

Drug Policy News

A Publication of the Drug Policy Education Group, Inc.
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27 States Look at Hemp Farming; Not AR

AR Farmers Missing Out

Kentucky lawmakers have recently passed a law allowing hemp research, making Kentucky one of a growing list of states taking aggressive steps in the interests of their farmers. The Kentucky law establishes an Industrial Hemp Commission with 17 representatives from state government, wholesalers, and farmers. Under the law, state universities can grow and research hemp.

In 1999, Arkansas seemed embarked on a similarly enlightened course. The Arkansas Senate ordered a study of hemp to be conducted by UA Agricultural Extension, which concluded in its May 2000 report that hemp held little promise for Arkansas farmers. Drug Policy Education Group has reviewed the UA study and has produced an analysis and critique, which finds the UA study failed to consider new markets for hemp or the increased demand that might result from hemp being produced domestically.

The study also failed to show the ecological and economic improvement Arkansas farmers might find in hemp farming, with reduced need for water, chemicals, and fertilizer.

In other states, farmers giving up tobacco production have joined forces with farmers where traditional crops such as cotton, soybeans, and corn yield insufficient profits. These farmers are looking at hemp as a promising crop that will not only bring in greater profits, but will create less stress on the land. Kentucky is one of 27 states considering or who have passed hemp legislation allowing test plots, agricultural studies, or production.

Arkansas Ranks 3rd in Nation

Marijuana arrests in Arkansas occur at a rate of 343 per 100,000 in population, according to statistics compiled by the FBI Uniform Crime Reports for 1998. This rate is only slightly less than the top two arresting states, Mississippi and Oklahoma. Last year, nearly 8000 people in Arkansas were arrested for marijuana possession. This activity by law enforcement comprised 65% of total drug arrests. No costs estimate exists for this activity.

In private interviews, law enforcement personnel state that marijuana is not a big issue and that officers do not seek out marijuana users for arrest. Bill Hardin, Arkansas drug czar, states that there is no official policy to harass marijuana users. First offense possession charges are usually misdemeanors involving less than one ounce and often result in fines and probation. Unofficial costs may include legal fees, loss of employment, and welfare support.

Legislation in Hawaii now allows ongoing research in hemp trials. Legislation allowing test plots is pending in Iowa, California, Oregon, South Dakota, and Idaho. Illinois, Montana, North Dakota and Minnesota have already passed similar laws.

American farmers have been spurred on as farmers in neighboring Canada have recently joined hemp producers in over thirty nations worldwide. Canadian farmers reported profits of \$200 to \$600 per acre for this versatile crop. Millions of dollars of hemp raw materials are imported into the United States for use in textiles, paper and construction materials, foods and nutraceuticals (from hemp seed).

In enforcement of U. S. law, the Drug Enforcement Agency (DEA) refuses to allow American farmers to grow hemp. Hemp is of the Cannabis family of plants, which makes hemp a first cousin to marijuana. Much about these two varieties of Cannabis look the same, and DEA argues that allowing farmers to grow hemp would create confusion for law enforcement agencies.

Critics of the DEA policy point out that law enforcement agencies in 30 other nations seem to be able to tell the difference. Marijuana is produced on short bushy plants spaced widely apart and controlled for non-pollination, so that female flower buds do not produce seeds. Hemp is produced in tall, densely sown stands of male and female plants which produce seeds and stalks.

At the core of this confusion is the psychoactive effect of the plant, produced mostly by a chemical called tetrahydrocannabinol, or THC. In order for a person to gain intoxication from marijuana, the plant must have a minimum of 3% THC. Most marijuana contains from 5% up to 20% THC. Hemp, on the other hand, contains less than 1% THC. A person smoking hemp would not be able to achieve any psychoactive effect, no matter how much they used.

Anyone wishing to produce marijuana would not plant near a hemp field, because cross pollination from hemp would result in marijuana with THC levels too low to produce intoxication.

Historically, hemp was produced in this nation until after WWII. Hemp paper was used for drafts of the U. S. Declaration of Independence and Constitution.

Early American flags and the first jeans were made of hemp cloth and hemp canvas covered the settlers wagons. Hemp rope remains standard issue for seagoing vessels because it won't rot.

Copies of the May 2000 UA study are available by calling 686-2540 for a free copy. For a free copy of DPEG's Hemp Critique, call 839-8543. For more information on hemp, visit the DPEG website.

Hemp Seed Prohibited

In the midst of conflict with farmers over hemp, the DEA has proposed rules that would list hemp seeds and hemp seed oil illegal substances in the same prohibited category as LSD, Schedule I.

The agency argues that since hemp seed contains minute traces of THC, any hemp seed product meant for human consumption should be regulated as a controlled substance. The agency is currently developing new regulations that would implement this federal policy.

Federal officials claim that persons using hemp seed products might test positive for THC in drug tests. However, research in three independent laboratories have shown this does not occur, including tests performed for the Canadian government.

