

Fear and Loathing in Goleta:

A Savage Journey through the Heart of the American Drug Policy and Its Solutions

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In a small oval room overlooking Washington DC, a focus group is in progress. Monitored by some of the leading figures in policy making, it is evidently clear that this is no ordinary session. The participants, all elementary school girls, pay no attention to any of this; their focus instead, is on the current issue at hand, “farm parties”. Closely listening to their conversations though, it becomes evident that many of these girls have never been to a farm, but instead are talking about “pharm parties”. The girls vividly recollect how they would sneak into their parent’s medical cabinet and try out different medications.¹ One would imagine that it would be much more difficult for an elementary school student to get any access to drugs, let alone opiates, benzodiazepines, or stimulants. Yet here we are, almost 40 years into the “War on Drugs” with so little progress at hand. Even government statistics show an increase in illicit, prescribed and legal drug use.² Yet the war rages on, persecuting those whose drug use deviates from official FDA policy. This mentality is responsible for incarcerating millions of people and costing the U.S. trillions of dollars. Incarceration though has been a secondary accomplishment; the greatest success comes directly from the indoctrination of the American people. Due to the perceived infallibility of the FDA, the American public has blindly accepted the notion that “good” and “bad” drugs are based upon their potential for recreational use. This blatantly biased and unscientific categorization allows pharmaceutical companies to manufacture analogs of “bad” or illegal drugs for most neurological disorders, while underground organizations make billions in selling them recreationally. Instead, Americans should look towards complete decriminalization or at the very least at countries like Portugal, which have practically abandoned all criminal drug laws. These approaches aren’t just proven to curb drug use but also allow for more individual freedoms. Unfortunately, the federal government turns a blind eye to

¹ George Will, “A reality check on drug use,” *The Washington Post*, October 29 2009, <http://www.washingtonpost.com/wp-dyn/content/article/2009/10/28/AR2009102803801.html>

²Jennifer Lloyd, *Drug Use Trends: October 2002*. Drug Policy Information Clearinghouse, <http://www.whitehousedrugpolicy.gov/publications/factsht/druguse/#emergency>

all of this and instead maintains the status quo. A status quo that's been in development for decades and focuses on taxation, prohibition, and regulation.

The History of Drug Laws in the U.S.

The first ever national drug law to go into effect was the Harrison Narcotics Tax Act of 1914. The bill was created “to impose a special tax on all persons who produce, import, manufacture, compound, deal in, dispense, sell, distribute, or give away opium or coca leaves, their salts, derivatives, or preparations”.³ The purpose of the law was not to prohibit use of cocaine or opium but to issue a sin tax and get more money for the government. This was a very important issue because even though the U.S. was not yet directly involved in World War 1, they were still sending supplies and munitions overseas. The extra revenue allowed the U.S. to mobilize its forces and provide more support to its allies. After the war though, a much more rigorous stance was taken upon drugs, especially alcohol.

Beginning in 1920 and lasting for 13 straight years, the United States was in a period of complete alcohol prohibition. This was such a monumental act that it actually became the Eighteenth amendment to the constitution. The movement was mainly spearheaded by religious institutions which believed that by outlawing alcohol “The slums will soon be only a memory” and “We will turn our prisons into factories and our jails into storehouses”.⁴ Such a romantic vision though never came into fruition. Instead, the market went underground, being supplied by anyone who was willing pay the cops off and make a quick buck. The obvious choices for these were mobsters and gangsters as well as other petty criminal organizations. Unsurprisingly, cold hard reality set in and the law was repelled in 1933.

³Erowid Mods, “The Harrison Narcotics Act (1914)” *erowid.org*, 29 April 2009, http://www.erowid.org/psychoactives/law/law_fed_harrison_narcotics_act.shtml

⁴Milton Friedman, “An Open Letter to Bill Bennett,” *druglibrary.org*, September 1989, http://www.druglibrary.org/special/friedman/an_open_letter_to_bill_bennett.htm

From then on, The United States government has been in a constant struggle with drugs. The culmination of these efforts finally came in 1970, with the passage of the Controlled Substance act. The act addressed the overwhelming popularity of drugs in the 1960s by expanding federal power to regulate them. This authority was given to the Food and Drug Administration (FDA) and the Drug Enforcement Administration (DEA). The FDA became the sole entity that could approve drugs and was responsible for categorizing all scheduled substances into a list numbered I through V. Drugs found in schedule I are seen as being the most harmful with no known medical use while schedule V drugs are the least harmful with the most medical use. The DEA on the other hand acts as the long arm of the law. Their main objective “is to enforce the controlled substances laws and regulations of the United States . . . on the domestic and international markets”⁵. These two agencies form the backbone of the current war on drugs while the Controlled Substance act, through its numerous amendments and revisions, is the defining figurehead of the U.S. drug policy.

