AN ALTERNATIVE FOCUS ON AMERICA'S DRUG PROBLEM

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JUST SAY WHAT?

AN ALTERNATIVE VIEW ON SOLVING AMERICA'S DRUG PROBLEM

by

Marsha Rosenbaum, Ph.D.

This paper is dedicated to my late mother,
Sydelle Rosenbaum
who encouraged me to write about drugs
so that both professional and lay people would better understand
the problem.

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INTRODUCTION

Drugs remain a major concern for Americans. The subject excites our emotions and arouses strong rhetoric. The Reagan administration initiated a "War on Drugs" in the early 1980's.[1] The Bush administration appointed a "Drug Czar," and recently offered a major plan to remove the "scourge" of drugs from the American landscape. The media have reported on the violence occurring in our inner cities and in cocaine-source nations like Columbia. The public is bombarded with news about drugs, like the drug death of sports figure Len Bias and the confessions of celebrities about personal struggles with substance abuse.

Responding to the perception that we are in the midst of a drug crisis, Congress and state legislatures have passed increasingly punitive laws, extending prison sentences for users and suppliers of drugs. Designed to discourage drug-related violence and drug use, these new drug laws have swamped criminal court calendars, overcrowded our prisons, and burdened the taxpayers with the escalating costs of drug law enforcement and prison construction. Some first time offenders are now getting life sentences without the possibility of parole, under new federal sentencing guidelines; this new policy, considered alone, will cost the taxpayers about $1.3 million for every offender committed to a life term.[2]

The Bush Plan released in September, 1989, proposes an expenditure of $7.9 billion in the first year to extend criminal penalties, build new prisons and jails for drug offenders, increase military aid to drug-source countries, and create drug treatment and education programs. The potential effectiveness of this plan is being debated among officials.

Unfortunately, our combined efforts to date in the war on drugs do not appear to have been successful. Millions of federal dollars have already been spent on attempts to interdict the flow of drugs into this country, on elaborate drug testing programs for federal employees, and on education campaigns aimed at teaching the nation's youth to "say no" to drugs. Despite these efforts, we continue to witness death and destruction in our inner cities. For example, our law enforcement efforts have failed to control a rising murder rate for drug-related killings in Washington, D.C. (See Figure 1).

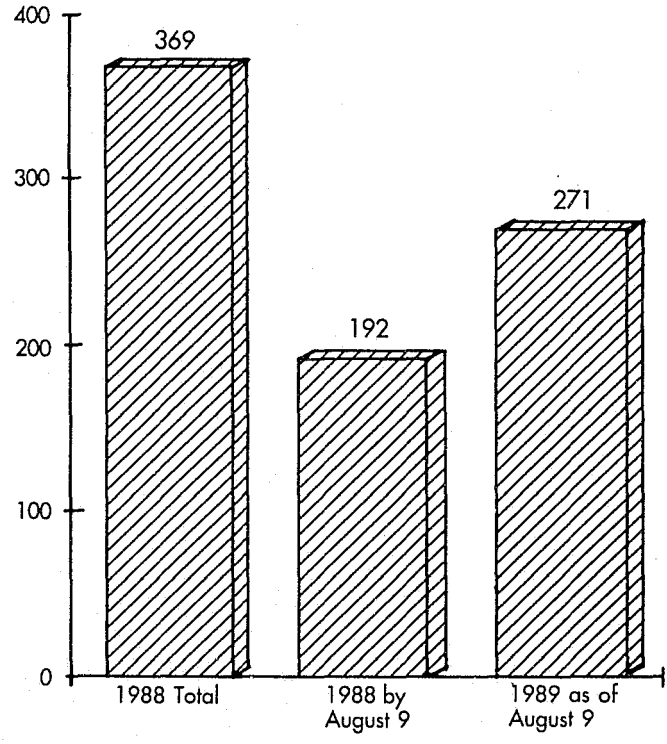
The public's concern about the drug problem has been measured by national opinion polls. A recently released Gallup Poll found that 27 percent of adults questioned named drug abuse as the most important problem facing the nation. This compared with 8 percent of adults who believed that the major problem facing Americans was poverty, homelessness, and hunger; and with 3 percent who believed that crime was the

number one problem. The 1989 ranking of the drug problem by Gallup Poll respondents is nearly double the previous peak which occurred in 1973, in the wake of the Nixon War on Drugs, when 15 percent of the public cited drugs as the main problem in America (see Figure 2).

George Gallup interprets the current poll results as indicating that the public is in a "war time mode" and that it "overwhelmingly endorses a get tough approach" to the drug problem. Nevertheless, poll results also show the public believes drug treatment, education, and community service are the best interventions for drug users.

Figure 1

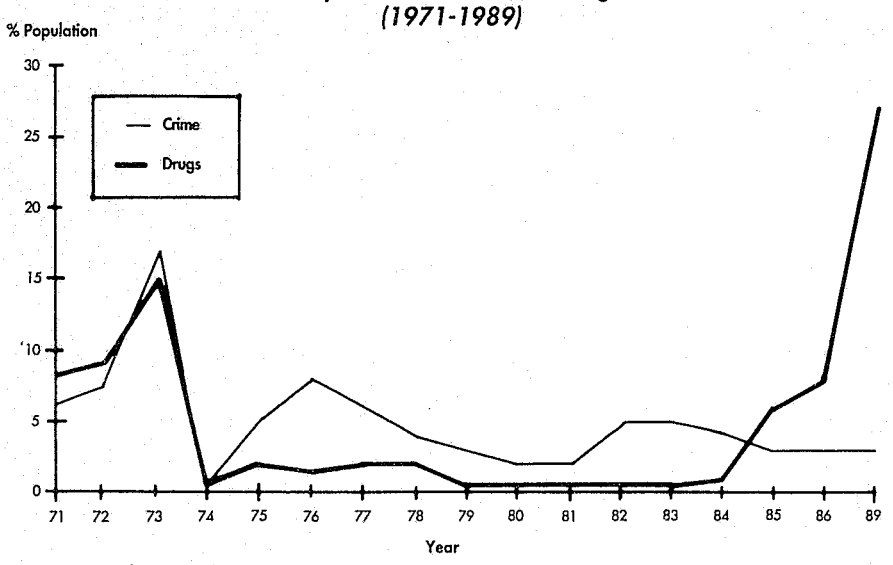
The War Zone
D.C. Murders



SOURCE: *The Washington Times*, Aug. 10, 1989

Figure 2

Public Perceptions of Crime and Drug Problem (1971-1989)



*Percent of U.S. Population Citing Crime or Drugs as the Number One Problem in America. Gallup Polls, 1970-1989.

