

Ending the war on drugs

The war against drugs is either not working or succeeding at too high a cost, several recent books agree. What should replace it is harder to be certain of

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WAR is a dirty business, and the war on drugs involves plenty of filth: deceit, corruption and damage to civil liberties, not to mention outright violence—and that's just from the good guys. Every struggle has to have heroes, and America's anti-drugs campaign makes its casting billboard-clear. The white hats are enforcement agents stamping out narcotics at home and abroad, police sweeping dealers and users off the streets, judges jailing drug offenders, not to mention plucky little civilians who "just say no". The black hats are shadowy figures: greedy drug barons, mostly foreign, who exploit their own countrymen and corrupt America's children. Congress and Hollywood, spurred on by alarmed parents, have created such a drugs mythology that the good and evil of narcotics is now as distinct, to many, as Mother Teresa and Saddam Hussein.

Yet today's highly militarised drugs campaign originated in more than medicine and morality. From the start the war has involved political interest and financial gain, as well as frequent misunderstanding—not to mention downright misrepresentation—of the best evidence about drugs' medical and social effects. If these were novel or incidental mistakes, the war might be more understandable. But, along with social concern and good sense, modern drug policy has from the start involved fear and unreason, often directed against foreigners or outsiders. It is almost 125 years since authorities in San Francisco launched an early salvo in the western war on drugs by clamping down on opium use among the growing population of Chinese labourers. In the years leading up to the Harrison Act of 1914, which amounted to the first federal ban on non-medical narcotics, its drafters played on fears of drug-crazed, sex-mad negroes to win support in the South.

Then 20 years later, the spectre of the sky-high, violent Mexican immigrant was played up to sell the public on the criminalising of marijuana. At several times since the 1930s, governments have used the drug card, whether to lean on dispensible foreign dictators or to brush back homegrown countercultures. One thing that has changed, though, are the high stakes that America is willing to play. In 1980, the federal government spent around \$1 billion on drug control; federal, state and local spending last year exceeded \$30 billion, which includes much expanded programmes of crop eradication, border patrolling and sting operations. Only a third of the federal government's drug-control spending goes on drugs education or drugs treatment.

How much success this money buys depends on your definition. According to United Nations estimates, Americans are spending almost \$60 billion on illegal drugs a year, mainly on the "soft" drug, marijuana, and its "hard" counterparts, cocaine and heroin. These are, unavoidably, guesstimates. But nobody seriously contests that drugs continue to pour into America and that prices have fallen. Cocaine costs half or less what it did in the early 1980s and heroin sells for just under \$1,000 a gram, three-fifths of its price a decade ago. Purity has also increased. In the 1980s, street heroin was so adulterated that injecting straight into the blood was the surest way to achieve a high. Now fixes are commonly more than 50% pure, which means that users who might be deterred by needles can smoke or snort the drug instead. A third of all Americans admit to having tried drugs and at least 13m are occasional users. Drug arrests were 1.1m in 1995, double the 1980 figure. There are 400,000 Americans behind bars for drug offences, eight times the number 19 years ago.

Those who fight the war on drugs, with its strict penalties at home and sharp punishment abroad, point to seizures of both drugs and their users as victories. In their terms, they are. And if slowing the spread of

hard drugs is a sensible goal, which it seems to be, there is indeed good news. Nationwide studies of drug use, such as the University of Michigan survey of high-school students, suggest that although teenage marijuana use has risen in recent years, experimentation with cocaine or heroin among young, first-time users has stayed fairly steady. Those who question or oppose the drugs war, however, reckon that this is the wrong body count. Although casual hard-drug consumption may be dropping, the number of hard-core hard drug users—those most directly associated with the private and collective misery of drugs—has scarcely budged since the war began.

Instead the war's critics propose an entirely new approach that drops or downplays military means and abandons unconditional surrender as the goal. The anti-war doves, as will be seen, form a growing and disputatious camp. Yet whether they favour disapproval or toleration, continued prohibition or legalisation, most doves accept that core drug abuse is not going to be eradicated at an acceptable price, that crusading moralism is counterproductive and that drugs policy should be refocused on education for the young and "harm reduction" for habitual users—for example, methadone programmes, needle-exchange centres or prescription heroin.

