

Mayor **Kurt Schmoke**, journalist **William F. Buckley, Jr.**, economist **Milton Friedman**, and Prof. **Ethan A. Nadelmann** of Princeton, who insist, according to *Facetas*, that “the most efficient way of confronting the international drug trafficking monopolies is to bankrupt them by legalizing drugs.”

Alfonso López Michelsen, former President of Colombia between 1974-78. He told the *Miami Herald* and various Ibero-American journalists that he considers dialogue with the drug mafias to be “inevitable.” In 1984, López secretly met with the heads of the Medellín Cartel and negotiated a deal whereby they would repatriate their billions in drug-dollars in exchange for a political amnesty. The Colombian government rejected his proposal.

Ernesto Samper Pizano, Colombian presidential candidate. He is known as Colombia’s leading drug legalization advocate, having authored and lobbied for the original proposals for marijuana legalization back in 1977, when he was president of the National Association of Financial Institutes (ANIF). He has since added cocaine to his legalization proposal. Samper was López Michelsen’s campaign manager during the former President’s second bid for power in 1982, and has publicly admitted to having accepted substantial campaign donations from convicted drug trafficker **Carlos Lehder**.

Milton Friedman, monetarist economist. His open letter to U.S. drug czar William Bennett in the Sept. 7 *Wall Street Journal* reads in part: “Decriminalizing drugs is even more urgent now than in 1972. . . . Postponing decriminalization will only make matters worse, and make the problem appear even more intractable. Alcohol and tobacco cause many more deaths in users than do drugs.”

The Economist, a London-based weekly, mouthpiece of the British financial elite. In the issue appearing in the first week of September, it editorialized: “Demand creates supply, despite the panoply of international conventions and national laws. . . . Repeal them, replace them by control, taxation and discouragement. Until that is done, the slaughter in the United States, and the destruction of Colombia will continue.”

The Financial Times, daily mouthpiece of British financial elite. Its Sept. 9 editorial advised: “Decriminalize drug abuse itself, while expanding education and treatment. Addicts would then be able to register and obtain drugs, on a maintenance basis, through official channels. In this way the link that binds the addict to the black marketeers would be cut, though the trade itself would remain illegal.”

Dr. Peter Bourne, drug policy adviser to President Jimmy Carter. He wrote in the Sept. 6 *London Times*, “It makes no sense for the government [of Colombia] to have the country’s largest source of foreign exchange outside the legitimate economy. Cocaine should be made a legitimate export, regulated and taxed by the government. . . . For the U.S., this could well mean ultimately legalizing cocaine use.”

The fallacious case for legalization

by John Grauerholz, M.D.

A critical flank in the international drug cartel’s war against those who would resist it, is the propaganda which it seeds behind enemy lines, using arguments with the appearance of rationality in order to undercut citizens’ will to fight them, and if possible, to recruit the gullible into their own ranks. Even the casual passing on of these arguments to family and friends, can give important aid to the drug traffickers. Therefore, let us refute them, one by one.

1. *Legalization of drugs will not lead to increased drug use.*

This is one of those perennial assertions which continues to survive in spite of a total lack of evidence to support it, and despite the fact that, in every instance in which it has been tried, it has been proven wrong. Back in the early 1960s, Great Britain decided to control allowing physicians to legally dispense heroin to those already addicted, in order to decrease the incidence of crimes committed by addicts seeking funds to support their addiction. The theory was that if heroin were legally available to the addict population, then the inducement to commit crime, and to recruit other addicts, in order to support the drug habit, would be eliminated. But the crimes continued, the use of heroin continued to spread, and the policy was ultimately abandoned.

On the other hand, during approximately the same period, the government of Japan responded to a problem of widespread amphetamine abuse by a rigorous law enforcement campaign, combined with sanctions against users, and significantly curtailed the extent of the problem.

In the United States, we have the exemplary history of the methadone maintenance program in New York City. The major accomplishment of this program was to have methadone surpass heroin as a cause of death, while having no impact on the spread of heroin use, and no long-term change in the rate of criminal activity following methadone maintenance treatment. In fact, methadone itself became an object, if not *the* object, of criminal activities of drug addicts, with over half of the dispensed dose being sold on the street to other addicts for abusive use.

2. *Outlawing drugs will be no more successful than prohibition of alcohol.*

The comparison between drugs and alcohol is totally

inappropriate. Use of beverage alcohol has been common and accepted in almost every civilized society for millennia. Widespread use of opiates and hallucinogens has never persisted over time in any society or culture which remained intact. Prohibition failed because it was an effort to outlaw something which had been legal and widely accepted for centuries. On the other hand, widespread use of opiates, hallucinogens, and other such drugs has never been widely accepted, over time, in any society which was not either in a state of collapse or already collapsed or under the control of a colonial power which utilized drugs as a method of keeping the population in subjugation.