Is the public disturbed about drugs for the right reasons? Are our political leaders willing to look beyond their own militant rhetoric to engage in a rational consideration of options that address the national drug problem at its roots? Will the public outrage over drugs ever lead to meaningful solutions? Until we begin to engage in a more reasonable dialogue, based on careful definitions of the drug problem, solutions to the drug crisis will be painfully slow in coming, and the costly strategies now being deployed may turn out to be counter-productive.

WHAT ARE DRUGS?

A drug is any substance or chemical that produces a change in the body's functioning. Heart patients are given the drug digoxin to help the heart pump on its own or coumadin to thin the blood and prevent clots from forming. A diabetic may be maintained on insulin.

Virtually all of us take aspirin, Tylenol or some other common product which changes the body's chemistry in order to reduce pain. Many people drink beverages that contain caffeine (e.g.: coffee, tea or cola) which stimulates the adrenal glands and boosts energy for a short period of time. All of these are drugs because they produce changes in the body's functioning.

"Psychoactive" or "mind-altering" drugs affect the central nervous system. They change one's bodily functions *and* mental state. Legal psychoactive drugs can be found in regularly consumed food and drinks such as chocolate, coffee, tea, and alcohol; purchased over-the-counter in medications such as Nodoze and Sleepeze; and prescribed or administered by physicians as treatment for psychological or physiological conditions (i.e.: Valium, codeine, morphine, Demerol, and barbiturates).[3]

In 1986, Americans consumed $30.7 billion worth of these legal drugs or $122 per every man, woman, and child per year. In 1987, $26.4 billion worth of pharmaceutical drugs were manufactured for human use. Of this amount, $6.5 billion was allocated for drugs designed to alter the central nervous system.[4]

Although legal drug use is widespread in this country, the focus of the "drug problem" lies with a relatively *small* group of illegal psychoactive drugs: marijuana, cocaine, LSD and other psychedelics, PCP and heroin. These drugs are considered bad, but if we look closely at the particular substances and how they affect the body, it becomes apparent that the distinction of being "good" or "bad" is not necessarily related to the inherent properties of the drug itself. Morphine, for example, is an opiate, a central nervous system depressant which is widely prescribed by physicians for pain. Heroin, too, is an opiate capable of eliminating pain at least as effectively as morphine. Yet the latter is illegal and thus is unavailable for use in treatment. The two are very similar chemically and both produce undesirable side-effects, such as addiction and constipation.

The process by which drugs become legalized is related not only to their chemical properties, but also to the social, political and cultural context of drug use.[5] Drugs are drugs, and they have both beneficial and harmful effects. None are totally good or evil. Nor are people who use drugs inherently good or evil. But there are, as Dr. Andrew Weil contends, good and bad *relationships* with drugs.[6]

WHY DO PEOPLE USE DRUGS?

The *therapeutic* use of drugs is related to the modern desire to avoid pain (which is generally viewed as an experience that need not be tolerated). But, this has not always been the case. Until the 20th century and the proliferation of medicine's scope and power, the endurance of discomfort and pain was seen as a virtue, not something unacceptable. Pain and discomfort have since been re-defined as intolerable experiences. Our society has become one that goes to great lengths, even risking harmful consequences, to eliminate emotional and physical pain.[7] Pharmaceutical companies, the medical profession, and the media influence which drugs are defined as "good" and may be used to ease pain and discomfort. Some people obtain prescriptions from physicians while others reach for millions of over-the-counter remedies for immediate relief of headaches, insomnia, drowsiness, constipation, diarrhea, colds, ad infinitum. It is in this context that drug use and the "drug culture" must be viewed.[8]

Drugs can also be used for *enjoyment* or *recreation.* They alter our consciousness in ways we experience as pleasurable. Some argue there is a basic human desire to alter states of consciousness for enjoyment, which manifests itself early in life. Children create games which help them change the way they feel. They spin around until they are so dizzy they fall down. Through this "game" they are replacing "normal" consciousness with dizziness—something akin to getting "high".[9] This desire to experience altered states of consciousness for enjoyment continues through adulthood. Because of the availability of drugs in our society, many persons will use chemicals to achieve the altered state in varying degrees. According to psychopharmacologist Ronald Siegel, the desire to alter states of consciousness may be a "fourth drive," akin to hunger and thirst,[10] and if not controlled and regulated, will lead to harmful health and psychological consequences.

HOW MANY PEOPLE USE DRUGS?

While legal and illegal drug use abounds in this country, less than four percent of the population are weekly users of illegal drugs (see Table 1). Alcohol and nicotine are by far the most commonly used legal recreational drugs. There are 10.5 million "regular" users of alcohol and almost 47 million regular smokers nationwide.[11] Marijuana is the most commonly used illegal drug, with over 6.5 million regular users,

Table 1

Number of Americans Using and Dying from Legal and Illegal Drugs

Drug Type	Weekly Users[1]	Percentage of U.S. Population	Deaths	Deaths per 10,000 Weekly Users
Alcohol[2]	47.3 Million	23.9%	97,500	20.6
Tobacco[4]	46.8 Million	19.2%	390,000[3]	83.3
Marijuana[2]	6.6 Million	3.3%	0	0
Cocaine[2]	0.86 Million	.4%	547[5]	6.3
Heroin[6]	0.9 Million	.0%	Unknown	Unknown

[1] Reflects persons using the specific drug once a week or more in the past year.
[2] National Household Survey on Drug Abuse: Population Estimates (1988).
[3] National Council on Alcolholism, Inc. (1987).
[4] Surgeon General's Office (1989).
[5] U.S. Department of Health and Human Services (1986).
[6] U.S. Public Health Service (1987).

