

included protective tariffs. They insisted that if British trade war were unopposed, and America's industries were kept undeveloped—particularly our iron industry—our country would never be truly independent. The Clay-Lincoln Whigs called for the gradual abolition of slavery through the industrialization and urbanization of the South.

The Weld family, whose British branch hosted Mr. Peel, felt differently. In the 1840s Boston merchant William Fletcher Weld (1800-81) began to amass his fortune, which has been passed down to his brother's great-great-grandson William Weld, the present candidate for the Justice Department's number-four post. On a visit to England, merchant Weld was appointed the exclusive American agent for the sale of iron rails by the largest British iron manufacturer, Thompson and Forman. He then carried on his growing fleet of ships the means to his own wealth, and the means to undersell, undercut, and cripple America's infant iron industry.

William Fletcher Weld had married Mary P. Bryant, a cousin and friend of poet-journalist William Cullen Bryant. Their family company, Bryant and Sturgis, at its high-point carried half of the U.S. trade in Asiatic opium, under British military protection. This family connection was celebrated by Mr. Weld when he named a ship built in 1849-50 the *William Sturgis*, after one of the all-time great world opium dealers.

The political side to these rather ugly ventures in commercial treason was the Free Trade movement. The idea behind it was that industrialism must not be artificially encouraged, that the free importation of any goods into any country must take precedence over national sovereignty. William Cullen Bryant was an old-school Tory, the owner of the nation's leading Free Trade organ, the *New York Post*, and in 1869 the president of the American Free Trade League, founded in London. By that time, Bryant's cousin by marriage, William Fletcher Weld, owned perhaps the largest fleet of American merchant ships.

Another Weld family member, Theodore Dwight Weld (1803-95), probably the most famous of the clan, went about the same objective from a different angle. He was the architect of Abolitionism—of the peculiar New England variety. Far from agreeing with Clay and Lincoln that the Southern plantation system should be ended by industrial development, these gentlemen came around to the doctrine that since slavery was so abhorrent to the North, the South should secede from the Union! This was the heart of William Lloyd Garrison's campaign, and Garrison declared Theodore Dwight Weld "the lionhearted, the invincible."

In recent years, the United States has moved backward from its earlier commitment to technological development, toward domination by the drug culture and the "underground economy." If such Free Trade is destined to end this republic, then perhaps William Weld is indeed a fitting candidate to be chief of the Criminal Division of the Justice Department.

# Cocaine: debunking

by Marilyn Kay

What's cheaper than a pair of jeans, sweeping the nation, hard, white, and feels "oh soooo good"? It's a 30-minute heartbreaker called Crack, and it kills. The American dope lobby helped make the Crack epidemic what it is today—a very profitable killing machine—by spreading the lie that cocaine, from which Crack is derived, is a nonaddictive, relatively safe recreational drug.

On July 10, Dr. Donald Ian Macdonald, head of the Alcohol, Drug Abuse, and Mental Health Administration, held a press conference to debunk the myths and brief the American people on the "acute toxic effects of this powerful drug." "It became clear to us that many members of the public were unaware of the various ways in which cocaine could cause death." Macdonald stressed that "despite the scientific evidence and an increasing awareness of consequences of chronic use of cocaine, few have been aware that the drug can kill on the first dose."

"Over 100 years ago," he said, "Sigmund Freud and a number of medical experts of his time believed that cocaine was a potential wonder drug. Adverse effects were not recognized and use was fairly common. Then negative effects began to appear, including cocaine's great ability to produce dependence, and cocaine all but disappeared from our culture—except for some use as a local anesthetic in medical practice. Unfortunately, we are not people who learn well from history and cocaine reappeared in our country, touted as a safe and wonderful drug with no adverse side effects—except possibly for the potential to do damage to the nasal septum in frequent users. The feeling of many was that although cocaine was an illegal drug, it wasn't all that bad, especially because it was non-addicting."

## How Crack kills

It is a myth that character or strength of will could limit the drug's use or prevent cocaine addiction. This powerful stimulant exerts its effects on the brain and the nervous system. Macdonald outlined four ways in which the drug can kill a healthy human being on first use. Three relate to changes in the cardiovascular system (heart, blood vessels), the fourth to alterations in the central nervous system:

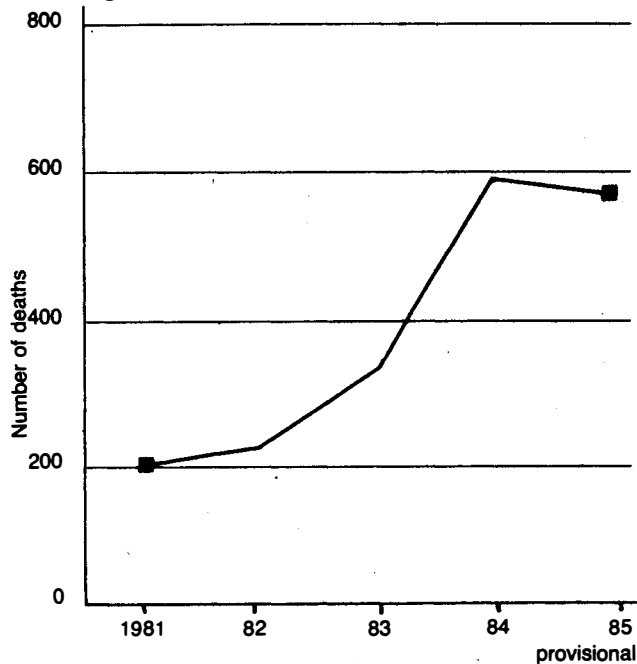
- 1) "Cerebral nervous system stimulation (convulsion) is followed by respiratory collapse. Seizures of a non-fatal variety are not uncommon among regular users.
- 2) "In the sympathetic nervous system the neurotrans-

# the myths

mitters epinephrine and norepinephrine are involved. Sympathetic nerves reach the heart and exert control which in normal states helps the body to adjust to changing circumstances. In cocaine use, these changes can cause lethal problems. Cocaine, through its epinephrine-like effect, causes increased heart rate and increased blood pressure. Increased blood pressure can cause stroke (or brain hemorrhage) and death.

3) "Cocaine also causes constriction of the coronary arteries, those blood vessels which supply the most important muscle in our body—the cardiac muscle. When the cardiac (or heart) muscle receives inadequate oxygen, damage may occur. What you have is a heart muscle working overtime, beating rapidly and requiring additional oxygen. At the same

FIGURE 1  
**Cocaine-related deaths, as reported by medical examiners of the Drug Abuse Warning Network**



Source: National Institute on Drug Abuse, Drug Abuse Warning Network, May 1986

time, you have the arteries which supply oxygen to the heart closed down by cocaine effect. Severe oxygen deficit can occur.

"Oxygen deficit in heart muscle can set off a string of events leading to death. This event, called a myocardial infarction, or more commonly, a heart attack, has been reported in previously healthy cocaine users. It has been reported in cocaine snorters, as well as in those who 'freebase.'

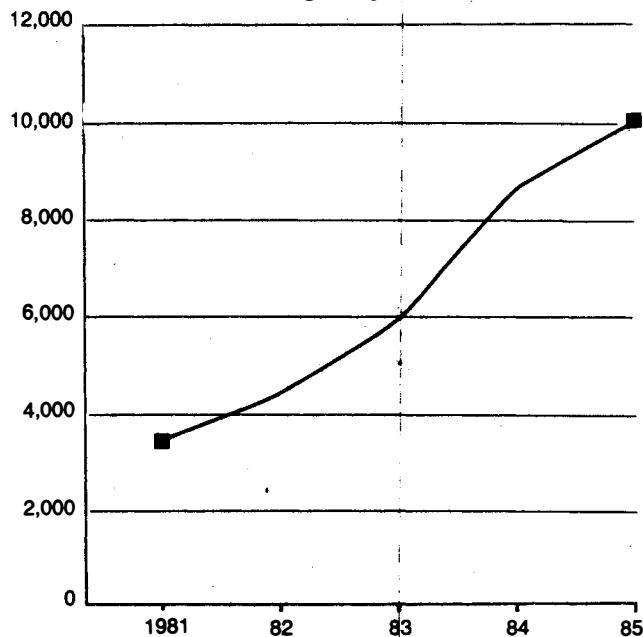
4) "Changes in heart rhythm are called arrhythmias. Cocaine, by its effect on heart nerves, can produce arrhythmia by altering electrical activity. This should come as no surprise to physicians. Lidocaine, a synthetic cocaine relative, is used, but used with great care, by physicians, because of effect on heart rhythm.

"The most serious of the cardiac arrhythmias, ventricular fibrillation, can result in cardiac arrest and sudden death."

Dr. Macdonald said that statistics on deaths from cocaine use are incomplete at this point. New York City's medical examiner, for example, does not report data to the National Institute for Drug Abuse's (NIDA's) Drug Abuse Warning Network (DAWN). However, the number of heart attacks attributable to cocaine use at a selected number of hospitals nationwide rose from 185 in 1981 to 580 in 1985, the last year for which complete figures are available.

