Drug policy: The fix we're in

by Walter Wink in the February 24, 1999 issue

By Michael Massing, The Fix. *(Simon & Schuster, 335 pp.)*

The dust jacket of Michael Massing's study of U.S. drug policy offers a summary of his thesis in bold red letters: "Under the Nixon Administration, America Had an Effective Drug Policy. WE SHOULD RESTORE IT. (Nixon Was Right)."

A lot of people, myself included, don't want to hear that Nixon was right about anything. After all, it was Nixon who declared a "war on drugs" during the 1968 campaign for the presidency. John Ehrlichman, Nixon's domestic policy adviser, later confessed to Dan Baum, author of another trenchant study of drugs, Smoke and Mirrors (1996), that Nixon's election team was looking for scapegoats. There were two candidates: hippies and blacks. The "silent majority" was frightened of both. And hippies and blacks had something in common: they were publicly perceived to be into drugs.

According to Baum's report, Ehrlichman acknowledged, "We knew we were lying about the health effects of marijuana. We knew we were lying about the relationship between heroin and crime. But this is what we were doing to win the election. And it worked."

Once elected, however, Nixon found himself with no mechanisms for fighting his drug war, because the federal government had little day-to-day jurisdiction over crime. So, declaring a crisis in "law and order," Nixon vastly expanded the government's role in drug control. He also commissioned a blue-ribbon panel of staunch conservatives to investigate marijuana use, expecting them to conclude that it was a dangerous, even lethal, drug. Instead, they recommended decriminalization. Nixon simply shelved the report.

Michael Massing is no fool. He is a journalist who has specialized in drug issues and received a MacArthur "genius" fellowship in 1992. So how can he argue that Nixon, who had fabricated this bogus drug war to deceive the American people, in fact had an effective drug policy which we should restore?

Because, whatever his other faults, Nixon put the drug money he got for his war in the right places: treatment and methadone maintenance. Addicts who had been unable to secure treatment started having their needs met. Heroin was decoupled from crime by methadone, which doesn't get you high but keeps you from needing heroin. Suddenly the drug problem was going into remission.

President Jimmy Carter was prepared to take the next logical step: he would ask Congress, as his first order of business, to decriminalize marijuana. Republican Dan Quayle threw in his full support. But Carter's drug czar, Lee Dogoloff, decided that drugs were not a medical problem, as the Nixon policy assumed, but a social problem. Drugs-all drugs-are simply bad. There is no difference, Dogoloff insisted, between "soft" drugs like marijuana and "hard" drugs like heroin or cocaine. So the penalties for dealing or possession should be the same.

Carter changed his mind on decriminalizing "soft" drugs. These drugs were now viewed as "entry" drugs that lead, virtually inexorably, to addiction to the harder stuff. (But the government's own statistics indicate that for every 104 people who have used marijuana, only one becomes a regular user of cocaine, and less than one becomes a heroin addict.)

With the election of Ronald Reagan, drug policy was further altered from the Nixon approach. Reagan regarded government itself as the problem. It had no business intervening in the lives of drug addicts by providing treatment centers, handing out free, sterile needles, or supplying methadone to those who wanted off heroin. So treatment centers were closed. Governments do properly wage war, however, so Reagan had no qualms about diverting funds from treatment to interdiction. Billions were poured into attacking the problem at its "source," by attempting to interdict drug trafficking, smuggling, growth and processing. Yet the available supply of cocaine and heroin has remained constant all through the drug war. Over the past 20 years, $500 billion have been thrown at the drug problem without securing any reduction in the drug trade. Any other failure so flagrant would never have escaped public scrutiny and outrage. But Americans do not like to lose wars, and so Congress continues to pump money into the longest war it has ever fought-what someone has called "our domestic Vietnam."

Under George Bush things got even worse. Bush appointed William Bennett as drug czar. Bennett had a new message: people who use illicit drugs are not sick, they are immoral. Punishing drug offenders became more important than getting them off

drugs. Nancy Reagan's campaign slogan, "Just say no," became the theme of the entire drug bureaucracy. It is all a matter of will power. Offenders should stop taking drugs and harming society. They deserve nothing, certainly not treatment. Society needs to meet their behavior with stern censure and the full weight of the law. The logic is simple: if people insist on being bad, we will lock them up. So prison populations soared, and mandatory sentences forced often reluctant judges to imprison first-time offenders, many of them lower-level "mules" who were merely carrying the drugs for the dealers, who were seldom touched.

Bill Clinton has only slightly improved the situation. His drug budget is double that of Reagan's. He has directed more money toward treatment, but far less than is needed. He fired his surgeon general, Joycelyn Elders, for suggesting-among other things-that prohibition might not be the best approach to the drug issue.

