

Why You Can Hate Drugs and Still Want to Legalize Them

*We can't give up fighting
abuse and addiction.
But prohibition does far
more harm than good*

BY JOSHUA WOLF SHENK

There's no breeze, only bare, stifling heat, but Kevin can scarcely support his wispy frame. He bobs forward, his eyes slowly closing until he drifts asleep, in a 45-degree hunch. "Kevin?" I say softly. He jerks awake and slowly rubs a hand over his spindly chest. "It's so hot in here I can hardly think," he says.

Kevin is wearing an "Americorps" baseball cap, and I ask him where he got it. The lids close over his glassy eyes and then open again, showing a look of gentle, but deep confusion. He removes the hat, revealing hair the tone of a red shirt that's been through the washer a thousand times. He blinks again and glances at the cap. He has no idea.

This July, I spent a long, hot day talking to junkies in New York City, in a run-down hotel near Columbia University. Some, like Kevin, were reticent. Others spoke freely about their lives and addictions. I sat with Melissa for 20 minutes as she patiently hunted her needle-scarred legs for a vein to take a spike. She had just fixed after a long dry spell. "I was sick," she told me. "I could hardly move. And Papo"—she gestures toward a friend sitting across from her—"he helped me out. He gave me something to make me better."

To most Americans, addicts like Kevin and Melissa and Papo are not people, but arguments. Some victims of drug use inspire sympathy, or irritation, or just plain worry. But it is the junkies—seemingly bereft of humanity, subsisting in what one former addict calls "soul-death"—who justify our national attitude toward certain drugs: that they should be illegal, unavailable, and totally suppressed.

But this country has another drug problem, one with its own tragic stories. In 1993, Launice Smith was killed in a shoot-out between rival drug dealers at a football game at an elementary school in Washington, D.C. There were four other murder victims in the same neighborhood that day. Launice stood out, though, because she was only four years old.

Addicts suffer from illegal drugs. But each year hundreds of children like Launice are killed *because* drugs are illegal. It's difficult, but crucial, to understand this distinction. By turning popular drugs into illegal contraband, prohibition sparks tremendous inflation. Small amounts of plant leaves and powder that cost only pennies to grow and process sell for

hundreds of dollars on the street. All told, the black market in this country takes in \$50 to \$60 billion in income each year. In lawful society, such a large industry would be regulated by rules and enforcement mechanisms. But the intense competition of the black market is regulated only by violence. Rival entrepreneurs don't go to the courts with a dispute. They shoot it out in the street.

The black market now holds entire communities in its grip. In addition to the violence—and crime driven by addicts supporting expensive habits—the fast cash of dealing lures many young people away from school, into the drug trade, and often onto a track toward jail or death.

We are caught, then, between the Kevins and the Launices, between the horror of drug abuse and the horror of the illegal drug trade. Making drugs legally available, with tight regulatory controls, would end the black market, and with it much of the violence, crime, and social pathology we have come to understand as “drug-related.” And yet, history shows clearly that lifting prohibition would allow for more drug use, and more abuse and addiction.

I spent that day in New York to face this excruciating dilemma. It's easy to call for an end to prohibition from an office in Washington, D.C. What about when looking into Kevin's dim eyes, or confronting the images of crack babies, shriveled and wincing?

The choice between two intensely unpleasant options is never easy. But, considering this problem in all its depth and complexity, it becomes clear that drug prohibition does more harm than good. We can't discount the problem of drug abuse (and that includes the abuse of legal drugs). But prohibition didn't keep Kevin from becoming an addict in the first place, and it certainly isn't helping him stop. High prices for drugs do discourage some would-be users, though far fewer than the government would like. The fact is we have done a very poor job discouraging drug use with the blunt force of law. The hundreds of billions of dollars spent on drug control in the last several decades have yielded only a moderate decline in the casual use of marijuana and cocaine. But there has been no decrease in hard-core addiction. The

total amount of cocaine consumed per capita has actually risen. And even casual use is now creeping up.

Government does have a responsibility to limit the individual and social costs of drug use, but such efforts must be balanced against the harm they cause. And ending the drug war needn't mean a surrender to addiction, or an affirmation of reckless drug use. President Clinton's stance on cigarette addiction—that cigarettes can be both legal and tightly regulated, particularly with respect to advertising aimed at children—points to a middle ground. Potentially, we could do a *better* job of fighting drug abuse, while avoiding the vicious side-effects of an outright ban.

