such as community policing, empowerment zones, national service, health care reform, worker retraining for the unemployed, and welfare reform offer a powerful combination of hope and opportunity to communities where drugs and crime normally thrive. How can support be sustained for efforts to revitalize communities hit hardest by drug abuse and violence if we are willing to let drug abuse freely occur?

People have asked about the Clinton policy on drug legalization. The president has made his position on legalization quite clear. The Clinton administration is vehemently opposed to drug legalization. In the national drug strategy, the president stated, "this Administration will never consider the legalization of illegal drugs." It is not an idea we embrace in any form.

Legalization advocates seem adept at raising the issue, but they have a tough time translating their ideas into anything that is practical and workable. They don't tell us what drugs they would legalize or where they would sell them and for how much — even as they continue to press the same fallacious arguments:

■ Drug legalization will reduce the burden of our prison and court systems. Why do we have to legalize drugs to ease prison and jail overcrowding and lighten court dockets? Effective drug control requires bold and effective programs to bring a stop to the recidivism that is overwhelming our criminal justice system. The recent announcement of the creation High Intensity Drug Trafficking Area in the Washington-Baltimore region to target chronic, hard-core drug use is the type of programming that is needed. President Clinton's anti-crime agenda calls for the development of innovative concepts like drug courts and boot camps to address the non-violent offender population. According to the National Center for State Courts, about 20 local jurisdictions — most of them large urban areas — are either experimenting with or running full-time programs that either provide treatment and rehabilitation for offenders (as opposed to incarceration) or separate courts for drug violators to improve drug case flow.

In Dade County, Florida, for example, prosecutors and defendants in relevant cases are allowed to reach an agreement where the defendant is diverted form incarceration into rehabilitation. Some court systems, such as the ones in St. Paul and Washington, D.C., combine both these innovative approaches into one.

■ Drug legalization will reduce crime and violence by removing the profit motive. Legalization advocates just do not get it. Many drugs are illegal because they are addictive. They are mind-altering and cause catastrophic outcomes. People who are addicted to them cannot moderate or control their use. Therefore, the notion that legalization will remove profits is specious. Because these substances are addictive, when legalized government drug stores close for the night, a money-making underground market for drug abusers will open up to serve clients in need of a fix. And, you can be dead sure they will sell drugs that are not legalized — as well as the new ones that are created by enterprising drug cartels.

People have asked about the Clinton policy on drug legalization. The president has made his position on legalization quite clear. The Clinton administration is vehemently opposed to drug legalization.

■ Drug legalization would allow drug abuse to be treated as a social and health problem, rather than a criminal justice matter. We do not need to legalize drugs to pay more attention to the social or health aspects of drug abuse. Promoting health and social concerns would seem foolish while at the same time we make drugs more available. President Clinton has proposed the largest-ever treatment budget for hard core drug abusers in his fiscal 1995 budget request. Certainly, our administration sees it as more than a crime problem.

■ Drug legalization has worked in other countries, such as Great Britain and the Netherlands. It is not meaningful to compare the United States to other countries when it comes to social and economic profiles, and conditions like poverty, crime and violence. Yet, no nation permits the unregulated, legal purchase and sale of scheduled drugs. An experiment with an open air "drug park" for addicts in Zurich, Switzerland, was closed two years ago, in the wake of rising crime. There is absolutely no international groundswell of support for drug legalization. The Council of Europe, as well as 112 nations attending a 1990 global drug conference, reported strong opposition to legalization. The United Nations has warned that drug legalization would not contribute to solving the problems of production, trafficking and abuse of illicit drugs.

These are not the only myths about drug legalization. The one point that legalization proponents always seem to overlook is what effect drug legalization would have on our youth.

Already, the nation is reeling from a wave of youth violence that is particularly devastating to young African American males, who are both victims and perpetrators. African American males have the highest violent crime victimization rate and are half of all homicide victims. Nine of every 10 African American homicide victims were killed by other African Americans. To introduce legalized drugs into this mix would be the moral equivalent of genocide.

Aside from the violence, do we really think that fewer teenagers — already increasing their use of cigarettes and alcohol — would not take the plunge and experiment with drugs if we legalize them?

Increased drug abuse trends concerning youth continue to surface. Just last fall, anti-drug groups in Massachusetts warned parents there to be on the lookout for a new teen drug use trend —hollowed out cigars called "blunts," filled with marijuana.

Americans have said in recent opinion polls that they are most concerned about drugs and crime. The public expects policy makers to discuss serious, thoughtful, intelligent strategies to deal with these complex and difficult matters. This is not the time to discuss proposals that will bring our communities more addiction, more crime, more violence, and a whole new set of medical and legal worries — all things that would come from society's transformation into an open-air drug market.

Think about it.

Lee P. Brown is director of the Office of National Drug Control Policy.

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Drug Policy Reform Gets Boost

- Philanthropist George Soros Pledges $6 Million
- Former NYC Drug Policy Director Becomes DPF Exec. Director

WASHINGTON, July 11 — International philanthropist George Soros has pledged $6 million over the next three years to the Drug Policy Foundation (DPF), a Washington, D.C.-based non-profit organization founded in 1986 to promote alternatives to the war on drugs.

Soros's commitment breaks down to $3 million for operational support and $3 million for a grant program, through which DPF will distribute grants to innovative public health projects, drug treatment options and advocacy programs. The foundation also plans to expand all of its current operations, including public education and the International Network of Cities on Drug Policy, which links city officials and policy-makers around the world.

At the same time, several prominent public officials are aligning themselves with the foundation, and a new executive director has been named. Joining the foundation's Board of Directors are a big-city mayor, a police chief and a federal judge — an unprecedented show of support from public officials for an organization dedicated to drug policy reform. Also, a new government affairs program will ensure that reform proposals are part of the mainstream political debate in both federal and urban governments.

The foundation's new executive director is David C. Condliffe, who was the director of drug abuse policy for New York City under Mayor David Dinkins. Condliffe, who has also joined the Board of Directors, will lead a management triumvirate that includes President Arnold Trebach and Vice President Kevin Zeese. Condliffe will work both in Washington and in a new office in New York City.

Trebach said, "We are delighted to have David Condliffe joining the foundation. He brings with him a strong background and real compassion for the people mired in the drug scene, making this triumvirate a vibrant one. The future for reform is bright."

Upon his appointment, Condliffe remarked, "When anyone suggests studying alternatives to the drug war, that person is ridiculed and officially ignored. This is no time for such a reaction. Our nation's public health demands responsible discussion and real policy changes."

Condliffe continued, "When you consider the human fallout from current policy, especially the unchecked spread of HIV/AIDS among drug users, we cannot shrink from discussing every sensible reform. We must start by taking a more humane approach to addicts, which means considering manageable models of harm reduction and new drug maintenance options."

Condliffe added, "The foundation will play a major role in educating Washington and the general public on what these alternatives are. We will also make clear why it is essential to examine new ideas and be committed to change. Our grant program will add bite to our advocacy and educational efforts."

(more)

Zeese said, "Our grant program will support positive alternatives to the current drug strategy. Instead of simply presenting good ideas, we will showcase proven programs whose success demands immediate policy reform. Most of our grants will be made in U.S. cities, where we will support and evaluate pioneering methods of outreach and health care for drug users and research on the medicinal use of prohibited drugs like marijuana. Abroad, we will conduct evaluations of decriminalization in Colombia and Germany, and, in countries that permit more radical experimentation, we will support drug maintenance for addicts. There will also be seed money for advocacy projects in drug policy reform."

■ **New Members of Board of Directors:**

- **The Hon. Robert Sweet**, a federal judge for the Southern District of New York. Judge Sweet became nationally known in 1989 when he publicly questioned the drug war. He has elected not to participate in fund-raising activity while serving on the federal bench.
- **The Hon. Kurt Schmoke**, mayor of Baltimore, who sparked a national debate in 1988 by suggesting that major changes in drug policy be studied. Now Mayor Schmoke has initiated a new drug policy for his city based on the principles of "harm reduction" as practiced in some major European cities.
- **Nicholas Pastore**, chief of police of New Haven, Conn. Chief Pastore has pioneered the most far-reaching harm reduction drug policy in the United States, resulting in lower rates of crime and drug-related disease.
- **Joseph McNamara**, Ph.D., former chief of police of San Jose, Calif., and Kansas City, Mo., and currently a scholar at the conservative Hoover Institution at Stanford University.
- **Ethan Nadelmann**, J.D., Ph.D., a former professor of public policy and international affairs at Princeton University's Woodrow Wilson School, and now director of the Lindesmith Center in New York.