In 1990 I wrote an article in the Christian Century titled "Biting the Bullet: The Case for Legalizing Drugs." It sparked a few letters, but otherwise it seemed to drop into a black hole. Apparently few people were ready to take on such a controversial issue, especially since those tangled in the web of prosecution and incarceration seemed to be mostly young black men. Middle-class whites had other concerns. Over the decade, however, interest has gradually increased. We may now, at last, be on the verge of a national debate.

In that debate there are a number of already-hardened positions. There is the moralistic view, already outlined, which contends that addicts deserve punishment for failing to live up to community standards. At the other extreme, there is the legalization option, which seeks to reestablish the status quo prior to drug and alcohol prohibition, when now-illicit drugs were sold over the counter and as ingredients in patent medicine, cough syrup and Coca-Cola. This is the view I championed in my earlier article. My assumption was that legalization would so drive down the market price of drugs that drug trafficking would no longer be profitable.

But events have proved me wrong. Due to the enormous demand and the consequent burgeoning of drug production, prices have fallen precipitously. Heroin now sells for less than half its 1981 street price, and cocaine prices have dropped by two-thirds. Likewise, the over-the-counter sale of hard drugs has been rendered problematic by the advent of new, more concentrated drugs like crack and metamphetamine. A more pragmatic position has emerged: harm reduction. Recognizing that neither the president nor the Congress is willing to propose a fresh

look at the problem, the harm-reduction position attempts to accomplish a series of small reforms, such as making methadone more available, expanding needle-exchange programs, repealing mandatory sentencing for drug offenses, creating "safe injection rooms," decriminalizing marijuana, and providing controlled prescriptions of heroin to those who might otherwise buy lethal doses on the black market. Notice what is missing: a focus on treatment and education.

Massing has mixed feelings about the harm-reduction position. He sees the idea of "safe injection rooms" as little better than crack houses. This is a bit of a cheap shot, since such rooms have been experimented with successfully in Europe. But Americans are curiously unwilling to learn from Europe, even though almost all member-states of the European Union have better policies and lower rates of addiction than the U.S. On other points, Massing is in agreement with the harm-reduction approach: he favors free needles, methadone treatment, decriminalization of marijuana and repeal of mandatory sentencing. Where Massing differs is in his undoubtedly correct emphasis on treatment as the central element in any new drug policy. It should be noted, however, that while methadone is effective in dealing with heroin addiction, it does not work with cocaine or crack. These latter require a different kind of treatment altogether.

Indeed, Massing may be too optimistic about treatment. There are many addicts who do not want to get off drugs, for whom the drug-induced high is the whole focus of living. Baum notes that for as long as figures have been kept, about 1 percent of the population has been addicted to drugs. People all through history have enjoyed, even depended on, the buzz they get from smoking nicotine, or drinking alcohol, or swigging down a cup of coffee, or inhaling marijuana, or using the harder drugs, and that is not likely ever to end. Others attempt to get off drugs and are unable to do so. What is to become of them?

Ethan Nadelmann, one of the chief proponents of the harm-reduction approach, reports a Swiss experiment involving some 1,000 heroin addicts who had at least two unsuccessful experiences in a methadone or other conventional treatment program. The trial quickly determined that virtually all participants preferred heroin to methadone, and doctors subsequently prescribed heroin for them. The results: crimes involving the participants dropped 60 percent, illegally gotten income fell from 69 to 10 percent, illegal heroin and cocaine use declined dramatically, stable employment increased from 14 to 32 percent, physical health improved enormously, and most participants greatly reduced their contact with the drug scene. Eighty-

three even switched to abstinence therapy. The conclusion: given relatively unlimited availability, heroin users will voluntarily stabilize or reduce their dosage and some will even choose abstinence; long-addicted users can lead relatively normal, stable lives if provided legal access to their drug of choice, and with few side effects; and ordinary citizens (in Switzerland at least) will support such initiatives.

While Massing criticizes the moralism of a William Bennett, he betrays a moralism of his own. He simply finds it impossible to believe that it is safe for people to be on drugs and not be injured by them. He wishes to rescue every one possible from the scourge of drugs, but cannot envision addicts living fairly normal lives. But some heroin addicts do, and 95 percent of cocaine users somehow manage to quit eventually anyway. After the age of 35, the casual use of illegal drugs virtually ceases. As neurologist Michael Gazzaniga says, most people eventually walk away from the hedonistic pleasures of illicit drugs. Crack cocaine, on the other hand, is terribly addictive, and can nullify a mother's maternal instincts.