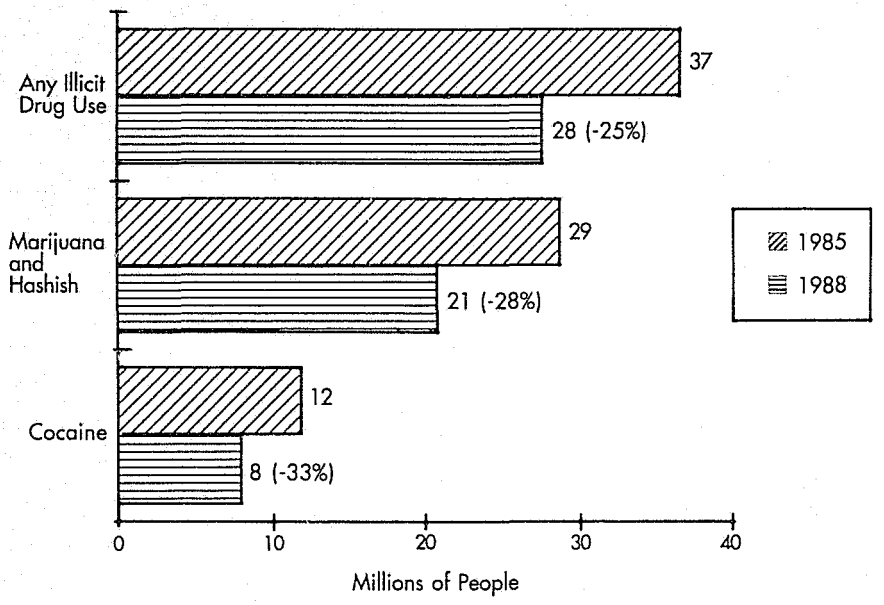
followed by cocaine, with 862,000 regular users. Heroin is estimated to be used by less than one million people. Of all these drugs, alcohol and tobacco are clearly the most deadly. Close to one-half million Americans die each year from their use of alcohol and tobacco. Tobacco is by far the most lethal drug with a death rate of 83.3 per 10,000 regular smokers. The alcohol death rate is 20.6 per 10,000 users.

Despite relatively large numbers of people using drugs, casual use of illegal drugs is on the decline. It peaked in 1982 and has been slowing down ever since. The 1988 National Institute on Drug Abuse (NIDA) Household Survey indicates that Americans' recreational use of illicit drugs has dropped 25 percent, from 37 million in 1985 to 28 million in 1988 (Table 2).[12]

These data also show that illicit drug use is *not* widespread in America and the majority of users do *not* become regular users and abusers. Although 8 million people used cocaine at least once in 1988, only 862,000 used the drug at least once a week and 320,000 used daily.[13] Thus, daily users of cocaine constitute about one-tenth of one percent of all Americans. Several studies show that cocaine and other drugs can and are used by

Table 2

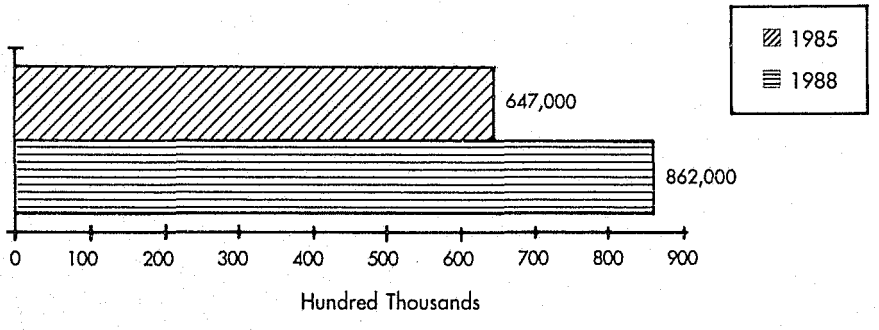
Annual Use of Illicit Drugs



SOURCE: National Institute on Drug Abuse, Department of Health and Human Services

Table 2A

Weekly Cocaine Users



SOURCE: National Institute on Drug Abuse, Department of Health and Human Services

many in a controlled, non-abusive way.[14] Like their alcohol-drinking counterparts, most illegal drug users control their intake because they have substantial social and economic "life investments" to lose (jobs, families, friends, and homes, along with other material possessions) should their drug use become excessive. They limit cocaine use to occasional weekend social gatherings; smoke marijuana during non-working hours; or restrict their use of drugs to a few times a year. Their involvement in a middle class lifestyle simply makes it impossible to even consider the use of drugs on any regular basis.

Though most people control their use of legal and illegal drugs, and confine it to certain places, times and occasions, it is equally clear that some lose control. They use alcohol, prescription drugs, marijuana, heroin, cocaine or other drugs at such high levels that productive living is difficult if not impossible. They become drug *abusers*, and because it is so destructive, to themselves and the public at large, reducing and preventing drug abuse should be our primary concern.

WHY DO PEOPLE ABUSE DRUGS?

Why do some people lose control and abuse drugs while others do not?[15] As suggested earlier, "investments" prevent users from becoming drug abusers. Therefore, a lack of "life investments" may result in a move from drug use to drug abuse. However, it is well known that some stable working-class and middle-class, even affluent, people become drug abusers. In these cases, abuse usually has less to do with social circumstances than with a psychological or physiological disturbance. Some individuals have an "addictive personality," or pre-disposition to addiction inherent in their personality development structure.[16] This "trait" renders them potential abusers of any substance they use. Others may have a physiological deficiency which causes them to react to drugs more intensely than others.

