

The RECONSIDER Quarterly

WINTER 2000—2001 VOLUME 1, NUMBER 3

The POLICE Issue

Gil Puder — *This “White Knight” risked his career to oppose the Drug War.*

Joseph McNamara — *A retired police chief tells how and why the Drug War cannot help but breed gangster cops.*

Nicholas Bakas — *This secretary of public safety for New Mexico explains why he’s on the governor’s side when it comes to rethinking the drug war.*

Nick Pastore — *Tells how, as police chief, he used community policing to help save crime-ridden New Haven.*

Peter Christ — *This retired police captain tells Rotarians we’ve got to legalize. And they listen.*

Jack A. Cole — *An undercover narcotics cop looks back in sorrow.*

And much more...

P R E S E R V E L I B E R T Y & R E D U C E H A R M

The RECONSIDER Quarterly.....

Table of Contents:

Features:

2 No Police Department Is Safe

By Alexandra Eyle

4 Gangster Cops

By Joseph D. McNamara

7 Looking Back in Sorrow

By Jack A. Cole

10 Police Others as You Would Have Them Police You

By Nicholas Pastore

18 Is There a Better Way?

By Alexandra Eyle

20 Is Forced Treatment Better Than Prison?

By Stanton Peele, Ph.D., Esq.

24 Why Are Voluntary Treatment Programs so Rare?

By Mary Barr

27 Our Drug Laws Have Failed

By Judge James P. Gray

32 When this Cop Speaks, Rotarians Listen

By Alexandra Eyle

33 13 Steps to Peace

By Judge John T. Curtin

Departments:

1 Editor's Letter: Cops, Corruption & The Drug War

15 Recommended Reading: Cannabis in Medical Practice

By Tom O'Connell, M.D.

16 Guest Speaker: Isn't It Time For A Change?

By Gil Puder

Statement of Purpose

ReconsiDer: Forum on Drug Policy is a nonpartisan, grass roots membership organization that works by consensus and through the volunteer efforts and contributions of its members. It is a New York State not-for-profit corporation, with its headquarters in Syracuse. It is supported by individual contributions and grants.

Its unifying belief that the War on Drugs has failed grounds its fundamental purposes: to effect substantial change in United States drug policy; to promote, support, and engage in open discussion of alternatives to the War on Drugs; to form numerous chapters that challenge citizens and local political leaders to rethink drug policies; and to help enact pragmatic legislation that reduces harm and preserves liberties.

is actually only published intermittently by ReconsiDer: Forum on Drug Policy as time and money allow. We continue to call it a quarterly, however, because, according to our executive director, it sounds good and, after all, one can cut or fold it into quarters! Its purpose is to provide members and non-members with information about the Drug War in order to promote discussion of drug policy issues among its readers and their friends and colleagues. It also serves to communicate to local political leaders that there is a growing, active, informed and determined constituency that wants fundamental changes in drug policies.

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Editor's Letter:



Cops, Corruption & The Drug War

It was over a year ago that the Los Angeles Ramparts scandal broke, revealing that two LA cops were stealing drugs and had shot and framed a drug dealer. Now, there's more bad news. It seems that the chief knew something bad was going down all along. Had a detailed report, but didn't want to know.

Hiding our heads in the sand is an all too common human trait, when it comes to dealing with bad news. We find a lump in our breast or groin and put off going to the doctor. Our boys misbehave, and we reason that boys will be boys. They'll grow out of it. Such thinking is inexcusable in all these cases, but it's especially so when it comes to the police. As our protectors, they, of all people, must hold to a high standard. But scratch lightly across the surface of police departments across America, and you'll find scandal after scandal. All connected to the War on Drugs.

We could easily fill the pages of this journal with the stories of corruption that have been and are being committed in the name of the Drug War, by law enforcement officers. Indeed, on the next page, you'll find an article that gives an overview of some of the corruption cases that have come to light across the country in this past year. But in putting together this issue of the Quarterly, we didn't want to just point fingers. The point of ReconsiDer is to offer a public forum to discuss the War on Drugs, so we

thought that it would be best to ask people from the trenches of the Drug War to write about what's going on. To talk about why there's corruption, what can be done about it, and what we can do differently...

In the following pages, former police chief Joseph D. McNamara tells us why and how even the best cops can become corrupt when fighting the Drug War; and the late Gil Puder, an award-winning Vancouver, British Columbia, police officer, explains why he came out against the War on Drugs. Retired undercover narcotics cop Jack A. Cole draws on his experiences to illustrate the problems with our current system, and Nicholas Pastore, former police chief of New Haven, Connecticut, tells how he transformed a department from a gung-ho drug warrior style of policing into a model of community policing. Nick Bakas, the secretary of public safety for New Mexico, explains why he favors harm reduction policies; Judge James Gray shows us how we got into this mess in the first place; and Judge John Curtin tells us, in 13 steps, how we can get out of it.

For eight years, retired police captain Peter Christ has been speaking publicly against the Drug War. In these pages, we see him in action.

Now, drug warriors across America are questioning the wisdom of our policies, and now give drug users a "choice" between imprisonment or forced treatment. While this policy

change is being hailed by many as more humane, effective, and less costly than prison, there is a small but growing chorus of dissenters who argue that this is no policy improvement at all. Leading the chorus is addictions psychologist Stanton Peele, who draws on his personal experience as well as numerous studies in writing about the failings of this new policy. Mary Barr (whom we profiled in the May 2000 Quarterly), a recovered crack addict turned motivational speaker, who is vice-president of the nonprofit group Motivational Movement, writes about the paucity of voluntary treatment programs.

On an equally important note, physician Tom O'Connell reviews Cannabis in Medical Practice.

As you read this issue of the Quarterly, you'll notice that it's looking much better. (At least we hope that you will!) We have Art Lange, a longtime ReconsiDer member and professional designer, now retired, to thank for that. In addition to redesigning the Quarterly, Art's taken on the job of laying out its pages. With his help, we may actually be able to get it out on a more frequent basis!

In rethinking The Quarterly, we've made some editorial changes as well. You'll no longer find a "ReconsiDer Roundup" section in these pages. We're turning that section, which contains only ReconsiDer news, into a separate publication that we'll send, to members only, biannually.

Alexandra Eyle, editor

No Police Department Is Safe **Drug War Corrupts Cops Throughout the Country**

By Alexandra Eyle

On October 12, 1996, Rafael Perez, a narcotics officer with the Los Angeles Police Department, shot 19-year-old Javier Francisco Ovando in the neck and chest and left him for dead. A few weeks later, on November 26, 1996, Javier Francisco Ovando was wheeled into the Los Angeles County Hall of Justice courtroom for a pretrial hearing. Calmly, Perez explained that Ovando had tried to assassinate him and his partner. Using an interpreter, Ovando, frail, and barely able to speak his native Spanish due to his injuries, testified otherwise. He said Perez had shot him for no reason.

But Ovando was a member of a notorious drug gang operating out of Ramparts, a neighborhood known for drug activity, which Perez patrolled. The case went to trial, and Ovando was found guilty of trying to kill Perez and his partner. He was sentenced to 23 years in prison, and Perez went on to become a golden boy of the Ramparts narcotics unit, known as CRASH – short for Community Resources Against Street Hoodlums.

But two years later, it came out that Ovando had told the truth. And the truth came out only when Perez, perhaps emboldened by his victory in the Ovando trial, went on to commit other crimes — dealing in cocaine, grand theft, and forgery. Investigators discovered that he and his wife had exten-

sively remodeled their home using profits Perez had made from dealing drugs he'd stolen from dealers and from the police evidence room. To protect his wife from prosecution, Perez promised to expose Rampart CRASH officers' misconduct, in exchange for a five-year prison sentence for stealing cocaine, and immunity from other crimes.

In hundreds of pages of testimony he not only admitted shooting Ovando, but told of Ramparts CRASH officers regularly shooting gang members, and

of the feds. Since the scandal broke last September, more than 20 officers have been fired, suspended, relieved of duty or have quit amid allegations that they planted evidence, lied under oath, and in some cases shot unarmed suspects. Many face charges, and more than 90 criminal cases were dismissed. But what's most frightening about this story is that while the Ramparts CRASH story may be larger than many in its scope, it is not unique. When it comes to the Drug War, there is no shortage of police corruption stories.

“The end justified the means.”

then concocting stories to explain the shootings. The same year Perez shot Ovando, for instance, Ramparts officers chased after and shot gang member Juan Saldana, 21, in the chest and back, planted a gun on him, and concocted a cover story, all before the ambulance arrived to carry the now-dead Saldana to the hospital. Afterward, the officers celebrated at a local bar. That year, 1996, they committed 12 such shootings, and over the years they also regularly planted drugs and weapons so that they could make false arrests, and stole and sold drugs. This behavior, Perez explained, had the approval of his superior officer.

“When I planted a case on someone,” Perez once said, “did I feel bad? Not once. I felt good. I felt, you know, I'm taking this guy off the streets.”

The LAPD is still enduring the effects of Perez's 1998 testimony, which placed the department under the jurisdiction

Here's a brief look at just some of the other corruption stories that made the news last year.

In January 2000:

It was discovered that Prince George's County, Md., sheriff's department had kept secret for seven years, \$45,000 that officers had seized from a drug dealer, while lobbying for laws that would allow the department to keep the cash.

California anti-narcotics agent Richard Wayne Parker was sentenced to life in prison and fined \$16 million for operating a multi-state drug-running network.

In Cleveland, police officer Gregory Collin was charged with running a cocaine ring out of a topless bar.

A witch trial in Tulia

Between January and June cases of corruption continued to come to light in

cities across America, but the one that made national headlines occurred in the little town of Tulia, Texas, population 5,000. In July, an 18-month sting operation resulted in the arrest of 43 people, an astounding 17% of the town's black population. The day after the arrest, the local paper characterized the people charged as known drug dealers and "scumbags." Although most of the defendants were charged with selling less than \$200 worth of cocaine, all received extreme sentences: People with no prior convictions were denied probation and sentenced to 20 years; a man with a previous conviction received 435 years; another was sentenced to 99 years.

Abuses continue into the fall

In September, Alvaline Bagett, a police detective in Jackson, Mississippi, who'd many times been named "Officer of the Month," was convicted of charges of "extorting money from drug dealers to fix their cases."

In Manhattan, Willie Parsons, a decorated homicide detective, who once turned his own brother in for heroin use, was among 13 people arrested by federal prosecutors and charged with working with a Queens-based Colombian drug ring to sell heroin and cocaine in several states. The cops were turned in by one of the drug ring members, who claimed that they had stolen \$200,000 from her.

In Baltimore, Maryland, Officer Brian L. Sewell was charged with false arrest after fellow police officers set up a sting operation and planted crack cocaine on a park bench, then anonymously reported the drugs, and waited to see what would happen. Sewell arrived on the scene, picked up the drugs from the bench, then attended to a burglary call two blocks away. At that crime scene, he arrested 18-year-old Frederick McCoy, charging him with burglary – and a crack cocaine drug charge. Sewell reported that he'd seen McCoy place the drugs on the bench and run away when a police cruiser pulled up.

In Coffee County, Georgia, Sheriff Carlton Evans, about to be arrested and charged with conspiracy to grow more than 1,000 pounds of marijuana, ran into the woods and shot himself.

In November, Attorney General John J. Farmer Jr. released more than 91,000 documents showing that high-ranking New Jersey highway patrols were encouraged to stop and search minority motorists for drugs. The practice, encouraged by the Drug Enforcement Agency, is spelled out in training manuals, and was key to a federal drug interdiction program, known as Operation Pipeline. State records show that in seven out of 10 cases, minority motorists stopped by troopers had no drugs on them. (The Drug Reform Coordination Network has put the entire, 91,000-page New Jersey Racial Profiling Archive on its Web site, www.stophthdrugwar.org.)

Winter revealed more racial profiling; what's next?

In December, the ACLU released a report documenting racial profiling in several Philadelphia neighborhoods.

It is now January 2001. We don't know what news of further civil rights violations will be brought to light, but we can be sure of one thing: There will be more revelations of civil rights abuses by and corruption of police, daily, monthly, and yearly, as long as the Drug War is being fought.

Since the inception of the Drug War, the toll of thousands of police felonies has been dreadful: armed robbery, kidnapping, stealing drugs, selling drugs, perjury, framing people, and even accidental killings and deliberate murders.

The Drug War offers police far too much power and far too much temptation to abuse it. To stop the corruption, we must stop the Drug War. **R**

Alexandra Eyle is editor of this journal. She may be reached at quarterly@reconsider.org.

A Corrupt Cop Speaks

Ever since I was a young boy living in Philadelphia, I dreamed of becoming a police officer. . . For many years I proudly wore a badge of honor and integrity and enforced the laws in the standards befitting a Los Angeles police officer.

In the Rampart CRASH Unit things began to change. The lines between right and wrong became fuzzy and indistinct. The us-against-them ethos of the overzealous cop began to consume me. And the ends justified the means. We vaguely sensed we were doing the wrong things for the right reasons. Time and again, I stepped over that line. Once crossed, I hurdled over it again and again, landing with both feet sometimes on innocent persons. My job became an intoxicant that I lusted after.

...There is no justification for my misdeeds, either on or off duty. I can only say that I succumbed to the seductress of power.

I won't offer excuses, as none could cure the pain experienced by the people I hurt, namely all of the wrongly accused and convicted, my family and friends, the criminal justice system, and the Los Angeles Police Department. To those people in organizations that I have hurt, in such a profound way, and to the public at large, I now tell you with every beat of my heart and soul, that I am truly, truly sorry. I am also sorry for ruining the public's trust in their police department.

—Rafael Perez, testifying on the day of his sentencing.

Gangster Cops

A Tragic—and Inevitable—Result of U.S. Drug Policies

By Joseph D. McNamara

When I retired from police work in 1991, I did not retire my interest in law enforcement, or in the communities that police serve, or in the Drug War. These interests continue unabated, and I still hope that I will see the end of the Drug War in my lifetime. The Drug War is not only ruining society, it is corrupting police forces across the country, and it will continue to do so as long as our current policies are in place.

I have been gathering evidence of this fact in researching my forthcoming book, *Gangster Cops: The Hidden Cost of America's War on Drugs*. In my research I've been horrified to uncover a pattern of thousands of predatory crimes committed by police officers in the past 30 years that are all connected to the Drug War. In studying these crimes, I've discovered two things:

First, the nature of the Drug War encourages, almost demands, corruption.

Second, the corruption bred by the Drug War is happening across the country, from police officer to police chief or sheriff.

We've got 2 million people behind bars in America today, and it is because cops are doing a good job of catching people. With politicians urging them to make high numbers of drug arrests, state and local police managed to make 1.4 million drug arrests last year for possession, mostly for low amounts, and mostly in low-income minority neighborhoods. But when we look at the nature of the drug crimes, we have to wonder just how it is that police could make such an impressive number of arrests. The fact is, drug crimes are far different from violent crimes such as

Editor's Note: In his 35 years of experience as a police officer, investigator, and police chief, and in researching his latest book about law enforcement, Joseph D. McNamara has come to the conclusion that the Drug War leads to police corruption — not petty crimes or misdemeanors, but major, violent crimes, ranging from burglary to murder.

*And McNamara says that we're not talking about a few corrupt individuals, but the formation of gangs of corrupt cops — a discovery that he explores in greater detail in his forthcoming book, *Gangster Cops: The Hidden Cost of America's War on Drugs* — and which he explains in detail in this special article for *The ReconsiDer Quarterly*.*

McNamara began his career in law enforcement with the New York City Police Department (NYPD), where he started out as a beat patrolman in Harlem and rose to the rank of NYPD Deputy Inspector. He left New York to become police chief of the Kansas City, Missouri, police department. From 1976 to 1991, he served as police chief of San Jose, California — the third largest city in California, and the 11th largest in the country. As chief, McNamara instituted departmental reforms that resulted in that city's becoming the safest city in the country, despite having the least police staffing per capita. Under McNamara's leadership, the San Jose police department became a national model for innovation, community relations, and productivity, and its advanced training and computerization programs have been replicated throughout the world.

In the middle of his police career, McNamara also became a criminal justice fellow at Harvard Law School, where he concentrated on criminal justice research methodology. Later, he took a leave from police work to obtain a doctorate in public administration at Harvard. He wrote his dissertation on the history of criminalizing drugs in the U.S. and its impact on policing. In the course of his career, McNamara has also served as a consultant for the United States Department of Justice, the State Department, the Federal Bureau of Investigation, as well as some of the nation's largest corporations.