It sounds like common sense. But good sense alone will not end the war on drugs. Both the law makers and law breakers have too much invested in the conflict for either to lay down arms easily. Even amid falling prices, drug producers continue to profit from the risk premium that prohibition puts on their multi-billion dollar industry. The anti-drug warriors' jobs and budgets depend on expensive enforcement and lucrative asset seizures. Having demonised their foes, they can only with great difficulty now make peace with the devil.

Back to the future

Neither side is above massaging the drugs statistics. But anyone who suspects that the critics of the drugs war are toying with the facts should read "Drug Crazy". This book describes the origins and consequences of America's present narcotics policy. It moves from gangland drug busts to Colombian coca plantations to Mexican border patrols. This is reportage from the front line, told with all the verve of an action film, a style which no doubt owes much to the fact that its author, Mike Gray, is a Hollywood screenwriter and producer.

Mr Gray does not shrink from describing the violence of the drugs war, from shoot-outs in the ghettos of Chicago to explosions on the streets of Bogota. But the legal burden of America's current drug policy comes through most clearly in his description of how drug dealers are brought to justice. Chicago's county court, which has seen its caseload quadruple in the last 20 years largely because of continued tightening of policy on drugs, now runs round the clock.

Although most people who take crack cocaine are white, 96% of the crack defendants in federal courts are black or Hispanic. This is largely because white people, being richer, do their deals behind closed doors, while blacks and Hispanics tend to trade on the streets, where they are more easily watched and arrested. The night shift at Cook County court catches only the foot soldiers of such drug armies as Chicago's Gangster Disciples. The officers stay out of sight and, generally, out of jail. Justice is summary, and baffling: ten-minute trials lead to five-year sentences for possession of a fifth of an ounce of crack, while the same amount of powdered cocaine lands its owner a few weeks in prison. Crack is cocaine mixed with baking soda to make it smokable and stronger. But concentrating the drug also concentrates the penalty, introduced during the crack scare of the 1980s. As blacks use more crack than powdered cocaine, the punishment falls disproportionately on them. Arrest and imprisonment are scarcely deterrents. A young lawyer at the county court is quoted as saying, "We're not producing justice here. We're manufacturing revolutionaries."

On a continent once famous for revolutionaries—Latin America—the tough position of the United States has had mixed effects. The Bush administration spent \$2 billion on crop eradication and substitution, spraying the jungle and bribing peasants to plant passion fruit rather than coca plants—with little success. By 1992, cocaine production had grown by 15% and the business had spread across an area the size of the continental United States. It had also become frighteningly efficient, first dominated by Pablo Escobar (a “ruthless killer”, as Mr Gray describes him, with “a pleasant side”) in Medellin and then the Rodriguez Orejuela brothers in Cali. The high-tech barriers America erected along its borders have succeeded in diverting entry of South American cocaine from Florida to California and Texas via Mexico, thereby drawing another country into the violence and corruption which has plagued Colombia. And the high premium that the criminalisation of drugs places on them means that South America has turned its eye to heroin, a far more profitable drug than cocaine.

None of this, as Mr Gray stresses, should come as a surprise. America’s last concerted effort at substance control, prohibition of alcohol in the 1920s, had similar effects. It inflated prices, drove bootleg suppliers to organise, encouraged the spread of guns and crime, corrupted a quarter of the federal enforcement agents—and doubled the consumption of hard liquor, all within a decade. Nor does “Drug Crazy” neglect the influence of stubborn or strong-minded individuals. It is full of outsize characters from the past: Hamilton Wright, for example, an American doctor turned diplomat, who tried to bully the world into drug prohibition, crafted the Harrison Narcotics Act and was later sacked for drinking on the job. Or Harry Anslinger, head of drug enforcement from 1930 to 1962, who perfected the sledge hammer school of narcotics control and invoked every menace from axemen to communism.