Comparing the Costs

Unfortunately, this country's discussion of “the drug problem” is marked by little clear analysis and much misinformation. Politicians and bureaucrats minimize or entirely ignore the consequences of prohibition. At the other extreme, libertarians call for government to withdraw from regulating intoxicants entirely. The press, meanwhile, does little to illuminate the costs and benefits of the current prohibition or our many other policy options. “We don't cover drug policy, except episodically as a cops and robbers story,” says Max Frankel, the recently retired executive editor of *The New York Times*. He calls his paper's coverage of the subject “one of my failures there as an editor, and a failure of newspapers generally.”

It's not that the consequences of prohibition can't be seen in the newspapers. In the *Times* last December, for example, Isabel Wilkerson wrote a stirring profile of Jovan Rogers, a Chicago crack dealer who entered the trade when he was 14 and ended up crippled by gunshot wounds. But Wilkerson, as reporters usually do, conveyed the impression that the pathology of the black market is unfortunate, but inevitable—not the result of policies that we can change.

In fact, Rogers' story is a vivid display of the lethal drug trade that prohibition creates, the temptation of bright young men, and the cycle of destruction that soon follows.

For his first job, Rogers got \$75 a day to watch out for the police. Soon, he was earning thousands a day. And though Rogers said he began dealing to support his family—"If there's nothing to eat at night," he asked, "who's going to go buy something to make sure something is there? I was the only man in the house"—the big bucks also seized him where, like most teenagers, he was most vulnerable. "If you sell drugs, you had anything you wanted," he said. "Any girl, any friend, money, status. If you didn't, you got no girlfriend, no friends, no money. You're a nothing."

This story is all too common. In communities where two-thirds of the youth lack the schooling or skills to get a decent job, drug dealing is both lucrative and glamorous. Rich dealers are role models and images of entrepreneurial success—the Bill Gateses of the inner city. Unlike straight jobs, though, dealing drugs means entering a world of gruesome violence. Like all initiates, Rogers was issued a gun, and learned quickly to shoot—to discipline other dealers in the gang or to battle rival gangs for control over a corner or neighborhood. Sometimes he would shoot blindly, out of raw fear. Newspapers report stories of "drug-related" murder. But drug war murder is more like it. The illegal drug trade is the country's leading cause of death by homicide—and the illegal drug trade wouldn't exist without prohibition.

Although it is popular these days to blame welfare for undermining the work ethic, often overlooked is the role played by the black market's twisted incentives, which lure men away from school and legitimate work—and, often, away from their families. In a recent two-page spread, *The Washington Post* celebrated successful students at the city's Eastern High School. Of the 76 students pictured, 64 were women—only 12 were men. The school's principal, Ralph Neal, acknowledges the role of the drug trade with a sigh, calling it a "tremendous temptation."

Writ large, the black market eventually consumes entire neighborhoods. At one time, the area of Philadelphia now referred to as "Badlands" was peppered with factories, mom-and-pop grocery stores, taverns, and theaters. Now drug dealers are positioned on street corners and in flashy cars, poised to fire their guns at the slightest provocation. Crack vials and dirty needles line the streets. Often, customers drive through in BMWs with New Jersey plates, making their buys and then

scurrying back to the suburbs.

Of course, impoverished communities like this one have more troubles than just drug prohibition. But it is the black market, residents will tell you, that is a noose around their neck. Drive-by shootings and deadly stray bullets are bad enough, but some of the most devastating casualties are indirect ones. This summer two children suffocated while playing in an abandoned car in Southeast Washington. The kids avoided local playgrounds, one child said, because they feared "bullies and drug dealers."

"Kids in the inner city are scared to go to school," says Philippe Bourgois, a scholar who recently spent three and a half years with drug dealers in East Harlem writing *In Search of Respect: Selling Crack in El Barrio*. "You're going to pass five or six dealers hawking vials of crack on your way there. You face getting mugged in the hallway. The dealers ... they drop out, but they don't stop going to school—that's where the action is."

A D.C. public school teacher told me that 13-year-old dealers, already fully initiated into the drug culture, crawl through a hole in the fence around her school's playground to talk to fifth and sixth graders. Once, after she and a security guard chased them off, a group of young dealers found her in the school's parking lot. "There's that snitching bitch," one kid said. "That's the bitch that snitched. I'm going to kill you, you snitching bitch." The drug war's Dr. Seuss.