*He is also the author of the nonfiction book, *Safe and Sane*, which deals with crime prevention, the detective novels *The First Directive*, *Fatal Command*, *The Blue Mirage*, and *Code 211 Blue*.*

*An eloquent critic of the Drug War, McNamara has appeared on *Meet the Press*, *Good Morning America*, *The Today Show*, *Jim Lehrer News Hour*, *60 Minutes*, *Nightline*, *Oprah Winfrey*, *Donahue*, and *Larry King Live*, among other programs. He may be reached at Mcnamara@hoover.stanford.edu.*

robbery, rapes, and murder. Drug crimes involve consensual transactions. Unlike violent crimes, there are no victims and witnesses. The fact is, no participants in a satisfactory drug transaction have any motivation to press charges against one another. So how do we arrest 1.4 million people who don't have any victims pressing

charges or providing evidence to help make the arrests?

Rarely does it happen that a cop pulls a guy over and says, "I'd like to look in your trunk," and the driver says, "Sure, officer, I've got a kilo of cocaine in there, but I don't want you to think that I don't cooperate with the local police."

Equally unlikely is a scenario where an ounce of cocaine is sitting on the dashboard, or the suspect throws a baggie at the cop's feet, for the cop to convey



niently find. Situations like these certainly don't happen 1.4 million times a year. So the only way to achieve these numbers is if the cops take shortcuts. And they do. They regularly ignore the 4th Amendment and search people illegally. The fact is that over the years a corruption of the basic integrity in the criminal justice system has occurred. Often, the police officer on the witness stand is not, in fact, telling the truth. And often it is an otherwise good cop who is lying — yet he still believes that he's a good cop. He believes that in drug cases he's morally justified to illegally search someone and perjure his testimony. This belief is so prevalent, that the NYPD jokingly refers to a cop's perjury as "testilying." In the LAPD, they call it joining the Liars' Club.

Gangster Cops

This corruption exists not just among a few individuals scattered across the country, but among corrupt gangs of cops. These gangs have surfaced in big

cities and small towns as well as rural areas across America. We cannot end cop gangsterism by merely plucking a few bad apples from the barrel. We can only end it by ending the Drug War policies that breed it.

When I speak of gangsterism, I'm talking about serious, predatory crimes committed by sworn officers of the law. Predatory felonies are different from an earlier type of corruption, which I call the Serpico Model, which involved police officers accepting bribes from gangsters to look the other way. Now, thanks to the climate created by our drug laws, we have something more ominous — small gangs of cops who are the gangsters. They've committed murders, kidnapping, and armed robberies — sometimes for, and sometimes against, drug dealers. And I'm not talking about the occasional case, or one department that is well known

for having a bad reputation. I'm talking about big and small departments; even uniformed police officers committing armed robberies in uniform. One such case involved a Bronx police officer who was charged in 11 murders which he committed for a drug gang, although he pled guilty to only eight.

How is it that officers sworn to arrest drug dealers end up working for the dealers? Or stealing from them and murdering them? For one thing, the cops know perfectly well that drug dealers can't pop into the local police station and say, "Hey, some cop just robbed me of a kilo of cocaine and \$25,000," because the dealer's facing life in prison for that. So the cops essentially have complete immunity from prosecution.

A case in point occurred some 10 years ago, when a predatory gang of crooked cops formed in the Los Angeles Sheriff's department. Their activities only came to light when the department received a letter from a woman who said she was tired of living like a

Mafia wife. Her husband was a narc, and he and his team were robbing drug dealers and bragging about the money. When the department finally decided to investigate, they found that the cops had been living beyond their means. Although they made between \$30,000 and \$35,000, they owned \$500,000 homes and vacation homes. The department with help from the feds ran a sting and caught the squad supervisor stealing money. To lighten his sentence, the supervisor gathered evidence against his team members and other cops. In addition, a couple of other members of the gang also "ratted," as they say, on their colleagues.

In contrast, in the case of Rafael Perez, a decorated, gung-ho LAPD officer convicted of stealing cocaine from the LAPD evidence room, there was no sting operation to uncover further corruption. Even though Perez was found guilty of stealing cocaine, no one thought to question his testimony in a trial two years earlier involving Perez and Javier Fracico Ovando. Perez had testified that Ovando had tried to kill him and his partner, and that they shot back in self defense, wounding Ovando in the head. If the department had investigated, they would have found that Perez and his partner had lied about Ovando, and committed other violent crimes.

The truth only came to light when Perez was charged with *other* crimes, and decided to come clean in return for a lighter sentence. To achieve that goal, Perez confessed that he and his partner had handcuffed and shot Ovando in the head. They had then planted a sawed-off rifle on the 18-year-old boy and testified in court that he had tried to kill them. Miraculously, Ovando survived, although he is crippled for life. He was present when Perez perjured himself. Later, the judge castigated Ovando for endangering these vulnerable officers, then sentenced Ovando to 23 years in prison.

Once the truth came out, it was easy to claim that Perez was a “bad apple.” But an examination of his life showed the opposite. Growing up in Philadelphia, Perez hated drug dealers. He served in the Marine Corps for four years before becoming a police officer. He was such a gung-ho cop that he was put in a special street crimes unit, and then into drug enforcement.

Similarly, one of the sheriff’s deputies who had been stealing from dealers had been named California Narcotics Association Officer of the Year. The rotten apple explanation doesn’t explain the behavior of these officers.

Perez’s victim is of course now out of prison, but the damage to him is done and it can’t be undone. As the Ramparts scandal continues to be investigated, more allegations are being made. But still we have to wonder how many other, unknown victims like Ovando are out there, elsewhere in America, waiting to be discovered? As long as the Code of Silence holds, we’ll never know.

There are over 600,000 sworn police officers in the United States, in 19,000 police operations, and almost all of them buy into the Code of Silence, which ensures that police officers do not inform on one another. This code existed before the Drug War, but since the Drug War it has been critical in shielding gangster cops from prosecution. The Code of Silence originated because police live in a world that is very different from that of the average citizen, and so police tend to be twice as cynical as the average citizen. They look at each other and say, “We are the only ones who know what this is all about. The citizens don’t understand. They see the defendant the next day in the courtroom with his lawyer and he’s calm and he presents himself as a reasonable citizen; they didn’t see him trying to kill me last night.” So police believe that because they are dealing with criminals they are justified in engag-

ing in bad behavior. The people they’re dealing with could kill them at any moment. So the rules for dealing with criminals slowly become different from the rules they have for dealing with an innocent, upstanding citizen.

Extra Protection

Police unions also support the Code of Silence, by giving police a little more due process than the average citizen receives. In New York City, for instance, the very same officers who may dissuade suspects from calling their lawyer when they bring them in for questioning do not have to make a statement for 48 hours if they are suspected of wrongdoing. This policy exists in many other cities across the country. In addition, police routinely take the 5th Amendment, even when they’re absolutely right, and they get what we call reverse Miranda. In fact, the ones who demand Miranda the most are police officers. In California, they also have what we call the police officers’ Bill of Rights, in which an officer must be given an administrative Miranda warning and has a right to have an attorney present if any conversation is to take place that might result in the officer’s being disciplined.

The philosophy of the unions and of the departments is typically this: because police put themselves in harm’s way to protect us, they should get promoted for making good arrests and for solving cases — not for being diligent about protecting people’s constitutional rights.

Nevertheless, now and then abuses occur that cannot be ignored. Yet even in these cases, it can be difficult to punish an officer — in part because of the protections offered by the unions, and in part because policing is very political, and politicians feel compelled to outdo each other in declaring war on crime and war on drugs. They all want the endorsements of the police unions, and all police serve under politicians, from mayors to city councils. As San Jose police chief, I found out first hand how the politicians and the

police union make it almost impossible to punish police officers.

With such systems in place to protect police, and as long as the Drug War continues, gangster cops will continue to be formed out of even the raw material of cops who joined the force as good and honest men.

The fact is, the amount of money involved in black market drug dealing offers cops an incredible temptation. The LA Sheriff’s department officers stole millions of dollars. And when they were caught, they used the same words as the gang of cops who had been living like kings in the Bronx, off the proceeds of stolen drugs and cash: “Why,” they asked, “should the enemy get to keep all the money?”

Corruption among our narcotics officers will go on no matter what. So long as cops are pressured to fulfill a drug arrest quota, they’ll feel justified in making illegal searches and committing perjury concerning the circumstances of the arrest. They’ll commit these felonies as long as they produce the kind of statistics that the brass wants. And many will follow the road of temptation, from theft right on down to murder.

It is true that it’s only a small percentage of the total number of police officers that ever commit these crimes. But they do enormous damage — not only to their victims and the community, but to honest cops.

This is tragic. But what is more upsetting is the fact that it is an avoidable tragedy. In asking the police to fight the Drug War, we are asking them to do something that really can’t be legally done in the first place. And now we’re asking them to try to do it better. In the process, we’ve created a monster that is eating away at something far more important to the country than drug use, and that is the integrity of and belief in our criminal justice system.

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A Retired Undercover Narcotics Cop Looks Back in Sorrow

By Jack A. Cole

I spent nearly a quarter of my sixty years of life working as a narcotics officer for the New Jersey State Police (NJSP). During most of those years I worked in an undercover capacity on arresting street and mid-level drug dealers throughout New Jersey, but in the latter years I was assigned to work with the federal Drug Enforcement Agency on international drug trafficking conspiracy cases that were touted in the New York newspapers as “billion-dollar” drug rings. Since I retired in 1991, I have been trying to make some sense of U.S. drug policy and deal with the emotional residue of my participation in the War on Drugs.

When I worked undercover, I imagined I was a chameleon. When I was a child, my friends and I would buy little lizards at the circus. When we put them on our shirts, the color of their skin would change to the color of our clothing, blending perfectly with their environment and protecting them from discovery. Each time I met the people the police targeted me against, I became just such a chameleon — changing everything but the color of my skin. I immediately blended with their environment, becoming whatever my targets expected me to be. And with the use of this chameleon-like activity I quickly gained their trust.

After all, the job of an undercover agent — my job — was to do whatever was necessary to become each individual’s best friend—his or her closest confidant — so that I could betray them and send them to jail. My job was to repeat that scenario hundreds of times — friendship, then betrayal — over-and-over-again with each new target.

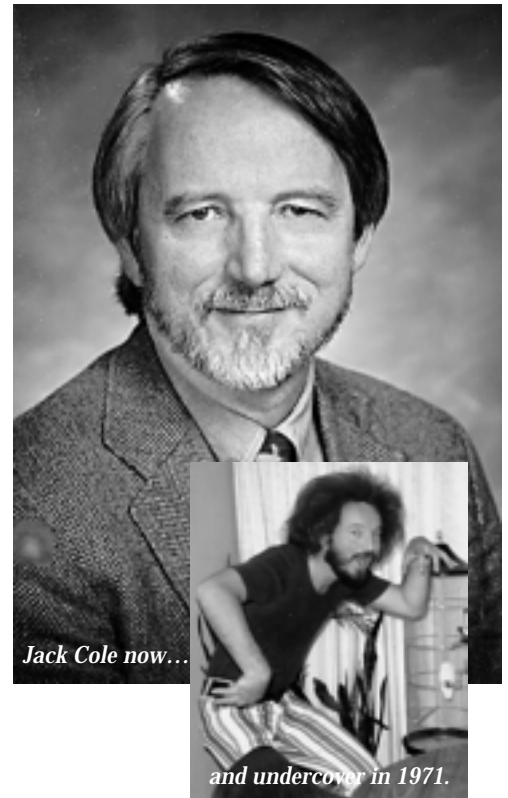
Jack Cole spent 14 of his 26-year career in the New Jersey State Police working as a narcotics officer, and later worked undercover investigating terrorists. Since retiring from the NJSP, Cole has taught courses on Ethics and Integrity, Moral Decision Making, and Racial Profiling, to police recruits and veteran officers, and to college students enrolled in criminal justice courses. He holds a Master’s Degree in Public Policy and is currently a candidate in the Public Policy Ph.D. Program at the University of Massachusetts at Boston. He can be reached at jackacole@mediaone.net.

In this exclusive article for The ReconsiDer Quarterly, Cole reflects on the harm he did as a drug warrior.

The main problem I experienced as an undercover agent was that I was never able to emotionally detach myself from the people whose lives I was affecting so dramatically — the vast majority of whom were nonviolent offenders — and their relatives and friends. When I posed as their confidant, for even a relatively short time, I was witness to their humanity as well as their faults. Instigating each person’s ultimate arrest and imprisonment cost me something also. I am not a religious man, but locked somewhere in my mind from my earliest childhood memories is the Golden Rule, “Do unto others as you would have them do unto you.” Facing my quarries in court and testifying that all I had shared with them had been nothing but lies and manipulation aimed at enhancing my ability to

betray their trust could in no way be interpreted as living by that rule. Why I chose to abandon my deepest belief is still something of a mystery to me, but I know it had something to do with falsely concluding that “the ends justify the means”— the golden rule as taught by many members of law enforcement.

I started working as an undercover cop in 1970. President Nixon had just declared the “War on Drugs.” Using federal funds, the NJSP instantly increased its narcotics bureau from a staff of seven detectives to 76 officers, about one-third of whom were designated as undercover agents. Our bosses did not know much about fighting a drug war but they did know that to justify a 1,100% increase in personnel and to continue receiving all that federal grant money, they needed to show statistically that the drug problem was



very large indeed. As a result, much like the body count from the Vietnam War, exaggeration became the norm: The size of seizures was greatly magnified and drug *users* suddenly became drug *dealers*.

When an individual was arrested with illegal drugs, any unmixed cutting agents also found (quinine, mannitol, milk, sugar, etc.) were included as part of the weight of the illegal drugs. This could make the seizure appear to be three, four, or more times larger than it actually was. We also reported the monetary value of the drugs to the media as the street-level price, increasing the apparent value by as much as 66 times, depending on what level dealer we had caught. In 1977, one of my targets was arrested in Houston, Texas, with 12 kilograms of cocaine that had been purchased in Colombia for \$15,000 each, or \$180,000 total outlay. When the seizure hit the newspapers, however, the drugs were now worth \$12 million.¹

In 1970, we started our war on drugs with street level operations, arresting mostly drug users but claiming they were drug dealers. Each undercover detective worked by himself (at that time there were no women in the NJSP and, unhappily, today they still account for less than two percent of the officers in that organization). The undercover detective was “backed up” by one “surface investigator,” a detective who coordinated undercover drug investigations with other police agencies and determined in what city the agent would work. The surface detective also supplied the informants that were often used to introduce the undercover agents to specific, suspected drug dealers. The informants were usually people who were trying to work off drug law violation charges made at an earlier time, by other undercover agents. My experience with those informants left me with the feeling that most would lie about anything that might help them out of their predicament as long as they thought they would not be caught in the lie. The

agents always had to be aware of that possibility. If the agents did their jobs correctly, they would try in every way possible to corroborate what the informant said before reporting it as factual. If an agent became lazy, or just did not care, it was easy for innocent people to suffer the consequences of investigations based on bogus statements from informants. On several occasions, those consequences have included the deaths of innocent homeowners, when the wrong house or apartment was raided after it had been pointed out by an informant as a drug den.

The undercover agent worked an assigned town or neighborhood in a city until he had received illegal drugs from everyone available to him. We made criminal drug distribution cases on an average of 85 to 90 people in each operation before moving on to the next town.

About a month after making our last distribution case in any given town, we made our arrests. At 5 o'clock in the morning, a task force of hundreds of police armed with arrest and search warrants swept over the town, smashing down the doors of homes where our suspects resided, often with their families. Parents, grandparents, and children were dragged from their beds and forced face down on the floor, where all adults were handcuffed for the safety of the police while they conducted a search of the premises.