Dr. Macdonald released statistics (see Figures 1-3) showing a startling 14.5% increase in 1986 in hospital emergency-room admissions related to smoking cocaine. This

FIGURE 2  
**Cocaine-related emergency room visits**



Source: National Institute on Drug Abuse, Drug Abuse Warning Network, imputed ER consistent panel data file ending, May 1986

dramatic increase is due to the more toxic forms of cocaine—freebase and Crack—that have become not only readily available, but much cheaper than cocaine.

Freebase results when cocaine hydrochloride (street cocaine) is converted to its pure base by removal of the hydrochloride salt and the various cutting agents. Freebase is not water soluble; therefore, it is smoked by the user. It is much more dangerous than snorting cocaine, according to NIDA, “because it reaches the brain within seconds, resulting in a sudden and intense high. The euphoria a user experiences, however, quickly disappears, and the user faces an enormous craving to freebase again and again. Consequently, freebasers often increase the dose and the frequency of the dose, resulting in a severe addiction which includes physical debilitation and financial ruin.”

Crack is freebase cocaine that is processed from street cocaine hydrochloride, heating ammonia or baking soda and water to remove the hydrochloride. Because the more expensive and volatile chemical ether is not used—as it is in freebase cocaine—the resulting Crack is cheaper. NIDA reports, however, that the process “does not necessarily result in the elimination of hydrochloride, fillers, and impurities in the cocaine, and sodium bicarbonate.” According to NIDA, the cost of one or two Crack doses (300 milligrams) ranges from \$5 to \$10, compared to \$100 per gram for cocaine itself.

Macdonald noted that while the more traditional forms of cocaine use may require two to three years to physically destroy the user, inhalation of the drug destroys the average user in less than a year. Crack causes its users to become “medically and physiologically dysfunctional over only several months rather than years,” he stressed.

Although marijuana use among high school and college-aged youth has dropped from its peaks in the late 1970s, cocaine use is increasing, and on the average one out of three in this age bracket, according to polls, uses the drug.

“Polls,” said Macdonald, “reflect the delusions young people have about the drug. Most think occasional use is not dangerous, but that chronic use is. This ignores the reality that only one use can both induce addiction and kill.”

Cocaine kills in other ways as well. Dr. Arnold Washton, of the National Telephone Service to Aid Drug Addicts, reported that “chronic users complain of suffering paranoia, and 40% of those surveyed admitted that they have committed robberies to buy Crack.”

In Miami, police report that Crack is the principal cause of a 19% increase in crime in the last several months. Law-enforcement authorities in Washington, D.C., New York (the “Crack Capital”), and Los Angeles also associate the increase in delinquency and armed robberies with the use of Crack.

Crack houses have sprung up, much like the opium dens of the turn of the century, or the more notorious “shooting galleries” for heroin addicts. Users purchase the drug and get high, some stay for days—young or old, rich or poor, there is no discrimination.

NIDA’s Nicholas Kozel said, “You can compare the ‘house of preparation and sale’ of the poisonous substance with fast-food restaurants.” New York City’s special narcotics prosecutor, Sterling Johnson, reported recently that “in some neighborhoods, there are more houses for sale and use of Crack than churches and liquor stores.”

In New York City and in Florida’s Dade County, officials no longer speak of a cocaine problem, but of Crack epidemics that are beginning to overwhelm everything from drug telephone helplines to treatment centers to the criminal justice system.

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## Documentation

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### ‘Experts’ promoted cocaine

During the mid-1970s, respectable members of the medical profession worked hand in glove with the drug lobby to perpetuate the lie that cocaine was safe. In 1974, Dr. James J. Thorpe, practicing psychiatrist and former staff physician at the U.S. Public Service Hospital for Drug Addicts in Lexington, Kentucky, provided sworn testimony as to the safety of the drug, which was quoted extensively by attorneys attempting to overturn cocaine convictions were financed primarily by the Playboy Foundation and carried out by the National Organization for Reform of Marijuana Laws (NORML).

Thorpe testified:

“In my 25 years as a psychiatrist, I have observed several thousand cocaine users in a clinical setting. During that period of time I have never seen any people with a ‘cocaine habit.’ Cocaine is not a narcotic and there is no evidence that it is physically addicting. It is commonly used intermittently and rarely injected. There are no physical withdrawal symptoms upon termination of use. Cocaine use causes no physical or mental damage; although psychotic states sometimes are attributed to cocaine, actually they appear to be a result of a predisposition to the use of the drug itself.”

Dr. Peter Bourne, who became Jimmy Carter’s special adviser on drug abuse and the darling of the dope lobby, used a government newsletter in 1974 to dispel “The Great Cocaine Myth” and advocate the drug’s legalization:

“At least as strong a case could probably be made for legalizing it as for legalizing marijuana. Short acting—about 15 minutes—not physically addicting, and acutely pleasurable, cocaine has found increasing favor at all socioeconomic levels in the last year. Although it is capable of producing psychosis with heavy, repeated use, and chronic inhalers can suffer eventual erosion of the nasal membrane and cartilage, the number of people seeking treatment as a result of cocaine

use is for all practical purposes zero. . . .