A Nation Behind Bars

The high prices caused by prohibition drive crime in another way: Addicts need cash to feed their habits. The junkies I met in New York told me they would spend between \$200 and \$600 a week for drugs. Melissa, for example, once had a good job and made enough to pay her bills and to buy dope. Then she got laid off and turned to prostitution to support her habit. Others steal to pay for their drugs—from liquor stores, from their families, from dealers, or from other addicts. According to a study by the Bureau of Justice Statistics, one out of every three thefts are committed by people seeking drug money.

This crime wave does not restrict itself to the inner cities. Addicts seeking money to get a fix are very fond of the fine appliances and cash-filled wallets found in wealthier neighborhoods. Subur-

ban high schools may not have swarms of dealers crawling through the fences, but dealers are there too. In fact, the suburbs are increasingly popular for dealers looking to take up residence.

Quite apart from the costs of the black market—the crime, the neighborhoods and lives ruined—Americans also pay a heavy price for the drug war itself. For fiscal 1996, Clinton has requested \$14.6 billion for drug control (up from only \$1.3 billion in 1983). State and local governments spend about twice that each year.

But these budgets reflect only a small portion of the costs. In 1980, the United States had 330,000 people in jail; today, it's well over a million, and drug offenders account for 46 percent of that increase. On top of the cost of building prisons, it takes more than \$30,000 per year to keep someone in jail. Naturally, prison spending has exploded. The country now spends nearly \$30 billion annually on corrections. Between 1970 and 1990, state and local governments hiked prison spending by 232 percent.

Even worse, thanks to mandatory minimum sentences, the system is overloaded with non-violent drug users and dealers, who now often receive harsher penalties than murderers, rapists, and serious white collar criminals. Solicited by an undercover DEA agent to find a cocaine supplier, Gary Fannon facilitated the deal and received a sentence of life without parole. Larry Singleton raped a teenager, hacked off her arms between the wrist and elbow, and left her for dead in the desert. He received the 14-year maximum sentence and served only eight years. This disparity is not the exception in modern law enforcement. It is the rule. Non-violent drug offenders receive an average 60 months in jail time, *five times* the average 12-month-sentence for manslaughter convicts.

Some people may say: Build more jails. In an era of tax cuts and fiscal freezes, though, every dollar spent on corrections comes from roads, or health care, or education. Even with the huge growth in prison spending, three-fourths of all state prisons were operating over their maximum capacity in 1992. Even conservatives like Michael Quinlan, director of the federal Bureau of Prisons

under Reagan and Bush, have had enough of this insanity. "They're locking up a lot of people who are not serious or violent offenders," he says. "That ... brings serious consequences in terms of our ability to incarcerate truly violent criminals."

If sticking a drug dealer in jail meant fewer dealers on the street, perhaps this wave of incarceration would eventually do some good. But it

doesn't work like that: Lock up a murderer, and you have one less murderer on the street. Lock up a dealer, and you create a job opening. It's like jailing an IBM executive; the pay is good, the job is appealing, so someone will move into the office before long. Clearing dealers from one neighborhood only means they'll move to another. Busting a drug ring only makes

room for a competitor. "We put millions of drug offenders through the courts—and we have more people in jail per capita than any country except Russia—but we're not affecting the drug trade, let alone drug use," says Robert Sweet, U.S. district judge in the Southern district of New York.

"It's perfectly obvious," Sweet says, "that if you took the money spent housing drug offenders and enforcing the drug laws, and apply it to straight law enforcement, the results would be very impressive." Indeed, what politicians ignore is all too clear to judges, prosecutors, and cops. "The drug war can't be won," says Joseph McNamara, the former chief of police in Kansas City and San Jose, who also spent 10 years on the New York City force. "Any cop will tell you that."