Incarceration, Profit, and Social Engineering - The Rug That Ties the Room Together

The current policy regarding drug use is mainly focused on incarceration. In 2006, over 265,000 individuals were in jail due to drug related crimes.⁶ This represents over 20% of the prison population but such treatment was not always the case. Initially, the 70s were “a climate of welfare-state expansion” which caused a “shift on focus to the health and well-being, rather than the punishment, of drug abusers”.⁷ By the 1980s though the “public health side of drug policy lost support along with a number of other social programs as part of the Reagan

⁵“DEA Mission Statement.” *justice.gov*. n.d., <http://www.justice.gov/dea/agency/mission.htm>

⁶William Sabol, and Heather West, “Prisoners in 2008,” *Bureau of Justice Statistics*, 30 June 2010, <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=1763>

⁷Ellen Benoit, “Not Just a Matter of Criminal Justice: States, Institutions, and North American Drug Policy,” *Sociological Forum* 18, no. 2 (June, 2003): 269-94.

administration's new federalism agenda".⁸ Because of this, by the end of the 1980s, 70% of federal drug spending went into law enforcement.⁹

The new spending policy also greatly targeted the public. Programs such as Drug Abuse Resistance Education (D.A.R.E) and Partnership for a Drug-Free America (PDFA) started advertising on TV and in schools. These programs created a culture that was consistently indoctrinated on the evils of recreational drug use. PDFA became particularly famous for its "this is your brain on drugs" commercials. The commercial depicted a frying pan with a sizzling egg on it and a caption that read, "This is your brain on drugs". It signified that any drug would cause one's mind to melt and fry. Obviously, these are complete and outright lies specifically aimed at causing as much fear and hysteria as possible. What is most intriguing though (and hypocritical) is that these commercials are allowed to air at both the same time and on the same channels as regular drug commercials.

Such commercials present an interesting flaw in our perception. How should people respond when in one instance a commercial is advocating certain types of painkillers or amphetamines while the next personifies all drugs as life threatening and destructive? In essence, it conveys that drugs, when prescribed by a doctor or purchased over the counter are not drugs at all, but medicine. Abusing and recreationally using these medications immediately turns them into some type of evil narcotic, which destroys lives. Seeing this clear discrepancy, a survey was set up to evaluate how individuals perceive recreational drug use compared to their own. The participants, 30 in total, were asked four specific questions: age, how they feel about government drug regulation, how they feel about adults using drugs recreationally and, if they have taken a

⁸Ibid., 288

⁹Ibid., 289

prescription medication for any neurological condition this year. The subjects were found throughout southern California, most notably in the Goleta area.

Of the subjects questioned, 80% have had medication associated with different neurological symptoms such as anxiety, pain, depression, and narcolepsy/ sleep disorders ...etc., prescribed to them within the last year. Opioids (Codeine, Morphine, Vicodin...etc) represented over 62% of prescribed medication with benzodiazepines (Prozac, valium) a close second. As would be expected, many of these drug users disapproved government regulation (30%) while another 30% were completely indifferent. In fact only two individuals who were prescribed drugs (less than 10%) agreed with government drug regulation.¹⁰

Though many people may not agree with drug regulation, absolutely no one agreed with recreation drug use. Not a single person polled even “slightly approved” having adults use drugs recreationally. This may be because many people imagine their relatives or loved ones being addicted to drugs. In fact, one woman who was questioned immediately stated that she would “murder” her son had she found out he ever did any illicit drug. These results paint an interesting picture because it shows to what extent Americans have been indoctrinated. What many of these people do not realize is that the drugs that are commonly prescribed are usually direct analogs of “bad” recreational drugs. Direct analogs are drugs “that have both chemical and pharmacological similarities”¹¹ to another drug, usually within their own family.

The result is that doctors are able to prescribe many different types of drugs, like certain opioids, but are barred from prescribing others. Take fentanyl for instance, it is an opioid that is “approximately 80 times as potent as morphine” yet both fentanyl and morphine are categorized

¹⁰Dmitriy Gekker, “Drug Views and Opinions in Southern California,” Survey, 6 Nov 2010.