■ **With Matching Grants, Funding Projected to Reach $10.5 Million**

Soros is funding DPF through his Open Society Institute (OSI). Established in New York in 1993, OSI administers programs in the United States and in regions both inside and outside the current network of Soros Foundations.

OSI President Aryeh Neier said, "George Soros does not believe that the drug war makes any sense from an economic standpoint. The current policy is wasteful and it promotes crime and disease. From every standpoint, it is a failure. We believe that it is urgent that alternative approaches be explored. DPF is an essential voice promoting alternative approaches that will reduce the damage done both by the drug trade and by the methods currently used to combat the traffic in drugs."

OSI has committed $3 million over three years to DPF operations and at least $3 million for the grant program. The operational funding is conditioned on the foundation's matching those funds each year with money from other sources. Because the matching formula requires that higher increments be raised from outside sources each year, the foundation projects at least $10.5 million in total funding over this three-year period.

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FOCUS

Growth and Changes at DPF Mean a Bright Future for Reform

The Drug Policy Foundation is changing. In the months and years ahead, the organization will grow rapidly in several exciting new directions. At the same time, the Foundation will tighten its focus on mainstream programs and reforms that can make a difference.

As a result of this growth, the drug policy debate in the United States and around the world will change. Drug policy reform ideas will be seen and understood more widely than ever. The Foundation's goal is to build on its success thus far in bringing together a broad coalition of respectable, responsible people who believe that the drug war has failed us and that new policies are in order. Building on that success will mean, among other things, assisting in the creation of model programs and policies to demonstrate reforms at work.

New DPF support will ensure that governments cannot ignore or dismiss drug policy reform issues.

We owe a great deal to our members and supporters who brought us this far, for without you it would have been impossible. As we will describe below, your continued support will be essential to continuing this process.

Genesis of the Foundation's Changes

Key to the Foundation's expansion is new support from internationally known financier and philanthropist George Soros. While Mr. Soros, who was born in Hungary, has previously focused his philanthropic giving in Eastern Europe and the former Soviet Union, he has recently begun a series of projects in the United States. His funding of the Drug Policy Foundation through his Open Society Institute represents one of three major projects in the drug policy field supported by the institute. Mr. Soros has made an initial three-year commitment of up to $5 million for DPF operations.

In addition to receiving this new funding, the Foundation has added to its leadership, including additions to its Board of Directors (see sidebar, page 7). Also, after a comprehensive national search, the Board of Directors chose the former director of the New York City Mayor's Office of Drug Abuse Policy, David C. Condliffe, to be Executive Director of the Drug Policy Foundation (see sidebar, page 6). Mr. Condliffe began his career on the staff of former Mayor John Lindsay and served every New York mayor through David Dinkins in a variety of positions related to criminal justice, social service and health policy. Prior to joining DPF, he was Executive Director of the Coro Foundation in New York. Mr. Condliffe will now lead a management triumvirate that includes Drug Policy Foundation President Arnold S. Trebach and Vice President Kevin B. Zeese, and will also join the Board of Directors. Meanwhile, Trebach will continue to serve as chairman of the Board of Directors.

Drug Policy Foundation programs will expand significantly. Key to this growth will be:

Educational Programs — All current core programs (conferences, television, media relations and publications) will grow, and a new publishing house will be developed at the Drug Policy Foundation.

Governmental Affairs Program — The Foundation will focus on national policy by dramatically increasing the day-to-day interaction of drug policy reform advocates with national leaders, federal agencies and related associations. Also, a new focus on local governments will be bolstered by expanding the newly created International Network of Cities on Drug Policy. The INCDP will develop into a fully funded Foundation project, complete with its own conferences, newsletters and possibly grant-giving.

Drug Policy Grant Program — The Foundation is exploring the feasibility of providing some financial support to: 1) pioneering treatment, prevention and public health programs whose success would support policy reform; 2) advocacy programs whose efforts are consistent with the Foundation's Governmental Affairs Program; and 3) foreign organizations that are capable of piloting more progressive reforms than would be possible under current American law and policy.

All of this new growth will help ensure that the Foundation's basic purpose — public education about alternatives to the war on drugs — will be accomplished on a much greater scale than was previously possible. The Foundation will increasingly be able to show that the range of reform ideas includes many sensible, practical policy options deserving of widespread support. Likewise, the Foundation will be able to communicate the

urgent need for reform that confronts both the United States and the world due to the failure of drug prohibition.

Partly as a result of the Foundation's growth, it will soon cease to be possible for governments to ignore or dismiss drug policy reform issues. As the debate evolves, and as more and more people recognize the value of reforming drug policy rather than continuing a wasteful strategy, real policy changes will necessarily come about.

Meet DPF's New Executive Director

The Drug Policy Foundation's Board of Directors has selected David C. Condliffe, New York's Director of Drug Abuse Policy under Mayor David Dinkins, to assume the newly created position of Executive Director. Mr. Condliffe has joined DPF's Board of Directors and will lead a management triumvirate that includes President Arnold S. Trebach and Vice President and Counsel Kevin B. Zeese. His background in legal work, public service and drug abuse policy makes Mr. Condliffe an extremely valuable addition to the Foundation.

Born and raised in the Bronx, Mr. Condliffe became active in his community in the 1960s, when he was the first college student appointed to a Bronx community board. Later, he worked for Rep. Jonathan Bingham (D-Bronx). In 1971, he joined the staff of Mayor John Lindsay, where he developed an interest in criminal justice issues generally and the social and health issues before New York City's Addiction Services Agency specifically. The agency was the first public agency in the nation to focus solely on the needs of addicts. It stunned Mr. Condliffe to learn later that in 1978, Mayor Ed Koch dismantled this office to focus the city's drug war budget exclusively on law enforcement.

In the mid-1970s, Mr. Condliffe expanded his work in the criminal justice area while attending Harvard University's Kennedy School of Government. There, he also helped organize Harvard's first conference for newly elected mayors. Mr. Condliffe later attended Rutgers University Law School in Newark and worked for New York's Deputy Mayor for Criminal Justice, Nicholas Scoppetta. As part of his work with that office, he worked with the independent Vera Institute of Justice in planning one of the nation's first attempts at alternative sentencing, known as the Bronx Community Service Sentencing Project .

During his legal education at Rutgers, Mr. Condliffe worked with the Constitutional Litigation Clinic, where he assisted American Civil Liberties Union General Counsel Frank Askin in a major Fourth Amendment case before the U.S. Supreme Court, *Delaware v. Prouse*, 440 U.S. 648 (1979), which focused on automobile searches for illegal drugs.

Mr. Condliffe has worked with two law firms: Greenbaum, Wolff and Ernst, which specialized in work for the ACLU, Planned Parenthood and both the entertainment and communications industries; and Debevoise and Plimpton, where, in addition to his regular work, Mr. Condliffe did significant *pro bono* work for non-profit organizations.

David C. Condliffe

During the emergence of crack cocaine in the late 1980s, New York was faced with spiraling numbers of child fatalities, "boarder babies" and foster care placements. Mr. Condliffe was asked to join the city's Child Fatality Review Panel, which examined cases in which children appeared to have died from abuse or neglect, and made policy recommendations to the mayor and Human Resources Administrator William Grinker. Mr. Condliffe then worked as a special adviser to Mr. Grinker on the city's drug abuse policy.

Upon his election, Mayor Dinkins asked former Attorney General Nicholas Katzenbach to head a study group to review the city's approach to the drug problem. The group recommended significant reforms, especially the development of new approaches to treatment and prevention, and then appointed Mr. Condliffe to head the new office charged with implementing the strategy.

While Mr. Condliffe worked with the Dinkins administration, the city:

- **reversed its opposition to independent community-based needle exchange programs,**
- **reversed a policy to presume child abuse and neglect from a newborn's positive drug test, instead requiring a fuller investigation into the family environment and the possible treatment needs of the mother. As a result, addicted mothers were offered the help they needed and the chance to keep their children,**
- **began a wide range of shelter-based treatment programs for homeless singles and families,**
- **allocated several million dollars of federal Ryan White AIDS funding to support more user-friendly AIDS services for drug users, and**
- **dramatically expanded new treatment services for over 25,000 New Yorkers annually with new creative approaches targeted at special populations. This included integrating drug treatment services with other social and health services, involving communities in partnership with addicts in various projects and emphasizing new treatment modalities such as acupuncture.**

Mr. Condliffe believes that the most significant achievement of the Dinkins administration was crafting a consensus among liberals and conservatives alike to support a wide range of policy reforms. This consensus was built on a recognition that the reforms were both cost-effective and humane and that they needed to be funded, even in the face of New York City's recession-based budget crisis.