What makes it even tougher for law enforcement is the pervasiveness of corruption spawned by the black market in drugs. In May 1992, New York City police uncovered the largest corruption scandal in the department's 146-year history, most of it, according to the commission that investigated it, involving "groups of officers ... identifying drug sites; planning raids; forcibly entering and looting drug trafficking locations, and sharing proceeds." There have been similar stories recently in Philadelphia, Washington, D.C., New Orleans, and Atlanta. Sadly, in movies like *The Bad Lieutenant*, art is imitating life. Cops shake down dealers, steal their cash, and sometimes deal the drugs them-

If you sold drugs, one dealer explained, "you had anything you wanted. Any girl, any friend, money, status. If you didn't, you got no girlfriend, no friends, no money, nothing."

selves. Or they take bribes to protect dealers from arrest.

Despite these drug war casualties—and the dismal progress in stemming drug use—each year the war intensifies. Politicians from Newt Gingrich to Bill Bradley now push for expanding the death penalty for dealers. But experience shows that the deterrent effect will be negligible. “There is no evidence that increasing penalties for drug dealing deters people from doing it,” says Quinlan. “It just doesn’t work like that—not when your chances of getting caught are so low, and the profits are so high.” As Quinlan points out, the D.E.A. and White House count it as a success if drug prices are driven up, but that only makes the problem worse. On the streets, meanwhile, we have the worst of both worlds: Drugs are expensive enough to fuel a deadly black market, but people still buy them.

Illegal drugs, left unregulated, are also much more dangerous than they need to be. Imagine drinking whisky with no idea of its potency. It could be 30 proof or 190 proof—or diluted with a dangerous chemical. One addict I met, Mary, had blood-red sores running up her arms—from cocaine cut with meat tenderizer. Virtually all “overdose” deaths from the use of illegal drugs are due to contaminants or the user’s ignorance of the drug’s potency. “Just deserts,” one might say. But isn’t the basis of our drug policy supposed to be concern for people’s health and well-being?

Unfortunately, this country’s leaders have lost sight of that principle. “Policies,” Thomas Sowell has written, “are judged by their consequences, but crusades are judged by how good they make the crusaders feel.” Drug prohibition is very much of a crusade, discussed in moral terms, supported on faith, not evidence. The DEA stages high-profile drug raids—covered dutifully in newspapers and magazines—but is never able to limit supply. The government sends troops to burn poppy in South America and stubbornly insists, despite overwhelming evidence to the contrary, that interdiction can make a real difference in keeping drugs out of the country.

Meanwhile, drug treatment—no panacea, but certainly more effective in limiting drug use than law enforcement or interdiction—is continually underfunded. Candidate Clinton promised “treatment on demand” in 1992, but President Clinton has not delivered. Like Reagan and Bush, he has

spent about two-thirds of the anti-drug budget on law enforcement and interdiction.

For a real blood boiler, consider the case of pregnant women addicted to drugs. Lee Brown, White House director of drug policy control, often talks of visiting crack babies in the hospital to shame those who would liberalize drug laws. But, like many addicts, pregnant women often avoid treatment or health care because they fear arrest.

Although it’s hard to believe, those who do seek help—for themselves and their unborn children—are often turned away. David Condliffe, who was the director of drug policy for New York City in the late eighties, conducted a survey that found that 85 percent of poor, pregnant crack addicts looking for treatment were refused everywhere they tried. Nationwide, treatment is available for only 10 percent of the 300,000 pregnant women who abuse illegal drugs. This is perhaps the greatest moral horror of our current policy—and it should shame everyone from President Clinton on down.

Beyond the Crusade

Regardless of your stance on drug policy, there can be no disagreement that we must demand honesty from public officials on this subject. Forget for a moment reporters’ nonfeasance in covering the nuances of drug policy. When it comes to the drug war, they’re also failing to expose coverups and outright lies.

As just one example, consider the case of needle exchange. Forty percent of new AIDS cases reported in 1992 (24,000 in total) came from infection through use of dirty needles. But the federal government continues to ban the use of AIDS-prevention funds for programs that replace dirty needles with clean ones.

This despite the fact that in 1994 the Centers for Disease Control issued a report concluding that needle exchange *does not* encourage heroin use, but *does* dramatically reduce HIV transmission. The report explicitly recommends that the federal ban be lifted. The Clinton Administration suppressed the report, but a copy finally leaked. Now, officials deny its basic finding. “[The CDC] pointed out that the jury is still out on needle exchange,” Lee Brown told me. Either he hasn’t read the report, or he is lying.