Though they seem to "have it all," many middle and upper class abusers *perceive* their options as limited. They may believe their lives have little meaning and that they are not living up to expectations—their own or those of others. They may feel they have little to live for, attempting to treat this pain and depression with drugs—often alcohol and/or prescription drugs.

Moreover, drug use itself may increase pain and damage life investments, which may lead to abuse. People who use drugs to escape pain or feel "normal" experience additional discomfort, even withdrawal symptoms,

when they come "down" from the drug high. As a consequence, in addition to the personal, social and financial problems that may have contributed to drug use initially, the individual now has a drug habit. Addiction *itself* compounds problems and is perpetuated.

DRUG ABUSE AND THE UNDERCLASS

A prime target of the current War on Drugs is the criminal activity occurring among inner city drug users and sellers. We see alarming reports of entire families at the poverty level becoming entrenched in the drug scene for economic reasons.[17] These poor, urban dwellers at the center of the uproar constitute an American "underclass" that is blamed for much of the drug problem.

Who *are* these people, and why do they commit such acts? First, it should be emphasized that the *vast* majority of the underclass are *not* drug abusers. There are approximately 33 million Americans living below the poverty line as compared with the NIDA figures of 800,000 weekly users of cocaine and nearly 500,000 users of crack. Nor is it true that most are Black or Hispanic as media accounts suggest. In fact, four out of five illegal drug users are White according to the NIDA Household Survey (1989).

But, it is true that a disproportionate number of illegal drug abusers are from the inner cities' lower class. For some inner city dwellers who exist at levels well below the poverty line, the "pain" they treat with drugs stems from being trapped in a life of degradation, leading nowhere. Explanations for their drug abuse appear more straightforward than for people in the middle and upper classes. In contrast to most Americans, who have a greater incentive to control their illegal drug use, individuals with nothing to lose—no job, home, life options, hope—have little reason to keep control, or "just say no."[18]

Similar to all Americans, members of the urban poverty class use drugs for *both* treatment of illness and pain, and enjoyment. But a disproportionate number suffer psychological disorders that are often related to their reduced social and economic circumstances. Many have been reared in relative social isolation, cut off from sources of enjoyment that come from support systems such as stable families and social organizations.

Many lower class drug abusers are inner-city, unemployed, high school dropouts who learn at an early age that they are excluded from legitimate avenues to conventional forms of the "good life" and the values that earn status and respect in our society.[19] This realization is as painful as any

physiological ailment, and drugs are used as treatment and escape. In the absence of a job or other meaningful life pursuits, using drugs makes the time pass and affords the user a temporary "high."

But even more powerful are the economic incentives for becoming involved in drugs. Lower class youths and their families also want a piece of the "American Dream." Drugs promise them money for economic survival not only for themselves but also for their families. Many experience reduced if not totally blocked opportunity, and see drug dealing as one of the few available avenues out of a life of poverty, boredom, and humiliation. If successful at dealing, they can *temporarily* earn thousands of dollars per month and the prestige that has been denied them by conventional society.[20] Consider the story of this New York youth as reported by the *New York Times* (August 11, 1989):

> Michael H., a skinny 17-year-old who is now in a drug-treatment program, said he paid his mother for the use of her apartment to sell heroin, which is becoming popular among crack addicts because it brings them down from the high of crack. Heroin acts biochemically as a sedative; crack a stimulant.
>
> "I gave her $200 a day," Michael said. "I used to open at 7:30. Went to school at 8. I'd get the workers, get the lookout, and tell my sister to take care of the place until I got home from school." He said he earned $500 a day. "By 10:30 at night, the shop was closed."

And, for every dealer caught and removed from circulation by the authorities, there are scores of new recruits ready to replace them. The painful life circumstances of these potential dealers waiting on the side lines for their turn render them undeterred by the threat of punishment. Indeed, it is an expectation that they will be arrested and jailed repeatedly as part of their life situation. For example, over half of Black males in America will have spent time in jail or prison by the age of 29. In the District of Columbia, one out of every 25 men, women, or children are either in prison, jail, on parole, or on probation.[21] How much more can we punish them?

CONSEQUENCES OF OUR DRUG POLICY

Although the purpose of the federal government's drug policy is ostensibly to *reduce* the drug problem, the current crisis and renewed "War on Drugs" is evidence of its failure. The criminalization of certain drugs has invited "underworld" participation in their manufacture and distribution.

The United States continues to view drug abuse primarily as a moral and criminal problem and only secondarily as a public health issue. For the middle and upper classes, it is a moral issue; for a disproportionate number of the lower classes, it is a criminal problem. This translates into a two-tiered punishment system: lower class users, abusers, possessors and dealers receive incarceration as punishment; and the middle and upper class go to treatment partially or wholly subsidized by third-party medical insurance programs. Our latest war on drugs seeks to win the battle by increasing criminal penalties and building more prisons. Proponents want more interdiction efforts, more police, stiffer penalties, and more prisons. They define drugs not as a symptom but as the core of the problem.

This approach is not merely a misunderstanding or distortion. It has been shaped by those who use the "drug crisis" to divert attention from more substantial social and economic problems (e.g., poverty, inadequate education, inflation, fiscal deficits, unemployment, and pollution). The "drug problem" provides a useful diversion in avoiding the more dramatic reforms necessary in existing political, economic, and social arrangements.[22]

The Rise in Organized Crime

As happened with prohibition of alcohol, the outlawing of drugs has promoted many large underworld enterprises engaged in the production and distribution of drugs. Every day we read horror stories about the rich and powerful Latin American "cartels" which, in addition to operating cocaine production and smuggling enterprises, greatly disrupt the peasant economies of South American countries, corrupt their own governments as well as many American officials, and inflict violence upon their own people. In many ways, the disaster of prohibition, which greatly promoted "organized crime" in the United States, is being repeated, but on a larger and more lethal scale.