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Hemp seed oil is a particularly valuable product of the plant, rich in essential fatty acids. Hemp seed contains proteins more complete and digestible than the protein in soybeans.

Critics of the federal action against hemp seed speculate that these new efforts are in line with previous resistance to allowing American farmers to grow hemp. Removing hemp seed from the economic equation would reduce the profitability of the crop.

Perhaps even more illustrative of DEA's real agenda is the fact that over 90% of so-called marijuana eradicated each year by DEA agents is in fact feral hemp that has gone wild in states that used to grow industrial hemp. As previously noted, this plant has no intoxicating properties, but serves DEA well to keep its "body count" high, justifying multi-million dollar budgets for marijuana eradication.

Drug Policy News is a publication of the Drug Policy Education Group, Inc., a tax-exempt nonprofit corporation working in Arkansas to address the harm caused by the war on drugs.

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against the human condition," he writes.

News Briefs

Report Shows Decriminalizing Marijuana Does Not Lead to Increased Marijuana Use

Scientific findings published this month in the *British Journal of Psychiatry* show that decriminalizing marijuana does not lead to increased marijuana use. The research, conducted by the RAND Corporation with funding from the Alfred P. Sloan Foundation, analyzed data from the United States, The Netherlands, and many other European countries. The study found that "the available evidence suggests that...removal of criminal prohibitions on cannabis possession will not increase the prevalence of marijuana or any other illicit drug." The study also found that decriminalization, by separating marijuana from the hard drug market, has some success in reducing the number of marijuana users who try other illegal drugs.

The authors conclude: "Alternatives to an aggressively enforced cannabis prohibition are feasible and merit serious consideration. A model of depenalised possession and personal cultivation has many of the advantages of outright legalization with few of its

risks."

An abstract of the study is available at <http://bjp.rcpsych.org/cgi/content/abstract/178/2/123>

DARE Admits Failed Tactics

Under increasing pressure as one after another researcher reported ineffective results, the nation's Drug Abuse Resistance Education Program (DARE) admitted Feb 15 that their programs failed.

Leaders of the program announced that the program was "ineffective," in spite of a very fancy price tag. According to Dawn MacKeen in her on-line Salon article "Just Say No to DARE," (2-16-01), critics to DARE come in very high places.

Joan McCord, co-chairwoman of the National Academy of Sciences panel, helped author a scathing report on DARE.

"It's a mistake to assume that you can simply design a program and know in advance whether it will be harmful. I think of those who created thalidomide. They had good intentions, and look what happened."

Don Lynam and a group of researchers at the University of Kentucky zeroed in on the particular problems caused by programs like DARE.

"The first thing is that DARE is an untargeted program and assumes all kids are at risk for drugs... but there's good evidence that not all kids are at equal risk.

BOOK REVIEW

Forces of Habit, by Univ. of N. Florida historian David Courtwright (Harvard, 277 pages, \$24.95) shows that "drugs, from caffeine to cocaine, are woven more tightly into Western history than we recognize in this modern era of moralistic prohibition.

"Intoxicants are unexpected weapons

From the cover: Marijuana is keeping John alive.

“The other thing that has been problematic in the past is that DARE has this strong zero-tolerance policy for any drug use at all. But that gets undermined a lot by the popular culture... because their friends are using these drugs and their heads aren’t blowing up.” A more effective approach may be found through “reality based” drug education. Such an approach involves giving children accurate information about the effects – both positive and negative – that drugs can produce.

Reality based drug education grows from an admission that many children will experiment with drugs. It takes a safety first attitude, Marsha Rosenbaum, PhD, writes in her booklet, “Safety First: A Reality Based Approach to Teens, Drugs, and Drug Education.” (available from DPEG offices)

“A safety-first strategy for drug education requires reality-based assumptions about drug use and drug education. Whether we like it or not, many teenagers will experiment with drugs. Some will use drugs more regularly. At the same time we stress abstinence, we should also provide a fallback strategy for risk reduction, providing students with information and resources so they do the least possible harm to themselves and those around them.”

Bar Opposes Zero Tolerance

The American Bar Association announced in late February that they opposed the use of zero tolerance policies in America’s schools.

“The problem is that children aren’t treated as individuals, but are treated the same way no matter what they’ve done or who they are,” said Robert Schwartz, director of the Juvenile Law Center in Philadelphia, according to a Feb 14 article by Anne Gearan of the Associated Press.

Zero tolerance policies usually provide immediate and severe penalties to students involved with drugs, weapons or violence. However, abuses are frequently reported in the national news.

A Pittsburgh kindergartner was “disciplined in 1999 because his Halloween firefighter costume included a plastic ax, and the Cobb County Ga. sixth-grader [was] suspended last year because the 10-inch key chain on her Tweety bird wallet is considered a weapon.”

No Data on Effectiveness

U. S. drug policy officials have admitted that after decades and billions of dollars spent in aggressive pursuit of prohibition drug policies, there has never been an analysis showing whether such policies are effective.