While searching the houses, many police applied their own brand of punishment to those people whom they considered deviants and scum — trashing the house and breaking belongings. If, during these arrests, a search of the house revealed any illegal drugs, all money in the house was also seized as drug profits (this could include the kids' piggy banks). As a standard ploy, we threatened to arrest uninvolved relatives who also lived in the house — a wife, a sister, or a mother — if our suspect refused to give up his connections. On occasions when all the occu-

pants of a location were placed under arrest, we went merrily on our way, leaving smashed doors open and homes vulnerable to be picked clean by burglars (another extra little punishment for those who dared to use illegal drugs).²

We conducted a new operation every two or three months. The accused did not have to sell the drugs to the agent — a simple “distribution” of drugs was enough. This meant that if an individual handed an undercover agent a single tablet of LSD (“hit of acid”), amphetamine capsule (“diet pill”), or a partially smoked marijuana cigarette (“roach”) the individual would be charged with “illegal distribution of a controlled dangerous substance” — with exactly the same punishment as if the individuals had sold the agent an ounce of heroin or cocaine: up to seven years in prison in some jurisdictions.

At first, the undercover agents were only given \$100-\$200 for drug purchases, and that had to last several days. As a result, everyone we charged was either a user or the smallest of dealers. In fact, during my first three years on the street, I can only remember buying drugs from one person who was not merely a drug user.

Most of the users we called dealers were young people who happened to have transportation to get to the city where they could buy the drugs. Before they left, they took up a collection among their friends who were drug users in order to buy some in bulk and get lower prices. As soon as they returned with the drugs, they handed them out. Others sold more, but usually just enough



Cole with confiscated cash in 1978.

to support their habits. However, in our press releases to the media these people all received the same designation: “drug dealer.”

As with the other local and state police agencies, we never had enough “buy money” to purchase large quantities of drugs from major drug dealers, so our undercover operations were always relegated to the lower echelon of traffickers. The only exceptions were when informants introduced us for one-time buy-busts, where we did not have to pay for one delivery to set up a larger delivery from a higher-ranking dealer.



Reflect for a moment on what I have just said. Now think of all the people that you know who, while young, took part in some aspect of the drug culture but were never arrested and who are today leading productive lives.

Former President William J. Clinton, former vice president Albert P. Gore, and President George W. Bush immediately come to mind. But since all statistics indicate that the vast majority of the population of this country has tried some illegal drug, there are millions more all around us. Now think of the thousands of young people exactly like them who happened to hand me or one of my counterparts a marijuana cigarette after “not inhaling,” or, in our presence, laid out a line of cocaine to share with friends. Those folks went straight to jail. They didn’t pass “Go” and didn’t collect \$200. Nor did they become lawyers, or the governor of a state or the president of a country. When they eventually came out of jail, shamed and humiliated, with no one offering them a job, and their only education that of the career criminal taught in our prisons, where could they go? Many, if not most, were driven into

the ranks of the drug dealers of America—the very culture from which we supposedly wanted to save them.

What was the goal of our national policy when it created the War on Drugs? Was the goal to rehabilitate our loved ones who suffer the physical and emotional consequences of being addicted or habituated to chemical substances? Because every one of those people is loved by someone. Or, was the goal to punish those who dared to put substances in their bodies that we choose not to put in ours? If the latter was our goal, then the War on Drugs is a success. However, if helping people to become productive citizens is our goal, I would suggest that we reflect on the fact that a person can get over an addiction but can never get over a conviction. A prison sentence will follow an individual anywhere he or she goes — forever.

Administration after administration, dating from 1968, has openly declared war on a large segment of our population. We prefer to call it the “War on Drugs,” but it is not drugs that are being killed, wounded, jailed, driven from housing, banned from legal occupations, and barred from voting — it is human beings. Most are young people, some the best and the brightest, but most the poorest and neediest among us — the people who most need society’s help. Our police are being trained as the soldiers for this war, with our undercover officers their spies. There is tremendous qualitative difference between being trained as an officer for policing in a democratic society and being trained as a soldier to fight a war. Soldiers need enemies, and enemies become “The Other.” Once those in power are able to isolate any group of individuals and successfully label them as “The Other” the government can do almost anything it wants to those people without worrying about the rest of society standing up for them. It is an old story — a tactic honed to a fine art by “haters” throughout the world, who use it to separate their targeted people from the rest of us.

Today, as I contemplate the colossal harm I have inflicted on so many young people by supporting the agenda of the “haters,” I wish to God that I’d done things differently. When I began my career in 1964, I thought that drugs were evil, and so were dealers and users. I know now that I was wrong — drugs are just drugs. Over 500,000 people die in the U.S. each year as a result of the use of legal drugs — tobacco and alcohol — while less than 10,000 die per year from the combined use of all illegal drugs. Cops are supposed to reduce harm to the people in our society, but the War on Drugs only escalates harm. It took me 14 years to fully understand that fact. When I finally did, I never again worked a narcotics case. **R**

1. We knew mid-level dealers in the U.S. were paying wholesale prices of approximately \$45,000 per kilogram for nearly pure cocaine, but if the drugs had been sold at street level prices, one gram of standard quality (7%) cocaine for \$100, the price for the same kilogram of drugs would be \$1,600,000, returning over 35 times that dealer’s initial investment. Each time a pure drug is “cut” by adding an equal amount of dilutant material, the resultant quality of the drug is half what it was: 1 kilo of 100% cocaine cut with 1 kilo of dilutants equals 2 kilos of 50% cocaine; 2 kilos of 50% cocaine cut with 2 kilos of dilutants equals 4 kilos of 25% cocaine, etc. By the time you arrive at 7% cocaine you are up to 16 kilos of the product. Then you multiply \$100 times 16,000 grams and you have arrived at the price of the drug seized — \$1,600,000. However, if the same drug was sold at 50% quality to street dealers, a couple of ounces at a time, at about \$1,500 per ounce, as usually happened, the same drug returned a profit of 1.5 times the dealer’s initial investment — still very good but nowhere as misleading.

2. Later, with the advent of the Asset Forfeiture Laws, police were not only given the right to take all money as proceeds of illegal activities but could seize vehicles — cars, trucks, campers, house trailers, boats, airplanes — even houses and land. Even if they were not convicted of the charge, to get property back the owners had to prove that it was not used in the commission of a crime, was the product of the crime, nor was it obtained with the fruits of a crime. This “guilty until proven innocent” form of justice is referred to by Leonard W. Levy, in his book by the same name, as, “a license to steal.”

Police Others as You Would Have Them Police You

By Nicholas Pastore

With special acknowledgement and respect to the continuing work of Kay Codish, director of the New Haven Police Academy.

When the citizens of New Haven elected their first African-American mayor, John C. Daniels, in the fall of 1989, they did so hoping that he could transform the city. A national epidemic of urban youth gangs was manifesting itself in cities across America, and New Haven was no exception. Murder rates and drug use were on the rise, as were race and class antagonisms, especially among adolescents. The city had one of the highest rates of infant mortality in the nation, the highest rate of AIDS in New England, and alienation between an overwhelmingly white police force and its growing black and Latino population was on the rise. New Haven was in a crisis. In response, white citizens and white-collar businesses fled the city, further eroding its ability to attract new residents or keep businesses in the downtown retail and business center.

When running for office, Mayor Daniels had blamed the police for many of the city's ills, charging that they were unresponsive to the needs of citizens, and especially unresponsive to the needs of minorities. If elected, Daniels promised, he would restructure and reshape the department into a "community policing" model. In 1990, Daniels called me out of retirement, appointed me Chief of Police of the City of New Haven, and asked me to transform the operations of the department into a model of community policing.

Editor's Note: In 1990, Nicholas Pastore was two years into retirement from the New Haven, Connecticut, police department when then-Mayor John C. Daniels asked him to become police chief. Pastore's charge: to transform the department from one with a militaristic, us-against-them mentality into one with a kinder, gentler, more intelligent approach, known as community policing. He was asked to do this at a time when crime was at an all-time high, in this city of 130,000 people, and a white-flight exodus was well underway.

Pastore was the perfect man to take the job. He had grown up in New Haven, and worked in the department from 1962 to 1988, so he was well versed in the city's problems, and in the inner workings of the police department. And he was convinced that the officers' militaristic training and attitude was part of the problem. Working with everyone from community leaders to clinical psychologists from Yale University, Pastore successfully transformed the department into a model of community policing.

Pastore's method involved internal retraining as well as extensive outreach to the community, running community seminars, creating a call-in cable TV show focusing on the police and the community, and collaborating with Yale to launch the Yale Child Study Community Policing program, to help children overcome the trauma of either witnessing or being victims of violent crime. Community policing worked in New Haven. By 1994, its crime rate had plunged 12 percent annually for three years in a row, while every other major city in Connecticut had experienced increases in violent crime. From 1994 to 1998, the city's crime rate dropped 33 percent.

Pastore's program became a national model that was featured in media ranging from Parade Magazine to 60 Minutes.

In 1997, Pastore left the department and became a research fellow in police policy for the Criminal Justice Policy Foundation, but community policing continues in New Haven, today. In this exclusive Quarterly article, Pastore explains how he created the program, and why it succeeded.

Mr. Pastore may be reached at CJPFCT@snet.net.

We created a task force consisting of a small cadre of police, politicians, clergy, community activists, and myself and we quickly realized that everything — recruiting, training, and actual police work — would have to undergo a massive transformation.

Moving a major police department into real community policing is a difficult and complicated process. This is all the more true when you're attempting to change the entire orientation and

much of the training and internal socialization of an operation that has been mired in the old military-style model.

If you're a cop, or have been around police officers for any extended period of time, you already know how controversial that conception of (community) "policing" is to the usual "John Wayne" police orientation of the 20th century.

Los Angeles' Daryl Gates, police chief during the Rodney King incident, comes to mind.

Initially, it was a real struggle to re-train the department, and the departmental unions, already determined to maintain an adversarial stance with the new administration, were especially resistant to change.

But we were determined to transform the department into one that would be an interactive department that constantly collaborated with services throughout the city.

What we had going on in New Haven policing was typical of what had been going on in American urban policing for years: the equivalent of heavily armed soldiers, riding around "enemy" territory out there on motorized patrol. Police officers had been encouraged and trained to be paranoid about this "enemy" and his territory. (And that's how they saw the areas they were policing — not as streets and neighborhoods, but as actual and potential battle zones.)

Much of this paranoia, fear, and heavy armament has been generated directly and indirectly as a result of the so-called "War On Drugs." That "War," with its military terminology and the near "blank check-for-weapons" orientation of the federal government, has been responsible for a massive semi-militarization of our police departments and their responses to crime, all the way down to the cop on the street. More aggressive arrest records in the drug arena, then more cash and material awards from the feds. It is in that mercenary-like attitude that the last several generations of police officers have been trained. We need to police our neighborhoods, not "patrol" enemy territory. We had to turn these attitudes

on the part of cops around, nearly start all over again. Equally, we had to recapture and reshape, in a positive direction, the attitudes of the local public toward their police. This would only happen if we could successfully get our

servants who are there to help people within the community they serve. They are well versed in what social and other services and service centers exist within their communities so that they can refer individuals to those services.

Of course, they also enforce the laws of the community, but they do so by drawing on a spirit of understanding and common sense. Ultimately this means that officers are constantly looking for alternatives to incarceration, alternatives to bringing individuals into the criminal justice system. They seek alternative solutions to individual and community problems and "problem makers."

This philosophy takes cops out of patrol cars, and puts them back on the street so that they can (and they must) learn "their" neighborhoods intimately. To achieve that, we ultimately established a dozen substations throughout the city, where police learn the faces and personalities, the real faces of the citizens they are serving, spot adults and children who are headed for trouble, and may refer them

to help before that trouble emerges. (Likewise a citizen, too, the officer could become a friend, the guy or gal who can give you a hand.) Rather than just investigating, diffusing, or dispensing violence, officers were trained to help resolve the problem(s). Instead of standing by and watching a family be evicted, the officer might anticipate the problem and help a family avoid eviction. We trained our cops in the neighborhoods to act as responsible role models, and we emphasized this leadership piece of training throughout our training program, always stressing the need for community *service*. It was essential that our officers establish credibility with and within the communi-



officers to change their actions and attitudes toward much of the public they were supposed to be "serving."

Making It Work

For community policing to have any effect, officers must stop seeing themselves as in opposition to the community. They must believe that they are real parts of the community they are policing. Instead of going out looking for people to arrest, that should be their absolute last desire (although they are fully equipped and trained for that alternative). Officers in a community police force see themselves as public

ties with which they were interacting. It was, and is, that credibility which allows more generalized policing to be conducted successfully, because, of course, we also had to enforce laws. In the case of drugs, although we continued to arrest dealers, we also encouraged officers to refer addicted individuals to treatment centers rather than arresting them and charging them with as many violations as they could come up with.

Diversifying the Force

Community policing is as simple, and as complicated, as that. We started with 417 sworn officers who were overwhelmingly white and male, who were polic-

ing a city in which the blacks and Latinos had recently become the majority population, with African-Americans predominating. Gang violence was on the rise in both groups. Part of the context for the changes we made was the fact that the previous mayoral and police administrations had actually denied the existence of these gangs, and had all but refused to tackle them as the organized groups they were: part of a reality-denial mind set which also found it "OK" that the ones mostly dying as a result of the conflicts and crimes of these gangs were "those people."

We reassigned eight police officers formerly involved in academy training back out onto patrol duty, and focused on recruiting the "right" kind of individuals from all segments of our society. For the first time in our history, we brought in and spoke with local adolescents and young adults, as well as people from all walks of life directly and indirectly involved in the life of each neighborhood. We wanted the New Haven police department to reflect the great diversity that is found in ev-

ery contemporary northeastern American urban population — but which is universally underrepresented in urban police departments: blacks, Latinos, women, gays. We recruited by visiting community organizations and neighborhood centers, but our biggest problem was not getting the word out. Our biggest problem was convincing minorities that the police department really wanted them to be police officers. Through persistence and sincerity, we finally convinced them. In retraining our existing body of officers and train-

We had...the equivalent of heavily armed soldiers, riding around "enemy" territory out there on motorized patrol.

ing new recruits in the community policing model, we had faith that fellow officers would embrace the new orientation simply because it made sense. After all, many cops — most, in fact — had originally come into the profession as youngsters, with the feeling that they would indeed be "helping people," and not just by arresting and restraining "bad" people. But the internal culture of police departments, driven especially by the late 20th century madness of the misbegotten "War on Drugs" and its increasing violence, had created an atmosphere that rewarded more arrests, more macho-posturing, more armaments, and growing contempt for civilians, especially those of the "wrong" colors.

Tragedies abound with such a culture. Not long ago, a SWAT team officer in California accidentally shot an 11-year-old boy in the back, and killed him, during a drug bust. Events of a similar nature are daily occurrences in America. Community policing, good community policing can reduce the numbers of such incidents; in an armed

society, there will always be some such incidents, and worse, but through community policing, we can change orientation and attitudes in such a way as to make such incidents far less likely. And because community policing, when successfully implemented, means that the average officer really feels herself connected to, even part of, the community she works in, it eliminates the "those people" syndrome. To function as real community policing, it must. Those were some of the attitudes we had to take on. All too many veteran officers preferred to ride around in the armored car, shotgun in the back, like some military occupation patrol, rather than doing the community policing work of walking up and down neighborhood

streets. After all, as I've already pointed out, it was the armored patrols, incidents of violence, and numbers of arrests which were reinforced and rewarded by the federal grants, and the newspaper coverage and the notions of "putting those people" in "their place." Many of these officers came to the department with — or developed while there — the thirst for adventure, power, and authority; they identified policing with the use of violence.

Such officers were drawn to policing for the same reasons that people are traditionally drawn to the active military. There was also a certain amount of racism endemic to the department, both consciously and otherwise. I vowed that the guardians of that orientation would not survive either in a department run by this white chief, or in true community policing (involving, as it does, the assumption that you are equal, not above, members of the community to whom you are providing a service).

For these and other reasons, it was essential that we:

1. Begin the recruitment of new community policing police officers with an emphasis on the diversity mentioned above.
2. Recruit individuals who were looking to provide service, and be a constructive, helpful part of a community. This meant recruiting people who might never have thought of police work or been attracted to the profession.
3. Make sure that our recruits also had the necessary courage and willingness to learn the physical skills still required of any police officer.
4. Redesign our traditional “paramilitary” style training academy into one that reflected the orientation, ideas, and lessons of community policing.

Demilitarizing the Academy

We replaced the academy’s military-school model with a university model. Instead of training recruits or cadets, we taught students. The training and regulation manual was replaced with a new “New Haven Police Academy Student Handbook,” which emphasized “the importance of academics, original research, communications skills, critical thinking, community involvement and officer discretion and dialogue.” We also replaced the old militaristic and sexist terminology, changing, for instance, “police force” to “police department,” and “policemen” to “police officers.”