So while we need to make treatment universally available, we also need to tolerate those who will not or cannot break their habit. This requires a switch from regarding addiction as a legal matter to regarding it as a medical matter. It should be treated as a public health issue, not as grounds for punishment. The correct moral position is to quit moralizing about drugs and instead to regard addicts with compassion.

To further public debate, Howard Moody has gathered a group of respected clergy under the infelicitous title "Religious Leaders for a More Just and Compassionate Drug Policy" (237 Thompson St., New York, NY 10012; 212-253-2437). This group is open to all who are attempting to place harm reduction on the agenda of churches, synagogues and mosques. While it initially underplayed treatment in its call to action, it has now made it prominent, recognizing that the "harm-reduction" and the "treatment-centered" approaches should really be one.

Massing's superb study is rich in anecdotes that bring us face to face with the drug subculture. In its own way, his book is oddly optimistic. He cites studies that indicate that the longer a patient stays in a treatment center after three months, the greater her chance of breaking the habit. More than a year's treatment is optimal; two-thirds of the addicts who were in a program for over a year were drug-free a year after leaving treatment.

But if only a quarter of hard-core addicts were to seek treatment, and at best only two-thirds of those in treatment succeed, we are talking about only a 16 percent success rate. What about the other 84 percent? If we became wildly optimistic, and estimated that 75 percent would opt for over a year's treatment, then at a two-third success rate, 50 percent would still be addicted. Either way, some will simply have to live with their addiction, and we must find the most compassionate way of responding to their needs that we can. And that is where harm reduction comes in.

One thing is clear. Treatment represents the best investment of funds. Treatment is seven times more cost-effective than domestic law enforcement, ten times more effective than interdiction, and 23 times more effective than attacking drugs at their source.

Perhaps the most wrongheaded policy is that of incarcerating addicts purely as a means of punishment and revenge. Almost every treatment program in the prisons has been stripped of funding. As a result, prisoners simply continue their addiction in prison, where drugs are plentiful thanks to corrupt guards and wily visitors. Then, on release, they are almost guaranteed a return trip to prison since they must continue to support their habit. For addicts generally, New York State has only one bed for every four persons who will seek treatment in a given year. This neglect of men and women born in the image of God and of infinite worth in God's sight is unconscionable. We cannot leave addicts simply to wallow in compulsive behavior if they desire treatment.

Nor can we dodge the racism of our drug policy. The typical user is a white male between 20 and 40 years old. Only 13 percent of those using illegal drugs are African-American (exactly their proportion in the national population), but they constitute 35 percent of those arrested for simple possession and a staggering 74 percent of those sentenced for drug possession. An entire generation of young black men is being destroyed by our drug war.

Our attempts to stamp out drugs by force violate a fundamental spiritual principle. Jesus articulated it in the Sermon on the Mount: "Don't react violently against the one who is evil." Adapted to fit the drug issue, it means, "Do not resist drugs by violent methods." We have merely repeated the mistake of Prohibition. The harder we tried to stamp out illicit drugs, the more lucrative we made them, and the more they spread. (We can't even keep drugs out of prisons!) We tried Prohibition once. We know it will not work. Our forcible resistance to evil simply augments it. We

violated a fundamental economic principle as well: an evil cannot be eradicated by making it more profitable.

When we oppose evil with the same weapons that evil employs, we invariably find ourselves committing the same atrocities, violating the same civil liberties, bending and breaking the same laws, as those whom we oppose. In the process, we become the very thing we hate. Armed resistance to the drug trade is doomed to fail precisely because the drug trade perfectly mirrors our own values. We condemn drug traffickers for sacrificing their children, their integrity and their human dignity just to make money or experience pleasure-without seeing that our whole society operates that way. Drug dealers mirror the morality of the capitalist system itself: get what's yours, greed is good, forget everyone else, cheat if it pays, the more the better, money speaks, hedonism is fun.

Americans are, variously, addicted to many things, among them wealth, sex, food, work, alcohol, caffeine and tobacco. By attacking addiction in others, we can feel good about ourselves without coming to any insight about our own addictions. Richard L. Floyd notes that drugs are the ultimate consumer product for people who want to feel good now without benefit of hard work, social interaction, or making a productive contribution to society. For their part, the drug dealers are aggressively living out the rags-to-riches American dream as private entrepreneurs desperately trying to become upwardly mobile. That is why we cannot win the war on drugs.

The enemy is us. Unable to face that fact, we launch a half-hearted, ill-conceived war against a menace that only mirrors what we have become as a nation.

It is high time we addressed the problem of illicit drugs not as a war to be won, but as an epidemic to be checked, a disease to be curbed, and an opportunity to see ourselves in the faces and mutilated veins of our addicted brothers and sisters.