The U. S. is no closer today than it was 20 years ago to gauging its progress, according to a 30-month, \$1.4 million study conducted by a team of 15 criminologists, legal experts, economists, and psychologists, headed by Charles Manski, Economics Professor at Northwestern University near Chicago.

Citing a widespread lack of data to justify current enforcement strategies, the study’s executive summary reads: “The existing drug-use monitoring systems are strikingly inadequate to support the full range of policy decisions that the nation must make.”

“It is unconscionable for this country to continue to carry out a public policy of this magnitude and cost without any way of knowing whether and to what extent it is having the desired effect.”

The study warns that current drug-use measuring methods exclude some of the populations most vulnerable to drug addiction – prisoners, hospital patients, drug treatment centers, homeless people, and school dropouts.

Many popular programs, including the armed interdiction of drug production and imports and “zero tolerance” policies, have not been evaluated at all, or have been found to have little impact on illegal drug use. Yet large sums of public funds are allocated for such programs.

For a full copy of the report, “Informing America’s Policy on Illegal Drugs: What We Don’t Know Keeps Hurting Us,” contact the National Academy of Sciences Press at 202-334-3313 or 1-800-624-6242.

Supreme Court on Women & Drug Testing

Justices recently ruled on behalf of women who had been urine tested for drugs without their consent at the time they came to hospitals in Georgia to give birth. Over 30 women filed suit after testing

showed illegal drugs, which resulted in their arrest, often within hours of giving birth, and the loss of their newborn child.

Nationally, women are the fastest growing group of prisoners jailed on drug charges.

DPEG Inc. Hosts Conferences

Youth Conference

“Arkansas Youth In Trouble: What Works, What’s Needed, and Where’s the Money,” was held November 18, 2000. Eighty people attended the conference, which featured an ambitious agenda of speakers in four panels: The Early Years, The Teen Years, Special Problems, and Exploring Solutions.

The Honorable Wendell Griffin, Pastor of Emmanuel Baptist Church and Justice of the Arkansas Court of Appeals, delivered the luncheon address, “Hopeful Thinking About Drug Policy.” He stated that continuing to build prisons as a solution for drug problems is like responding to cancer by building more cemeteries.

Throughout the day, speakers and participants alike learned new ideas and new approaches to problems with troubled youth. Attendees agreed that by providing more support for families and early intervention programs through schools and social service agencies, Arkansas can prevent many kinds of problems from developing in our young people.

One important new idea is alternative sentencing for mothers with dependent children. By building facilities where non-violent offenders can live with their children while working off their punishment, Arkansas can cut into the cycle of despair that results in a five-times higher incarceration rate for kids whose parents have been in prison.

New



than average
n rate for kids
parents have been
sources of funding

were also discussed, including a dedicated tax stream in Little Rock that has supported community centers and helped kids in troubled neighborhoods find ways to improve themselves and their community. Another idea was to dedicate a portion of the state prison budget toward prevention programs, an idea called Two Percent to Prevent. Another idea was to redirect money and assets seized in drug convictions toward prevention and treatment programs.

Youth Conference Follow-Up

* Racism

A statewide effort is underway to network on issues of race. Coordinated by the Nonprofit Resources Group, the first racism workshop, “Addressing Racial Barriers,” was held March 24. For more information, contact Bonnie Johnson at 374-8515 or nonprofit@aristotle.net

Analysis of arrest statistics for 1998 show a disproportionate number of drug arrests among minority populations in Arkansas. African-Americans experienced more than double the number of arrests for marijuana possession than whites.

Studies have shown that minorities are even less likely to use drugs than whites, so the discrepancy in arrest rates does not result from greater use. Arkansas prison populations are 50% black, even though African-Americans compose only 18% of the general population. Selective enforcement, racial profiling in

traffic stops, and fewer resources to hire competent defense attorneys are considered key elements in the higher rates of arrest and incarceration of minorities.

*Forfeiture

In 2001, Arkansas legislators have shown no interest in tackling law enforcement agencies in a fight over assets seized in drug arrests. Reforms passed in 1999 require that agencies keep track of items seized, but a cursory review of those tracking systems reveals that many items seized are still not accounted for.

Between \$3-\$5 million in cash, personal property, and real estate are believed seized annually in Arkansas. Without thorough inventories, however, no accurate record exists. Prior to 1999, no inventories were required. There is no method by which to determine the value of money and property seized in years before 1999, but estimates top tens of millions.

Persons found in possession of drugs, no matter how small the quantity, are often relieved of their cash, vehicle, and other property – especially guns. These items are considered part of a crime because drugs were found in possession. Arkansas law does not require that charges be filed before items are seized. Plea bargains often allow for reduction in charges if seized property is not returned, but “forfeited.”

In other states and in newly reformed federal seizure laws, a person must be found guilty of a crime before his property can be forfeited. Further, property must be shown “by reasonable proof” to be involved in a actual criminal activity.