The passing grade for the academy was raised from the 70% minimum required by state guidelines to 80%, while makeup exams were limited to one per subject. New requirements, such as term papers and video projects, were introduced into the curriculum.

Our goal was to teach students to learn and demonstrate respect for all segments of the community. To achieve that, we assigned individual and class projects in the community. Students

served at homeless shelters and interacted with homeless residents as they took classes discussing the problems of homeless individuals. Role-playing became an important teaching tool, realistically involving instructors, students and visiting community members.

To accomplish this transformation, we had to have a new director. We were looking for a civilian, with “academic and programming credentials, as well as strong ties to community issues and groups.” At last we found her: Kay Codish, a Yale graduate with an advanced degree in theater studies, was (and is) a dedicated egalitarian and feminist with a background in rape crisis counseling. She perfectly embodied the new sense of thinking and direction in which we were moving the department.

Codish understood that our police could no longer rely on being big, strong, male, and tough. While she continued to certify our officers in penal code topics, firearms, and juvenile and domestic violence, she made key changes in their training: Mace, the nightstick, and blackjack, for instance, were replaced with the less aggressive OC pepper spray and PR-24 defense baton. Codish developed classes in non-violent management of aggressive behavior, for the very foundation of good community policing is for officers to excel in all aspects of human relations, and to no longer go to work with an “us vs. them” mentality. Codish acquired a small but skilled staff to help her transform the academy: Administrative Assistant Terrance McKiver, Training Officer Roger Young, and Academy Executive Officer Sergeant Nicholas Proto worked with her to develop a program that would teach officers to respectfully communicate with all types of people, from someone suffering from seizure or memory disorders to couples having domestic disputes, from felons to politicians. They created a stellar faculty, drawn from the city, and from New Haven’s wealth of colleges and universities.

The new course work developed officers’ reading, writing, talking, listening, and problem-solving skills. Officers also learned special skills, including emergency Spanish, American Sign Language, and how to identify, help, and communicate with people with medical disorders. For officers who wished to go beyond their academy training, Ms Codish arranged for them to receive special tuition rates or scholarships with graduate and undergraduate university programs.

As Codish once wrote, “The plan was to permeate the academy curriculum with our own carefully structured and presented improvisations, using academy faculty and staff as actors and having students be either unwitting observers or intentional participants.” For instance, *“carefully constructed and occasionally rather boisterous domestic violence and bias crime arguments erupted between faculty and staff during Motor Vehicle Law, Stress Management and PR-24 classes, again requiring that students develop their powers of observation as well as conversational and report writing skills. These teaching methods also encourage students to use their imagination and knowledge to connect the lessons they’ve learned, explore how theory and practice meld, and experience how important social and ethical issues arise in even the most seemingly innocuous situations. . . .”*

We encouraged our students to “think on their feet” and look for solutions to problems, not merely to apply or enforce any particular law. We urged them to understand the various organizations and larger societal forces that affect communities, and to seek out the “official” and “informal” leaders of their neighborhoods and communities.

We urged officers to meet the alders and other political representatives of the communities they serve, before that political representative has a complaint or other specific reason to meet them. Trainees did — and do today

— spend a good deal of time in community health, educational, recreational and service centers, where they see both what is supposed to be going on, and what actually does go on. They meet and interact with key members of New Haven's many groups and community organizations, and residents whom they may be called upon to protect.

Academy students of course receive firearm and physical training, but they are never punished by being given additional physical training or exercise. Conduct that would have formerly resulted in such physical assignments is now "rewarded" with additional academic assignments. And officers are asked to participate in discussion of current local, national, and even international events, which are often led by significant community and educational figures, ranging from a local youth group leader to Yale professors. Officers are expected to communicate equally effectively with people "on the street" and with people of "influence," showing both intelligence and respect in all cases.

The Yale Child Study Community Policing Program

Perhaps our greatest innovation, however, was to require officers to take a course in the Yale Child Study Community Policing Program. In this course, our officers learned to identify and refer children who had witnessed violence to a special crisis intervention team. The program trains frontline police in clinical psychology and links them to a variety of support services. In addition, working with psychiatrists, officers learn to understand the thoughts and feelings of children who are exposed to violence, and clinicians learn more about what the range of traumatic situations the children must deal with.

The program enables community police officers and mental health clinicians, as well as probation officers, edu-

cators, domestic violence advocates, and court personnel, to both reduce the psychological burdens of violence on the children and families and attempt to prevent violence from recurring.

Officers are selected to become Child Development Fellows, taking clinical graduate-level courses at Yale in child and adolescent psychology. Fellows sit in on counseling sessions and learn firsthand about the thinking processes of children, and attend police conferences to discuss what they learned and how they can apply it to policing. Seminars teach officers how to effectively and diplomatically respond to real-life situations, from intervening in family fights to handling angry teens. In a crisis, police can call on Yale faculty and specially trained police sergeants for help; psychologists often arrive at a crime scene along with an officer.

Of course our officers were trained to enforce the law, but the Child Study Center staff takes that to another dimension by getting at the root causes of violence and crime. Both the psychiatrists and police work with parents and children to try to prevent future violence from erupting. But when violence does occur, the officers work with child psychology specialists and the affected children to help them overcome these effects. Since it began in 1991, the program has served over 3,000 children, and has become a national model for police departments around the nation.

The reorganization of the New Haven Police Academy took place over several years, throughout the 1990s, and indeed continues to develop. Today, it has perhaps the most difficult and extensive requirements of any such accredited institution in the state of Connecticut. In addition to educating New Haven recruits and recertifying its veteran officers, the academy also trains and recertifies officers from many smaller, nearby police departments.

The New Haven Police Academy recently won a national award for innovation in police training, and it was

funded by the national Department of Justice to underwrite the training and education of officers from surrounding suburban departments.

I believe that New Haven's successful community policing strategies support my core philosophy about policing: Mean-spirited policing leads to mean streets. There's beast and nobility in all of us. Bring out the nobility, and the violence will subside. **R**

What We Are Up Against

Editor's Note: Cliff Schaffer is director of The Schaffer Library of Drug Policy (www.druglibrary.org).

By Cliff Schaffer

When I appeared on the History Channel special, *"Hooked: Illegal Drugs and How They Got That Way,"* my mother went to her employer, a devout don't-read-anything-but-the-Bible Christian, and told her that I was going to be on, and asked her to watch the special. My mother knew that her boss was a little "backward" but thought that the special might give her some new knowledge of the subject.

The woman reported back to my mother that she had started to watch the show but, early on, someone had mentioned the names of some illegal drugs and she didn't want to hear anything about that. Therefore, she turned off the TV and taped the show. Then, later on, she played back the tape, being careful to turn the sound off first so she wouldn't hear any of the offensive words. To avoid offensive images, she fast forwarded the tape until she got to the parts where I was speaking, and let the tape play without sound. She doesn't read lips, so there is no chance that she understood anything I said.

Thus, she reported to my mother, she saw me on TV.

Cliff Schaffer may be reached at cschaffer@socal.rr.com.

Recommended Reading:

CANNABIS IN MEDICAL PRACTICE

A Legal, Historical and Pharmacological

Overview of the Therapeutic Use of Marijuana

Mary Lynn Mathre, Editor

McFarland & Co., Jefferson, NC, & London 1997

Paper. 252 pp.

\$29.95

By Tom O'Connell, M.D.

In a sane world, "Cannabis in Medical Practice" might not have been necessary; but — as we well know — U.S. federal drug policy is far from sane; thus, Mary Lynn Mathre's book pulling together what working physicians should know about the current therapeutic uses of cannabis isn't just desirable — it's essential. Not only is it very useful for physicians — who, as a matter of policy, weren't taught anything about cannabis in medical school — it also answers questions for patients and their relatives who may find themselves shopping in a criminal market in their search for relief.

Mathre is an academic RN on the faculty of the University of Virginia in Charlottesville. In open defiance of fiercely defended federal policy, she has edited contributions by physicians, lawyers, nurses, and other knowledgeable specialists to produce a handbook covering not only the present clinical uses of cannabis, but its history, pharmacology, nutritional uses, and role as a "drug of abuse."

Although uneven, like many multiple-author texts, the book is generally well written and concise and — where appropriate — contains abundant references. It also contains a list of various organizations devoted to supporting therapeutic use of cannabis.

Two relatively recent medical developments led to the rediscovery that cannabis is medicine: first was the advent of increasingly effective cancer

chemotherapy in the Seventies; the other was the emergence of AIDS in the early Eighties. Each generated heretofore unimaginable numbers of patients for whom severe anorexia, nausea, and vomiting were very significant; thus, an urgent need for effective treatment developed. Cannabis, better known by its pejorative designation of "marijuana," offers very effective treatment for most; unfortunately, it had been placed on Schedule One (forbidden) by the Controlled Substances Act of 1970; beyond that, all knowledge of its efficacy and safety had been effectively purged from modern medical texts. It thus remained for patients to educate their physicians, a process first evidenced in the medical literature by Klieman and Doblin's survey of oncologists in 1992, which revealed that nearly half were suggesting that patients seek relief from "medicine" available only on a criminal market; a truly remarkable development.

It should be emphasized that prevention of inanition (profound weight loss) and relief of nausea and vomiting are not the only uses of cannabis — only the most common and well known.

Mathre's authors cover a wide variety of conditions where marijuana is used with varying degrees of effectiveness, from chronic musculoskeletal pain syndromes through the spasticity of spinal cord injuries, as well as multiple sclerosis, glaucoma, and migraines. There is no doubt that much of the available evidence is anecdotal and incomplete; there is also a paucity of hard data of

the type usually required to evaluate pharmaceutical agents. This is precisely because cannabis has been illegal for decades, and the only research permitted by the National Institute of Drug Abuse for the past 20 years has been aimed at demonstrating its toxicity. That these studies have been negative is distinctly reassuring, but what is still clearly needed is unbiased research on basic pharmacology and on patient outcomes. This is especially true in light of recent animal research suggesting that cannabinoids have great potential in the treatment of neurologic injuries. Given the highly charged emotional atmosphere now prevailing, such clinical research still seems years in the future.

The federal government has remained obdurate in its opposition to any medical use of cannabis, despite the passage of "medical marijuana" initiatives in five states and in the face of an affirmative report from an Institute of Medicine study commissioned by the drug czar. In most parts of the country, patients wishing to avail themselves of cannabis therapy are forced to risk arrest; even in states where initiatives have passed, local police — often supported by federal bureaucrats — go out of their way to harass or arrest patients and their caregivers.

This book should prove to be very helpful to physicians faced with questions from their patients — and also to patients who are wondering what cannabis might offer them. It's also a good read for those who are simply curious about our insane drug policy and the mischief it produces.

Tom O'Connell is a retired thoracic surgeon, who lives in California. He may be reached at tjeffoc@sirius.com.



While Millions Are Squandered, People Continue to Die. Isn't It About Time for a Change?

By Gil Puder

Recently, I had to tell a woman her son had died from a drug overdose. Leaving her world shattered by tragedy, I asked myself what our society is doing to help other mothers whose children are at risk. Absolutely nothing, I'm embarrassed to say. And with seven Vancouver residents dying in one 24-hour period from drug overdoses — nine in less than two weeks — that's not good enough.

Rather than constructive action, however, lawmakers frantically rearrange deck chairs on the modern social Titanic. My hope for 1998 is that Santa has left a large measure of courage and wisdom in a number of stockings, so that our children can mark this year as the one when we finally began treating drug abuse as a health issue, rather than a criminal industry.

We face no greater threat to the health and safety of our communities than the drug problem. Illicit drugs are driving an HIV epidemic, perpetuating systemic crime that has swamped the criminal justice system and providing limitless business opportunities which bankroll biker gangs and other criminal organizations.

The hollow rhetoric of a "war" on drugs has become believable only when applying Clausewitz's definition — it's definitely an extension of politics. This contrived contest is the creation of its beneficiaries, who predictably cast themselves as winners in a rather one-sided game.

Politicians build a law and order image by demonizing drugs and marginalizing abusers as the epitome of moral decay. Unfortunately, victims such as a recently murdered 14-year-old New Westminster high school student just don't fit the rabid junkie stereotype.

"Tough" new programs and laws are regularly announced, despite policymakers knowing full well that there is no real money for enforcement. The time-honored practice of sneaking offenders out the back door of parole and early release is the best evidence of the dearth of funds.

Any hope of "winning" with this plan is laughable, and our team, Western Society, is literally getting killed. Suggesting the status quo is flawed risks portraying ourselves as "losers," however, and politicians quake at the thought of challenging the myth that drugs require a law-enforcement solution.

There's plenty of blame to go around. The top is as good a place as any to start: After all, the federal government retains jurisdiction over drug laws and prosecution.

Allan Rock, when he was the justice minister, brought in the Controlled Drugs and Substances Act; he ducked decriminalization then. Now that he's health minister, he says he can't get involved in drug issues; they're criminal matters. This guy wants the Prime Minister's job?

Editor's Note: This article was first published as "Dispatches from the War on Drugs: Decriminalize," December 31, 1997, in the Vancouver Sun, and later appeared on our Web site. It was written by the late Gil Puder, a police officer in Vancouver, British Columbia, who spent much of his 18-year career patrolling Vancouver's neighborhoods.

We learned about Mr. Puder when he contacted us to congratulate ReconsiDer for taking a stand against the Drug War. He had just learned of our existence, and that of similar organizations, and was delighted to know that he was not alone. After writing this article, Mr. Puder had fellow officers privately congratulate him for speaking out, and he continued to publicly oppose the Drug War. His efforts helped bring national publicity to the question of drug legalization. Puder hoped he would see a change in Canada's drug policy back in 1998. He didn't, but we like to think that his crusade, and it was a crusade, was key to Canada's recent decision to rewrite marijuana laws to allow for medical marijuana use.

Puder spoke out against the Drug War for the first time as a private citizen at "Sensible Solutions to the Urban Drug Problem," a 1998 conference in Vancouver, sponsored by the Fraser Institute. During his presentation, Puder said, "Make no mistake, drug-related arrests can be very easy, with hundreds of available, identifiable targets on city streets. Contrary to the Hollywood image, we rarely catch wealthy black marketeers living in mansions and driving expensive automobiles. . . Arrests usually involve poor, hungry people on street corners or in rooming houses and filth-strewn alleyways. . . there will always be too many users, and never enough police. Moreover, our courts now recognize most street level arrests as either consenting adults or people who have an underlying disorder, and are consequently reluctant to impose sanctions."

His presentation got him in trouble with his superiors, and resulted in threats and a smear campaign against him. But he refused to be muzzled, and continued to speak out. His willingness to put his career at risk made Gil Puder a White Knight in the movement. This decorated officer, with a black belt in karate, died of skin cancer on November 12, 1999. He is greatly missed.

Attorney-General Dosanjh has declined to publicly endorse decriminalization, although his ministry has received a lengthy report from a former chief coroner recommending just that. I guess he would rather talk tough and count the bodies.



Our prison managers have allowed drug abuse to flourish behind bars. Any reader contemplating tougher sentences for narcotic possession should first talk to a guard.

Police officers have no incentive to explore anything other than the status quo. The Hollywood version of the War on Drugs casts us as the good guys. The only thing more addictive than a narcotic is public adulation and, maybe, all that overtime pay the single-minded pursuit of drug-users can generate for individual officers.

The silence of the Canadian Association of Chiefs of Police makes me wonder how many senior officers built careers in drug enforcement. At some point the policing profession must live up to its image, place public safety ahead of careers, and take up the leadership challenge abdicated by elected officials. Our Keystone Kops raid on a downtown hemp cafe doesn't indicate

methods proven to correct substance abuse. Participation would be much easier to encourage when sick people are not stigmatized by criminalizing their addiction.

Policing would be a huge beneficiary. Resources could be redirected towards systemic public-safety problems. Enforcement against the few dealers who remained might actually make a difference.

High-risk narcotics and pharmaceuticals would be managed by the medical

Any hope of “winning” with this plan is laughable, and our team, Western Society, is literally getting killed.

that this will happen anytime soon.

Decriminalization would not result in heroin sold at corner stores alongside the penny candy. Various drugs require different forms of regulation, which could be phased in slowly once appropriate

legislation and management programs are in place.