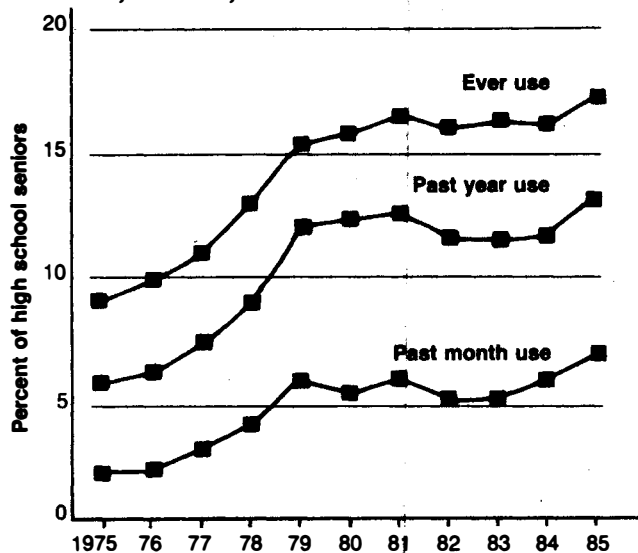
"One must ask what possible justification there can be for the obsession which . . . officials have with it, and what criteria they use to determine the priority they give the interdiction of a drug if it is not the degree of harm which it causes the user."

Not surprisingly, Bourne was later forced to resign when it was discovered that he had written a false prescription for Quaaludes for a member of the White House staff.

In March 1982, Dr. William Pollin, then director of the National Institute of Drug Abuse, wrote an angry letter to the editor of the *Washington Post*, complaining that a front-page article of Feb. 25, "Cocaine Behavior," was "misleading and potentially dangerous." Pollin took grave exception to the part of the article which ran under the subhead "Recreational Sniffing Found No Riskier Than Alcohol or Tobacco; Heavy Use 'Enslaving.'" "I believe," wrote Pollin, "that *the Post's* article conveyed an unfortunate and inaccurate message of reassurance about a very dangerous substance, that it glamorized the image of cocaine use and dangerously misled the reader into believing there is a benign pattern of use for this drug."

By the end of the 1970s, with cocaine abuse on the rise, many formerly strong advocates of the drug were forced to change their tune. Dr. Norman Zinberg, a Harvard University research psychiatrist and longtime advocate of decriminalization of all drugs, backpeddled on cocaine in a March 1983 interview with the *Chicago Tribune*. Zinberg, a member of the NORML advisory board, along with his Harvard colleague Dr. Andrew Weil, appeared on numerous occasions in such dope lobby publications as *High Times*. While

FIGURE 3  
Lifetime, annual, and current cocaine use



Source: National Institute on Drug Abuse, data from the Monitoring the Future Study, 1985

still holding to his theory that cocaine resembled nicotine use, "in that persons who smoke cigarettes subtly fall into nicotine addiction," Zinberg told the *Tribune*, "If it were cheap and readily available, people would be sniffing it morning, noon and night."

"I would not have said this three years ago," said Zinberg; "quite simply, I think it is the most dangerous drug around."

## How cocaine kills babies

As many as 2 million women of child-bearing age are taking cocaine in the United States, already creating an epidemic of "cocaine babies," the innocent victims of the drug plague. These infants tend to be born prematurely, and to suffer from low birthweight, probably the leading cause of infant mortality in the United States. They suffer from a gamut of problems, ranging from lack of a natural ability to suck, to cardiac problems, pulmonary deficiencies, cerebral palsy, and mental retardation, according to a study by the National Institute of Drug Addiction.

Cocaine consumption by a pregnant woman deprives the fetus of oxygen, Dr. Laura Finnegan reports, based on studies at the clinic for addicted mothers at

Thomas Jefferson University Hospital in Philadelphia. According to Dr. Finnegan, "A mother who consumes cocaine while pregnant is acting as if she is deliberately trying to asphyxiate her child by periodically putting a pillow over its face."

The director of the Neonatal Division of the Broward County, Florida General Medical Center, Dr. Brian Udell, declared July 11 that the situation is "a very serious crisis," and added that to save just one of these newborns can cost at least \$135,000.

The experts are very worried by the new-found popularity of Crack, which costs less than \$15 a dose. This, they fear, will soon bring about an explosion in the number of cocaine babies.

Some experts suggest that a newborn showing symptoms of drug addiction has not been "accidentally" harmed, and that mothers of such babies could be legally charged in court with child abuse.