In the November 2000 election, voters in Oregon and Utah approved measures that send forfeited assets to education, treatment programs, and/or drug abuse prevention instead of allowing law enforcement agencies to pocket the loot. Many forfeiture critics cite this practice as the most troubling aspect of forfeiture because it creates a direct link between a person’s assets and law enforcement profits.

* Alternative Sentencing

Efforts to provide alternative sentencing to non-violent drug offenders continue to gain approval in Arkansas. Women with dependent children under the age of 12 are the fastest growing segment of the Arkansas prison population. Many problems unique to women in

prison include lack of appropriate nutrition while pregnant, loss of contact with children, and loss of custody.

Dee Ann Newell, Director of Arkansas Voices, a coalition of groups and individuals seeking alternatives for women with dependent children, is working on the development of adequate facilities where parents could keep their families intact while serving their time.

Arkansas Voices will host their 7th Annual Mothers in Prison, Children in Crisis event on Saturday May 19th at the Arkansas State Capitol in order to create greater public awareness of the needs of children whose mothers and fathers are in prison.

Ms. Newell can be contacted at Centers for Youth and Families, P. O. Box 251970, LR 72225-1970; lujo@aristotle.net; 501-666-8686.

* Treatment Options

Youth conference presenter Geoff Oelsner’s “Alternative Approaches” was exciting in its promise. He talked about a specially-developed meditation technique as a treatment approach that has proven very effective in helping people stay away from substance abuse.

DPEG board members and staff have since met with the pre-eminent practitioner of this meditation method, Christopher Kolb. DPEG plans to bring Mr. Kolb to Arkansas in Fall 2001 for a series of workshops around the state, where he will teach these meditation methods to counselors, substance abuse treatment specialists, and others.

Fayetteville, Little Rock, and Pine Bluff are tentatively set as the first three sites for these innovative training workshops. To help bring a workshop to your location, please contact DPEG.

Also on the treatment front, membership of the Washington County League of Women Voters will vote in May whether to embark on a study of treatment alternatives in Washington County.

Conference on People with Disabilities

“Drug War Effects on People with Disabilities” convened at the Riverfront Hilton on March 6, attended by counselors, social workers, medical professionals, and persons with disabilities.

Dr. Donald Kreutzer discussed “Medicine and Pain” and the state of current policies where physicians are restricted by drug enforcement agents from prescribing adequate medication for persons with chronic pain.

“Patients who need narcotic pain medications,” he pointed out, “may be ‘dependent’ on them, but only in the same way that people with diabetes are dependent on insulin.”

Mary Lynn Mathre, MSN, RN, CARN, an addictions specialist with the University of Virginia Medical Center, discussed the uses of marijuana as medicine. Citing numerous examples where marijuana was more effective and/or less damaging for patients than pharmaceutical drugs, Nurse Mathre voiced her frustration with current policies.

“One of the most difficult parts of my job is to face a patient who is taking 16 pills a day, strong medications that are damaging their liver and keeping them so doped up they can barely function, and not be able to recommend to them that they might find more effective relief from marijuana. It’s easier when they come to me and say they have already tried it, or that they would like to try it. Then I can talk to them about dosage, safety, and other important information they need to know.”

One speaker, suffering complete disability that resulted from a car wreck, said that current U. S. policies are a “national moral disgrace.”

“We hurt people in new ways, on top of the ways they are already hurting,” she said. “And the b-s— dished out by the government on this is just that – they say more research is needed. Well how much research does somebody need? If it helps me feel better, that should be enough. Marijuana never killed anybody. And who’s going to do the million dollar studies to get marijuana approved by the FDA? Pharmaceutical corporations are in it for the money. They can’t make any money off marijuana. People can grow their own!”

Delbert Lewis, an activist in spite of his confinement to a wheelchair after a childhood bout with polio, reminded the group that people with disabilities are often seen as “those people.” Like many disenfranchised groups such as African Americans before the Civil War and the civil rights movement and women before the vote and the women’s liberation movement, persons with disabilities are often dismissed as “those people” when the subject of improved access or effective pain relief are aired in public policy discussion. “But how many of “those people” do we have to have before we recognize that we are all “one people” and whatever infringes on the rights of some of us in fact infringes on the rights of us all?”

Disabilities Conference Follow-Up

Networking is the key to improvement in drug policy effects for persons with disabilities. DPEG will gather input from individuals and agencies on issues of concern to persons with disabilities and distribute that information to all known, interested persons and agencies. To submit comments, information, or articles of interest on issues of disability and drug policy, or to be placed on the contact list, please contact DPEG.

COMING EVENTS

Conference in New Mexico

Board and executive committee members of DPEG will attend the First International Conference on Drug Policy, "Drug Policy for a New Millennium," coming up May 30 - June 2 in Albuquerque. The conference is sponsored by the Lindesmith Center - Drug Policy Foundation (TLC-DPF), the successor to DPF. This conference would have been DPF's 14th annual conference. For more information, contact DPEG or go to www.drugpolicy.org/conference/

DPEG Projects Ahead in 2001-2002

Medical Marijuana --

Provide programs in cities around the state with video, patients, medical professionals, and educational materials. Reply to opposing arguments.