Provincial jurisdiction could allow for regional differences. As in dress, what is appropriate for Wreck Beach might not work in Labrador. In B.C., low-risk substances like marijuana could be regulated under a revised provincial liquor act.

The benefits to government would be immediate. (I would rather see pot revenues building schools than fortifying biker clubhouses.) The windfall savings on law-enforcement dollars could be plowed into health care, education and rehabilitation, which are the only

community, with guidelines. Trafficking, importation and exporting should remain criminal offences, since these activities would subvert the necessary social controls.

The clarion call for decriminalization advocates is found in the response to the ludicrous arguments their opponents advance. Drugs in schools? There already. Health concerns? Got an epidemic now.

Government's moral responsibility? Yeah, right, just like booze, gambling and honest budgets.

In 1984, an armed addict robbed a bank; I fired a fatal round that cost that man his life. Two years later, another junkie with a gun took the life of Sgt. Larry Young, a friend of mine. I don't dislike the drug problem; I hate it.

While millions of public dollars are squandered, people continue to die. I'm tired of bringing their families the bad news. I don't care whether or not we justify decriminalization fiscally or morally, but isn't it about time for a change? **R**

New Mexico's Public Safety Secretary Asks: Is There a Better Way?

By Alexandra Eyle

AE: I understand that Governor Johnson's Drug Policy Advisory Group, of which you are a member, is looking at the issue of legalizing medical marijuana.

NB: Yes. We had a medical doctor give an account of the benefits of medical marijuana, and we heard an electrician who has lung cancer speak. He gave a very compassionate presentation. He shared his thoughts and experience with being helped by marijuana cookies. After eating the cookies, for the first time in a long time he could eat, he could hold something down, he could drink a glass of water, and, perhaps more importantly, for the first time he had the sense that he could battle this disease! He had a sense that — as opposed to dying — he had a sense that he was living, and that he could battle it, and take his food in, his nourishment, he wouldn't have to vomit and be nauseous. He didn't know a person could feel that bad. He'd lost 50 pounds in two months. As a last-gasp effort, some friends brought him over some marijuana cookies. He tried a cookie, and the next morning, he says, he felt better. He felt hopeful. He felt hungry. He had an appetite. He wasn't nauseous, he wasn't sick. Although he had tried Marinol, it did not have the same effect as marijuana cookies. Of course he had some reservations about being unlawful and illegal, but in his condition, he went ahead and ingested the cookies and he swears by it. I found that a rather persuasive account.

AE: Absolutely. And as a police officer, how would you feel about having to arrest someone like that?

Editor's Note: In December 1999, Nicholas Bakas, Cabinet Secretary for the Department of Public Safety, emerged from retirement from the Albuquerque Police Department, to head the public safety department at the request of New Mexico's Governor Gary Johnson.

Johnson has publicly stated numerous times that he is in favor of ending prohibition and creating a harm reduction drug policy and Bakas has publicly supported that view. In this exclusive interview with Alexandra Eyle, editor of The ReconsiDer Quarterly, conducted last summer, Bakas explores the ways in which the police — and society — could deal with drug use differently. Mr. Bakas may be reached through his press secretary, Ms Erin Kinnard, at ekinnard@dps.state.nm.us.



NB: The last thing that a person battling cancer needs to worry about is whether a police officer is going to go to his home and seize his marijuana cookies and haul him off to jail! I don't see that really as even a point of enquiry. That's not going to happen from my standpoint. He needs to worry about getting better and he needs to worry about fighting his disease. Furthermore, he said that after trying the cookies he had no urge to try heroin or rob a bank! (Laughs.)

AE: (Laughs.) Gee, what a surprise! Maybe we should be giving those cookies to violent criminals!

NB: Maybe so! Here again, I think we have a full plate in law enforcement dealing with violent criminals, with people who harm others.

AE: You have been quoted as saying that you support Governor Johnson's push to legalize drugs "in the context of regulation, control, taxation, education, treatment." What's the reaction from the rank-and-file police officers you know when they hear you make such statements?

NB: When I have one-on-one conversations, I have yet to talk to anyone who basically disagrees that we're not winning the war. I'm certainly an advocate of the fact that if we continue doing what we've always done, we will get the same results that we've always gotten. Those results are not satisfactory. I've spent my entire adult life as a police officer — I'm 51, and I've been on the force 28 years — this is all I've done, this is all I know, and my son is a police officer, he is a sergeant. So now he assumes the mantle of working the

streets addressing this particular issue. But what is obvious is that despite a lifetime of effort, despite a lifetime of this drug war, there are more drugs, of better quality at a lower price, than there have ever been. From my standpoint, clearly we need to rethink this Drug War. We need to reassess. As a law enforcement community, I think we need to regroup and ask ourselves, What are we doing? Why are we doing it? Can we proceed into the 21st century doing what we know for a fact has not worked and will not work?

Now, what the answer is, I don't know. I can only tell you we have done our jobs. The 2 million people in jail did not get there because we were not doing our jobs. We are doing our jobs in a magnificent fashion! We are hooking and booking and getting after it. But still the problem persists. . .

What I find rather curious is, How can we have a national debate over the diet war; whether we're going to go on the Atkins diet or the something-or-other diet, and that reaches a national forum — where a bunch of doctors and dieticians held a blue ribbon panel over the question of whether a protein diet was safe — but with respect to the Drug War — which is one of the biggest issues facing society today — we can't get an influential blue ribbon panel together to say, "What are the facts, where are we going?"

It's also quite curious to me that our next president, whoever he might be, will be a former illegal drug user. I hear no talk about that. . .

I find it illuminating that, when you go back to 1914, the Harrison Act, you look at the Congressional Record, and there is not a single police officer or a single entity or police organization advocating for these prohibitions. This was a time when you could go to the local drug store and get your cocaine medication, your opiates. The driving force, as I'm seeing this, was your temperance movements, your right-living movements, whatever you choose to

call them. There was not a single police officer or police organization saying "We need to outlaw this or support this legislation because we have a law enforcement interest and it's causing us a problem with respect to domestic abuse, with respect to crime, violence, and so on." There's none of that. Law enforcement did not have a dog in that fight, yet over the years we have inherited the kennel on this issue.

These are sick people. And a sickness, a disease, is better treated in a clinical setting than in a cellblock setting.

People should have a means — a facility, a place— where they can go to talk about what options might be open to them. Options other than jail. We can't keep drugs out of maximum-security jails. How are we going to keep them out of a free society? It is not unusual to see overdose drug deaths — in jail!

At what point is this a wake-up call to reassess? To rethink? I don't know what the answers are. I have no empirical evidence. I only have observational evidence. And it's not as though we're approaching this at a threshold level. We've been at this a long, long time.

AE: How are you educating or retraining your police?

NB: We're broaching the harm-reduction model to our officers. We do have a needle exchange program in Albuquerque, and the folks who are in that program are not arrested when they have needles on them if they are signed up with that program. From what I gather, that started in the Southeast Heights, of which I was the area commander before I retired. Last word I got was that it was working very well. We're also working with the courts, with the judges, with the medical people, the mental health people, with the whole gamut of agencies that can impact this problem. I think police need to be aware of resources available to them, other than simply arrests.

AE: So does a police officer give someone a card and say "I think you need to

go see this person before I have to arrest you"?

NB: Why not? I think if an officer knows what resources are available, it's just another tool with which they can have a positive impact upon their community.

AE: Outreach is something that police should take on?

NB: Sure. Police should take on the realization that there are agencies, individuals, institutions that that person could be referred to. Sure. Our interest is to get them off drugs. Make them a productive citizen so that we don't have to deal with them.

I really think that future generations are going to be saying, "What were they thinking?" I would hope we can look at it sooner rather than later. There have been a few courageous individuals like Governor Johnson who are saying we need to do something, but the major parties aren't talking about it, the candidates aren't talking about it. So I guess we don't have a problem!?

AE: I just read about a police officer who failed a drug test and he went home and killed himself.

NB: It is not that uncommon. Whatever number of police officers are killed in the line of duty, there are three to four times that many who commit suicide for whatever reason. Police officer suicide has been a problem for as long as I can remember.

AE: Do you believe much of this is tied to the stress of the Drug War, and the pressures toward becoming corrupted?

NB: There's tremendous pressure in police work. There's tremendous money in drugs. It's very easy to succumb to the temptation of the money and drugs you come in contact with. Obviously, the records are replete with officers that have taken that temptation, who have fallen off the wagon, as it were. That's unfortunate. My bottom line is, this drug war is not worth the life of a single police officer. **R**

Court-Ordered Treatment for Drug Offenders is Much Better than Prison. *Or Is It?*

By Stanton Peele, Ph.D., Esq.

This past June, New York became the first state in the union to require all nonviolent criminals found guilty of drug charges to be offered treatment for drug addiction instead of serving jail time. The benefits are obvious: this policy will sharply reduce the number of repeat offenders clogging the courts, relieve crowding in state prisons and jails, and help addicts conquer their disease. Surely, this is an enlightened policy that can only help drug users. Well, not quite.

Labeling Drug Users as Diseased Causes Further Problems

In the first place, receiving treatment in this context requires one to be labeled a drug addict. Thus, everyone who enters such a program is saddled with a dependence diagnosis, and counseled for addiction, even if they are merely recreational users. Furthermore, virtually all substance-abuse treatment in the United States is rooted in the assumption that drug addiction and alcoholism are diseases, the so-called medical model. Yet, virtually all adopt a decidedly nonmedical, spiritual model of treatment — the 12-step Alcoholics Anonymous (AA) program. The primary technique of 12-step programs is the group-confrontation session in which addicts are prodded to acknowledge the error of their ways, that they are powerless over their drug use, and that they must turn themselves over to a higher power. This *mea culpa*/self-abnegation treatment is supervised by former addicts or alcoholics. In this context, all “addicts” are counseled — more like commanded — to adopt total abstinence. According to

Editor’s Note: Stanton Peele, a forensic psychologist who has worked with drug users for more than 30 years, rejects both the widely accepted 12-step program developed by Alcoholics Anonymous, and the concept that addiction is a biological disease. Instead, Peele argues that “addiction is a life-style, a way of coping with the world and ourselves.”

He is the author of numerous books, including The Truth About Addiction and Recovery: The Life Process Program for Outgrowing Destructive Habits, and Resisting 12-step Coercion: How to Fight Forced Participation in AA, NA, or 12-step Treatment. His ground breaking work has led him to lecture around the world, often as the keynote speaker, at hundreds of conferences. His work has inspired generations of practitioners and researchers who were dissatisfied with the traditionally dominant methods of treating addictive behavior. In recognition of Mr. Peele’s ground breaking work, Deakin University (Melbourne, Australia) created the Annual Stanton Peele Lecture in 1998. Mr. Peele is also the recipient of the Drug Policy Foundation’s Alfred Lindesmith Award. He is a member of the S.M.A.R.T. Recovery International Advisory Council, and has advised Moderation Management.

In this exclusive article for The ReconsiDer Quarterly, Mr. Peele explains why replacing forced imprisonment of drug users with forced treatment is not to be recommended. Mr. Peele may be reached at speeel@earthlink.com.

the federally sponsored National Treatment Center Study, 93 percent of private substance abuse treatment programs are based on the 12 steps, and public programs are, if anything, even more dominated by this philosophy. Almost 100 percent of programs, according to this survey, endorse only abstinence.

But to tell everyone who uses a drug or has had a drinking problem he is diseased, and must abstain forever, leads, for many, to worse problems than those with which they originally reported to treatment. As a psychologist with more than 30 years’ of experience working with drug users, both addicted and non-addicted, both in treatment and out, I have seen again and again that 12-step programs not only fail drug users, they can have negative impacts. When 12-steppers “fall off the wagon,” they tend to fall hard and fast into binge use, rather as a dieter will

gorge after starving himself for days or months. This is not only due to a reaction against “starvation,” it is due to the core philosophy 12-step programs teach — that people are “powerless” over their drug use. For these and other reasons, I co-wrote, with Charles Bufe and Archie Brodsky, *Resisting 12-Step Coercion*.

Forced Abstinence Can Lead to Powerlessness and Depression

What does it mean to feel powerless? Depression is marked by such feelings. Indeed, for many, it is such feelings that cause them to reach for a drink or a drug to make themselves feel better. Through my Web site, www.peele.net, I frequently answer questions about drug use, abuse, and treatment. The stories I receive are grim testimony to how compulsory treatment policies regularly fail. Recently, I heard from Marie, who wrote me about her son,

Johnny, a 19-year-old college freshman:

My son was charged with DWI in October...[As a result,] he enrolled in alcohol classes through the college, which he says were a joke (they showed them a movie once a week for five weeks). In January, he moved off campus into a house with four other students. Well, in April, police raided their house and they were all charged with possession. The police found a small amount of marijuana and cocaine in the house.

The court offered Johnny a diversionary program, involving “group counseling four times a week and attend two AA meetings a week for 20 weeks.” Under our current policy choices, Johnny can either “fess up” to alcoholism/addiction and abstain for as long as he is supervised by the court, or else face prison time as a 19-year-old college freshman! According to his mom, “He has been very good about attending meetings including roller blading over two miles to the classes because his license was suspended.” But, she indicates, it’s not really working.

The problem is, my son says that he does not feel that he is an alcoholic. Does he drink and sometimes abuse — yes, but does this mean he is an alcoholic or a typical college student? He is really trying hard to get his life together and is trying to cooperate, but he is finding this process isn’t working for him; what should we do?

Of course, facing negative consequences for antisocial behavior like drunk driving is to be expected and may even be beneficial. Unlike the idea that we should replace ordinary judicial processes with therapy, outcomes in a massive government experiment — in which several Southern California counties presented treatment options for drunk drivers while other counties simply suspended licenses and jailed repeat offenders — found that the counties which did not offer treatment recorded fewer rearrests and lower recidivism rates.

The treatment in these cases would have been — as it is around the U.S. — 12-step based. However, behavioral programs for drunk drivers — a majority of whom have been found not to be alcoholics — have shown good success. But these programs are regularly



dismantled, even after they have been found to work, since they conflict with the basic assumptions of the 12-step ideology. Instead of telling people they are born with a disease, such programs instead counsel personal responsibility, offer exercises where drivers practice confronting choice situations like those which led them to drive drunk, and explore feelings and social pressures that have led them to make bad choices in the past.

Johnny has already had his driver’s license suspended. And he had better stop getting arrested or he is going to lose any choices that remain to him — these are life lessons people need to learn. But to decide because he and his roommates possessed drugs that Johnny requires counseling as an alcoholic/addict is irrational, demeaning, and counterproductive. Perhaps if the authorities wear Johnny down enough, they WILL convince him he is a life-

long drug addict. Aside from the ethical and legal propriety of the government working to force this self-image on a person, it is also counterproductive therapeutically. It will not make Johnny a happier, more controlled, or better citizen.

Forced Treatment vs. Prison Threat Can Extend Indefinitely

Reformers often argue forcefully for introducing treatment in prisons or as alternatives to prison sentences, since they feel such an approach will be far more humane than incarceration. But they ignore the fact that people like Johnny will never be able to escape their diagnosis, treatment, labeling, and record of court supervision. Rather than sparing more people prison terms, this approach instead will expand government intrusion into the lives of Americans. And this religion cum therapy which toys with people’s self-concepts has the potential to wreak far more fundamental and pervasive havoc on a person’s life than a prison sentence. Among other things, requirements to attend 12-step meetings and to abstain can be extended virtually indefinitely, with the threat of prison to keep the person in line.

Research by the Rand Corporation indicated that funds are better spent on drug treatment than for drug interdiction and criminal pursuit of drug users. This is true up to a point, since our current drug policies are completely wrong-headed and highly expensive failures. But to compare what happens to an individual in prison or faced with a sentence who actually enters treatment with what happens to one who does not often produces a much different picture. In 1999, an independent research group, the Criminal Justice Policy Council, evaluated three-year drug-use recidivism rates for offenders participating in substance abuse treatment programs in Texas. They found that those who participated in an in-prison program had the same recidivism rates as those who did not take part in the programs.