Paradoxically, underworld involvement in the distribution of drugs has led to an increase in purity and a decrease in price. The wholesale price of cocaine has dropped significantly since 1985, while the purity has increased.[23] Cocaine is currently more potent and widely available than ever before. As a result, there is fierce competition for customers among dealers. The insidious and deadly activities related to the crack cocaine enterprise

are broadcast daily. Housing projects and surrounding neighborhoods are gripped by fear of dealers engaged in murderous struggle over control and distribution of drugs.

Interdiction efforts have also had an effect on the importation of marijuana. Since marijuana is bulky and has a strong smell, it has become more difficult to smuggle into this country. As a result, the domestic production of marijuana is now a large scale and highly organized enterprise. There are now hundreds of small businesses which cultivate new, more powerful forms of marijuana in remote rural areas of the United States. In some cases, whole areas and towns have become dependent upon this new cash crop.

It is also noteworthy that efforts to eradicate marijuana have driven its price up while cocaine and crack have become cheaper. The ironic result has been to reduce the availability of a relatively benign drug and make crack, a far more potent and dangerous drug, cheap and available.[24]

Increased Criminal Activity of Drug Users

Although the price of cocaine has dropped of late, underground distribution translates into high prices for many illegal drugs. Habitual users, therefore, must acquire large amounts of money to obtain drugs. Since abusers from the underclass cannot earn enough money in legitimate occupations, they turn to crime. Some researchers of street crime have suggested that the majority of burglaries, robberies and larcenies in many United States cities are committed by drug addicts.[25]

The criminalization of drugs often adds to their appeal. During adolescence, young people attempt to establish independence from their parents and other adults. Particularly in America, where there is considerable exclusion of young people from adult activities, they often challenge and violate their parents' rules and beliefs. The use of illegal drugs is especially appealing to these young rebels.

Lower class youths who begin experimenting with illegal drugs are diverted from relatively conventional paths by being arrested for drug use. When arrested and punished through incarceration, their tenuous ties to the conventional world are severed. Their return routes are subsequently blocked by the stigma of being an ex-prisoner or ex-convict. Finally, their way of thinking and self-concept become "deviant" or criminal.[26] When lower class youths who experiment with illegal drugs, sell crack or grow marijuana are caught and incarcerated, they may become even more entrenched in deviant lifestyles and values. The recent increase in policing activities has failed to decrease crack cocaine use, but has succeeded in diverting thousands of marginal citizens into "deviant" lifestyles.

Curtailment of Scientific Knowledge and Experimentation

The criminalization of many drugs has restricted scientific knowledge on the extent of drug use and experimentation to determine its effects. For example, there is good reason to believe that heroin reduces the pain experienced by terminal cancer patients better than other opiates.[27] There is a great deal of evidence that marijuana significantly reduces some of the ill effects of chemotherapy and arrests certain kinds of glaucoma.[28] Most recently, MDMA ("Ecstasy") was made illegal and unavailable for any use, including experimentation, even though some psychotherapists were reporting beneficial results in certain types of therapy.[29] Once a drug is made illegal it is usually impossible for scientists to explore the full range of its effects, many of which may be beneficial.

SHOULD DRUGS BE LEGALIZED OR DECRIMINALIZED?

No discussion of current drug policy could be complete without an examination of the legalization issue. Those favoring some form of legalization or decriminalization argue that our current policies are strikingly similar to those in effect during Prohibition, as are the outcomes.[30] They claim that the policy of criminalization of drugs has allowed organized crime to step in and control the industry. Distribution of illegal drugs is financially lucrative, inspiring more members of the underclass to participate. Turf battles have resulted in the deaths of innocent people. Eliminating the financial incentives, it is argued, would take the profit out of the drug business.

Health problems result from the lack of regulation of illegal drugs. "Street" drugs are adulterated, of unknown purity, and can be extremely dangerous. As noted earlier, health problems include the lack of available treatment due to a focus on law enforcement. Another major concern is the spread of AIDS through the sharing of dirty needles.

Proponents argue that our relationship with our Latin American neighbors has been adversely affected by the outlawing of drugs, and our attempts at interdiction and eradication of foreign "crops" have been costly and unsuccessful. They also argue that the criminalization of drugs has not reduced demand. Millions of Americans continue to indulge in illegal drugs, and it is impossible to arrest and prosecute such a large portion of the population.[31]

In sum, decriminalization would save billions per year in law enforce-

ment, court and corrections costs; stem or halt the growth of organized crime; and reduce homicide, robbery and burglary rates, allowing the justice system to focus on other issues. Ghetto residents could turn away from crime, and the quality of urban life would generally improve. Finally, with the government regulating drugs, the health and quality of life of users would improve, thus reducing strain on public health dollars.[32]

THE NETHERLANDS' PRAGMATIC APPROACH TO DECRIMINALIZATION

Many proponents point to the Netherlands as an example of a country with a successful approach to drug abuse. Recognizing that drug use cannot be annihilated, the Dutch have made a distinction between "hard" (heroin, cocaine) and "soft" (marijuana) drugs. The 1976 Opium Act defined hard drugs as "drugs with unacceptable risks" and soft drugs as "drugs with acceptable risks".[33] Criminal penalties reflect this distinction. A sliding "scale" is used for those charged with dealing and importing/exporting both hard and soft drugs. A maximum sentence of 12 years is given for importing or exporting hard drugs. There is no prosecution for possession of drugs for one's own use.