Speaker's Bureau on Drug Policy Topics –

Provide specialized speakers on issues including medical marijuana, decriminalization, racial issues, youth issues, hemp, harm reduction, asset forfeiture, treatment & sentencing alternatives and drug court.

Meditation as a Treatment Method –

Present workshops to teach meditation as an innovative approach to substance abuse treatment, taught by a successful specialist in this method.

Library Project –

Donate top-rated drug policy books to libraries across the state, along with articles and other materials.

Hemp Exhibit –

Maintain an exhibit of products made with the fibers, seeds, and seed oil of hemp, the non-intoxicating cousin of marijuana, including clothing and other textiles, cosmetics and body care products, construction materials, paper, foods, plastics, fuels, and manufactured goods.

DRUG POLICY NEWS offers a Guest Opinion in each issue in order to stimulate discussion. Send your comments or suggested guest opinions in letters or email addressed To The Editor.

Guest Opinion by Stanton Peele on drug courts, coerced treatment and the American view of addiction as a relentlessly progressing "brain disease"

The New Consensus—Treat 'em or Jail 'em—Is Worse than the Old

A liberal consensus is emerging that American drug policy is wrong-headed inasmuch as it emphasizes interdiction and criminal prosecution of users, and that it should focus instead on treatment of drug abusers. This consensus is apparent in the cover story of the February 12 Newsweek, "Fighting Addiction," and embraces the Steven Sonderbergh film "Traffic" and the recent victory of Proposition 36 in California. But this new consensus in fact recycles outdated and disproved notions, is fundamentally reactionary and antagonistic towards drug users, and stands no chance of reversing either the extent of drug abuse in America or the repression of drug use and users.

A series of linking stories in Newsweek indicated broad agreement on the fundamental tenets of how we should approach drug use in the United States. The lead story, "Abuse in America: The War on Addiction," by Jonathan Alter, opened with a reference to "Traffic." The subtitle for this story was: "Fresh research and shifting views of treatment are opening new fronts in a deadly struggle." According to a banner across the body of the story, "Even hard-liners in the war on drugs like to say that we can no longer incarcerate our way out of the problem." Barry McCaffrey is a part of the new consensus. McCaffrey, it seems, believes that "the phrase 'drug war' should be retired in favor of 'drug cancer.' The straight-talking military man has little to say about interdiction. His No. 1 recommendation on leaving office last month was that insurance companies offer the same level of coverage for mental-health and drug disorders they do for any other illness."

Yet, in practical terms, this consensus rejects the forward-looking harm reduction approaches practiced throughout much of the rest of the Western

World, including needle exchange and methadone therapy. "Even so," Alter intoned, "a 'third way' consensus between liberals and conservatives is emerging, especially at the local level where the real money is spent." This third way "combines flexible enforcement with mandatory treatment." The epitome of this approach in these articles are the drug courts which have emerged across the United States. According to Alter, "Drug-court judges use carrots (gift certificates; the promise of fewer court dates) and sticks (return to jail) to change behavior."

It is in this regard that Newsweek exposed the first word of opposition to the new consensus. Oddly, it came from Ethan Nadelmann, one of the architects of California's Proposition 36. Alter stated, "Drug-policy reformers like Ethan Nadelman of the Lindesmith Center don't buy the approach: " 'Alcoholics don't have coerced treatment,'" Nadelman says. 'So why should drug abusers?' " Ethan faced a number of problems in the article and in his statement (in addition to the misspelling of his name, which was apparently too European for Newsweek editors). Alcoholics and a host of others are regularly forced into alcoholism treatment in the United States. According to my recent book with Charles Bufe and Archie Brodsky, *Resisting 12-Step Coercion*, 1.5 million people a year face this fate.

Indeed, America keeps in place the largest private and public substance abuse treatment system in the world with regard to alcohol almost wholly by coercion. Drunk drivers and other probationers, parents, employees, social service recipients, prison inmates, doctors, pilots, nurses and other professional license bearers, are all forced into alcoholism treatment as a matter of course even where the person's alcoholism is questionable (as it is for many drunk drivers and parents accused of alcohol abuse by a divorcing spouse) and even though state coercion of people into 12-step treatment programs (virtually the only kind available) has been ruled unconstitutional by every higher court which has considered the practice.

Most important, the consensus announced by Newsweek that drug use must be treated out of people continues the fundamental orientation of Americans towards drugs as an irresistible but nonetheless reprehensible, punishable, and remediable affliction.