Mr. Condliffe looks forward to working with current and new DPF staff, the Foundation's members and supporters, and others to educate Americans about the many drug policy reform ideas that must be urgently considered.

Looking Back at the Foundation's Formative Years

Before detailing the Foundation's new programs, it is worth revisiting the organization's unique history.

In the early 1980s, as the Reagan administration heated up both the rhetoric and the actual conduct of the war on drugs, Arnold Trebach, a professor at the American University, and Kevin Zeese, then a criminal defense attorney, both saw the need for a center of responsible opposition, and began discussing how such an organization would operate. In late 1986, after completing his book *The Great Drug War* — which detailed numerous outrages and abuses in the war on drugs — Trebach founded the Drug Policy Foundation. Zeese, the Founding Counsel, drew up the organization's formal papers at Trebach's request, and worked with Trebach to set DPF's direction. Trebach and his wife, Washington businesswoman Marjorie Rosner, provided startup funding, and along with Zeese the three comprised the original Board of Directors and officers.

In the early 1980s, Trebach and Zeese saw the need for a center of responsible opposition to the war on drugs.

From its earliest days, the Foundation has kept the same basic mandate: to counterbalance the drug war by providing a forum for serious discussion of alternative policies, including ideas like legalization, decriminalization and medicalization. The organization's core programs have all been designed to accomplish this goal.

Another early, key purpose of the Foundation also continues to be one of its strengths — assisting public officials and other prominent individuals who assert pro-reform views. With the debate on drug policy highly charged, public figures are often fearful of speaking out in favor of alternative drug policies. The Foundation's goal has been to show those who do speak out that they are not alone; that in fact they are in good company. Today, the Foundation's boards include several current and former public officials, including police chiefs, a former member of Congress and a sitting mayor.

Typical of the Foundation's supportive efforts is its recent aid to Colombian Prosecutor General Gustavo de Greiff (see *Drug Policy Action*, page 16, for details). Despite being one of the world's most successful drug prosecutors, Dr. de Greiff came under attack in early 1994 by U.S. government officials. One major complaint of U.S. leaders is that Dr. de Greiff has frankly stated a conclusion few people in government want to hear: that the war on drugs has failed, that it will continue to fail and that, therefore, serious changes in drug policy — perhaps including some form of legalization — must be contemplated. Since Dr. de Greiff's message mirrors that of the Foundation, the organization has helped represent his case to the media, the U.S. government and the public. The Foundation has provided similar help to numerous other individuals, in recognition of their being ahead of the times when it comes to drug policy.

The Foundation's first formal progams began in 1987, when the First International Conference on Drug Policy Reform was organized in London by Trebach as

DPF Welcomes New Board Members

The Drug Policy Foundation has added several new members to its Board of Directors. These new members underline the fact that support for reforms in drug laws and policies comes from respectable, responsible individuals, including current and former public officials. They are:

• **Joseph D. McNamara, Ph.D.** Dr. McNamara served as chief of police in Kansas City, Mo., and in San Jose, Calif. He received the Foundation's 1992 H.B. Spear Award for Achievement in Law Enforcement and Control. Dr. McNamara is currently with the Hoover Institution at Stanford University, where he has worked with other founders of the Resolution for a Federal Commission on Drug Policy.

• **Ethan Nadelmann, J.D., Ph.D.** Dr. Nadelmann, regarded by many as one of the top intellectual advocates of the legalization of drugs, moves up from the Foundation's advisory board. He received the Foundation's Alfred R. Lindesmith Award for Scholarship and Writing in 1992.

• **Nicholas Pastore.** Mr. Pastore is currently Chief of Police in New Haven, Conn., where he has implemented the nation's most complete harm reduction program. His efforts have resulted in sharp drops in drug-related crime and disease. He won the Foundation's 1991 H.B. Spear Award for Law Enforcement and Control.

• **The Hon. Kurt L. Schmoke.** Mayor Schmoke of Baltimore helped spark a national debate on drug policy with remarks he made in 1988. Since then, Mayor Schmoke has worked to move his city in a new direction on drug policy. He won the Foundation's 1989 Richard J. Dennis Drugpeace Award for Outstanding Achievement in Drug Policy Reform.

• **Judge Robert W. Sweet.** Currently a federal judge in the U.S. District Court for the Southern District of New York, Judge Sweet came to national attention in 1990 when he spoke out against the war on drugs and advocated legalization. Judge Sweet is a former Deputy Mayor of New York City and a former Assistant U.S. Attorney. He is currently chairman of the Special Committee on Drugs and the Law for the Association of the Bar of the City of New York. In 1991, Judge Sweet received the Foundation's Justice Gerald LeDain Award for Achievement in the Field of Law. Since he remains an active member of the federal bench, Judge Sweet will not participate in fund-raising activity for the Foundation.

part of his regular American University drug policy seminar in England. The conference brought together experts from a variety of drug-related fields to discuss alternatives. Zeese organized the Foundation's first legal seminar, also in London, on the heels of the reform conference, with help from the late Bernard Simon.

Then, with the support of several key, early funders, including, most prominently, philanthropist Richard J. Dennis of Chicago, more programs were developed. In 1988, the Foundation's annual awards program was created to educate the public on alternative drug policies by recognizing leaders working to make necessary changes in policy. Each year, the program has highlighted the achievements of prominent individuals from the United States and other countries who have made a difference for drug policy reform. The awards program has featured people as diverse as Nobel Laureate economist Milton Friedman, Baltimore Mayor Kurt L. Schmoke, activist AIDS patients Barbra and Kenny Jenks, several needle exchange activists and scholar Edward Brecher.

Several exciting new programs will improve, professionalize and extend drug policy reform projects across the United States and around the world.

Publication of *The Drug Policy Letter*, the Foundation periodical, began in 1989. This journal has evolved along with the Foundation, and has consistently carried cutting-edge critiques and new ideas by leading figures in the drug policy reform movement. Up-to-date news and analysis are featured in the *Drug Policy Action* section. Other publications produced by the Foundation include *Drug Prohibition and the Conscience of Nations*, *Friedman & Szasz on Liberty and Drugs*, a series of issue-oriented reports and annual books featuring papers presented at DPF conferences.

Television productions began in 1990. The Foundation created a public affairs talk show called "America's Drug Forum" to enhance the debate on a variety of drug policy issues not adequately discussed in the major media. U.S. senators, police officials, ambassadors of foreign countries, doctors and academics were among those appearing on the program during its three-year run. In 1992, the show won the American Bar Association's Gavel Award for a program featuring police chiefs critical of the drug war. "America's Drug Forum" was broadcast weekly via satellite to Public Broadcasting System television stations nationwide. It has been used in classrooms to focus public policy discussions, and videotapes are still shown regularly on cable television systems nationwide.

The International Conference on Drug Policy Reform has grown each year, as it now moves toward its eighth year. This event — held in Washington, D.C., each year since the initial event in London — has become a crucial gathering place for reformers. Networking opportunities abound, and the most up-to-date research in the field is shared by health professionals, academics, lawyers and others. Consistently, reformers emerge energized and with new ideas about how to make a difference. The 1994 event — to be held November 16-19 — already features a large roster of confirmed speakers, including: National AIDS Policy Director Kristine Gebbie; Judge Michael Kirby, the president of the Australian Court of Appeals in New South Wales and chairman of the International Commission of Jurists; Judge William Wilkins, chairman of the U.S. Sentencing Commission; and U.S. Rep. Barney Frank (D-Mass.). Again, the conference will feature a policy track in addition to two professional tracks — a legal track for criminal defense lawyers and a medical track for addiction specialists and other medical professionals.