To argue that because a certain number of people abuse a legal substance—whether it be alcohol or cough medicine—we should therefore legalize substances which are known destroyers of human civilization, makes sense only if one is committed to destroying the society in question and/or profiting from the distribution of the drug in question and wishes to reduce his legal costs. While Prohibition may have failed, there are numerous instances of suppression of illicit drugs which have succeeded.

3. Marijuana is a harmless euphoriant, unlike so-called "hard" drugs.

This is a substance which for over 2,000 years has repeatedly been reported to cause mental illness. Besides THC, the chemical euphoriant found in cannabis, 60 other cannabinoids have been identified in addition to hundreds of other compounds such as sterols, terpenes, flavinoids, alkaloids, and furan derivatives. The gaseous and particulate matter in the smoke of a marijuana cigarette reads like the contents of a toxic waste dump, including carbon monoxide, acetaldehyde, toluene, nitrosamine, vinyl chloride, phenol, cresol, and naphthalene. A marijuana cigarette contains twice the amount of carcinogenic tars, such as benzantracene, as a tobacco cigarette of the same weight.

Experiments in animals and humans have documented that marijuana smoke produces cancerous changes in lung tissue and impairs the immune cells of the lung to a much greater extent than cigarette smoke. A group of young volunteers who smoked marijuana rapidly developed symptoms of airway obstruction, which were much more severe than a comparable group of cigarette smokers.

Precancerous lesions were found in biopsies of American soldiers stationed in Germany who had smoked hashish heavily for two years.

In experimental animals, exposure to cannabis has been associated with disruption of all phases of reproduction. This results from the direct action of the drug on the pituitary gland as well as on the gonads. In men, cannabis, THC, and other cannabinoids cause shrinkage of the testicles, with reduced sperm counts and lowered hormone levels in the blood. In humans, marijuana smoking is associated with an increased prevalence of abnormal sperm cells.

Cannabinoids cross the placental barrier and appear in

maternal milk. Thus the fetus can be affected in the uterus by cannabis smoked by its mother, as well as by contaminated breast milk. Experimental studies indicate that the negative effects on development which have been seen in different animal species may be caused by: preconception exposure to cannabis with damage to the germ cells (sperm and egg); prenatal exposure in the uterus; and/or postnatal exposure to contaminated mother's milk.

In one study, of ten independent factors such as age, alcohol use, cigarette smoking and race, which were studied as possible causes of adverse effects of pregnancy, marijuana use was the most highly predictive of fetal malformations. In fact, it now appears that a significant number of cases of the fetal-alcohol syndrome may actually represent the effects of marijuana.

Unlike alcohol, in which the heaviest consumption occurs among a small percentage of the total number of consumers, regular marijuana consumption is more widely distributed among the total number of consumers. Epidemiological studies indicate that the abuse potential of cannabis (its capacity to induce daily intoxication) may be nine times greater than that of alcohol when it is easily accessible and socially acceptable.

The popular classification of cannabis as a "soft" drug is misleading in view of its acute and chronic toxic effects. It is also an addictive dependence-producing drug, characterized by tolerance and an abstinence syndrome. Since studies of large numbers of high school students indicate that 26% of the population of marijuana users went on to experiment with opiates, barbiturates, and amphetamines, it is not surprising that those who are profiting from the drug trade are so eager to legalize this drug.

4. Cocaine is a relatively harmless drug.

The following abstract from the June 8, 1979 issue of the *Journal of the American Medical Association* (Vol. 241, No. 23, p. 2519) says it all;

Sixty-eight deaths associated with the recreational use of illicit cocaine were investigated by the Medical Examiner's Office of Dade County in Florida. Most fatalities occurred since 1975. Although 29 involved the use of other drugs (usually heroin), 24 persons died directly of the toxic effects of cocaine. Respiratory collapse and death occurred rapidly after the intravenous injection of cocaine. Oral or nasal ingestion resulted in a symptom-free interval lasting as long as an hour followed suddenly by generalized seizures and death. Toxicological analysis could not causally relate lidocaine hydrochloride or other adulterants to the untoward reactions. The data suggest that the rate of absorption, the peak blood concentration, and the prior use of cocaine all contribute to the possibility of a fatal reaction. Despite current belief, cocaine cannot be considered a safe recreational drug.