Offenders who actually completed the In-Prison Therapeutic Community (IPTC) programs had lower recidivism rates than comparison offenders who did not participate in the program. (Although, technically, therapeutic communities adopt a different approach from AA — and specifically do not accept that addiction is a disease — at this point it is usually the case that IPTCs have been significantly influenced by disease- and 12-step concepts. The same is true with most methadone programs, which, while regarding addiction as a disease, supposedly do not accept AA's abstinence fixation, but in fact now often do.) However, the higher recidivism rate of offenders who participated in but did not complete the program made the overall recidivism rate of participants equivalent to that of nonparticipants. Of the offenders who completed the IPTC program in the first group, 34% were re-incarcerated after three years compared to 42% for all program participants and 42% for the comparison group. For the second group the equivalent rates were 33% for completers, 37% for all program participants, and 37% for the comparison group.

Forced Treatment Results in Higher Recidivism than NO Treatment and Adolescent Use INCREASES Following Treatment

Researchers found that the two groups in a diversionary (probation) Substance Abuse Felony Punishment (SAFP) treatment program had HIGHER recidivism rates than those who did not participate in the program. Of the offenders who completed the SAFP program, in the first SAFP group, 32% were re-incarcerated after three years compared to a 38% rate for all program participants and 35% for those not participating in the program. For the second SAFP group, it was not possible to collect program completion information due to prior administrative problems with the program. However, the

recidivism rate for all program participants was 44% compared to 35% for those not participating in the program. For both prison and probation, the state lost \$1 for each \$1 of program costs — since the programs did not work. These researchers pointed out that, if authorities had only considered those who entered but did not drop out of such programs (which is frequently done), they might actually have been misled into thinking that treatment offered slight benefits.

But the treatment results look even worse when borderline or less severe cases are involved. In one notable case, the federal Substance Abuse and Mental Health Service Administration's Services Research Outcomes Study (SROS), the group that did worst in treatment was adolescents, who INCREASED their cocaine and alcohol use FOLLOWING treatment. The likely explanation is that, in these settings, younger and less severe users learn more serious habits from experienced druggies.

Federal AA Study Finds That Treated Drinkers Were More Likely to Continue to Abuse Alcohol

We have very strong evidence that treating substance abusers in current programs is not particularly fruitful. The federal government, through the National Institute on Alcohol Abuse and Alcoholism (NIAAA), conducted the National Longitudinal Alcohol Epidemiologic Survey (NLAES) in 1992 — a monumental survey based on face-to-face interviews with 45,000 Americans about their past and current drug and alcohol use, treatment, and concurrent emotional problems.

The NIAAA's Deborah Dawson analyzed over 4,500 NLAES subjects whose drinking at some point in their lives qualified for a diagnosis of alcohol dependence. Only about a quarter of those who had ever been alcohol dependent were ever actually treated (or entered AA). Remarkably, NLAES found that more *treated* alcoholics (33%)

than untreated (26%) subjects were abusing or dependent on alcohol in the past year. Of those whose alcohol dependence appeared within the last five years, *70 percent who received treatment were drinking alcoholically in the previous year.* The main reason for the difference was that most of the untreated alcoholics continue to drink without being diagnosable as alcohol abusers. Although treated alcoholics were somewhat more heavily alcohol dependent on average than untreated alcoholics, the results nonetheless show that alcoholics undergoing treatment in the United States do not experience reliable improvement, while people on their own often do succeed.

Drug and Alcohol Abuse Is a Way of Coping with Stress, But Is Not a Medical Condition

People who repeatedly abuse drugs or drink as a way of escaping or dealing with life's pressures do so because they can't cope. But why do we, in the land of the free, make the inability to productively cope with life a crime? Addiction is a way of coping with life, albeit a largely destructive way — of artificially attaining feelings and rewards people feel they cannot achieve in any other way. As such, addiction, while not a crime, is no more a treatable medical problem than are unemployment, lack of coping skills, or degraded communities and despairing lives. The only remedy for addiction is for more people to have the resources, values, and environments necessary for living productive lives. More treatment will not win our badly misguided War on Drugs. Nor will imprisonment. These approaches only distract our attention from the real issues of addiction.

That otherwise critical and skeptical drug reformers are accepting compulsory treatment plans, despite treatment's dismal success record, shows how much the therapeutic society has been oversold and how much its assumptions remain unexamined. We will NOT benefit from increased

substance abuse treatment (over already record levels) in the American justice system. Unfortunately, we may need to experience even more negative consequences of our treatment fixation before we become convinced of this. Alternately, we may simply have lost the ability to discern that something called “therapy” can be so harmful. We might need to run seminars with Americans whose lives have been ruined by coerced 12-step treatment — just as we need to present to Americans people whose lives have been ruined by drug laws — to make clear the dangers of the therapeutic state.

Forced Treatment Can Ruin Lives, Not Save Them

Take, for instance, Paul, one of my recent correspondents, a man who took marijuana to control his migraines. Although his story involves coercion at the hands of an employer, court-ordered treatment and/or AA or NA attendance is often administered under similar circumstances. It shows how coercive treatment sweeps up many people who by no standard could be considered addicts, and the ill-effects of forcing people into treatment for any and all drug use:

About 3 months ago I took a hair drug test at work. The test showed positive for marijuana. I had been using marijuana for a few years and only used a small amount each night before bedtime. After having severe migraines for years, I turned to it as a last resort (I had tried Imitrex, Vicodin, among other painkillers, almost daily and Covera HS) and marijuana helped considerably, almost completely eliminating the migraines.

Upon failing the drug test I was subject to being terminated by my employer if I didn't enter an Employee Assistance Program (EAP). I had to go through a four-hours-a-day/four-days-a-week program for three weeks at a rehab facility, even though I still believe I was using the marijuana only for relief of my migraines and sleep-

ing disorders. I did not abuse the drug or use it recreationally.

After the hospital rehab program I've been forced to go to at least 4 AA meetings a week in order to be in compliance with my employer's EAP. People laughed at my marijuana habit at the first AA group I went to — one guy told me, "In LA we used to smoke marijuana after our AA meetings." I went to another AA group and admitted I was a marijuana addict. Afterwards, a lady came up to me and said, "You should say you are an alcoholic, you will be accepted better." I told her I don't drink alcohol and never developed a taste for it because of my migraines. So now I'm going to my third group, where I just say I'm an addict so I will be accepted by the group.

After about ten meetings I became so depressed I lost all my energy and I just lay around and have gained 20 lbs. I'm single, and recently have found myself thinking that life is no longer worth living. I feel that I'm not an addict and somehow I must take a stand with this issue.

But to do so will endanger Paul's livelihood. Of course, if he were in treatment due to the legal system, his alternative would be to lose his freedom.

If we don't coerce people into treatment, how do we help them? Whether people succeed through treatment or on their own, they generally do so for similar reasons. Research has shown that certain characteristics of the patient, not the treatment, are crucial to the outcome of alcoholism and addiction treatment. Patients with stable family and work lives succeed far more often (this is why private treatment centers can claim better remission rates than public hospitals). “The best predictor of success is whether the addict has a job,” says Dr. Charles Schuster, former director of the National Institute on Drug Abuse. And Dr. Herbert Kleber, the official in charge of demand reduction in the former Bush Administration's War on Drugs, indicated that successful treatment for

minority crack addicts, who are also saddled with poverty and lack social and economic resources, entails “habilitation more than rehabilitation.”

Habilitation Can Save Lives

By habilitation, Kleber means developing life skills, life structures, and constructive communities to support people in life. But if the ability to function free of drugs depends on job training, social skills, and pro-social attitudes, why do so many Americans fail to acquire these in the first place? For every person who can possibly be cured in therapy, many more young addicts will appear. What successful therapy actually demonstrates is the need, not for more or better therapy, but for programs to strengthen families, communities, education, housing, and job training. Indeed, assisting people to acquire these things could itself be termed therapy — a kind of reality therapy — as opposed to therapy that involves people sitting around in groups talking about their powerlessness and making amends for their lives. Reality therapy directed at redressing real-world deficiencies is productive and sane. Incarceration and forced spiritual treatment are not.

Unfortunately, the trend toward forced treatment as an adjunct to the criminal justice system will most affect lower level, recreational, and casual users, such as Johnny and Paul, because there are simply more people who fit this profile than there are addicts. Also, since their lives are more manageable, they are more easily recruited into treatment. The end result? Millions of otherwise productive citizens will be saddled with inappropriately broad clinical diagnoses. In this way, so-called addiction treatment will simply be another coercive technique to enforce unrealistic zero-tolerance goals. In the meantime, by sinking our resources into these ineffective programs, we'll have no resources for building the programs and approaches that can cure hard-core addicts — or prevent addiction in the first place. **R**

An Addict-Turned-Advocate Says, Treatment Is Needed, But at What Price? And Why Is It So Hard to Get?

By Mary Barr

Home for the Holidays

In December of 1996, while most people were celebrating the holidays, Nancy and I were celebrating the fact that we would soon be released from Rikers Island Correctional Facility, I on the 16th, Nancy on the 20th. We were the two “white girls” in our dormitory, though quite different in appearance and personality. I was the quiet brunette, considered a loner by some and a snob by others. Nancy was the perky blonde whom everybody loved, a natural leader. I was 38 years old, serving one year for a supposed \$10 sale of crack. I received no visits, no packages, no letters. My mom died while I was in active addiction and I thought I would never see my young son or daughter again. Nancy was in her twenties and received frequent visits, packages and letters, from both her family and her boyfriend. She had no children yet to lose.

We were both lucky enough to be in a drug treatment program called Self Taught Empowerment and Pride (STEP). We were lucky, because there are 2,000 women in Rikers Island, on average, and most of them have a history of habitual drug use. Many of these women want to get into STEP, but they can't, because of governmental restrictions — you can't have any record of violence, for instance, including, say, hitting your abusive boyfriend, or getting in a fight with another prisoner. This violence restriction, applied to women who have had to be tough to survive, means that many can't be ac-

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cepted into the program. And Rikers is not unique. Nationally, only 10-12% of people who are incarcerated in local, state and federal facilities receive treatment. So, as STEP participants, Nancy and I were among the lucky few. The program gave us both hope and encouragement. I liked how they treated me so much that I kept re-enrolling. Now I was finishing for the third time.

But now that we were getting out of prison, what would become of us? I, for one, was terrified of going back to Queensbridge, my old neighborhood where I'd been doing crack. With the help of the STEP counselor, I arranged to go directly from Rikers to a residential drug rehab center.

I did not want any downtime. Even a night on the street could land me back in my old life. But Nancy had a family, and she wanted to go home before checking into residential rehab, where she'd have to stay for 6-18 months. On December 16, 1996, I hugged Nancy good-bye, walked out of Rikers Island, and got into a van which dropped me off at Jamaica Community Adolescent Programs (J-CAP), in Queens. Four days later, Nancy said good-bye to Rikers, and went to spend the holiday week with her family and boyfriend. Nancy never made it to treatment. On Christmas Eve, her mom found her dead of a heroin overdose. I still cry when I think about it, for both of them.

Treatment Opportunities Are All Too Rare

Before I became a crack addict, I thought that drug addicts were the lowest of the low. Now I know that anyone from any background can become an addict, but for women, addiction is usually tied to low self-esteem. According to the Bureau of Justice, 85% of the women incarcerated in America are substance abusers, and 72% of these women report a history of sexual abuse, while 80% report a history of physical abuse. I can relate. I was repeatedly raped and sexually abused, at age seven, by an “uncle,” and beaten by an alcoholic mother throughout my childhood. Because I was beaten when my mother was frustrated, instead of when I did something wrong, I thought it was because there was something wrong with me, that I was bad, that I deserved it. Consequently, when I was beaten by my children's father, or by men who solicited my sexual services, or who were just plain nuts, I thought it was my fault. These issues were never addressed in jail. I was just left to go back to the streets, where I was arrested and incarcerated, over 40 times, for loitering with the intent to prostitute. Because my last arrest involved drug charges, I had been able to take advantage of STEP and qualify for J-CAP. And I was very lucky to have the chance to get into residential rehab. The Center on Addiction and Substance Abuse

(CASA) reports that outside substance abuse treatment is available to only 15% of those people who need it.

I was so blessed to finally get treatment. While the eight months I spent in the STEP program boosted my self-



confidence, J-CAP gave me the chance to strengthen my confidence further. For the next 15 months, I received psychological counseling, medical care, job training, all of which was provided to me in a safe, stable, supportive environment. Correctional Association reports tell us that all of these services cost taxpayers only \$17,000, while my last incarceration alone had cost \$60,000. Unfortunately, J-CAP, like most residential treatment centers, does not have the capacity to take in children or pregnant women, so I only saw my children every other weekend for a few hours. Thankfully, the father of my children had already successfully completed a treatment program himself. Because his program also did not

take children, our son and daughter were shuffled through three foster homes before the courts released them to the care of their paternal grandmother. Human Rights Watch reports that the time that my babies spent in foster care cost taxpayers another \$80,000, but no one can calculate the emotional toll on my children, myself, or their father. My son and daughter had first been taken from me after I had tried to find a treatment program that would take them as well as me, but none was available. Later, social services took my children from me. I tried to visit them, but when the visits ended, my children couldn't understand why they couldn't go home with me. The visits always ended with someone forcibly taking them from me, while my son screamed for Mommy. These many years later, I still hear his cries ringing in my ears. According to CASA, if I had been able to enter a family-centered program, the cost would have been \$26,000, and we would have reaped the benefit of incalculable emotional savings.

Residential Treatment Eases Transition

Now, after eight months in treatment with J-CAP, I was allowed to seek employment. A job meant everything to me, because if I stayed straight and kept my job, I could keep seeing my children. Imagine my initial terror. Though I had received counseling for eight months, I still had years of neglect and abuse behind me. I distrusted the establishment, and why not? My experience with humans had largely involved being hurt or betrayed by them. I had distrusted people for so long, that working beside them seemed a scary prospect. Treatment centers know your issues before they send you out, so they allow you to seek employment way before they discharge you. If something goes wrong, or you feel you can't deal yet, there is a safe place to return to. That safety net was important to me. But what really paid off was the months of counseling that I'd received.

I had found work as a temporary office assistant. It was mostly filing and answering the phones, which I had no problem with. Then I was asked to send a fax. Well, I had never seen a fax machine before. I panicked. What if I broke the machine? Finally, I asked a male coworker for instructions. He seemed very nice about it. A half-hour later, the receptionist asked me to fill in while she went on her lunch break. She talked over the intercom with the guy that showed me how to fax, arranging to lunch with him in the break room. When she left, she did not turn off the intercom. For the next 45 minutes, with the intercom still on, I heard them talk about me like I was a dog. My suit was cheap, my hair was dyed, I was so stupid I couldn't even send a fax. Anyone would have been very angry, and my first impulse was to go back to the break room and tell those *&# and *^%\$ — off!!!! My second impulse was to cry and run out of there. Here I was trying my hardest and starting to feel confident and my heart was being ripped out and stomped on. Why had I bothered trying? Thankfully, those J-CAP anger management groups paid off. I used the decision-making process they'd taught me to systematically work through the consequences of leaving. And I decided to stay. I got a paycheck from that job, then was sent off to another temporary job. What had I learned? How to send a fax and how to turn the intercom off! And of course, that I could jump over the hurdles that life places in front of us all. I am living proof that addicts stop growing emotionally with their first drink or drug. I was 11 years old when I first started drinking. Now, at age 40, my reactions to life, to men, to hurt, were those of a child. Treatment helped me to grow up. God helped me to enjoy it.

Treatment Helps Many

It's been five years, and I've not been back to jail. Apparently I'm not exceptional. According to a recent CASA study, women who receive at least five months or more of treatment have a

70% chance of not returning to jail/prison. Those who do not receive treatment have only a 10% chance of not going back. So why, then, are we still funneling billions of dollars into incarceration when there are more effective and less costly alternatives? Because, according to a 1998 Human Rights Watch report, most people believe that people who use drugs are incarcerated because they are either amoral or irredeemable, or both.

Once I was working, paying rent, and having my children spending the weekends overnight, I started to think about the hundreds of women I had met who still didn't have this opportunity.

A lot of times, I thought about Nancy. Like me, she wasn't offered treatment until she was incarcerated. After spending a year locked up, she wanted to celebrate freedom before voluntarily locking herself up in a residential program. Unfortunately, she went back to the people and places of her old life. If treatment had been available for her in the first place, maybe she never would have gone to prison. Maybe if she hadn't gone to prison, she wouldn't have felt the added shame of being an ex-con. Without that extra layer of shame, maybe she wouldn't have overdosed.