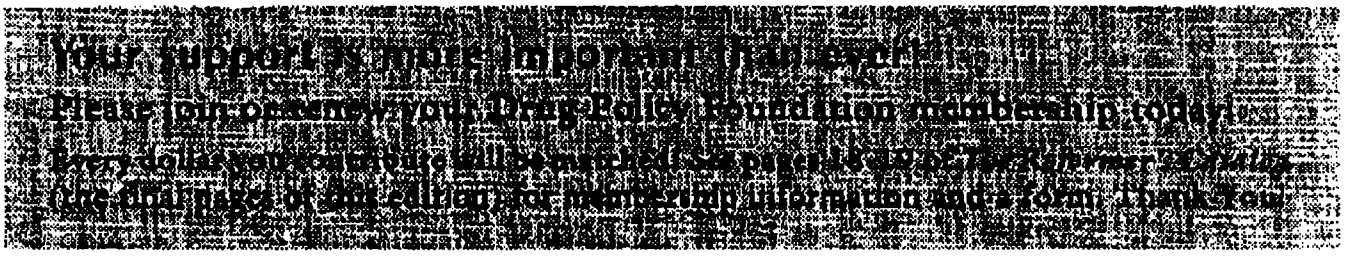
The Foundation's litigation program has challenged the federal ban on medical use of marijuana, laws restricting needle exchange programs and the use of active duty U.S. troops to assist in domestic law enforcement operations such as marijuana eradication programs.

Finally, the Foundation has become increasingly involved in dealing with the media. This is one of the Foundation's most important functions, as it has put drug policy reform ideas into the public dialogue. Reporters and editors have learned that the Foundation is a reliable source for information on all aspects of drug policy. They have also improved coverage of alternative policies with help from the Foundation (see page 17 for some examples of recent coverage).

How the Foundation's Next Stages Will Develop

All of the above core programs will grow significantly over the next several months. But expansion of the Foundation's existing programs is only one part of the organization's expected growth over the next few years. Several exciting new programs will do much to improve, professionalize and extend drug policy reform projects across the United States and around the world. Ultimately, these programs will help show that many aspects of the drug policy reform agenda have mainstream acceptability. The basic outlines for each of these programs are provided below.

Educational Programs — Recognizing that information is the key to seeing reforms enacted, the Foundation's core educational programs will remain and will each expand. In addition, the Foundation will begin to build on its publishing capacity with the goal of setting up a publishing house. The focus of the Drug Policy Foundation Press will be re-publishing and commissioning major works in the field of drug policy. Classic volumes such as the *Indian Hemp Drugs Commission Report of 1894* and Edward Brecher's *Licit and Illicit Drugs* are examples of books that would be considered for reprints by the new



Press. New textbooks, anthologies and other works will also be initiated by the Press.

Governmental Affairs Program — For the first time, the Foundation will have a regular presence on Capitol Hill and in the offices of key federal drug policy-related agencies, and contacts will be developed in cities around the world.

Through the federal government side of this program, the Foundation will educate members of Congress and will provide guidance to those seeking to introduce reform-oriented legislation. In addition, the Foundation will keep close track of activity on health care, criminal justice and international affairs where such activity pertains to drug policy. Regulatory agencies will be approached on issues such as needle exchange programs, expansion of treatment options and availability, medicinal use of marijuana and methadone availability.

Foundation activities will also expand at the local government level. A new network of city officials from around the world was established in November 1993 at a conference in Baltimore with the aid of Foundation board member Mayor Kurt L. Schmoke. The International Network of Cities on Drug Policy will now become a full-fledged Drug Policy Foundation project. Through conferences, city official exchange programs, computer networking, special newsletters and other publications, the INCDP will link cities and their official representatives. Information about the state of drug problems in these cities will be available to all other member cities, as will information about the progess of new policies worldwide.

By joining cities from the United States and Latin America with other cities organized in European and Australian networks, the INCDP will facilitate the growing movement for change. Following the model created by other networks — including the European Cities on Drug Policy, the Australian Parliamentary Group and the Local Government Drug Forum of London — the INCDP will represent local-level governments to national and international bodies with repsonsibility for drug control issues.

Drug Policy Grant Program — The Foundation is examining the feasibility of a grant-giving program that will seek and review grant proposals in three major areas: 1) humanitarian assistance for drug users and their families, including medical services, treatment programs and needle exchange programs; 2) advocacy efforts favoring changes in drug policy at all levels of government; and 3) reform efforts outside the United States that can go somewhat further than is possible under current U.S. law. Humanitarian assistance grants will be given in conjunction with other DPF programs, including the INCDP and other programs.

Why We Still Need Your Help

Given the Foundation's new financial support, it might be easy to ask why the Foundation's members are still important. The answer is simple: The Open Society Institute will only be forthcoming if its money is matched by people like you. Every dollar of your support, up to $1 million each year, will be matched by another dollar for the Foundation from the OSI. If we fall short of $1 million, we will not receive our full potential grant from Open Society. Both OSI and DPF believe that broad-based financial support from individuals and foundations is critical to demonstrating the breadth of support for drug policy reform.

The philosophy of the new support is fairly straightforward: The Foundation has grown over the last several years for a good reason — the need for a center of responsible opposition to the drug war. Now, the challenge is for the Foundation and its supporters to raise the organization to the next level. The Open Society Institute's help will be a great boon to this effort; your support and that of your family, friends, business associates, community organizations and other sources will be crucial to making it happen.

Concretely, you can help in two ways immediately. First, consider making as large a gift as possible so that we can take full advantage of the Open Society Institute's potential support. Remember, every dollar you give will be matched. Second, identify three to five friends or colleagues who might be interested in supporting the Foundation as a member — then either send us their names and addresses or contact them yourself. In the long run, your help will be enlisted in a variety of ways, including the formation of an activist network capable of writing letters to elected officials, newspaper editors and others in response to Foundation Action Alerts.

It is correct to say that your support is now more important than ever. And it is also correct that the Foundation is now stronger than ever. We need to take advantage of this great opportunity to bring about historic change in drug policy. With your help, that is exactly what the Foundation will do.

— DHP

Drug Legalization-Soros

APn (AP US & World)
Friday, July 8, 1994

By CAROLYN SKORNECK
Associated Press Writer

WASHINGTON (AP) — Anti-drug hardliners, accustomed to dismissing decriminalization advocates as crank academics and errant judges, should take a look at billionaire philanthropist George Soros.

The Hungarian-born financier, who reportedly earned at least $1.1 billion last year, has pledged $6 million to the Drug Policy Foundation, which supports treating drug abuse as a medical problem, not a law enforcement matter.

"I do not consider myself an expert on drug policy, but I do think we need a more open debate and more humane policies in this country," Soros said. "I think the Drug Policy Foundation will play a key role in bringing about these changes."

Foundation Vice President Kevin Zeese said Friday that the money, pledged over three years, is already coming in.

"Soros does not believe that the drug war makes any sense from an economic standpoint," said Aryeh Neier, president of Soros' Open Society Institute, which is providing the $6 million. "The current policy is wasteful and it promotes crime and disease. From every standpoint, it is a failure." It is "urgent that alternative approaches be explored," he said.

The Clinton administration staunchly opposes legalizing drugs, and rejected Surgeon General Joycelyn Elders' suggestion that it be studied as a possible way to reduce violence. President Clinton has said enforcement of anti-drug laws saved his brother's life.

Lee Brown, the administration's drug control policy director, said he was "greatly concerned" over Soros' help for a group that supports drug decriminalization. Instead, he said in an interview Friday, Soros should support Clinton's 1994 drug strategy, which "calls for putting more money into treatment, more money into prevention, more money into education."

"If he thinks that is wasteful, then he's off-base," Brown said. "I would suggest that he spend some time in the neighborhoods where he can see the

end of the cocaine trail, the end of the heroin trail and see where those drugs bring about misery and despair and all too often death."

But Neier said the Drug Policy Foundation is "an essential voice promoting alternative approaches that will reduce the damage done both by the drug trade and by the methods currently used to combat the traffic."

Several public officials — Baltimore Mayor Kurt Schmoke, U.S. District Judge Robert Sweet of New York City, and Police Chief Nicholas Pastore of New Haven, Conn. — have joined DPF's board.

Meanwhile, the foundation has hired David Condliffe as its first executive director. Condliffe was New York City's drug policy director under Mayor David Dinkins.

Of Soros' pledged $6 million, half will be for Drug Policy Foundation operations, the rest for grants testing drug legalizers' theories, Zeese said. Such programs may include supporting and evaluating new ways to care for drug users, researching medicinal uses of prohibited drugs, assessing foreign drug decriminalization efforts and, in countries that allow it, supporting drug maintenance for addicts, he said.