The Treatable Disease

Newsweek links the new consensus to fresh scientific discoveries. According to Alter, "In an attempt to break the vicious cycle, drug addiction is increasingly being viewed more as a disease than a crime." But Alter has missed a few centuries in American history. In the eighteenth century, Benjamin Rush, the American physician who signed the Declaration of Independence, claimed that drunkards and inebriates (not then called alcoholics) were suffering from a disease. By the mid-nineteenth century, the temperance movement had popularized this idea and a large proportion of Americans (although few immigrants) viewed chronic drunkenness as a disease. The modern treatment movement has largely obscured the degree to which temperance views and those of Alcoholics Anonymous coalesce in regarding alcoholism as an inexorable and irreversible process that can be halted only by complete abstinence.

It was only later in the nineteenth century a hundred years after Rush labeled drunkenness a disease that the German physician Eduard Levinstein determined that compulsive narcotics use was likewise a disease. Although the Germans and British pioneered in the discovery of the disease of narcotic addiction, Americans rapidly took this discovery to new heights early in the twentieth century so much so that American psychiatrist David Musto could call his history of heroin addiction *The American Disease*, referring both to the view of narcotics use in the U.S. and the prevalence of the malady.

People debate the impact of labeling addiction and alcoholism as diseases. On the one hand, the label removes some of the moral stigma from compulsive drug use by viewing it as an inescapable biological process. On the other hand, the disease notion tends to transfer moral culpability to a different point – the initiation of use ("Why did they ever try heroin, since they were told it was addictive?") and also the failure to abstain (and, in the modern era, to seek treatment). One further modern addition to the disease notion of addiction is that it is marked by "denial," so that addicts and alcoholics need to be confronted and coerced. According to Dr. George De Leon, quoted in Newsweek, "The nature of the disorder is that the client is resistant to treatment," and thus people must be forced into treatment under threat of legal punishment.

The "New" Science of Addiction

At a more elevated level, "scientific" views (or, more

accurately, cultural views) of addiction have always fueled drug policy. Narcotics (and cocaine and marijuana, et al.) were outlawed in good part because they were seen to create uncontrollable behavior. Thus, it is not surprising that a large portion of the Newsweek issue is devoted to supposed scientific advances in addiction. These discoveries are largely government sponsored through funding by the U.S. National Institute on Drug Abuse and are cheer-led by the director of the NIDA, Alan Leshner. In large part, these scientific discoveries can be traced to historic views of drugs and addiction, modern government anti-drug propaganda, and assumptions brought by researchers that are contradicted at every turn by the real-world behavior of drug users.

Thus, Newsweek announced, "New Research Reveals How Drugs, Alcohol Affect Parts of Brain; Explains Why Withdrawal Is So Difficult." Leshner lectured, "Drugs of abuse change the brain, hijack its motivational systems and even change how its genes function. . . . This is why addiction is a brain disease. . . . It may start with the voluntary act of taking drugs, but once you've got it, you can't just tell the addict, 'Stop,' any more than you can tell the smoker 'Don't have emphysema'." In the article elaborating this research, entitled, "How It All Starts Inside Your Brain," Sharon Begley claimed that "New research on how cocaine, heroin, alcohol and amphetamines target neuronal circuits is revealing the biological basis of addiction, tolerance, withdrawal and relapse."

This is not the place to review all the contradictions in this research, other than to marvel that drugs affecting so many different systems of the brain are all equally addictive. Some (like alcohol) operate in wholly different ways from other drugs, because alcohol does not bind with specific brain receptors. In order to capture the diversity of drugs which people will use compulsively, neuroscientists like Leshner try to unify all drugs of abuse around their impact on dopamine, which they regard as the mediator of pleasure in the brain. The problem, as Begley matter-of-factly points out, is that eating cheesecake or tacos or any other food you love also activates it. "So does sex, winning a competition, acing a test, receiving praise and other pleasurable experiences." In other words, at this level of generalizability of brain function, drug use cannot be distinguished from a hundred other activities.

What we see in this research is a way of trying to encapsulate prejudices against drugs in a new package. According to Begley, "the more you take an addictive

drug, the more dopamine receptors you wipe out. ... But now the law of unintended consequences kicks in. With fewer dopamine receptors, a hit that used to produce pleasure doesn't. This is the molecular basis for tolerance. Drugs don't have the effect they originally did. To get the original high, the addict has to up his dose." This scientific sounding description is, of course, simply a translation of the temperance model of the inexorable progression of the disease of alcoholism (or addiction)— from tipling to regular drinking to abandonment to the addiction, and the impossibility of ceasing without the help of God—into new, scientific-sounding terms.

But this is all wrong, and we know it is all wrong. Every piece of practical and epidemiological evidence tells us it makes no sense. When hospital patients are allowed to regulate their narcotics intake, they regularly reduce their reliance on the drug rather than increasing it. Narcotics do not hijack their motivational systems; rather, these patients do not seem to be motivated to be addicts, and this ensures they have a wholly different reaction from the pattern that Leshner tells us God intended when "drugs of abuse change the brain, [and] hijack its motivational systems." After all, do all people have their motivational systems hijacked by cheesecake, sex, and victory although some people do?