Drugs in history

Because the drugs war is so noisy and so visible, it is often easy to forget that drugs are not just an American issue. Martin Booth’s “Opium: A History” charts the rise of heroin from its ancient origins in the poppies of Eastern Europe to modern-day trade on the streets of America. The book’s wealth of detail is remarkable: all aspects botanical, political, economic, cultural and pharmacological are discussed (including the unexpected etymology of such slang as “hip”, “hype” and “junkie”). Unlike “Drug Crazy” which is mainly focused on the Americas, much of “Opium” is set in Europe and Asia, giving the book a more international perspective and more comprehensive feel.

Although Mr Booth’s accounts of famous addicts, from Clive of India to John Pemberton, the inventor of Coca-Cola, make for interesting reading, the real fascination of “Opium” is in its account of the common man’s habit through history. Until the Harrison Act, morphine and opium—mainly in the tincture laudanum or as patent medicine—were freely available in America, as they were in Europe. Opium was a sovereign cure in Victorian England for afflictions ranging from diarrhoea to depression. Babies were fed the drug in soothing syrups such as Godfrey’s Cordial, leading to claims of physical and mental retardation, exactly the same concerns voiced about today’s “crack babies”.

In 1868, British public health authorities took most opiates out of the hands of grocers and put them into those of dispensing doctors and pharmacists (as, in America, did the Harrison Act). Starting with the International Opium Commission of 1909, American efforts to curtail world manufacture, sale and distribution of opium and its derivatives met with lively resistance from Europe, India and other countries with a stake in the international trade. Yet from the 1920s to the 1980s, a series of international treaties forced countries to clamp down on the production, trade and consumption of opiates, whether for ritual, for fun or as self-administered medicine. In that time, the penalties for peddling and possession tended to climb, especially in America.

One clear historical lesson that emerges from “Opium” is that people will take drugs whether or not they are proscribed, and they will do so for all sorts of reasons—to escape life’s burdens, for adventure, for straightforward fun. In 19th-century Britain, Mr Booth tells us, the Fens of East Anglia were awash in

opium. Agricultural labourers took their pennyworth of “elevation” along with a nightly beer as a lift out of working drudgery. This is not so far from the plight of crack addicts in America’s inner cities, boxed in by poverty, dead-end jobs and broken families.

What does vary widely with history, however, are official attitudes towards the drug trade. As Britain followed America’s line in the 1980s and got “tough on drugs”, complaints were regularly fired against heroin-producing nations, such as Pakistan. Supply-side control was seen as the solution to the drug problem; if only these people would pull up their poppies, then Western drug use would plummet. Ironically, exactly the same argument was used against the British in the early 19th century, when they foisted opium from India on the Chinese in exchange for tea. When China’s then drug czar, Lin Tse-hsu, complained to the British that they were breaking imperial edicts banning opium import and possession, the prime minister, Lord Palmerston, replied that the opium trade was a Chinese problem and that it should be dealt with by controlling consumption. His logic sounds familiar today.

Such shifts are common in drug debates, according to Richard Rudgley, a University of Oxford anthropologist. Which intoxicants are forbidden and which tolerated has never added up to a very coherent story. How many exasperated parents have lectured teenagers about drugs while pouring themselves a third drink or lighting another fag? Some of the most debilitating and addictive compounds, such as alcohol and tobacco, are permitted while less obviously damaging drugs such as marijuana are widely proscribed.

In “The Encyclopedia of Psychoactive Substances”, Mr Rudgley offers a quick history of almost 100 drugs, sacred and profane, from the hallucinogenic mushroom *amanita* to the zombie mixtures of Haitian folklore. Though dutiful on ordinary drugs, he is gripped when it comes to the exotic or obscure. There are intriguing entries on so-called psychoactive animals. Apparently members of the Humr tribe in south-west Sudan dream vividly of giraffes after taking giraffe liver extract or bone marrow. What heroin taker would swap its orgasmic rush for a giraffe dream? As Mr Rudgley sweeps from *soma* of the ancient Indo-Iranians to Ecstasy in the British rave scene, he is careful always to put his psychoactive substances into a wider cultural or even ritual context, an aspect that has been largely lost in Western drug use.