Soros, who dodged Nazis as a Jewish teen-ager, came to the United States in 1956 and now heads the Quantum Group of six investment funds with net assets of $12 billion, said spokeswoman Frances Abouzeid.

He has given hundreds of millions of dollars to help develop democracies in 23 countries in Central and Eastern Europe, the former Soviet Union and South Africa, she said.

"Nobody has a monopoly on truth," Soros told The Associated Press last year. "So you need democratic governments, market economies, and above all, the rule of law, where minority opinions are protected."

City To Get $1 Million To Treat Drug Abusers

Philanthropist Urges Medical Care of Users

By KATHLEEN TELTSCH

George Soros, the financier, is giving $6 million to encourage treatment of drug abuse as a medical problem rather than as a criminal offense, and about $1 million is expected to be spent in New York City.

The $6 million gift will be administered by the Drug Policy Foundation, an eight-year-old organization that argues that punitive measures such as jailing addicts are not effective. Instead, it favors exploring strategies stressing health care for drug-abusers. It also urges repeal of mandatory sentencing of drug offenders.

The foundation's executive director, David C. Condliffe, acknowledged that the $1 million expected to be used in New York is small measured against the $200 million the Federal, state and city governments spend annually for drug education, prevention of drug abuse and treatment of addicts. But he said the Soros money would pay for activities governments do not finance.

Possible activities, he said, include such things as expanding a needle exchange program in an effort to curb the spread of AIDS among intravenous drug-users. Such a program is offered in New York City, where New York State and private organizations like the American Foundation for Aids Research finance five small needle exchange programs. The city does not provide financing.

A Welcomed Gift

Dr. Luis R. Marcos, New York City's Mental Health Commissioner, welcomed the Soros pledge saying, "We need all the help we can get." He said that the city's addict population was estimated at between 400,000 and 600,000 and that available positions in treatment or therapeutic centers or clinics only handled about 40,000 people. He said Mayor Rudolph W. Giuliani favored alternatives to incarceration and had directed him to explore prospects for relying more on treatment centers, which cost less than jails. "We are moving in that direction," Dr. Marcos added.

Mr. Condliffe, who was director of drug policy in the Dinkins administration, said New York might receive more than the $1 million now expected to be spent locally. He said Mr. Soros pledged a substantial increase if his initiative was well received by local authorities and stimulated contributions by other individuals, corporations and philanthropies.

The foundation also wants to evaluate experiments practiced abroad. For example, Mr. Condliffe said, cities in Switzerland and Britain register addicts and supply them with small quantities of narcotics so that they will not resort to crime to pay high street prices for drugs. The foundation began promoting needle exchanges in this country after seeing such operations in Europe. The foundation also advocates research into the use of prohibited drugs for medical purposes, including pain relief for the terminally ill.

More Compassionate Policy

Mr. Soros was not available for comment, but a spokesman quoted him as saying: "I do not consider myself an expert on drug policy, but I do think we need a more open debate and more humane policies in this country."

Mr. Soros's $6 million gift provides $3 million to the foundation without conditions to support its operations, partly going for education, public information and conferences. Another $3 million is to be used for grants, but requires $4.5 million to be raised over three years from other sources.

The money will be given to the foundation by the Open Society Institute, which Mr. Soros created last year to administer some of his philanthropic ventures.

The funds to the foundation will enable it to open a New York office and to expand its office in Washington, where it has been an advocate for Congressional action to alter existing policies.

The foundation was begun in 1986 by Arnold S. Trebach, a professor of criminal justice at the American University in Washington. He is its president. Professor Trebach has advocated the legalization of drugs, but the foundation has steered a more moderate course: It favors "harm reduction," which emphasizes treatment for addicts and allows physicians to prescribe narcotics for pain control, especially for the terminally ill.

New Training Programs

With its new money, the foundation plans to sponsor training programs about its harm reduction strategy, Mr. Condliffe said. It will also create an electronic network for critics to exchange data on drug reforms and research.

Recently, the foundation enlarged its board, adding the New Haven Police Chief, Nicholas Pastore, who promoted a needle exchange program by introducing a van, which also supplied drug-users with counseling and health services, and Mayor Kurt Schmoke of Baltimore, who is expanding city-financed treatment for addicts.

The foundation now has 14,000 members, including drug policy experts, police and public officials and academics.

THE NEW YORK TIMES

METRO SECTION

SUNDAY, JULY 10, 1994

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ENT BY:

OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
Washington, D.C. 20500

July 13, 1994

MEMORANDUM TO: (b)(7)c, (b)(6) C0013
DRUG ENFORCEMENT ADMINISTRATION
FAX: 307-7965

FROM: ARTHUR HOUGHTON

I wanted to confirm that there will be a meeting here on Tuesday, July 26, to exchange information on matters related to the current state of the drug legalization issue, and means to address it effectively. The meeting will include representatives of principally involved Federal Agencies, and will be chaired by ONDCP's Deputy Director for Demand Reduction, Fred Garcia. Please feel free to include up to two additional DEA members.

The principal purpose of the meeting is informational. If there is some particular aspect of the subject that you believe should be given special focus, or that needs a decision, could you let me know by telephone (395-6750) or fax (395-6744) no later than noon, Monday, July 25?

The meeting will begin at 2:00 PM in the 7th Floor Conference Room of ONDCP, 750 17th Street, N.W., and is expected to last about an hour.

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Committees of Correspondence

Drug Prevention Newsletter

Connie & Otto Moulton
57 Conant Street, Rm 113
Danvers, MA 01923
(508) 774-2641

Write Makes Might
Write Makes Right

Everything You Always Wanted To Know About

The Drug Policy Foundation

Founded in 1987, the Drug Policy Foundation (DPF) is a special interest group based in Washington, D.C., dedicated to legalizing drugs in America and "reforming" drug laws and policy. They also work on international drug legalization efforts. DPF President Arnold Trebach, an American University professor who was a regular speaker at NORML (the National Organization to Reform Marijuana Laws) conferences, founded the group with NORML's former national director Kevin Zeese, who is now DPF Vice President and General Counsel. NORML, an organization that participates with the drug culture magazine High Times in annual events like "Hash Bash 1989" (Ann Arbor, MI), also raises funds by sponsoring drug conferences for defense lawyers, including attorneys for major narcotics kingpins. Last year, when asked for the source of a drug study, the receptionist at DPF stated that DPF "gets all their information from NORML."

The Foundation has worked hard at establishing credibility and becoming a "respected, responsible center" of opposition to the nation's drug laws and policy. Although the initial board included many of NORML's former board members, the DPF only selected those with proper academic credentials. While NORML seeks to energize pot smokers and would like a dollar from every toker (High Times, 12/89), DPF focuses its appeal to the media and intellectuals. As the biographical data on board members below demonstrates, the paper credentials of most board members masks the radical social and political agenda of these individuals. The media has not looked beneath the surface to question these individuals' expertise. This repackaging of psycho-social drug experts, and the addition of a few new names, has assisted greatly in attracting financial donors.

While anti-drug community volunteer groups and treatment centers struggle for funding, the Drug Policy Foundation has strong financial backing and has allied itself with other groups to enhance its strength. Richard J. Dennis, a Chicage Commodities broker and supporter of liberal causes, has dedicated $2 million over the next five years to the DPF. Other donors include corporations and civil liberties lawyers. Kevin Zeese draws a salary large enough to allow him to leave his law firm and work full time at legalizing drugs in America. The amount by which Arnold Trebach is enriched by this endeavor is unknown; he has traveled worldwide to promote the Foundation's agenda. Last year the DPF gave its own board members large cash "awards", including $100,000 to board member Mayor Kurt Schmoke and $10,000 to board member Andrew Weil. It is not known whether the IRS has examined whether this activity constitutes "self-dealing" under the federal code for tax exempt organizations. DPF has urged members to help combat efforts by parents and citizen volunteer groups to recriminalize marijuana in Alaska and NORML has donated $15,000 to exert outside influence on Alaska's marijuana legislation.