One day I went to a support group of STEP graduates, where I met Dr. Zelma Henriques, Professor Emeritus of John Jay College of Criminal Justice, who was mediating the group. I told her about my experience and my concerns about all the prisoners who weren't able to get the treatment or the support that I had. She invited me to talk to some of her criminal justice classes, where I gave her students a view of the system that they did not get from their textbooks. Dr. Henriques then told me about another STEP graduate, Thomasetta "Thomie" Harper, who had also addressed some of Dr. Henriques' classes. I had heard of Thomie through Ms. Sandra Uhuru, the supervisor of STEP, and already had her phone num-

ber and address. Thomie had used drugs for four decades, and, like me, one time in treatment changed her life. We met for lunch, and decided that together we wanted to reach out and help as many people as we possibly could to move out of the prison system successfully. We wanted to help keep them from falling back into their old patterns, or, worse, ending up like Nancy. We knew all too well that when most people leave prison, they don't have a clue about handling anger, conflict resolution, goal-setting, finding or training for jobs, overcoming abusive relationships, much less how to conquer addiction. And they know even less about how to acquire this knowledge. They don't know where to go for individual or group counseling, job training, or residential treatment. Most of them leave with \$15 in their pocket, and a one-way bus ticket back to their old neighborhoods. For the moms whose children have been swallowed up into the foster system, it can be a very sad homecoming.

Our experiences have convinced Thomie and me that the lack of social and treatment services contributes to the nation's recidivism rate, which is appallingly high. The National Institute of Justice reports this country's recidivism rate is over 85%, with 65% of those returning to prison five times or more. The majority of people in prison today are imprisoned for breaking drug laws, not for violent crimes. Yet while the prison budget increased by over \$20 million, Correctional Association figures show that most education programs for prisoners were cut, and the number of social workers was drastically reduced.

Helping Others Find Services

Thomie and I decided that the two of us would do what the government couldn't or wouldn't do, and so we formed MotivationalMovement. As two women who are highly successful both personally and professionally, we are living proof that anyone can create a new and better life. We also know that

without the opportunity and knowledge that we acquired through treatment, counseling, and job training, we would never have made it. To help fill the void, we present motivational substance abuse seminars to prisoners in facilities in New York City. We also tell them about programs that will help them find jobs, education, and overcome drug abuse. Over the years, we've built up a kind of "Yellow Pages" of ex-offender programs in New York, and we make prisoners aware of what they can do on their own. Incarceration is a harsh punishment, and if you are locked up for many years it is tough to adjust. In addition to referring people to appropriate services, whenever possible, we give emotional support and encourage our clients to continue in their efforts to improve their lives.

Lila B., a mother of two, came to us because she needed a job and was nervous about her history. Lila needed much more than a job. She called us because she was afraid that others wouldn't understand her past, and she was still ashamed of it. She needed encouragement and confidence. We spoke to her over the phone every day, and put her in touch with an organization that specializes in finding jobs for ex-offenders. Some of the business owners who agree to employ ex-offenders do so because they believe in rehabilitation, while others do it for the tax break that they receive from the government. Regardless of their motivation, however, most employers find that ex-offenders are the most hard-working and responsible of their employees. When Lila landed a job as a receptionist, we were as thrilled as she was. Today, after one and a half years, Lila is still working, supporting her family and attending support groups.

Tim L. was already out of prison when he came to us because his parole officer was about to report that Tim had violated the terms of his parole – he had

ADDICT, back cover

A Judge Decrees: Our Drug Laws Have Failed

By Judge James P. Gray

Raised upon my background as a federal prosecutor with the United States Attorney's Office in Los Angeles, a criminal defense attorney for Navy JAG, and a trial judge in Orange County, California since 1983, I concluded long ago from my own firsthand observations that our nation's drug laws have failed. The problem is not that our law enforcement officers are not doing a good job. In truth, they have an enormously dangerous and difficult job, and they are doing much better than we have a right to expect. They are no more to blame for the failure of Drug Prohibition than was Eliot Ness for the failure of Alcohol Prohibition. The problem instead is that our laws of drug prohibition make the trafficking in these dangerous drugs so obscenely profitable that we will never run out of people willing to take the risk of even significant punishment in order to obtain large amounts of money. These people will continue to sell drugs to us, to our children, and even to people who are locked away in prison as long as there is a demand for them. But upon reflection, the problem is not so much the drugs themselves, even though they certainly are dangerous; the problem really is the money.

Our System Couldn't Be Worse

In my view, we simply could not design a worse system than the one we have now. As a direct result of our nation's drug policy, crime, violence, corruption, and taxes have been enormously increased, and the health and civil liberties of our people have been seriously decreased. The "prison-industrial complex" has gotten so fat and

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powerful from the money our governments have budgeted for the War on Drugs that it is very dangerous politically for elected officials publicly to speak honestly and rationally about the situation. Under these circumstances, it is up to us as citizens, taxpayers and voters to call a halt to these failed policies. This can be accomplished simply by showing people that it is all right to discuss the subject, and that just because we question our nation's drug policy, or just because we realize that we have viable options to it, or just because we might even employ some of those options, does not mean that we condone drug use or abuse.

Many books have been written about all of the ways in which our present policy has inflicted major but unnecessary harm upon us. But this article will go back to the beginning with an historical perspective about how our nation's drug laws came into existence. This is done with the hope that this information will make the reader embarrassed and angry enough to research the many other issues at greater length, and to join the thousands of patriotic and concerned citizens nationwide who have taken up the call to move away from our failed drug policy.

A Look at How We Got Here — And Why We Must Change

The first group of laws addressing any of these presently illicit substances was passed during Colonial times, and they required the various townships to grow a certain amount of cannabis sativa, or hemp, based upon the size of their

population. Hemp is the stalk of the marijuana plant, although it has no psychotropic properties whatsoever. It consists of threadlike fibers and bits of "hurd" or pulp, and during Colonial times it was put to a wide variety of uses. For example, the sails on the U.S.S. Constitution ("Old Ironsides") were made from hemp. Several of the drafts of the Declaration of Independence were printed on parchment made from that same natural substance. It was also widely used in the making of rope, textiles, and gunny sacks, and was even used as money from 1631 until the early 1800s. George Washington, Thomas Jefferson, and a large number of famous planters in the Colonial period all grew large crops of hemp, and Benjamin Franklin was one of the most active hemp paper merchants.

The first prohibitionist laws in our country were passed during the last years of the nineteenth century. These were state and local ordinances which limited commerce in cocaine, marijuana, and opium, and were fundamentally racist laws aimed at what were perceived as threats to white women from drug usage by black, Mexican and Chinese men. For example, in 1875, the City of San Francisco, claiming that Chinese men drugged by opium were bent upon drawing white women into moral depravity, passed an ordinance prohibiting the smoking of opium in smoking houses or "dens." Otherwise, there were no laws addressing any of these presently illicit substances until

the year 1906, when the most effective law dealing with psychotropic substances in the history of our country was passed. This was the federal Pure Food and Drug Act.

Narcotics addiction during the nineteenth century was primarily accidental. The first main cause of addiction was the liberal usage of morphine and opium as painkillers by mostly northern military hospitals for Civil War casualties. The hospitals in the South mostly used whiskey because they were not as well financed as those in the North. However, due to the wide availability of and lack of knowledge about these drugs in the North, many war veterans who began using narcotics for legitimate medical reasons often became addicted. In fact, drug addiction during this period was often referred to as the “soldiers’ disease.”

The second cause of accidental narcotics addiction was the widespread use and availability of patent medicines, otherwise known as elixirs or “snake oils.” These substances were advertised as a “cure for anything that ails you,” and, since they were often loaded with about fifty percent cocaine or morphine, they usually made the recipient temporarily feel a whole lot better. As a result, many people, including a large number of middle-class agrarian housewives, became addicted to narcotics. Cocaine was also an ingredient in the soft drink Coca-Cola from 1886 until 1900, and Bayer Pharmaceutical Products introduced heroin in 1898, and sold it over the counter for a year before Bayer offered aspirin.

1906 FDA Regulations Helped Prevent Addiction

The Pure Food and Drug Act of 1906 directly led to the demise of the patent medicine industry, not by prohibiting these substances, but instead simply by requiring that all medications contain accurate labeling of their contents. Subsequent amendments to the act also required the labels to contain accurate information about the strength of the drugs, and that federal purity

standards had been met. This act, combined with various governmental educational efforts encouraging people not to use any medications containing narcotics, resulted in a prompt, substantial and permanent decline of sales of these products.

But the Harrison Narcotic Act of 1914 Created a Black Market — And the Demonization of Drug Addicts

Unfortunately for those already addicted, the benefits of the Pure Food and Drug Act were virtually eradicated by the passage of the Harrison Narcotic Act in 1914. This was a measure which required registration, payment of an intentionally inflated tax, and filling out of intentionally cumbersome order forms before anyone could import, sell or give away opium, cocaine or any of their derivatives. This act, along with the decision by the United States Supreme Court in *Webb v. United States*, which held that medical doctors providing prescriptions for the prevention of narcotics withdrawal was not a legitimate medical practice, effectively began the Drug Prohibition Era. As a result, all people, including those who were already accidentally addicted to these drugs, were forced to associate with the criminal black market in order to obtain these substances.

Soon only adulterated, unlabeled, and contaminated drugs were available to

the public, and at prices that were many times higher than they had been before. As the editors of *Consumer Reports* concluded, this “withdrawal of the protection of the food-and-drug laws from the users of illicit drugs . . . has been one of the significant factors



in reducing addicts to their present miserable status, and in making drug use so damaging today.” Thus our country was launched into wide-scale criminal activity, both by sellers in order to make inflated underground profits, and by users in order to obtain the money to buy the now higher-priced drugs, which has so inextricably linked drug addiction with iniquity. Clinics that had worked with addicted people were closed; clinical experiments and research dealing with narcotics addictions were abandoned; and public fear and misinformation increasingly demonized all people who used any of these now illicit drugs. In

1953, Rufus King, Esq., chairman of the American Bar Association's committee on narcotics, summarized the results of our country's drug policy since the passage of the Harrison Act, when he said:

"So long as society will not traffic with [the true addict] on any terms, he must remain the abject servitor of his vicious nemesis, the peddler. The addict will commit crimes — mostly petty offenses like shoplifting and prostitution — to get the price the peddler asks. He will peddle dope and make new addicts if those are his master's terms. Drugs are a commodity of trifling intrinsic value. All the billions our society has spent enforcing criminal measures against the addict have had the sole practical result of protecting the peddler's market, artificially inflating his prices, and keeping his profits fantastically high. No other nation hounds its addicts as we do, and no other nation faces anything remotely resembling our problem."

Alcohol Prohibition Creates Rises in Crime, Corruption, and Users' Deaths

In the meantime, pressure had mounted for the prohibition of another dangerous and sometimes addicting drug: alcohol. Alcohol Prohibition went into effect nationwide on January 16, 1920 with the passage of the Eighteenth Amendment. During the period from its passage in 1920 until its repeal with the passage of the Twenty-First Amendment in 1933, our country saw a material increase in crime, violence, corruption, and death from poisoned liquor. It also saw a higher consumption per capita of stronger beverages like whiskey than weaker beverages like beer, in accordance with a cardinal rule of prohibition — that there is always more money to be made in pushing the more concentrated substances. In many cities there were actually more "speakeasies" during Alcohol Prohibition than there previously had been saloons.

Of course, federal funding for law enforcement efforts was increased from \$2.2 million in 1920 to \$12 million in 1929, and the federal prison population increased between 1920 and 1932 from 3,000 to 12,000, with two-thirds of inmates incarcerated for alcohol and other drug offenses. Interestingly enough, however, the federal murder rate, which had been increasing steadily throughout Alcohol Prohibition, decreased for eleven consecutive years after its repeal.

Fear of Marijuana Rooted in Prejudice

The prohibition of marijuana in the United States also had its origins deeply embedded in racial prejudice. A wave of poor immigrants from Mexico and Central America during the 1920s was accompanied by stories of violent rampages by Spanish-speaking aliens crazed by marijuana, the "killer weed." The other motivating factor in marijuana prohibition appears to have been the substitution in the minds of the public of the effects of drugs they knew about, like morphine and cocaine, for the effects of marijuana, since the actual properties of marijuana were generally unknown.

The United States Bureau of Narcotics, under the direction of its Commissioner, Harry J. Anslinger, took an active role in spreading this fear and misinformation, with an eye toward convincing both the state and federal governments to pass laws of marijuana prohibition. For example, the movie "Reefer Madness" was produced in 1936 with the close collaboration of the Bureau of Narcotics, which was the direct predecessor of the Drug Enforcement Administration. This movie tells the story about how "one puff of pot can lead clean-cut teenagers down the road to insanity, criminality and death." Although this film was intended to educate about the "horrors of narcotics," it is now seen as unintentionally quite funny, except in the historical context. In a similar fashion, Commissioner Anslinger himself sub-

mitted an article entitled "Marijuana: Assassin of Youth" to *American Magazine*, which published the article in July of 1937. This article luridly told of a rather quiet young man who had become a "marijuana addict," and then proceeded to kill his entire family of five with an ax while being "pitifully crazed" on marijuana. Similar highly questionable articles, "culled from the files of the U.S. Bureau of Narcotics," were published frequently across the nation. An excellent example of such articles is "A Drug Menace at the University of Kansas — How a Number of Students Became Addicts of the Strangely Intoxicating Marijuana Weed," by M. W. Childs, who wrote:

"... the physical attack of marijuana upon the body is rapid and devastating. In the initial stages the skin turns a peculiar yellow color; the lips become discolored, dried and cracked. Soon the mouth is affected, the gums are inflamed and softened. Then the teeth are loosened and eventually, if the habit is persisted in, they fall out. Like all other drugs, marijuana also has a serious effect on the moral character of the individual, destroying his will power and reducing his stamina."

"(People in traveling jazz bands) take a few puffs off a marijuana cigarette if they are tired. . . . It gives them a lift and they can go on playing even though they may be virtually paralyzed from the waist down, which is one of the effects that marijuana may have."

As a result of these tactics, many states passed marijuana prohibition statutes; and in some cases the tactics were so successful that the prohibitionist statutes actually mis-designated marijuana as a narcotic, which, of course, it is not. However, since little was known about the substance and no scientific studies had been undertaken to discover its properties, since there was a fear that the use of marijuana would spread even to whites as a substitute for opiates and alcohol, and since numbers of wild stories in newspapers and magazines

made it easy to prohibit a substance that was associated mainly with politically powerless ethnic minorities and the lower classes, legislators had no difficulty passing these “noncontroversial” prohibitionist laws.

Soon Commissioner Anslinger and other prohibitionists were able to convince the United States Congress to pass the Marijuana Tax Act of 1937, which was modeled after the Harrison Narcotic Act. However, this law did not actually ban the substance. In fact, it specifically recognized marijuana’s medical utility and provided for medical doctors and others to prescribe it, druggists to dispense it, and others to grow, import, and manufacture it, as long as each of those parties would pay a small licensing fee. It was only the non-medicinal and unlicensed possession or sale of marijuana that was prohibited. However, that was enough. The cumbersome bureaucratic process, coupled with the stigma and the exorbitant tax of \$100 per ounce for unlicensed transactions with marijuana, were sufficient to result in the substance being taken off the commercial market.

The legislative hearings leading up to the passage of the Marijuana Tax Act of 1937 lasted only three days, and took up only 124 pages of transcript — including material which was not actually discussed but only read into the record. And there was no medical testimony at all which favored the bill. In fact, the only medical witness that appeared at the hearing was a medical doctor who recommended that the bill be defeated. This doctor testified that marijuana was a recognized medication, was distributed by many reputable pharmaceutical firms, and was presently on sale at many of the nation’s pharmacies. In addition, prior to the passage of the bill, an editorial in the *Journal of the American Medical Association* roundly urged Congress to defeat it. Nevertheless, the bill passed the House without even a roll call vote, and with only two pages of “debate.”

After the Senate summarily passed the bill as well, with only minor changes, it was returned to the House. On that occasion, the only question asked on the record on the floor was whether the American Medical Association was supporting the bill. The response by Rep. Fred M. Vinson (who later would sit as a justice on the United States Supreme Court) was that the bill had the full support of the A.M.A., even though the only medical witness before the committee had directly opposed it. And so the bill became law.