A quick fix

Common to many of these books is the charge that American administrations have tended to neglect solid evidence which might ease their drug bind. This is most obvious with marijuana, which 70m Americans over the age of 12 have tried, some for medical reasons, but most for fun. Since the 1930s, blue-ribbon panels of scientists and doctors have urged its decriminalisation, only to meet rebuttal from influential voices, like Anslinger, that marijuana was a “gateway” substance leading users to more damaging drugs such as heroin. Yet the evidence to support marijuana’s “gateway” status is remarkably thin. Marijuana is not benign. There are legitimate concerns about its effect on memory and on the lungs, among other organs. But by most clinical (and personal) accounts, the drug is no more dangerous than alcohol, a freely-flowing intoxicant.

Yet marijuana policy in America does appear to be softening. Half a dozen states have voted to legalise the drug for medical purposes. By contrast, the tough official policy on hard drugs shows little sign of change. Nor do the anti-drug-war doves appear to be making much headway in winning converts where it counts—among elected politicians and in the criminal-justice system. Part of the trouble is that the anti-war camp is divided, not least on something seemingly as basic as the medical effects of hard drugs. This is not their fault: the issues are complex and the evidence is often disputable. Yet given the sheer weight of belief that hard drugs are very dangerous indeed, the burden of disproof rests, politically, on the doves. To take a glaring example of where well-informed, fair-minded people can differ on what you might expect was observable fact: Mr Rudgley describes the bleak prospects of America’s 375,000 crack babies, born to addicted mothers, who face a life of mental and physical retardation. But Mr Gray claims that this

figure is grossly exaggerated and that most crack babies grow up to be quite normal and not “brain-damaged, unteachable monsters”.

Any sensible approach to hard drugs ought to start with an understanding of addiction. But addiction, too, appears to be a bendable notion. Do drugs give addicts a habit or do addicts make a habit of drugs? Not everyone who takes a hard drug spirals into dependence. How destructive it is to be hooked depends a lot on your circumstances. Cocaine is most certainly addictive for some, but many users manage to limit their intake to the occasional snort. Heroin is much harder to take or leave. But addicts can regularise consumption and do jobs, as heroin-prescription programmes in Switzerland and Britain have shown.

The best research seems to confirm most people’s intuition that addiction depends on a damaging mix of biochemistry and bad social conditions. Much of this research is discussed in “Buzzed”, a guide to the effects of legal and illicit drugs from coffee to cocaine. The authors wrote it out of concern for what they take to be a growing “disconnect” between advances in understanding of the physiology of addiction and public perceptions of drug abuse. “Buzzed” describes complex neurochemistry with admirable clarity and its glossary of drug terms will raise smiles. Roche may be a respectable Swiss pharmaceutical company. But “Roche” in street slang is Rohypnol, the notorious date-rape drug. “Prudential” has nothing to do with insurance but means a crack-user. “Buzzed” is less clear about how much cocaine or heroin you can take without risking addiction. This is not its fault. Even the best evidence on this has an elusive, it-depends quality: instant, one-off addiction is rare even with heroin, it seems, but repeated use over a few weeks or less can create dependence. Yes, but what is the connection between that first use and those few repeats?

Denouncing the war on drugs is the easy part. Finding a different approach is trickier. The more radical anti-war doves believe in sweeping legalisation. Dirk Chase Eldredge is one such and he makes a fact-packed case in “Ending the War on Drugs”. Unlike “Drug Crazy”, which views the war from the trenches, this book reads more like a conference report from a chateau general.

Yet the author is not what you might expect. Mr Eldredge is a life-long Republican and former campaign manager for President Reagan, whose wife, Nancy, sponsored “Just Say No”. Within the party his is very much a minority view: most Republicans in Congress who speak out on the issue are unblinkingly pro-war and would like to see users and pushers off the streets for good.

Undaunted, Mr Eldredge spells out how legalisation could be accomplished. His preferred system would include state-run sales, quality-and-price control and a ban on advertising. Revenue from drug sales and a “peace dividend” (fewer prisoners and crop eradications to pay for) would, he believes, provide money for anti-drug education, drug treatment and research.