It is interesting to note that despite its decriminalization, marijuana and heroin use in the Netherlands has dropped, particularly among young people. Only 4 percent of 10 to 18 year olds have used marijuana, according to a 1984 school survey, compared to over 30 percent of U.S. high school students.[34] Cannabis use, as it is called, is generally looked down upon by youth, who see it as anything but avant-garde.[35] These anti-drug values have been achieved through an aggressive and credible education program and not through threats of imprisonment.

With regard to all drugs, including heroin and cocaine, the Dutch have a policy of normalization. As a small but heterogeneous society, the Dutch strive to reduce drug abuse without alienating users. Treatment is readily available, and there is a formal mechanism for addicts to be active in government policy decisions. The official Dutch government's position can be stated as follows:

> Normalization of drug problems essentially means the admission that extensive drug use, both legal and illegal, has gained a firm foothold in society—as already is the case with alcohol and tobacco. Worldwide it has proven to be an unrealistic option to try to eradicate illegal drugs and drug use com-

pletely. It is far more realistic to aim at the reduction of drug use, at the containment of the damage caused, and the management of the individual, social and legal problems.[36]

Despite its success in the Netherlands and the arguments of its proponents in this country, legalization is not a popular alternative to the drug problem. First and foremost, it poses enormous practical obstacles. It takes many years for *any* drug to be approved by the Food and Drug Administration. One would expect a similar if not lengthier approval process for drugs now defined as illegal.

Second, it is too radical a concept for most Americans to endorse. Opponents of legalization argue that marijuana, cocaine, heroin and other drugs are illegal for good reason (they have deleterious effects on the user) and should stay that way. They refute the theory that street crime and violence would decline if drugs were legal and counter that if decriminalized, drug use would *increase*, citing alcohol and nicotine as examples.

Finally, they argue that the United States' punitive approach has been effective in deterring middle class drug use, and that legalization would not affect the situation of the underclass whose drug use stems from poverty.[37]

WHAT TO DO AND SAY ABOUT THE DRUG PROBLEM?

Perhaps the War on Drugs begun during the Reagan era never had a chance. We know that people are continuing to use legal *and* illegal drugs. This use appears to be related to a universal human propensity to seek altered states of consciousness. The urge to alter our consciousness for enjoyment has existed for centuries across all cultures.[38] Societies have developed rituals using such substances as alcohol, opium, coca or marijuana for changing mental states. They are an integral part of celebrations: the Bacchanal, Mardi Gras, Carnival, the cocktail reception and "Happy Hour".[39] Efforts to curb this desire have not been successful in the past. The current extent of drug use indicates that this desire continues, and such efforts are not likely to be effective in the future. Additionally, many individuals understand that this country's distinction between legal and illegal drugs is not based on inherent qualities of drugs themselves, but on social, economic, and political trends. Therefore, in spite of the law, casual or regular users choose to use illegal drugs if they desire a certain substance. Crack users in particular, who have little to lose, are socially alienated and untouched by the message of the War on Drugs, and the "Just

Say No" campaign.

To promote change and reduce drug abuse, we must focus on what works, rather than what we *want* to work. To this end, efforts must be directed toward better understanding of what constitutes effective policy.

An Honest Drug Education Campaign

Our society must make a greater investment in drug education which does not simply attempt to scare young people into the conventional, prohibitionist view of drugs but includes education designed to impart a more factual understanding of drugs and drug-related problems.

The "Just Say No" curriculum can be inherently dangerous. When children are told that all illegal drugs (including marijuana) are extremely dangerous and addictive, and subsequently learn through experimentation that this is false, the rest of the message is discredited. A more honest drug education strategy would stress the dangers of all drugs, including those that are legal, and the value of abstinence. It would state that some, but not all drugs are highly addictive, and that many people do control their recreational use of illegal drugs. This may sound like dangerous heresy, but young people are going to find this out for themselves anyway. If we are honest we will not lose the confidence and trust of our youth. If we have been honest about a drug's effects, we can talk about the dangers of drug abuse without sounding like the "party line."[40]

Honest drug education is one key to ensuring that individuals know how to make more informed decisions. Users of all drugs who are educated about their effects know that use does not necessarily lead to abuse. This is not currently acknowledged because it is inconsistent with zero-tolerance postures such as "Just Say No." However, research on heroin users,[41] an 11-year follow-up study of cocaine users,[42] a study of MDMA users,[43] and experience with alcohol and other legal drugs show that controlled use appears to be possible, and may be commonplace.

People who use drugs (whether heroin, cocaine, psychedelics, or alcohol) and are educated about the effects, know how to minimize the dangers of use. For example, most controlled users of alcohol know their limit, and that it is dangerous to drink and drive, and that "mixing" a variety of alcoholic beverages can produce a horrible hangover. We need to acknowledge that intelligent, non-problematic drug use is possible, given a context in which individuals have full knowledge of the effects of drugs and, as argued earlier, viable life options that keep them on track.

Redefining Illegal Drug Abuse as a Public Health Problem

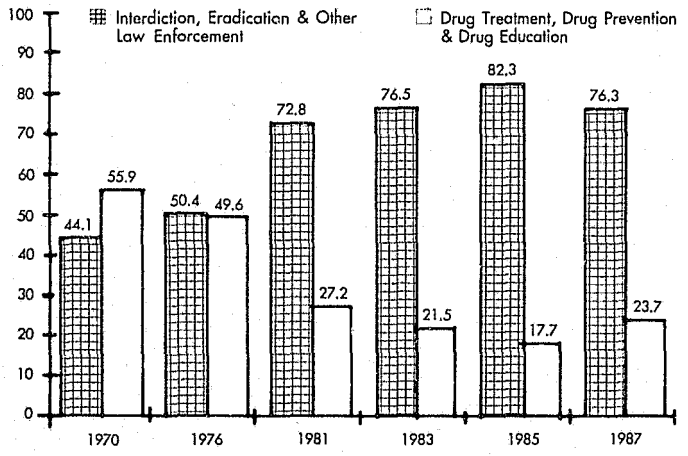
Given that illegal drug abuse has a deleterious physiological effect, it should be defined primarily as a health-related problem that should reside in the public health domain. In so doing, we might obtain better epidemiological data to estimate the true extent of the problem and re-allocate our resources from criminal justice to treatment, prevention, and education.

