

OPINION

The same old song in our war on drugs

By Marsha Rosenbaum

Last week, the federal Office of National Drug Control Policy unveiled its "new" \$19 billion strategy. Director Barry McCaffrey, our drug "czar," claims that we have made "substantial progress" and that "for those who say this is a war, we are winning."

Really? By what measures?

Heroin and cocaine are at record low prices. In 1981, a gram of uncut heroin would have cost \$1,200. Today the price has plummeted to just \$318. Cocaine's cost reduction is also dramatic, down from \$191 at the beginning of the drug war to the bargain price of \$44 per gram today. And it's strong stuff, with heroin at 25 percent pure (compared with 5 percent in 1981), and cocaine at 70 percent pure (compared with 40 percent in 1981). So much for interdiction.

Deaths associated with illegal drug use have increased 44 percent (to nearly 16,000) since the war on drugs began in 1980. Heroin overdose fatalities have climbed steadily and continue to shock communities all over the country, including urban centers, rural areas and subur-

ban enclaves.

The AIDS epidemic is still with us, with intravenous drug users constituting half of new cases. Hepatitis C, which causes liver failure, is also contracted through sharing syringes. This virus is spreading so rapidly that some experts say it will make HIV

After two decades of telling teen-agers to "just say no," 80 percent admit to experimenting with alcohol and other drugs before they graduate from high school.

look like small potatoes. And the federal government refuses to support needle-exchange programs.

A majority (57 percent) of men and women seeking treatment are turned away due to a lack of facilities in their area or prohibitive costs. Methadone maintenance, our most efficacious modality, is heavily restricted and underfunded — making access problematic. This leaves street addicts just that — on the street — having to involve themselves in criminal activities to support their habits and at risk for contracting drug-related illnesses such as HIV and Hepatitis C.

Our prisons are bulging, with 400,000 Americans currently serving time for drug law violations. Approximately 700,000 individuals were arrested last year for marijuana offenses — a full 85 percent of them for simple possession. Communities of color have been especially devastated by escalating arrests, disproportionate convictions and long mandatory sentences. One in three young black men in America are currently under some form of criminal justice supervision.

That's the bad news.

I suppose that as the mother of a teenager I should be heartened by McCaffrey's trumpeting a 13 percent decline in youth drug use. I watch these numbers very carefully, and surveys indicate that drug use among teens has gone up and down over the past 20 years. Still, after two decades of telling them to "just say no," 80 percent admit to experimenting with alcohol and other drugs before they graduate from high school.

Teen-agers have no trouble procuring a range of substances, with 90 percent of high school seniors reporting that marijuana is "fairly or very easy" to get. Nearly 40 percent know where to find Ecstasy, almost half can get LSD, and one-third say they know where to buy heroin. So much for keeping drugs out of the hands of kids.

Our priorities are misplaced. Current federal policy, this year and for the past 20 years, utilizes two-thirds of its resources to try to keep drugs out of the country and to arrest and incarcerate users. This strategy misses the point and exacerbates the problem. It does not insure safety or improve the quality of life in America.

The major consequences of drug use are health-related. U.S. drug policy needs a new "bottom line" — one that focuses on reducing illness, death and suffering. Fortunately, in San Francisco we have begun to make that shift in priorities. Gen. McCaffrey should visit our city, where the Treatment on Demand initiative has increased availability by 2,000 slots since 1997; where heroin overdose prevention efforts are under way; where office-based methadone maintenance treatment is being instituted; where syringe exchange is supported; where "harm reduction" and the Department of Public Health have teamed up in an effort to insure the health and safety of San Francisco's citizens.

Rosenbaum is director of the Lindesmith Center-West (www.lindesmith.org), a drug policy institute in San Francisco. She can be reached via e-mail at marsharose@aol.com