Even more infuriating, supporters of the drug

war insist on confusing the harms of drug use with the harms of prohibition. William Bennett, for example, cites "murder and mayhem being committed on our cities' streets" as justification to intensify the drug war, when, as Milton Friedman wrote in an open letter to Bennett, "the very measures you favor are a major source of the evils you deplore." Meanwhile, in the current political climate, the likes of Joycelyn Elders—who merely suggested we *study* the link between prohibition and violence—are shouted down.

Facing Drug Abuse

Cocaine can cause heart attacks in people prone to irregular heartbeats, such as basketball star Len Bias, and seizures in people with mild epilepsy; it's even more dangerous mixed with alcohol and other drugs. Heroin can lead to intense physical dependence—withdrawal symptoms include nausea, convulsions, and loss of bowel control. Even marijuana can be psychologically addictive; smoking too much dope can lead to respiratory problems or even cancer.

Illegal drugs have social costs as well. Consistent intoxication—whether it's a gram-a-day coke fiend, or a regular pot smoker with a miserable memory—can mean lost productivity, increased accidents, and fractured relationships.

And addiction ... well, it's not pretty. Coke addicts often suffer acute depression without a fix. Heroin is even worse. David Morrison, recalling his furious struggle with heroin addiction in *Washington City Paper*, describes the misery of waiting for his dealer: "If sweet oblivion is the initial carrot, savage withdrawal is the enduring stick. In time, the dope fiend is not so much chasing a high as fleeing a debacle."

Given the terrible consequences of drug abuse, any reasonable person is bound to object: How could we even consider making drugs generally available? But have you asked why alcohol and tobacco are kept generally available?

Tobacco products—linked to cancer of the lungs, throat, larynx, and ovaries—cause 30 percent of all cancer deaths. Even more tobacco-related deaths come from heart attacks and strokes. Every year 435,000 Americans die premature deaths because of cigarettes. And, of course, nicotine is extremely addictive: The Surgeon General has

found that the "capture" rate—the percentage of people who become addicted after trying it—is higher with cigarettes than any other drug, legal or illegal. Most nicotine addicts are hooked before age 18.

Alcohol is even more destructive. Extensive drinking often results in bleeding ulcers, cirrhosis of the liver, stomach and intestinal inflammation, and muscle damage as well as severe damage to the brain and nervous system, manifested by blackouts and psychotic episodes.

As for social costs, alcohol is the most likely of all mind-altering substances to induce criminal behavior, according to the National Institute of Justice. Close to 11 million Americans are alcoholics, and another 7 million are alcohol abusers—

meaning they've screwed up at work, been in an accident, or been arrested because of drinking. Drunk driving is the cause of a third of all traffic fatalities. Alcohol-related problems affect one out of every four American homes, and alcoholism is involved in 60 percent of all murders and 38 percent of child abuse cases. These statistics only confirm our everyday experience. Who doesn't know of a family shattered by an alcoholic, or someone who has suffered with an alcoholic boss?

The reason that alcohol and tobacco are legal, despite the damage they do, is that prohibition would be even worse. In the case of alcohol, we know from experience. The prohibition from 1919 to 1933 is now synonymous with violence, organized crime, and corruption. Financed by huge profits from bootlegging, gangsters like Al Capone terrorized cities and eluded the best efforts of law enforcement. It soon became too much.

After prohibition's repeal, consumption rates for alcohol did in fact rise. But as anyone who was alive in 1933 could tell you, the increase was hardly an explosion. And it seems likely that the rise was fueled by advertising and the movies. Drunks were likeable (bit-player Jack Norton played the amiable falling-down drunk in scores of movies of that era) or even glamorous (like William Powell in *The Thin Man* films). It took years for government, the media, and entertainers to realize their responsibility to push temperance—and even now they're not doing all they can.

We need to be honest about the costs of prohibition and the costs of drug abuse. Then compare the two.

Just Saying "No" to the Sick and Suffering

Bill Anderson's "coat of many medicines" is his form of protest. Twelve prescription bottles are strung on a wire that fits over the neck and nine strands containing hundreds of bottles stretch from the wire down to the floor. Anexsia. Hydrocodone. Marinol. Percocet. Percodan. Vicodin.

Bill was hit by a drunk driver in 1985 and left with permanent "closed head syndrome." He gets nasty headaches—"like my head is going to explode," he says—and is afflicted by a host of other symptoms. Doctors have prescribed him every medicine under the sun—except the one that works.