¹¹ Camille G. Wermuth, “Similarity in Drugs: Reflections on Analogue Design,” *Drug Discovery Today* 11, no. 7-8 (April 2006): 348, <http://www.ncbi.nlm.nih.gov/pubmed/16580977>

as schedule II drugs. Heroin on the other hand is “around three times as potent as morphine”¹² but is a schedule I drug. Fentanyl’s LD₅₀, lethal dose 50, where 50% of a certain population, usually rats, would die from overdose, is also higher than heroin’s (3.1 mg/kg vs. 22 mg/kg). Yet fentanyl is commonly prescribed and administered as a painkiller with very few associated deaths. Heroin on the other hand has as many as 5,000-8,000 deaths attributed to it in Western Europe alone.¹³ These facts present an interesting quagmire, why is a drug that is over an order of magnitude more potent, less deadly?

The answer lies in government bureaucracy and regulation. Because the federal government recognizes the medical uses of fentanyl, it allows companies to create and market it, in a pure and specific form. Heroin obviously is not sold or prescribed, except for very rare instances, and as such when an addict turns to the street, they get a drug that is usually a mixture of impurities. Impurities usually lead to drug conflicts, which are potentially fatal and are one of the reasons an overdose purely from heroin almost never occurs, as is the case with Fentanyl. In fact, an Australia study done by the National Alcohol and Drug Research Center found that 40% of the deaths involving heroin had it combined with alcohol, with another 30% being combined with tranquilizers.¹⁴ Obviously, heroin is no deadlier, in its pure form, than fentanyl yet its reputation makes it one of the most feared and hated drugs in America.

How I Learned to Stop Worrying and Love Decriminalization

Though it is not within the scope of this paper to go into the history of any specific drug, the fact remains that the current drug standards do not have a rigorous scientific backing. Instead

¹² “Fentanyl Dosage,” *Drugs.com*. <http://www.drugs.com/dosage/fentanyl.html>.

¹³ United Nations Office on Drugs and Crime, "Addiction, Crime and Insurgency: The transnational threat of Afghan opium," *Unodc.org*, Oct 2009: 7, http://www.unodc.org/documents/data-and-analysis/Afghanistan/Afghan_Opium_Trade_2009_web.pdf

¹⁴ Stanton Peele, “The Persistent, Dangerous Myth of Heroin Overdose,” *DPFT News*, August 1999: 5, <http://www.peele.net/lib/heroinoverdose.html>

of evaluating all drugs fairly and scientifically, many schedule I drugs are grandfathered in, like heroin and marijuana, while others, like GHB, are put into it due to media controversy. The success of such policies relies heavily on the perceived infallibility associated with the FDA. PSA campaigns and years of propaganda have convinced the American public that any drug that is approved for medical use is safe. Pharmaceutical companies further capitalize on this by airing commercials, which have nothing to do with drugs and “recommend” viewers to ask their doctor about it. These techniques, though adequate for a population that has few information outlets, will eventually backfire. Because of the ease in finding information in the Web 2.0 era, anyone can read about *any* drug on websites such as Wikipedia and Erowid. This enables even children to gain new insight and make decisions based upon facts, something that is not possible with a D.A.R.E officer or PSA.

Seeing as the current system does not work, a flurry of opinions and alternatives exist. This paper though will only focus on one of these, complete legalization of all controlled substances. Though many will find the idea crazy and even dangerous because they believe that such action will increase drug use on all levels, the reality could not be further from the truth. Current drug law only validates alcohol and tobacco for recreational use, yet all other drugs are off limits. This small selection has caused many individuals to look into other drugs for recreational use. During this time, people might become addicted or die from using these “illicit” Substances. By accepting the fact that certain individuals will become addicted or always be addicted, the best course of action then becomes in minimizing the risks while maximizing safety. By having government regulation and oversight, companies would be able to produce high quality drugs with accurate dosing. Labels would also be provided so the consumer would be less likely to mix the drugs with other types. By having all these security measures in place, recreational drug use would become much safer. The policies will also have a shift on public

opinion. Drug users will now be seen as individuals who just wish to have a fun time and not addicts who rob others for drug money. The economic effects of ending the “war on drugs” would also be massive. If nothing else it, it would free up money and resources to pursue other, more violent and perceptive criminals such as hackers, serial killers and money launderers. By legalizing all drugs, it would be possible to cut off a huge chunk of money going into the black market. Commonly this money ends up in the hands of the mafia or, as in Mexico, the drug cartels. The pharmaceutical drug industry could also inject new money into the economy by not only expanding but also having a tax levied upon certain drugs. Though it is not clear exactly how much the black-market drug industry is worth, the Office of National Drug Control estimates that Americans spent around \$65 billion in 2000.¹⁵ This money could be fed back into the social services system and used for other social programs such as schools, parks...etc. One country has realized the futility of fighting this ever-losing war and has decided to change.