In reality, we do not know the exact extent of illegal drug abuse in this country. We base our estimates on three sources, the High School Senior Survey, the Household Survey, and the Drug Abuse Warning Network, each of which has limited value. If we approach illegal drug abuse as we do other "illness" patterns, and mount a full epidemiologic study (as is done with smallpox), we would be better informed on how best to respond to the problem.

By *not* putting the "drug problem" in the public health domain, we may be contributing to the failure of United States drug policy. A public health approach to illegal drugs would enable us to devote more of our limited resources to treatment of the problem. Since 1970, a larger proportion of tax dollars has been spent on interdiction, eradication and law enforcement than on treatment, prevention and education (see Table 3). This trend needs to be reversed.

Table 3

The Disparity in Federal Funds Devoted to Treatment and Law Enforcement
(Percentage of Total Funds)



SOURCES: U.S. General Accounting Office and U.S. Rep. Fortney "Pete" Stark

Funds targeted for law enforcement and other social agencies could be partially used to support treatment programs that have some chance of diverting drug abusers away from self-destructive and socially harmful lives of addiction and crime. Many of these programs would be transitional treatment programs intended to detoxify individuals and prepare them for a drug free, productive, and satisfying life. And, they would be targeted to drug abusers who are unable to pay for treatment services. Numerous programs have been successful, but do not receive sufficient government funding. In light of the AIDS crisis, programs such as methadone maintenance, which are designed to maintain addicts through an orally-taken substitute narcotic, should be readily available at minimum (if any) cost to the user.

Confronting the Real Problem—America's Growing Underclass

The drug abuse of the underclass is not in and of itself the problem. Drug abuse is a *symptom* of a much deeper problem faced by tens of millions of individuals with blocked opportunities and severely limited life options.

Until we bring these alienated and excluded Americans into the mainstream, no significant progress can be accomplished in reducing drug abuse. People must have a *reason* to restrict use or abstain from drugs. The more one has to lose, the more one tends to control the use of substances that may put those possessions (material and other) in jeopardy; the less one has to lose, the less likely one is to control one's drug use. People with meaningful jobs, intact families, and social responsibilities try to preserve these by maintaining control and not abusing drugs.

To bring the millions of excluded and alienated Americans back into the mainstream, something approaching the 1960s "War on Poverty" is needed. Unfortunately, many believe that the War on Poverty was already waged and lost. They argue that pumping massive amounts of public money into programs aimed at ending poverty and associated social problems not only failed, but also drained the public coffers and contributed to the economic difficulties of the late 1970s and early 1980s. The War on Poverty, however, was never waged. What was actually implemented, according to Senator Moynihan, was a program that "was oversold and underfinanced to the point that its failure was almost a matter of design."[44]

Parts of the War on Poverty were successful. A few intensive programs designed to bring people out of poverty, crime, and deviance, monitored through extended follow-up phases, showed very promising results.[45] It *appears* that most efforts failed because they were ill-planned and

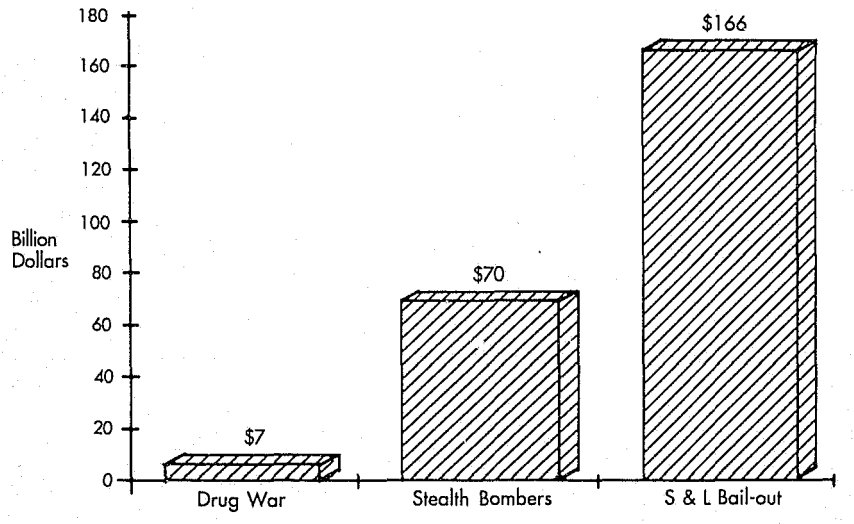
mismanaged.[46]

This time we will have to wage the war by increasing the minimum wage, expanding prenatal care and day care services, improving our public education system, and providing job training for the unemployed. We simply must close the ever-widening gap between the "haves" and the "have-nots".[47]

A recent report issued by the Ford Foundation recommends modest but crucial supplements to federal programs in the areas of health care, early childhood education, child care for the poor, job training, and drug treatment.[48] The annual cost of this comprehensive package is $29 billion. Of course, there would be a net savings if these reasoned policies were adopted. However, if we are willing to spend $166 billion to bail out a corrupt Savings and Loan system and $70 billion to build Stealth bombers (see Figure 3), we must be willing to promote public policies and fund

Figure 3

National Spending Priorities



programs that will prevent another generation from becoming the drug problem of the future.

If we are unwilling to devote the necessary resources to *win* the war, perhaps we should reconsider waging the war. The most irksome and threatening patterns of drug abuse will not succumb to massive increases in police and prisons or magically disappear as long as the destructive circumstances of poverty, exclusion, alienation, and social disorganization beset so many Americans.