"The only thing that really helps is cannabis," Bill told me after a recent conference on marijuana in Washington, D.C. "If it wasn't for this here,"—he gestures to a small pipe in his left hand—"I'd be bedridden right now."

Anderson is one of many thousands of Americans who insist that marijuana is a remarkably effective treatment for pain, muscle spasms, skin rashes and inflammations, and seizures. Marijuana is also the best known way to counteract the intense nausea that is a frequent, and devastating, side effect of cancer chemotherapy. In a 1991 Harvard study, more than half the oncologists surveyed said they'd prescribe marijuana if allowed.

Despite this overwhelming evidence, the Drug Enforcement Administration classifies marijuana as a Schedule I substance, the tightest restriction possible, which means that the federal government considers marijuana a drug with the highest potential for abuse and *no* medical uses. Doctors can't prescribe it; patients aren't supposed to smoke it.

Researchers, in fact, can't even study it. Federal authorities have repeatedly thwarted doctors' efforts to learn more about marijuana's medicinal attributes with careful clinical trials. One San Francisco research team finally got permission last year from the Food and Drug Administration for a pilot experiment to test marijuana's safety. But the only legal source of pot in this country—the National Institute on Drug Abuse—refuses to provide it.

The truth is that—according to hundreds of victims of diseases including glaucoma, multiple sclerosis, depression, cancer, epilepsy, and AIDS—the efficacy of the plant is extraordinary. "The pain and suffering of the side effects [of cancer treatment] is often worse than the distress induced by the tumor itself," Stephen Jay Gould, the esteemed Harvard biologist who survived abdominal cancer, told Harvard Medical School's Lester Grinspoon and James Bakalar, the authors of *Marihuana: The Forbidden Medicine*. Gould was close to stopping treatment before someone told

him that smoking pot would stop the debilitating nausea. "The rest of the story is short and sweet," he said. "Marijuana worked like a charm."

Since pot clearly works, and since it is safe—"one of the safest therapeutically active substances known to man," the DEA's administrative law judge, Francis Young, concluded in 1988—patients suffering from debilitating diseases are mystified that authorities refuse to let them use it as medicine.

"Anything that marijuana can do for medical purposes can be done now by synthetic drugs," claims Lee Brown, Clinton's director of drug control policy. But this simply isn't true. Like Bill Anderson, most patients who use marijuana have been prescribed every medicine under the sun. Naturally, they would prefer to avoid arrest and harassment—like that visited on Ken and Barbara Jenks, a couple with AIDS whose two marijuana plants were seized in a military-style raid of their motor home in 1990.

The irony is that marijuana is far safer than many painkillers which doctors can already prescribe legally. And, unlike marijuana, many prescription drugs carry ferocious side effects. Greg Paufler, for example, has been given steroids, diuretics, and Valium for the symptoms of multiple sclerosis. The steroids caused fluid retention, bloating, and a weight gain of 100 pounds. The sleeping pills made him semi-catatonic. And he became addicted to Valium. Yet none of these drugs do what marijuana does—alleviate his severe, painful spasms.

The government pushes Marinol, a synthetic pill that contains THC, one of the active ingredients in marijuana. But patients say that it is not as effective—and that the side effects can be severe. "It was terrible," says Barbara Douglass, who took Marinol for three months as treatment for multiple sclerosis.

The insistence on denying this plant to thousands of sick people—many of whom are terminal patients and merely want to ease their suffering while they're still alive—is a perfect parable of drug war idiocy. Until the spring of 1992, patients could apply for a compassionate exemption from the law. But when it was flooded with pleas from cancer and AIDS sufferers for permission to use marijuana, the Public Health Service canceled the program. Letting sick people smoke marijuana would send the message that "this stuff can't be so bad," said James O. Mason, then head of the service. "It gives a bad signal."

This logic fits neatly in a drug war that is more religious than rational. In addition to denying the harm of prohibition, officials are loathe to concede *any* benefit of a restricted substance. Let the sick and the suffering, they say, be damned.

—J.W.S.

What we have had a hard time learning is that there are a plethora of options between prohibition and laissez-faire. In 1933, after prohibition, the federal government withdrew entirely from regulating the market in spirits. No limits were placed on marketing or advertising, and the siege from Madison Avenue and Hollywood began immediately. For years, the government seemed unable to counter the excesses of legal drug pushers like Philip Morris and Seagrams. Ads for tobacco, beer and liquor dominated the worlds of art and entertainment.