Since July 2001, Portugal became the first country in the EU (as well as the rest of the western world) to completely decriminalize all drugs. Though drug use is still legally prohibited, being caught with drugs faces no criminal charges and only requires the offender to talk to a commission. This commission can recommend the drug user seek help or treatment but the individual can always opt out and go home. Originally, these laws were created to address the amount of HIV/AIDS cases in Portugal, which was the highest in the EU. Critics, especially the vocal catholic majority, insisted that this would destroy family values and make Portugal a drug tourist destination. None of this occurred and instead between 2001 -2006, the amount of new HIV cases in drug users has fallen by almost 200%.¹⁶ In contrast, regular HIV cases (from non-

¹⁵ Office of National Drug Control, *What America's Users Spend On Illegal Drugs, 1988-2000*. (government report, Washington, DC, 2001), 2.

http://www.ncjrs.gov/ondcpubs/publications/pdf/american_users_spend_2002.pdf

¹⁶ Glenn Greenwald, “Drug Decriminalization in Portugal,” *White Paper*, April 9, 2009: 16, http://www.cato.org/pub_display.php?pub_id=10080

drug users) have fallen only 9%. Due to this, a mild decrease in hepatitis B and C has also been recorded. In terms of Drug use, there has been a huge decline in use of all drugs (from amphetamine to methadone) in all grades levels (7th- 12th).¹⁷ This is a huge contrast to the rest of EU, which has had rising drug use within the last several years. As witnessed by Portugal, by empowered individuals to make their own decisions with less severe consequences drug use as well as deaths would decline. If Portugal continues with their current policy, legalizing and controlling all drugs would be the most rational thing to do.

Why exactly individuals use fewer drugs when there are no legal consequences is a hotly debated issue. One of the possible explanations for this is that because it's not a serious crime anymore many people, especially youths, don't feel the need to experiment. Though they still might do the drug, there is little to no sense of rebellion and fear from being caught, which is what usually makes the experience much more worthwhile. A study published in *American Journal of Public Health* tries to answer a similar question. The study compares marijuana use in San Francisco and Amsterdam. The study concludes that Amsterdam, which has decriminalized marijuana, usually has the same or lower rates of use than San Francisco.¹⁸ This is particularly interesting because the survey was conducted orally and because of the legal nature surrounding cannabis people are reluctant to give out information such as this. Due to this, the numbers for San Francisco are probably much higher than those polled are willing to admit. These statistics certainly challenge the current status quo, yet almost nothing is done to change it.

The status quo and negative opinions on recreational drug use are by-products created through decades of bad public images. These images fuel the propaganda that any drug other

¹⁷ Ibid., 12-13

¹⁸ Craig Reinerman, Peter Cohen, and Hendrien Kaal, "The Limited Relevance of Drug Policy: Cannabis in Amsterdam and in San Francisco," *American Journal of Public Health* 94 (2004): 841, <http://ajph.aphapublications.org/cgi/reprint/94/5/836.pdf>

than alcohol or tobacco will lead an individual down a path of increasing drug use aka, the “gateway drug effect”. The “effect” has been refuted by multiple scientific claims yet the stigma persists with all recreational drugs. This forces many people to look down upon recreational drug use yet, hypocritically, these same people are all right with recreational alcohol/tobacco use. In fact, alcohol and tobacco companies donate large sums of money to campaigns and politicians who are against abolishing drug laws. Their reasoning is that, with more consumer choices, less people will buy cigarettes and alcohol. Though there is no conclusive evidence of this, it would make sense that individuals would gravitate more towards drugs that they enjoy recreationally. Through more drug choices, consumers would be able to get different experiences, which would mean not always buying alcohol or cigarettes. Because of these reasons, very few politicians even talk about legalizing “soft” drugs like cannabis, let alone other drugs like meth, coke and heroin. Many even see it as political suicide to ever question these laws in public; it would be like questioning ones religious affiliation. But not all hope is lost in the legalization movement. Looking back onto history, it is quite easy to find similar events occurring about other controversial topics. For instance, there exist many similarities between how the public sees recreational drug use today, with how sexuality was seen in the Victorian era. During the Victorian era, sexuality had to be expressed, like most recreational drug use today, in complete privacy and secrecy. Any type of sexual behavior outside procreation was seen as evil, similarly to the public attitude of recreational drug use for everything but alcohol. However, this repression created a counter culture that flourished in certain books and magazines, just like certain websites and discussion forums provide outlets to drug users. In the end, reason won out and hopefully 150 years from now as historians look back at this period, they will laugh at our naivety and hypocrisy, just as we do at the Victorian eras.

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