And what, exactly, supports Leshner's claim that: "Starting may be volitional. Stopping isn't"? Let's first consider the most universally addicting substance known to Americans—tobacco. Surveys of multiple substance abusers tell us that nicotine is at the top of the list of addictive substances that are hard to quit -- harder than crack or alcohol. Yet, national surveys have revealed what most of us could ascertain by surveying our co-workers and dinner companions – a large percentage (half or more) of people ever addicted to smoking have quit. Moreover, in the 1980s, these surveys showed, from 90% to 95% quit smoking without formal treatment of any kind (although current research will reveal that more people— although still a minority--quit smoking through relying on widely marketed pharmacological aids). To say that quitting smoking is the same as willing away emphysema distorts the data so badly that, if not intentionally meant to be misleading, it can only indicate that the speaker is psychotic.

Consider the results of the largest survey of drinking ever conducted involving face-to-face interviews with nearly 45,000 Americans (this study, called the National Longitudinal Alcohol Epidemiologic Survey, was conducted by the National Institute on Alcohol Abuse and Alcoholism). Of all Americans who were ever dependent on (addicted to) alcohol, about a quarter had been treated. Nonetheless, a large majority of untreated alcoholics (a higher percentage than of those who were treated) were no longer alcoholic, even though more than half continued to drink!

Table: National Longitudinal Alcohol Epidemiologic Survey Data on Ever-Alcohol-Dependent Americans

	Untreated	Treated
Currently drinking alcoholically or with problems	26%	33%
Currently abstaining	16%	39%
Currently drinking without problems	58%	28%

Finally, think of the Vietnam experience, where, among those GIs found to have been addicted in Vietnam, only one in eight became re-addicted in the U.S., although half used narcotics at some point stateside.

What we see is that Leshner is a government functionary selling us a bill of goods as though it were science, while his assertions are violated at all points by the most readily accessible data and daily experience.

Only Treatment Can Save Us from Universal Addiction

Based in good part on the Leshner et al. model that addiction is now scientifically proven to be a unique, inexorable, irreversible process limited to certain drugs of which the government disapproves, the conclusion becomes unavoidable that our only salvation is to treat more and more people for their drug use, even if we must drag them kicking and screaming into the psychiatric ward (like political dissidents in the Gulag). But, just as interviewing our dinner companions or examining data from government surveys proves that Leshner's claim that people cannot free themselves from addiction on their own is false, so too does the most casual examination show universal compulsory treatment for drug users is no reform in drug policy at all. For, even Leshner and his minions must agree (as the U.S. government's National Household Survey on Drug Abuse proves for every category of drug), the large majority of even current drug users (let alone those who have ever used any drug) are NOT addicted to their substance of choice, but rather use it casually,

intermittently, or occasionally. For what, then, are such people to be treated—doing bad things?

With this in mind, we need to return to the entire Newsweek enterprise. From its cover through all of its articles, Newsweek's assumption is that illicit drug use is a function of addiction. Its cover boy is Robert Downey Jr.--the man who can't quit drugs. But why would we base our drug policy on him, any more than we should base our national cheesecake and taco policies on a six-hundred-pound person? Among other things, Newsweek's article on Downey described how he has been through treatment innumerable times! Furthermore, Newsweek selected, along with Downey, one other named drug user to prove its points: Jennifer Capriati, who seemingly used drugs briefly in her early adolescence, who was sent to treatment but who never announced that she was addicted and embraced recovery, but who returned to the tennis circuit and eventually worked her way back into championship form. Consider this odd paragraph from Alter, which is supposed to prove the prevalence and intractability of addiction:

After leaving drug rehab, Jennifer Capriati stages an improbable tennis comeback to win the Australian Open. Robert Downey Jr. relapses once again, a haunting symbol of the limits of treatment. The departing president of the United States appears to have been addicted to sex, while the new president by his own account once had a drinking problem.

[Note how none of these cases actually supports the idea that addiction requires and responds to treatment.]

What is the Point of "Traffic"?

"Traffic" --a widely viewed, entertaining movie--depicted U.S. drug policy as badly misguided. Its view of addiction comes primarily from its screenwriter, Stephen Gaghan, who contributed a guest essay to the Newsweek issue on addiction. Gaghan is a recovering addict who himself recognizes that his experience is singular among his peers: "I wasn't much different from my peers. Except where they could stop drinking after three or six or ten drinks, I couldn't stop and wouldn't stop until I had progressed through marijuana, cocaine, heroin and, finally, crack and freebase. . . ." Still, Gaghan does not exactly conform with popular notions of

addiction: in Newsweek he revealed that, "I won an Emmy for an episode of 'NYPD Blue' composed while on heroin," after years of serious drug use.

Gaghan's proxy in "Traffic" seems to be the high school girl played by actress Erika Christensen, who progresses from a straight-A student to prostitution in a matter of weeks after she freebases cocaine. The point Gaghan and "Traffic" made is that everyone is susceptible to addiction, and indeed everybody has his or her own monkey, just as the girl's father, played by Michael Douglas, liked to relax by drinking Scotch. But the Douglas character completed law school and became a state supreme court judge, suggesting that he limited his drinking appropriately. Indeed, the boy who introduced the judge's daughter to freebase cocaine does not seem to be disoriented by his drug experiences. The girl's character has a very different experience--but what does that tell us about drug policy?