The tide began to turn in 1964, when the Surgeon General issued the first of a series of reports on the dangers of smoking. In 1971 cigarette ads were banned from TV and radio. The media began to open its eyes as well. Meanwhile, there was an equally important change in attitudes. It was once respectable to drink two or three martinis at a business lunch. Today it is not. Nor do we wink at drunk driving or smoking by pregnant women. Cigarette use, in fact, has declined dramatically since the sixties.

But much has been left undone. The TV and radio ban, for example, left the bulk of cigarette marketing untouched. And ironically, tobacco companies didn't much mind the ban, because it also dealt a severe blow to a campaign of negative advertising. Under the "fairness doctrine," TV and radio stations in the late sixties gave free air time to anti-smoking spots, such as one that mocked the Marlboro man by showing him coughing and wheezing. These ads were extremely effective, more so, many believed, than the Surgeon General's warnings. Once the tobacco ads were banned, though, TV and radio stations were no longer required to run the negative spots.

It is high time to begin a massive campaign of negative advertising against both cigarettes and alcohol. And we can ban advertising for intoxicants entirely. President Clinton, who has moved to restrict advertising that encourages smoking *and* to require tobacco companies to pay for a campaign against smoking, has taken a step in the right direction. (As J.M. Balkin argues on page 24, Philip Morris and friends can't hide behind the First

Amendment on this one.)

In a recent essay in *The New Republic*, Thomas Laqueur criticized Clinton's initiative on cigarette advertising as the product of "prohibitionist energies." But this is the simple-minded either/or attitude that got us into such a mess. Yes, cigarettes and alcohol ought to be legally available. But that doesn't mean we can't curb the pushers, educate people about the dangers, and generally try to reduce the harm.

The same approach should be employed with now-illegal drugs. An end to prohibition need not mean official endorsement of crack or heroin, but instead could be an opportunity to redouble efforts to limit their use. Drug use would rise after prohibition—but it wouldn't be the catastrophic explosion that drug warriors predict. They count on both distortions of history (claiming an explosion of alcohol use in 1933) and exaggerations of the dangers of cocaine, heroin, and speed—not to mention marijuana and hallucinogens. Though all intoxicants should be taken seriously, these drugs are neither as powerful, addictive, or attractive as many imagine. Among the population of non-users, 97 percent of Americans say they would be "not very likely" or "not at all likely" to try cocaine if it were legal. And even those who would try it in a legal regime would not find themselves immediately in the grip of an insatiable habit. As with alcohol, heavy dependence on cocaine and heroin is acquired over time.

It is a reasonable concern that the disadvantaged would be most vulnerable in a system where drugs are cheap and legally available. But the poor are also the ones paying the heaviest price for prohibition. Most drug users are not poor minorities, but these groups are most affected by the illegal drug trade. "Each of our inner cities has become a bloody Bosnia," writes David Morrison, the journalist and former addict. "But who with the power to make a difference really gives a damn? Having decamped for the suburbs, the middle classes don't have to see the dreadful damage done."

Of course, lifting prohibition would not be a panacea for our most troubled communities. But imagine the benefits of cutting out the black mar-

**President Clinton's
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ket. Profit would be eliminated from the drug trade, which means kids wouldn't be drawn to dealing, addicts wouldn't be pushed to thieving, and the sea of violence and crime would ebb. Innocent kids like Launice Smith wouldn't be caught in the crossfire. Students like Jovan Rogers, who survived the drug trade and returned to school, would be less likely to drop out in the first place. And the intense marketing efforts of drug dealers in schoolyards and hallways would stop. (As it stands, dealers encourage users however they can—the more addicts, the more profits for them.)

Meanwhile, police could focus on real crime—and they'd have the prison space to lock up violent or repeat offenders. Businesses, now scared off by inner-city crime, might be drawn back into these communities, and a cycle of recovery could begin. For drug addicts, the federal government could spend the billions now wasted on law enforcement and interdiction to provide effective treatment.

At the same time, the government could clamp down on the alcohol and cigarette corporate behemoths, and make sure that such they never get their hands on now-illegal drugs by controlling distribution through package stores—displaying warnings in the stores and on containers themselves. Advertising and marketing, clearly, would be prohibited and government would also have to fund an intensive campaign of public education to prevent misuse, abuse, and addiction.