Funds are utilized to travel, bring like-minded European "drug experts" to the U.S., hold conferences, and most importantly to flood the media with pro-legalization propaganda. The Drug Policy Letter is the group's primary communique. It is often accompanied with copies of media coverage the organization has managed to extract. Participation in legalization debates is another means of attention getting. Because legalizing drugs is a full-time career for the DPF, they often confuse opponents with misleading statistics and arguments. Through massive public relations efforts, a group that represents less than 10% of the U.S. population (roughly equivalent to the proportion of drug users), has manipulated a disproportionate amount of media coverage. An intellectual trickle has been portrayed as a groundswell of grassroots support.

Drug Policy Foundation

March 5, 1993

Jose -
FYI

President Bill Clinton
The White House
1600 Pennsylvania Ave.
Washington, D.C.

Dear President Clinton:

I was disappointed to learn that you are considering choosing former New Jersey Gov. Thomas Kean to be director of the Office of National Drug Control Policy. At a time when you are making so many important changes in national policy, appointing Governor Kean would signal that the failed drug policies pursued by Presidents Reagan and Bush will be continued under your leadership.

I understand that Governor Kean is well regarded by Democrats and Republicans alike for environmental, economic and education policies. But when it comes to drug policy, Governor Kean's record is all too typical of the Republican preference for tough-on-drugs rhetoric, massive escalation of imprisonment and neglect of the need for treatment and prevention.

What is worse, appointing Governor Kean as your top adviser on drug policy would seem a violation of your own pledge during the campaign to appoint "a national drug expert" to the post. While Mr. Kean has experience in government, he is not by any means a nationally recognized expert in the field of drug policy. We already know what happens when non-experts take the reins of the so-called "drug czar" post — President Bush's two advisers gave us a lot of tough talk but very poorly crafted strategies. Governor Kean's record suggests he would give this country more of the same.

This is a time when there is a great craving for a new national drug strategy. Many Americans are fully aware of the failure of the approach taken by Presidents Reagan and Bush, which focused 70 percent of resources on federal law enforcement efforts and only 30 percent on all education, treatment and prevention programs. These policies followed from a flawed conception of the drug problem as one that could be solved if only every drug user and dealer could be locked up and put away for 5, 10, 20 years or more. Governor Kean chose this path in New Jersey as well.

Evidence of the desire for a new drug policy abounds. One month ago Hazelden, a nationally recognized not-for-profit treatment provider, conducted a poll of voter attitudes toward national drug policy. The group found that 66 percent of voters believe the policies of

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phone: 202-537-5005 fax: 202-537-3007 CompuServe: 76546,215

recent years have not been effective. In addition, Hazelden found that 61 percent of voters believe drug users should be offered treatment rather than facing prison time, which only 5 percent supported.

These findings are very similar to those we at the Drug Policy Foundation turned up in a similar scientific national survey in 1990. In a survey of 1,401 Americans conducted by Targeting Systems, Inc., we found that 70 percent of the American people wanted their tax dollars to go to treatment programs, not building prisons to house tens of thousands of new drug offenders annually. Significantly, in contradiction to your recent statement during a meeting with high school students in Chillecothe, Ohio, that 90 percent of Americans support current drug laws, the poll found that 36 percent support an immediate shift toward decriminalization or legalization of currently illegal drugs, primarily as a means to reduce crime.

Editorial opinion from major newspapers also supports major change in drug policy. Shortly after the third anniversary of President Bush's drug war speech, the *San Francisco Examiner* summarized his failures and said: "We need a new drug policy based on treatment and education of the consumers." Similar echoes of support for a new policy came in reaction to early indications that your administration would shift toward a health-oriented drug strategy. If you are not considering such significant changes, your administration can expect to be treated to the same harsh editorial judgments levied against the Bush administration's drug plans.

It is clear from how slowly your administration has moved on drug policy that it is not your highest priority. That is fine, as the voters' mandate in the November election was unquestionably for action on the economy. But if you do not spend a great deal of your time crafting a new drug policy, it will be up to your drug czar to do so. That is why I am so concerned at your rumored preference for Governor Kean for the position.

One of the many problems I have with him is that in his final Annual Message in 1989, Governor Kean literally bragged about the fact that New Jersey had tripled its prison population from 1980 to 1988. Does he believe that as a nation we can incarcerate our way out of the drug problem? In the same Annual Message, Governor Kean referred to drug treatment in only one paragraph. Do you prefer an equally heavy focus on law enforcement and imprisonment for national drug policy under your administration?

During the campaign and thus far in your leadership as president, you have happily avoided the divisive, extremist rhetoric on drugs that your predecessors frequently used. In fact, I do not believe I have heard you use the phrase "war on drugs." But Governor Kean dove headlong into war rhetoric. In his 1989 Annual Message, he at one point paraphrased Winston Churchill's ultimatum to the Nazis and compared his state's campaign against drug abuse to D-Day, the Battle of Trenton and even the

disastrous Battle of Verdun. This kind of flaming rhetoric would seem remarkably out of place in your administration.

Moreover, Governor Kean's style would not appear to fit well with that of your attorney general-designate, Janet Reno. Recognizing the flaws in the crackdown approach to drug enforcement, Ms. Reno promoted a system in which first-time, nonviolent drug offenders are given the chance to try treatment instead of prison. After Miami's Drug Court came into operation in 1989, the rearrest rate fell from 33 percent to three percent for graduates of the program. This approach is not only more compassionate, it is fiscally prudent.

Unless he understands the major problems with his approach to drug policy in New Jersey, Governor Kean is likely to continue his predecessors' mistakes at the national level. During his single term, President Bush spent over $45 billion on a strategy that utterly failed to curtail the supply of drugs in this country or to reduce violent crime. It is no wonder the former president did not brag about that part of his record during the campaign.

Yet, if your administration makes no major changes in drug policy and simply allows the anti-drug budget to grow by its average of nine percent per year, you could end up with a $70 billion pricetag for a similar four years of failure. Giving your top drug policy advisory position to an individual whose approach mirrors that of the Reagan and Bush administrations could make this worst-case scenario very likely. In the alternative, the advice of a competent drug expert could help you craft a more effective strategy that saves billions each year.

Governor Kean's record on drug policy suggests he would make none of the necessary changes in national policy, or at the least, that his enthusiasm for any changes would be limited. Rather than validating "zero tolerance" drug policies by appointing Governor Kean, I respectfully suggest you make a break with the past and create a new, more rational and compassionate policy with your own personal stamp.

There are a number of responsible, respected experts in the drug policy field who would gladly serve in your administration. I urge you to keep your promise to the American people by choosing someone from that talent pool. A real drug policy expert could help your administration make the kinds of change in this area that would begin to bring domestic peace while creating a healthier society.

Sincerely,

Arnold S. Trebach

Arnold S. Trebach
President

JOSE

Drug Policy Foundation

March 5, 1993

BG Should I forward This to JOSE? Liz

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President

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CADCA Position Paper

in Opposition to the Legalization of Drugs

Published originally by the Regional Drug Initiative, Portland, Oregon, in September 1990 (Revised September 1993)

Repotted

Weedwear, courtesy Union

From music to fashion to social consciousness, pot culture is reconfiguring itself, this time with a strong environmental twist.

2/4

By IAN FISHER

NEW ORLEANS — His dreadlocks balled into a cap, Ben Roth dipped into a canvas sack and pulled out a T-shirt with a familiar, if antiquated, symbol of seven green blades. He barked a sales pitch that rose above the French Quarter and a crowd staggeringly heavy with beer and beads.

"Happy Mardi Grass!" he yelled, making sure no one missed the hiss of the extra S. "Roll a fat one for Tuesday!"

The joke worked. Within an hour, Mr. Roth, 18, and his friend R. J. Cote, who are members of a new group called the Cannabis Action Network, sold some 40 T-shirts and dozens of cloth pot-leaf leis so realistic that a garage worker asked Mr. Roth to roll him a joint.

But the two were more serious than they seemed: during Mardi Gras last month, a dozen scraggly young members of CAN passed out 10,000 pamphlets about the supposed virtues — environmental, political, social and recreational — of Cannabis sativa, the plant that mellowed a generation and is now in the midst of a surge of publicity, even though marijuana is still considered by many to be a dangerous drug.

Studies indicate that pot use is down from five years ago, but something serious is happening with the stuff that no one calls marijuana anymore. These days, it's hemp, cannabis or just plain pot, and from music to fashion to social consciousness, its culture is reconfiguring itself with a strong environmental twist, one that seems to fit the ethos of this new greener decade.