As a virgin-lands policy, this has strong appeal. Unfortunately, America is not virgin soil and Mr Eldredge’s proposal is beset by several layers of difficulty. He himself acknowledges the problem faced by the constitutional primacy of the states in criminal matters: repealing federal drug laws would do little good if states did not follow in concert. He imagines the black market that would persist if for example one state legalised while its neighbour continued to proscribe.

A similar difficulty exists at the international level. America has signed several drug treaties that prohibit trade in narcotics and oblige countries to police its use. Either America must persuade much of the world to decriminalise, having spent decades cajoling or coercing other nations into adopting an opposite line. Or America must abrogate treaties and legalise unilaterally, a step which could turn it into a black-market drugs exporter. Politically, neither course looks appetising.

A third problem is uncertainty about the use-and addiction-effects if cocaine and heroin were decriminalised. It may well be that some people will take drugs whatever the law says. Just as Mr Booth

cites history, Mr Eldredge cites recent opinion polls in support of the view that drug laws have little visible effect on drug conduct. There are strict drug laws and most people do not take drugs. But to treat the second as a consequence of the first, he believes, is a mistake. The reasons people give for why they do not take drugs include all sorts of things—health effects, moral scruples, personal dislikes—but the law seldom figures highly among them.

This is persuasive as far as it goes. But it skirts the main issue: how many people would try hard drugs if they were legally available, and how many new addicts would there be? Prohibitionists point to the Dutch experience. The partial decriminalisation of cannabis there was followed, they point out, by a sharp rise in use by teenagers. Increased availability, in other words, inevitably means some increased consumption. But the marijuana parallel is not relevant, many doves insist, since soft and hard drugs are so different. Cocaine and heroin, they seem to be saying, are their own best deterrent.

The truth is nobody can say with any confidence what would happen if hard drugs were legalised. No country has yet dared to try and addiction research has not yet given firm enough answers.

A middle way

Not surprisingly, many people are looking for a middle way between the diehard warriors and the out-and-out legalisers. Last year, *Foreign Affairs* published an instructive exchange between Ethan Nadelmann, who favours harm-reduction for illegal hard drugs in a context of marijuana decriminalisation (“Commonsense Drug Policy”; January-February 1998 issue) and Herbert Kleber and Mitchell Rosenthal, who favour continued proscription but think money should also be invested in education, treatment and research on the home front (“Drug Myths from Abroad”; September-October 1998).

In “The Fix”, Michael Massing describes in detail one of America’s few sustained attempts to relieve or cure addicts rather than punish them. Early in the 1970s an estimated 600,000 Americans regularly used heroin, a number swollen by addicted soldiers returning from Vietnam. President Nixon asked Jerome Jaffe, a psychiatrist from Chicago, to set up methadone centres and abstinence programmes across the country. At their height, such “demand-side” initiatives received two-thirds of the federal drug budget, and made considerable gains: crime rates fell and fewer addicts died of overdoses.

But as the heroin crisis abated, so did government interest in the Jaffe programmes. Subsequent administrations, Republican and Democratic, turned to “supply-side” controls abroad and to locking up users and pushers in America. Mr Massing is particularly critical of a shift in resources under Presidents Reagan and Bush from the dark heart of drug use—hard-core cocaine and heroin addiction—to teenage marijuana use.

A few methadone treatment centres carry on Dr Jaffe’s tradition, but they have room for only 15% of America’s 800,000 heroin addicts. “The Fix” takes to the street with one service, New York’s Hot Line Cares, as it lives hand-to-mouth trying to get the city’s crack addicts into precious treatment slots. The reward is found, not only in Mr Massing’s accounts of wasted lives rescued through treatment, but also in hard economics. According to a 1992 study conducted by California’s Rand Corporation, treatment is seven times better at reducing cocaine consumption in America than domestic law enforcement and an astonishing 23 times more effective than blasting foreign drug sources. Mr Massing advocates a rebalancing of the nation’s drug budget, with half of its resources allocated to treatment and education, out of the pocket of supply-side control. Drug warriors certainly challenge this balance of power. An increased investment in treatment or harm reduction will not singlehandedly solve the drug problem. But at least they will not make matters worse, which the war on drugs very arguably has.