Beyond government, we must recognize as a culture the damage done by drugs—even if we accept the rights of individuals to use them. The entertainment industry should take this responsibility very seriously. As it is, the scare tactics used by the government give even greater currency to Hollywood's images of the hip, outlaw drug user.

After so many years of prohibition—and a vociferous government effort to distort the truth—it's not hard to imagine why people would fear an epidemic of new drug addicts after prohibition. But such fears are exaggerated. The increase in use could be kept to a minimum by smart public policy. Meanwhile, we would be undoing the horror of present policy—which fractures communities, leaves kids scared to go to the playground, and pushes young men toward death or jail.

With reforms, we could stop this great damage. The good, almost certainly, would far overshadow the new problems created. Isn't it a moral imperative that we at least try? If legalization proves to be

a failure—though the best evidence indicates it would not—we could return to present policy, or find a third way.

Many may be tempted to split the difference—maintain prohibition, but ease some of the penalties. Or legalize the mildest of the illegal drugs, such as marijuana. Or make drugs available to addicts by prescription. There's nothing to prevent experimenting with different strategies. But remember, the tighter the restrictions, the more fuel to the fire of the black market. Undermining the black market has to be the principle of any reform.

The other temptation is to justify the costs of prohibition in moral terms—"drugs are evil." But pining for a "drug-free America" doesn't change the reality that we'll never have one. Even Lee Brown concedes that the best he can do—with a budget approaching \$15 billion dollars—is reduce drug use by 5 percent annually. Is dissuading a few hundred thousand marijuana users worth the terror of the black market?

Ultimately drug policy does come down to tradeoffs. The simple truth is that humans are tempted by intoxicants. And, in a free society like ours, the rights of life and liberty will always be accompanied by people pursuing stiff drinks, or lines of cocaine, or marijuana cigarettes. Inflating the price of drugs through prohibition and jailing sellers and users of drugs sprang from a noble sentiment—that we could eliminate the scourge of addiction, or limit it significantly. Now we know that the enormous efforts in law enforcement have yielded few benefits in curbing drug abuse—and are a paltry disincentive for many drug users and would-be users. The prohibition experiment has failed. The time has come to recognize the great harm it has done. The United States is now akin to a person with poison ivy, scratching furiously at the rashes, and holding fast in denial when they do not go away: Soon, the blood begins to flow. These wounds shows themselves every day, in brutal murders and bleak urban landscapes.

We will always have a "drug problem" of some sort. The question is: What *kind* of drug problem? Ultimately, choosing between regulation and prohibition turns on a simple question: Is it better to allow some individuals to make a bad choice, or to subject many, many innocent people to drive-by shootings, rampant crime, and dangerous schools? The moral policy is to protect the innocent—and then do our best to help the others as well. □

Memo of the Month

THE UNIVERSITY OF TENNESSEE

with Primary Campuses at:

Chattanooga
Knoxville

Martin
Memphis



Office of the President
Knoxville 37996-0001
Telephone 615/974-2111

MEMORANDUM

TO:

FROM: Lamar Alexander

DATE: September 6, 1989

SUBJECT: "UTK"

I would like for us to try to use "UTK" less. These initials sound as if we were trying to describe the corner of a card catalogue in some basement instead of a university trying to be among the best respected in America.

"The University of Tennessee, Knoxville" or "UT, Knoxville" is best. "Knoxville" will work sometimes. Just "UT" works many times. (The sports press--which accounts for 90 percent of the UT, Knoxville media coverage--will always use "UT.") I suppose that for some of our documents "UTK" is sometimes inescapable. I try to avoid using "UTK" and I find that I usually can without slighting other campuses.

This is more important than you might think because names are important. I don't think I've ever heard the University of California, Berkeley referred to as "UCB" or the University of Michigan as "UMAA."

As for our other campuses, both "UT Memphis" and "UT Martin" are comfortable with those names. Many people around UT, Chattanooga also use "UTC" which in this case is just fine, just as "UVA" and "UCLA" are fine in those circumstances. In general, people ought to use names they are comfortable with. No one I know is very comfortable using "UTK."

Could you discuss this with staffs and assistants, especially those who put out our numerous memos and publications? Thanks.

LA/jp