Stephen Crowley for The New York Times

OLD GUARD: Richard Cowan is set to bring the 23-year-old Norml into the 1990's.

Patti Perret/Swanstock, for The New York Times

NEW GUARD: Kevin Aplin of the Cannabis Action Network, the new pot advocates.

Pot's image in the 80's shared the fate of the hippie: it seemed low-rent, even quaint, as cocaine and cash rose as more potent symbols. Look around now: President Clinton is a self-described puffer, and Vice President Al Gore is an admitted inhaler. The long-discredited pot leaf, once a symbol of watery eyes and no ambition, appears increasingly on baseball caps, T-shirts and jewelry. The crinkled joint has been replaced by the "blunt," a hollowed-out cigar filled with pot that has made the Phillies Blunt an underground hip-hop icon, to the annoyance of the cigar makers.

In music, groups from Cypress Hill to the neo-hippie Black Crowes are celebrating pot, urging its legalization in concerts and interviews. Last month, Sacred Reich, a band on a Disney label, sent out promotional bongs. A 15-song compact disk, "Marijuana's Greatest Hits Revisited," was recently released by Re-Hash Records in Nashville.

And in "Doonesbury" Zonker was recently raided as he prepared pot brownies for chemotherapy patients.

This hyped-up revival of marijuana imagery in pop culture has its underpinnings in a resurgence in outspoken advocacy for the drug. No one believes that legalization is anywhere near, but after a 12-year war on drugs, pot's proponents are trying again, this time with a glimmer of hope that they can make a change. At the forefront of the new groups is the Cannabis Action Network, a small band of young true believers who crisscross the country preaching a revisionist argument for legalization. In what many call a linguistic sleight of hand, their message is heavy on hemp, the old name for the once-legal and widely cultivated marijuana plant used for canvas, paper and paint.

The tactic, shared by many "hempheads," has an oddly historical and environmental appeal; in addition, it allows advocates to talk about pot without mentioning that it gets you high. But the sell has its dangers.

"On the one hand, it certainly worked to spark activity," said David Fratello of the Drug Policy Institute, a Washington research group whose reports favor legalization. "But to some degree it's dishonest. Because so many of the hemp activists are also marijuana-use activists. People should be allowed to be marijuana-use

Continued on Page 9

Repotted

Continued From Page 1

activists, but it's interesting that this is how they found their voice."

And what of the National Organization for the Reform of Marijuana Laws, or Norml, the oldest pro-pot group, whose primary goal is legalization of the drug for medical uses? After a decade-long cultural coma, the 23-year-old organization is showing signs of renewal, one that's been generated in part by the activities of groups like CAN.

"There is an organized movement on the part of Norml and others to sort of bring this up again," said William Ruzzamenti, the chief of public affairs at the Drug Enforcement Administration. "They are trying to sell people a bill of goods, frankly."

The Drug Enforcement Administration believes that the current interest in pot is nothing more than a cultural blip, one that's fading fast despite all the hype. Although 11 states, including New York and California, have decriminalized pot use to some extent by making the possession of small amounts a misdemeanor, the agency notes that in 1990 Alaska voted to reinstate criminal penalties for possession. Currently, there are no credible efforts for legalization in any state.

And, of course, marijuana is a drug.

"Although the evidence is not as good as we would like it, it appears that long-term marijuana use in general — and not that it happens to everyone — impairs memory, energy and motivational levels," said Dr. Herbert D. Kleber, a former deputy director of the National Drug Policy Office who now oversees substance-abuse programs at Columbia University. "There also appear to be long-term effects on the lungs and the immune system."

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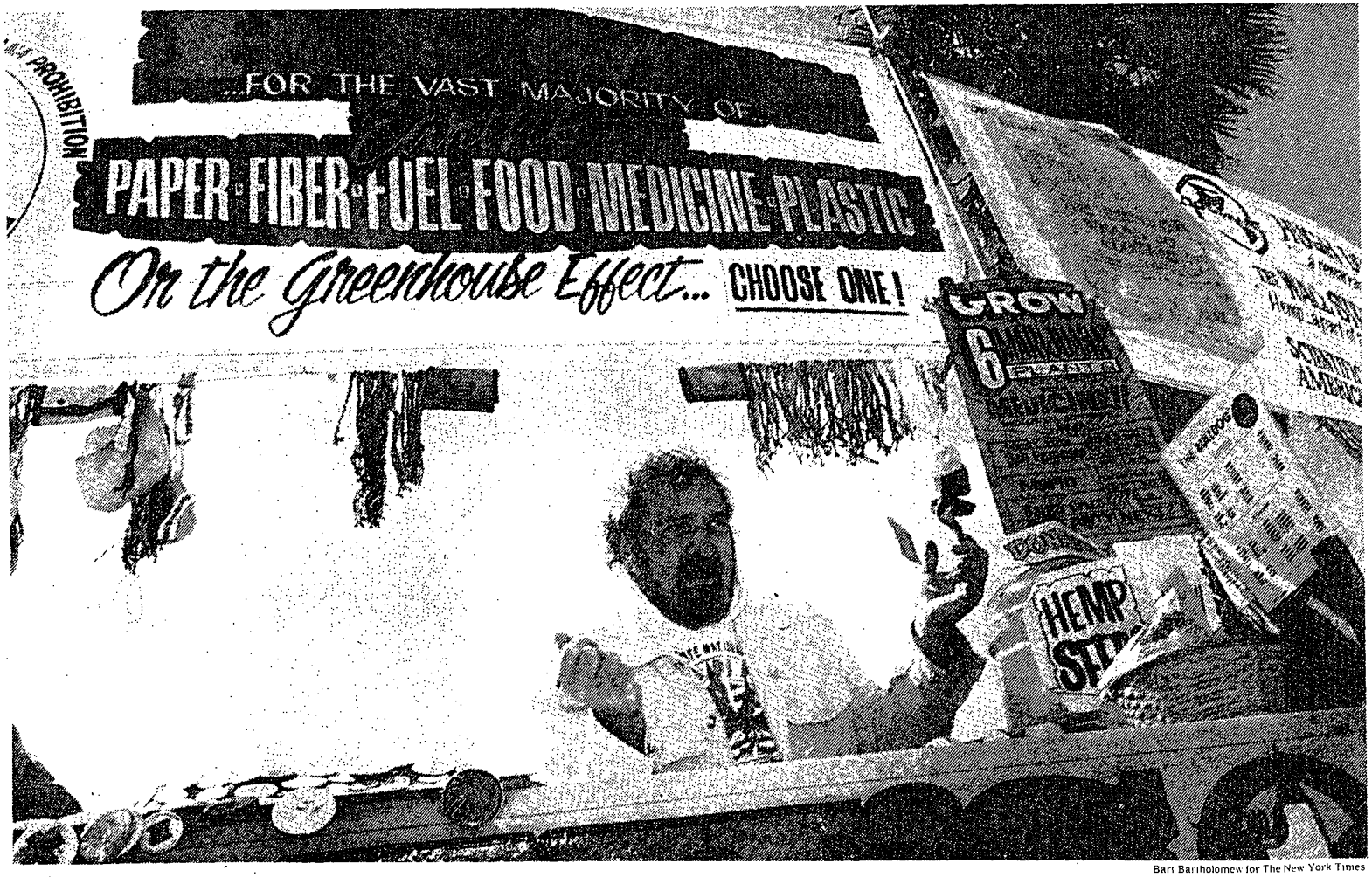
In Washington, Richard Cowan, 52, sat in a bare office, one of many signs that he has not quite settled into his new job as the head of Norml. He could not be less like the retro-hippies of CAN: he has fatherly diction, a graying mustache and a gleaming gold ring,

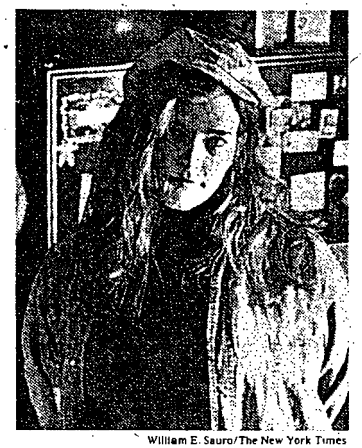


Bart Bartholomew for The New York Times

Jack Herer, an advocate of the hemp movement, sets up shop on the Venice Beach boardwalk in California to preach his vision of a hemp-filled world.