Cocaine Replaces Marijuana Market

As subsequent events have proved, one distinct, direct and lasting effect of the laws to suppress the usage of marijuana was the establishment of organizations in foreign countries like Colombia to process and distribute cocaine in this country. The reason for this was simple: it was much easier to conceal and transport cocaine than marijuana, and much more lucrative, pound for pound. Tragically, this has proved another law of prohibition: as long as there is a demand for a product, the demand will be met. Similar demonstrations of the truth of this law are that when the government was increasingly successful in interdicting foreign marijuana when it was smuggled into our country, the drug lords simply began to grow more of the crop inside our borders; and when the government started seizing private property because it was being used to grow marijuana, the drug lords simply began to grow the crop on rugged and inaccessible government property in the mountains. Phrased another way, we have been totally unsuccessful in our attempts to repeal the law of supply and demand.

Hemp Legalized to Meet War-Time Materials Needs

The United States Government radically changed its prohibitionist position on marijuana during World War II, when the supplies of hemp from the Philippines and jute from India were

cut off by the Japanese. Our armed forces were running seriously short of raw materials for rope and coarse cloth. In response, the United States Department of Agriculture produced a 14-minute film in 1942 entitled “Hemp for Victory.” This film began by recognizing that hemp had been grown in Ancient Greece and China for thousands of years, and that the word for “canvas” in ancient Arabic was the same word as “cannabis,” or hemp. The film went on to explain that our old Conestoga wagons had been covered with cloth made from hemp, and that it had taken about 60 tons of rope made from hemp to outfit “Old Ironsides.” As the audience heard strains from “My Old Kentucky Home” in the background, the narrator encouraged our nation’s farmers to be patriotic and plant hemp so that we could increase the number of acres planted from 14,000 in 1942 to 300,000 in 1943. Our war effort demanded it. And then, accompanied by “Anchors Aweigh” and with pictures of American flags waving proudly in the breeze, the narrator intoned: “Hemp for light duty fire hoses,” for “thread for shoes for millions of American soldiers,” for “parachute webbing for our paratroopers,” for supplying the “34,000 feet of rope for each of our United States Navy ships,” and for “countless uses on ship and shore.” “Hemp for mooring our ships!” “Hemp for tow lines!” “Hemp for Victory!”

Post-War Hemp Illegal Once Again

Unfortunately, since consistency, or even simple honesty, is not really a part of our nation’s drug policy, after the war ended, hemp again reverted to being a prohibited substance “without any practical usages of any kind.” That has forced the people in this country who manufacture an increasingly large number of products made from hemp to pay higher prices for their raw materials, since they must import them from countries like England and Canada.

In the decades thereafter, our presidents and Congress have continually reaped political benefits by increasing the federal government's involvement by passing a flood of "get tough" laws, which basically blend all of these substances together, regardless of their properties or effects upon the user. For example, the Boggs Act of 1951 and the Narcotic Control Act of 1956 imposed ever more strict sentencing requirements for all illicit drug offenses.

Nixon's War on Drugs Becomes a War Without End

It was, however, President Richard M. Nixon who formally declared that America was at war against drugs, and expanded the federal government's involvement in attempting to disrupt the importation of illicit drugs by increasing our efforts to interdict drugs at our borders. The Comprehensive Drug Abuse Prevention and Control Act of 1970 consolidated prior antidrug legislation and established various schedules of illicit drugs. The Comprehensive Crime Control Act of 1984 increased bail and lengths of sentences for drug offenders, and also increased federal authority to seize assets of people charged with drug crimes and investigate money laundering.

The Anti-Drug Abuse Act of 1986 further increased federal drug penalties, and included mandatory minimum sentences for simple possession of drugs, the doubling of penalties for anyone who knowingly involved juveniles in any drug activity, and mandatory life sentences for "principals" convicted of conducting a continuing criminal enterprise. This legislation also made it a federal offense to distribute drugs within 1,000 feet of a school, and required our president to evaluate annually the performance of drug-producing and drug-transit countries, and to certify those that are "cooperating" as antidrug allies. Decertified countries were to lose U. S. foreign aid, face possible trade sanctions against them, and face U.S. opposition to loans from in-

ternational financial institutions, unless such countries were granted waivers by the President as a result of U.S. security interests. The Anti-Drug Abuse Act of 1988 expanded federal offenses to include the distribution of drugs within 100 feet of playgrounds, parks, youth centers, swimming pools and video arcades. The Crime Bill of 1994 provided for capital punishment for some types of drug selling and for mandatory sentences of 20 years to life.

As War Escalates, So Do Societal Harms

Unfortunately, history has shown us that every time we tightened up our drug laws with all of this "get tough" legislation, the harms inflicted upon us by the presence of these dangerous drugs in our communities have simply increased. These laws have been quite successful in filling our prisons with the less organized, less violent, and often stupid offenders; but that has had the result of leaving this lucrative market to be filled by those who were more organized, often more violent, and smarter.

Two things are really driving this failed drug policy: our political system, which rewards (elects) the politicians who posture as being the "toughest on drugs," and the "runaway freight train" of federal money. As of fiscal year 1999, the Office of National Drug Control Policy, by itself, was overseeing a federal drug control budget of \$17.8 billion (in nine separate appropriations bills), plus an additional \$1 billion for the National Youth Anti-Drug Media Campaign, \$143.5 million for the Drug-Free Communities Program, and \$184 million for the High-Intensity Drug Trafficking Area Program. And that budget was further increased to \$19.2 billion for the fiscal year 2000. Of course, that does not even begin to take into account all of the additional state and federal budgets for the myriad other programs.

If a pot of water were found to be boiling over on a stove, a logical person would either take the pot off the stove

or turn down the flame. But since many people sponsoring the War on Drugs do not want the status quo to be changed, they have figuratively put a lid on the pot, and have continued to sit on top of the lid. Politicians get elected and reelected by continuing to turn up the heat on the pot, and entire agencies within our various governments, and legions of private enterprises as well, are addicted to the enormous amounts of Drug War funding. Under these circumstances, asking these people to stop the Drug War, which supports them quite nicely, is like asking a heroin addict to quit cold turkey, while offering the good of the country as the main reason for him to do so. The addict, faced with the pain of withdrawal and no immediate benefit to himself, is unlikely to quit without consistent support and pressure from the people upon whom he depends.

Consequently, it is up to us as caring citizens, voters and taxpayers to persistently and consistently put pressure on the government to move forward to a more rational, workable, and, as good fortune would have it, vastly less expensive national drug policy. This can be done simply by recognizing that we have viable options to our failed War on Drugs. Demand for these dangerous drugs can be reduced through education, drug treatment, bringing the users closer to the medical professionals who can help them instead of making them automatic criminals and pushing them farther away, reducing the incentives to traffic in this misery by somehow taking the profit out of drugs, and, very importantly, by holding people accountable for their actions in the same way we do with people who cause harm to others by their use or abuse of alcohol. And the best way to start is to remember, to remind others, that just because we discuss or even utilize these options does not at all mean that we condone drug use or abuse.



When Retired Police Captain Peter Christ Says We Must End the Drug War, Rotarians Listen

By Alexandra Eyle

It's a sunny, winter's day in Owego, New York, a largely republican town of just over 4,000 people, and the local Rotary club is gathering the Treadway Inn for its monthly luncheon meeting. Today's speaker is Peter Christ (rhymes with wrist), a retired police captain from Tonawanda, New York, who, with his long hair, and earring, looks like a hippie. He's come to tell them why we must end the Drug War and control and regulate drugs through legalization.

Christ enters the dining room just as the pianist breaks into "Jingle Bells." He arranges books and pamphlets on a table, then slips off to the bathroom to comb out his waist-length hair and pull it into a ponytail. By the time he returns, the room has filled up with about 30 Rotarians. Christ joins them in singing a verse of "America the Beautiful," reciting the "Pledge of Allegiance," and listening to the "Inspirational Thought for the Day." Then he slips into line for the hot lunch buffet, and settles in at a table at the front of the room, with his sponsor, former Rotary president John Spencer, owner of Riverow Bookshop, Inc.

Spencer invited Christ to Owego after hearing him speak in Endicott, NY. When Christ and his topic are introduced, his audience — white, middle-class working men and women, ranging in age from early 30s to late 60s — pays quiet attention.

Standing in front of the room, Christ is dressed, wearing jeans and a black ReconsiDer: Forum on Drug Policy t-shirt. But pacing before them, he has

the air of authority that he must have had as a police captain. He tells the audience he is there as a speaker for ReconsiDer: Forum on Drug Policy, which, he explains, is a non-profit educational membership organization dedicated to initiating and supporting public discussion of the Drug War and exploring alternative drug policies.

And policy is just what Christ focuses on. He points out that they all have work policies, to which they must adhere. "But," he says, "when a policy causes more problems than good, it is time to get rid of it."

"For instance," he asks, "would Americans support a policy that was put in place to give money to gangsters? Well, who controls drug money in a black market?"

President-elect Stephen Lounsberry responds immediately with, "Drug lords!"

Christ explains that current policy creates a black market that makes gangsters wealthy and forces them to settle their business differences outside of a courtroom — with a gun. Nor do gangsters have any reason not to sell to minors or to check identification; unlike alcohol dealers, they have no license to lose, and no one can close them down. "When we arrest a drug dealer," Christ says, "we just create another job opening."

A few Rotarians nod in agreement with Christ, who's leading up to his favorite topic: The "L" word.

"What is the opposite of Prohibition?" he asks. "Legalization. What do you get when you legalize? The ability to regulate and control. Not perfectly. But a

lot better. Take the numbers racket. New York State tried and tried to shut the numbers racket down. Then one day it stopped.

That was the day the New York State Lottery started. We are going to regulate and control the drug market and not use money to buy Uzis, but to go to schools..."

From there, Christ moves into his second major point: Civil rights.

"It should not be the function of the government to tell you what to put into your body — that should be your decision. Any government that tells you what drug you CAN'T take will one day tell you what drug you MUST take."

By now almost everyone in the room seems be smiling.

Then Christ makes his final point.

"The Drug War is wrong. It is not the reason for our bad behavior. It is the excuse for our bad behavior. Even though most drug users are white, middle-class men, most of the people in prison are young black males. We have always used policy as an excuse for bad behavior. In the past, for instance, we criminalized people because they slept with certain people..."

When Christ is done, there's a brief question and answer session. A man asks about the dangers of Ecstasy and



another wonders what's being done to reform New York State's Rockefeller Drug Laws. The meeting adjourns, but some Rotarians stay and talk.

"This is good," says Spencer, as eight members talk with Christ and each other. "People don't want to leave. Usually, nobody stays." Spencer himself became a supporter of the issue, after hearing Christ speak in Endicott. "I didn't have any opinions before that," he said, "and he woke that side of the brain up." Is he for controlled regulation now? "Yes."

The club's secretary, however, Tom Milligan, says that Christ didn't change his views — he doesn't want drugs legalized. Still, he appreciated the presentation. "I enjoyed the fact that it generated thought that this [issue] touches so many things, not just drug consumption." Lukewarm though Milligan's response is, it's overshadowed by other, enthusiastic responses.

John M. Mistretta, an Owego chiropractor, is fired up. "It's something I've been talking about for years," he says. "It's the only way to go. It's just asinine. We didn't learn our lesson with Prohibition. Why the hell are we trying to do the same thing again? Why study history if you're not going to learn from it?"

Later, Richard Schaal, the group's current president, says that he hopes the public will start pushing for change. "I would hope that people will start talking about this. The point Peter made was that this is a war, and we've put no time limit on it, which is absolutely stupid. Do they think they're kidding everybody?"

Christ is not surprised by the response. Through the ReconsiDer Speakers Bureau, he's talked to hundreds of civic organizations throughout New York State, New Jersey, and Connecticut over the past few years. "They get it," he says. "Middle America is ready to end the Drug War. Now, we just need to let the politicians know that." **R**

Federal Judge John T. Curtin Suggests Thirteen Steps to Peace:

Editor's Note: The Honorable John T. Curtin is a Federal District Judge in the Western District of New York, and a longtime member of ReconsiDer. "Thirteen Steps" is excerpted from his article "Drug Policy Alternatives — A Response from the Bench," which first appeared in the October 2000 issue of the Fordham Urban Law Journal. It is reprinted here with the permission of the author, who may be reached at john_curtin@nywd.uscourts.gov.

By The Hon. John T. Curtin

For the last thirty years, study after study has concluded that we are failing to control the drug problem. Although this failure is a national disgrace, those who could promote change only choose to ignore the problem. We must find a way to pressure our legislators, both federal and state, to begin the process of creating a real solution. The most effective way to pressure legislators is to sway public opinion. On this count, we must find ways to convince the American public that the drug problem, although bad now, will only get worse unless we begin to take meaningful action. Without real change in policy and popular attitudes, we will continue to expend funds without positive results. More importantly, the process of jailing more and more individuals will result only in more and more severe social problems in the years to come.

Here are some suggestions that I think will start us on the road to finding a solution:

1 — Develop an ongoing research program, funded either by the government or by a consortium of private corporations and foundations, and staffed with experts from many fields, in order to create the best solutions to the many problems we face in confronting the drug problem.

2 — Make access to methadone treatments as convenient as possible for heroin users.

3 — Make clean needles freely available in order to prevent the spread of AIDS.

4 — Expand other harm-reduction programs.

5 — Greatly increase the number of clinics to provide medical assistance, counseling, and education.

6 — Don't send users of drugs to jail on the basis of their drug use; instead provide them with as much harm-reduction assistance as possible.

7 — Train and employ more counselors, medical technicians, and probation officers, who can deal with the everyday problems associated with drug use and abuse.

8 — Repeal laws like New York State's Rockefeller drug laws, which require mandatory terms for petty drug users and small-time dealers.

9 — Make every effort to keep drug users and low-level user/sellers out of jail and in harm-reduction programs.

10 — Remember that law enforcement still has a most important place, especially in urban neighborhoods where petty crimes, assaults, thefts, etc., must be vigorously investigated and controlled.

11 — In those same neighborhoods, educational and job opportunities must be expanded.

12 — In order to succeed fully, the profit must be taken out of the drug distribution system. Whether this can be accomplished by legalization or some other method should be left to study and research.

13 — Finally, we must find ways to secure the attention of federal and state legislators who can begin to put these changes into place. **R**

ADDICT-TURNED-ADVOCATE

continued from page 26

tested positive for drug use. We helped Tim get into an intensive 67-day prison treatment program, instead of the usual 6-to-18 month sentence that a parole violator would normally receive.

After Tim's release, we referred him to a job placement program, but expressed our concern that he was not going to residential or outpatient treatment. He said that he was behind in all his bills from the 67-day incarceration, and so he had to go straight to work. A few months later, he called us for help getting into treatment. Incarcerating him for his parole violation had put him behind in his rent, made him feel ashamed, and this pressure escalated his addiction.

Lack of Treatment/Support Causes Needless Suffering

By offering enough programs for addicts to get the treatment they need

outside of prison, when they're ready and willing to get it, without first having to be arrested and charged with a crime, we would save two ways. We would save addicts the shame of carrying a conviction with them for the rest of their lives. And we would save billions of dollars that could be used to make enough voluntary harm reduction, treatment, education, and health care programs available to meet the need. Society's current vilification and fear of the addict is made ridiculous by the numbers incarcerated for nonviolent offenses. Because of this mis-education of the public, it took years, and in Thomie's case, decades, for us to get the help we needed – not because we didn't want it, but because it wasn't there, or we were too frightened of going to jail to ask the authorities for help. Ironically, we only found help when we were imprisoned.

As a result of society's misguided and destructive drug policies, we and our

children suffered needlessly. Today we are blessed to have the wonderful lives that we now have because we finally did get help. But why did we have to be arrested and imprisoned to find the help we needed?

There are currently 1.2 million non-violent drug offenders incarcerated in this country, parents to almost 2 million children. Without treatment, 50% of these 2 million children will wind up behind bars. Substance Abuse and Mental Health Services Administration estimates put the number of addicts in the US at 4 million. How many of those would have been prevented if we had been focusing our efforts on prevention, providing voluntary treatment on demand, counseling, jobs, and health care, instead of incarceration? In Nancy's case, we'll never know. **R**

Visit www.reconsider.org to receive ReconsiDer Tidbits and for more about the Drug Wars.

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