FOOTNOTES

1. There have been a number of such "wars" over the last century (Reinarman and Levine, 1989).

2. The *Los Angeles Times* (August 17, 1989) reported a case where Polo Staley, a "small-time hood" was sentenced to life without the possibility of parole for possession of less than two pounds of crack cocaine with a street value of approximately $80,000. The cost of constructing and staffing one prison cell for 30 years is estimated by Irwin and Austin (1986) at $1.3 million. According to the U.S. Department of Justice's figures, the 1988 prison population figures exceeded design bed capacity by 25 percent. Assuming each prison cell costs approximately $50,000, the nation now needs $80 billion to reduce prison crowding, even before the next War on Drugs begins.

3. For discussions of the nature of drugs, see Weil, Andrew T. and Winifred Rosen, 1983; and Richard Stephens, 1987.

4. U.S. Department of Commerce, Bureau of Census, *Pharmaceutical Preparations, Except Biologicals, 1987*, and, *Statistical Abstract of the United States, 1989* (109th Edition), p. 93.

5. For discussions on the process by which drugs are "scheduled," and the history of drug policy, see Duster, Troy, 1970; Courtwright, David, 1982; Musto, David, 1973; Brecher, Edward, 1972.

6. Weil, 1983.

7. Illich, 1976.

8. Fort, 1981; Jonas, 1989.

9. Weil, 1972.

10. Siegel, 1989.

11. "Regular use" is defined by NIDA as persons using a drug at least once per week during the past year.

12. The reasons for this decline are at least twofold. First, there has been an unprecedented national campaign against the use of illegal drugs aimed at the casual user. Second, the aging of America is also having an impact. Drug use is associated with age. As the population ages, we can expect further declines in illegal drug use.

13. National Institute on Drug Abuse Household Survey, 1988.

14. Patricia Erikson, E.M. Adlaf and R.G. Smart, *The Steel Drug:Cocaine in Perspective,* Lexington, Mass.: D.C. Heath, 1987; Waldorf, Dan, Craig Reinarman and Sheigla Murphy, *Cocaine Changes,* Temple University Press, 1990; Zinberg, Norman, *Drug, Set and Setting: The Basis for Controlled Intoxicant Use,* New Haven: Yale University Press, 1984.

15. See Dan Lettieri et al. (eds.), 1980, for a comprehensive discussion of causes of drug abuse.

16. See W. M. Cox, *Addictive Personality.* New York: Chelsea House, 1986.

17. See "In Cities, Poor Families are Dying of Crack", *New York Times,* August 11, 1989.

18. Erich Goode, *Drugs in American Society,* New York: Knopf, 1989 (3rd edition).

19. William J. Wilson, *The Truly Disadvantaged: The Inner City, the Underclass, and Public Policy,* Chicago: University of Chicago Press, 1987; and Terry Williams, *Cocaine Kids,* Addison-Wesley, 1989.

20. The amount of money earned by these youth has been greatly exaggerated. An average rock of cocaine costs $10. Given that at least half of the revenues earned must be used to pay a variety of expenses (e.g., runners, partners, etc.), a person would have to make 200 transactions a day to earn $1,000.

21. Austin and Brown, 1989.

22. Reinarman and Levine, 1989.

23. United States Department of Justice Drug Enforcement Administration, 1989.

24. *New Perspectives Quarterly,* Vol. 6, No. 2, p. 49.

25. Inciardi, James A., 1986; Innes, Christopher Al, 1988; Johnson, Bruce D., et al., 1985; National Institute of Justice, 1988; Nurco, David N., et al., 1985; Wish, Eric D., 1988.

26. Irwin, 1985.

27. Trebach, 1982.

28. Trebach, 1987. The United States cultivates marijuana for use by a small number of terminally ill patients.

29. Beck and Rosenbaum, forthcoming.

30. Advocates for legalization cut across political groups and include persons as diverse as William F. Buckley, William Schmoke (Mayor of Baltimore), Joseph McNamara (Police Chief of San Jose), Milton Friedman, and Thomas Sowell.

31. See van den Haag, E., 1985; Nadelmann, E.A., 1988a; Nadelmann, E. A., 1988b; Becker, G. S., 1987; Schwartz, H., 1987.

32. Nadelmann, 1988.

33. Marshall, et. al., 1988.

34. Engelsmann, 1988.

35. A similar phenomenon occurred in Alaska, in which a state Supreme Court decision allowed individuals to possess marijuana for their personal consumption in the privacy of their homes. Use did not, in fact, increase. On the contrary, it leveled off and no deleterious effects were reported.

36. van Vliet, Henk Jan, "Drug Policy as a Management Strategy: Some Experiences from the Netherlands," *The International Journal on Drug Policy* 1.1., p. 29.

37. Inciardi and McBride, 1989.

38. Ronald Siegal, *Intoxication - Life in Pursuit of Artificial Paradise*, 1989.

39. Weil, 1972.

40. Such programs already exist, although they are not mainstream. For example, Mothers Against Misuse and Abuse (MAMA), is one organization that encourages "accurate information and decision-making skills that promote informed decisions..." for their children (Miller, 1985).

41. Zinberg, 1984.

42. Murphy, Waldorf and Reinarman, 1989.

43. Rosenbaum, et al., 1989.

44. Michael Harrington, 1985.

45. See Elliott Currie, *Confronting Crime*, for an excellent examination of this issue. (New York: Pantheon Books, 1985, Chapter 4).

46. The funds that were originally intended for these programs were actually diverted to the Vietnam War. Evidently, President Johnson originally intended to fully implement them. However, in 1966 when the "war" was to begin, he decided to escalate the war in Vietnam. He in fact informed Sargent Shriver, one of the other architects of these policies and the original director of O.E.O., that the expenditures for the Vietnam war would mean that the war on poverty would have to wait. See Michael Harrington, 1985.

47. Elliott Currie, "What Kind of Future?", NCCD, 1987.

48. *The Common Good: Social Welfare and the American Future*, Ford Foundation, May 1989.

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