Paul Perret/Swanstock, for The New York Times

The Cannabis Action Network at work in New Orleans. Throughout the week before Fat Tuesday, when New Orleans hits a collective roar, the members of CAN grossed $10,000 in sales of T-shirts, leis, stickers and buttons.



William E. Sauro/The New York Times

Richard Cowan is trying to persuade Monica Pratt, above, of CAN to organize and lobby for his group, Norml.

Yale College, class of 1962.

The balding former Texas oil millionaire describes himself as "rabidly anti-Communist and politically incorrect." He is also a daily pot smoker.

"I like the fact that he is bald," said Rob Kampia, the student body president at Pennsylvania State University and a former local Norml leader. "We already have the far left, so we don't need a hippie leading Norml. We need someone who is going to be more accessible to the middle."

Mr. Cowan said, "It's all part of the costume." But it is the costume he has worn all his life, even when he ran his father's oil business and simultaneously wrote articles for years in favor of drug legalization, from a right-wing, libertarian point of view.

"On one level I can understand why people don't take it seriously," he said of the pot movement, which he joined after his father died and his business collapsed in 1990. "On the other hand, what is more serious than the right to control one's consciousness?"

Throughout the 80's, Norml seemed to lose control of the agenda it had set in its first decade, after its founding in 1970. It popularized the medical-use question and was a major force in lobbying for decriminalization. Though it continued its work for legalization, especially for medical uses, its profile slackened. The organization was racked by debt, and it lost touch with many of its 74 local chapters. Most important, it also lost touch with many young pot smokers, the people CAN is attracting.

"What their success demonstrates is that there is a market for ideas out there that we have not been exploiting for some time, and in that regard it's extremely useful to us," Mr. Cowan said.

To succeed, Mr. Cowan must work several angles: first, he must get Norml's house in order with regular mailings and fund-raisers, an effort showing some progress. But as important, he must re-establish the organization's credibility, not only in circles of power but with what might be called the grass-roots pot smoker. For that, he is trying to hire Monica Pratt, 21, a founder of CAN whom he sees as a model spokeswoman for the Young Turks of the movement.

"If Norml continues to have financial problems and credibility problems, it won't continue to be a viable organization," said Kevin B. Zeese, the counsel to the Drug Policy Foundation and a former national director of Norml. "Dick Cowan is their last and best hope."

Norml also hopes to gain from the expected appointment of Joycelyn Elders as Surgeon General. She has publicly supported legalized medical use of pot.

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The exact year is hazy — maybe 1973, maybe 1974 — when Jack Herer sat on his porch in the San Fernando Valley talking with his friend Edwin M. Adair 3d, who was also his business partner.

"One night we were, I guess we were stoned, and we began to realize that marijuana, really known as hemp, could save the world," said Mr. Herer, 53. "And we thought we were just stoned."

From that moment on, Mr. Herer, a bearded, burly man, devoted himself to uncovering what he likes to call the hemp conspiracy: the marijuana plant, Cannabis sativa, was grown legally for centuries in the United States and elsewhere. Until its cultivation was outlawed in 1937, the plant was widely used to make paper and a durable linenlike cloth. The word canvas, for instance, has the word cannabis as its root.

Mr. Herer, a former sign painter and

The long-discredited pot leaf now appears on caps, T-shirts and jewelry.

salesman of the first order, saw greater possibilities: the plant, which grows from the tropics to Alaska, could be used as food, cooking oil, particle board, lip balm, even as a renewable resource for fuel. Hemp, he believed, could be good for the environment.

The cause caught on slowly but picked up steam after 1985, when Mr. Herer published his book on hemp, "The Emperor Has No Clothes," half text, half meticulously researched documents: transcripts of Senate hearings from the 1930's and the like. It was an underground sensation, and Mr. Herer said he has printed 192,000 copies of his newsprint book that sells for $14.95.

Although many of his claims are documented, even his allies dismiss some of his more grandiose ideas. Hemp is just one of many alternative fibers that have interested paper manufacturers, and the plant can be expensive to process for clothes. Beyond that, many who support legalization worry that the hemp movement may ultimately distract a larger public from the more serious issue of legal medical use.

"It gets to the point where it's good for MS patients, it's good for cancer patients, and it's good for clothes, and it's good for paper, and it gets you high," said Mr. Zeese of the Drug Policy Foundation. "It kind of gets to the point to me that it's like a snake-oil salesman. It's going to save the world? Come on."

Mr. Herer was the prime inspiration for the founders of the CAN and other hemp groups. It was he who was preaching about hemp in the parking lot of a Grateful Dead show three years ago when Monica Pratt, 18, a wanderer from Atlanta, happened by.

"The first thing he said was he was going to tell you something that would change your life," said Ms. Pratt, who became one of CAN's founders in 1990 and who is now being courted by Norml to work on local organizing and lobbying. "I said, 'Yeah, right.' "

"I was really amazed there was a movement out there that was trying to legalize cannabis and that there was a lot more to it than just smoking marijuana," said Ms. Pratt, who quit her job at a photo store (the chemicals hurt the environment, she said) to roam with the Grateful Dead.

She and CAN strive to create an epiphany for the public about pot's many uses. On CAN's annual "hemp tours," they travel with samples of the cloth, hemp stalks, even a 90-year-old book printed on still-white hemp paper. This year's tour begins Monday, when three members from the New Orleans office leave for the first of 250 cities that will be visited by volunteers from the group's three national offices.

Throughout the week before Fat Tuesday, when New Orleans hits a collective roar, the members of CAN fanned out through the city selling shirts, setting up information tables and collecting signatures and donations. Sometimes they looked a bit dated: at a punk rock show at the R. C. Bridge Lounge, Kevin Aplin, 29, the head of the New Orleans office, and his shaggy blond hair struck a note of cultural dissonance in the crowd of mohawks, nose rings and tatooed scalps.

Like many members of CAN, Mr. Aplin is surreally earnest as he preaches for pot. One night he managed only a small smile after a party at CAN's office, a creaky wooden house in the Mid-City section of New Orleans. The bash had attracted a diverse crowd: a 58-year-old herb farmer, a locally famous harmonica player and a fraternity brother drawling instructions on how to eat crawfish. A vice-squad car passed by several times but never stopped.

"We've had a successful free-speech statement today," Mr. Aplin said.

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The people at the Havatampa cigar company want it known that they do not endorse smoking pot. For 90 years, they have made cigars, including the Phillies Blunt, that sell for about a nickel each. They did not intend to be at the forefront of revived marijuana fashion, which has blossomed into a mini-industry, with a distinctive fabric and pot symbols old and new.

"They wish the whole trend would go away," said Harry Costello, a spokesman for the Tampa, Fla., company.

But it is not going away: in fact, Not From Concentrate, the New York clothing company that is paying Havatampa to use its Phillies logo, estimates that pirates have earned 30 times more than it has.

"It's been a much bigger cultural success than an economic success," said Jeremy Hurley, one of three partners in Not From Concentrate, which made its first Phillies shirts a year ago to advertise pot use without being obvious about it.

Mr. Hurley would not disclose exact sales figures. But others in the growing industry would, and their numbers show that fashions made from hemp or those that display the once-shunned marijuana leaf are doing well.

Last year, Christopher Boucher, the president of the Hempstead Company of Costa Mesa, Calif., began selling clothing made from hemp imported from China, where it is legal to grow it. In 1992, he made about $150,000, he said. His company, which sells its goods in 400 stores nationwide, has already made that much in the first quarter of this year, selling items like pants for $90, a pancho for $100 and a hat for $30.

Unlike many in the industry, Mr. Boucher does not condone legalized recreational pot, but he acknowledges that demand for hemp products has soared because of the interest of pot smokers. "I appreciate what they have done, but that's not where it's at," he said. "The pot leaf is a pharmaceutical symbol that has nothing to do with textiles."

But Gavin Koppell, 20, the owner of a small company in Los Angeles, Hemp Gear, said his customers actually welcome the pot-leaf symbol. "I think in the 90's it's become more socially acceptable," said Mr. Koppell, who last year made $700 a month and has already taken in $17,000 in orders this year. "It's becoming quite trendy, to tell you the truth."

For every trend there is a countertrend, and the people from Not From Concentrate have lost their enthusiasm about the fashion they helped inspire.

"It was something that in the beginning it was really cool," said Lenny McGurr, another partner. "But now that everyone knows about it, it's more of a money thing."