

**WTE Column of Dec. 11, 2014. Editor's headline: "Drug war: What a waste"**

The Drug Enforcement Administration (DEA) maintains a museum and visitors' center in Arlington, Virginia, but its interactive exhibits (plus lectures with slides dating to 2003) can be visited online. Fact sheets and commentaries abound from the National Health Institute (NHI) and the National Institute for Drug Abuse (NIDA).

One virtual-tour exhibit is labeled "Cannabis, Coca and Poppy: Nature's Addictive Plants." Although only marijuana is grown in the US, the DEA lumps marijuana with coca (which becomes cocaine) and poppy (which produces opium). "Having no current accepted medical use in the United States and a high potential for abuse, cannabis is a Schedule I controlled substance," claims a slide. Another slide shows that DEA has funded about 16 studies on marijuana's medical effects on AIDS, cancer, nausea from chemotherapy, and other conditions; however, the results of these studies are not posted. Astoundingly, some slides extol commercial uses of industrial hemp, failing to note its Schedule I label.

Cannabis' medical usefulness, albeit not "currently accepted" by the DEA, has been thoroughly studied. Did not the federal government acknowledge marijuana's medical effectiveness by forming the Compassionate IND program? IND allowed patients with varying chronic conditions to obtain marijuana from Uncle Sam. Sadly, only eight patients ever benefitted; President George H. W. Bush, loath to provide hundreds of AIDS patients with medical marijuana, shuttered the program in his last year in office.

By then, War on Drugs had become big business. The Comprehensive Crime Control Act of 1984 gave law enforcement latitude to confiscate property on mere suspicion. Any house, automobile, box of jewelry, or any other asset that could theoretically have been purchased with drug money could be seized without a court order, even before charges were filed. In 1987 alone, the value of seized assets amounted to over \$1 billion; of these, 80 percent belonged to people who were never charged with a crime. Since it's almost impossible for owners to retrieve forfeited assets, the agencies get to keep the booty. Rather than going after drug dealers and cartels, law enforcement began targeting low-level users.

Since then, drug arrests have driven the criminal-justice system. People of color, particularly young African Americans, continue to bear the brunt of it: Jim Crow under less obvious guise. A black teenager caught smoking a joint at the street corner not only loses all civil rights, his sentence can be used to evict his grandma from subsidized housing.

"Your mistake is failing to recognize that the very measures you favor are the major source of the evils you deplore," wrote economist (and devoted Reaganite) Milton Friedman in an open letter in the Wall Street Journal, September 1989, to drug tsar William Bennett. "The path you propose of more police, more jails, use of the military in foreign countries, harsh penalties for drug users, and a whole panoply of repressive measures can only make a bad situation worse." The drug war does "shred the Constitution and grind up freedom in the process," he warned.

NIDA, which administered the Compassionate IND program, was mandated to conduct follow-

up studies but it never did. Neither did the Food and Drug Administration investigate if and how and why the eight federal patients benefitted. Finally an independent team of scientists, led by Neurologist Ethan Russo in Missoula, Montana, examined the four patients who were still alive in 2001. Intensive tests and MRIs assessed the impact of marijuana on immunological, pulmonary, endocrine, and neuropsychological functions. The result? The scientists found no physical or mental impairment attributable to marijuana. Their findings urge prescription cannabis:

“Results demonstrate clinical effectiveness in these patients in treating glaucoma, chronic musculoskeletal pain, spasm and nausea, and spasticity of multiple sclerosis. All 4 patients are stable with respect to their chronic conditions, and are taking many fewer standard pharmaceuticals than previously . . . These results should support the provision of clinical cannabis to a greater number of patients in need. We believe that cannabis can be a safe and effective medicine.

In 1992, seventeen major European cities signed the Frankfurt Charter, which agreed to abide the use of cannabis. The state of California followed suit in 1996, legalizing cannabis for medical use, allowing patients to grow marijuana for their own use.

DEA counter-attacked, roping local and state law enforcement agents—who had pledged to uphold state law—into assaults that wrecked countless lives. Entrapping prescribing physicians by posing as patients, then arresting the doctors, became accepted procedure in sentencing. Cannabis-growing patients were hauled into federal courts on trafficking charges. Prohibited from testifying about their health needs, they were slapped with harsh sentences for growing cannabis with intent to sell.

The behemoth agency’s museum and visitors center is mum on these transgressions.