Worse, "Traffic" is misleading about the epidemiology of addiction. Consider that people in lower socioeconomic groups are less likely to drink alcohol, but more likely to develop a drinking problem. It is true that some well-to-do people succumb to substance abuse. But they are less likely to do so than disadvantaged individuals, even though they are at least as likely to use

psychoactive substances, while they are also more likely to recover should they ever abuse any substance including becoming addicted to it. The point is the common-sense one that people with social and psychological advantages are more protected from addiction. For parents to know this is to be aware of something practicable that they can use in rearing children. It is also something that makes addiction and drugs appear less magical and less threatening. But, then, it makes less good copy and subject matter for an attention-grabbing film.

Thus, this supposedly iconoclastic film, by focusing on a well-off person who is instantly reduced to utter degradation (Gaghan took decades to trace his addictive path), by minimizing the impact of social forces in creating and sustaining addiction, by proposing that treatment is both necessary for overcoming addiction and a winning social policy (the Douglas character, his wife and daughter enter a family-oriented treatment program), perpetuates popular misconceptions about drugs, addiction, and treatment – the same misconceptions that are being carried over whole-cloth from the old, bad drug policies to the new, Newsweek-promoted consensual policies of the 21st century. Of course, we may have to wait to see the results of the new "consensus" -- one person who hasn't signed on is Attorney General John Ashcroft. On "Larry King Live" (February 7), Ashcroft indicated, "I want to escalate the war on drugs."

Stanton Peele's article was written expressly for the Drug Policy Forum of Texas newsletter. Dr. Peele has long been an iconoclast in the addiction field, beginning with the publication in 1975 of his classic work, "Love and Addiction." Since that time he has been a thorn in the side of policy maker, scientists, and reformers as well, because of his propensity to point out the continuing irrationality of our attitudes towards drugs, drug users, and addiction. He is both a psychologist and an attorney.

In his various articles and books such as "Diseasing of America," "Meaning of Addiction," "The Truth About Addiction and Recovery," and most recently, with co-authors Archie Brodsky and Charles Bufe, "Resisting 12-Step Coercion," he has explored how most drug users do not become addicted, how most addicts recover without treatment, how addictive patterns characterize many compulsions aside from drug use, how treatment in America is often more about moralism and zero-tolerance than about actually improving the lives

of substance users and addicts, and how various American perspectives towards drugs share the same erroneous assumptions about human beings, about society, and about the effects of drugs. His work can be explored in more detail at his website, www.peele.net.

Board Sets Vision, Plans

Members of DPEG's board of directors and executive committee met four times in Spring 2001 to develop a vision statement. Also developed were a set of preliminary goals and objectives. Future board retreats will provide opportunity to revisit these vision statements, goals, and objectives.

The Drug Policy Education Group Inc. envisions a future where public policy in Arkansas will:

Recognize the difference between use and abuse of substances * Not incarcerate nonviolent drug law offenders
Support high quality choices in substance abuse treatment * Support objective research on marijuana based on an assumption of "safe until proven harmful," respecting its folk medicine history * Allow for medical use of marijuana, including the right to produce adequate supplies of marijuana by the patient and/or caregiver * Support patient access to any drug for bonafide therapeutic purposes * Decriminalize one ounce or less of marijuana for personal use * Eliminate the ethnic and racial inequities of current drug law enforcement * Eliminate asset forfeiture in drug arrests * Allow for agricultural production of industrial hemp * Support reality-based drug education in the schools * Encourage the replacement of zero-tolerance policies in schools with more reasonable and less damaging approaches * Encourage performance testing rather than drug testing in the workplace * And in general reflect the fundamental premises upon which the nation was founded, that people retain rights of privacy and self-determination not enumerated in the Constitution, as specified in the Ninth Amendment.

Drug Policy Education Group Inc. seeks input, support, and participation from all interested individuals, groups, and agencies.

Supported by a generous grant from the
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What is the harm caused in Arkansas by the war on drugs?

- Less money for schools, health care, counseling, and other prevention services
- Irreversible harm to children and families of parents incarcerated for nonviolent drug charges
- Loss of farm income and destruction to national forests by using pulp wood instead of agricultural hemp for making paper and construction materials
- Compromise of Constitutionally-guaranteed rights to privacy, protection from unreasonable search and seizure, and self-determination
- Criminalization of productive, tax-paying, and otherwise law-abiding citizens for personal, private use of certain intoxicants
- Unnecessary pain, suffering, arrest, and death of persons who are sick, disabled, or dying who would benefit from legal clinical use of marijuana
- Disproportionate arrest, incarceration, and disenfranchisement of racial and ethnic minorities

And this is just a partial list ...

