

RONALD REAGAN AND THE 1980s

PERCEPTIONS, POLICIES, LEGACIES

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macmillan

Chapter 3

"Just Say No": Drug Abuse Policy in the Reagan Administration

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Introduction

I had served as an assistant director of the Special Action Office for Drug Abuse Prevention (SAODAP) under President Richard Nixon and had been one of the architects of the original federal strategy for dealing with the drug problem in the early 1970s. Later I became, in the Carter administration, director of the White House Office of Drug Abuse Policy (ODAP), an expanded version of SAODAP with authority over all treatment, law enforcement, and foreign policy aspects of drug abuse. Through three administrations, two Republican and one Democratic, a network of expertise had been built up both inside and outside the government. It was comprised of people who regarded themselves as career professionals in the field of addiction sciences. Mostly physicians, medical scientists, epidemiologists, social workers, and psychologists, and others in the helping professions, they created what amounted to the accumulated wisdom in the country with regard to drug addiction. Because of their professional backgrounds they tended to be politically liberal, but as long as they were producing significant results, as they did during the years when heroin was the major problem, political leaders of both parties were happy to defer to them. The fundamental principle in which these experts believed was that addiction was a disease and addicts were sick people who needed to be treated.

When Reagan came to power a dramatic change occurred that left the addiction experts, myself included, in deep dismay. This was on many counts. First, Reagan and his staff did not see drug abuse as a major priority, they did not accept the idea of the addict as a sick person, and they rejected the notion that reducing the harm caused by drug addiction (and especially reducing drug-related deaths) was a particular responsibility of the government. Focusing on marijuana use from which no one died and cutting funds for treatment programs for hard drugs was a fundamental repudiation of the entire basis of previous federal policy. If the policy was to be simply that all

drugs are bad and any user will be punished not treated, you did not need to employ in the government people who were scientific experts in the field. Scientific measures of success or failure were similarly rejected. Numbers of arrests and convictions became the indicators that the new policies were working. What most of us, then, failed to perceive was the extent to which any government policy depends on the political context within which it exists. Politicians will support policies only as long as they are popular with the constituency they represent. While a public health approach to drug addiction prevailed it was only because during that time it generated goodwill for those in the White House. The dramatic shift in policy under Reagan was more than anything a response to the pressures from constituencies in his party that wanted a completely different approach.

In June 2006 there was a day-long seminar in Washington to celebrate the thirty-fifth anniversary of the legislation that created the position of White House “drug czar.” Nearly all the people who had held that job were in attendance (with the notable exception of Dr. Carlton Turner, the first person to hold that job under Reagan). There was a striking schism among the first four “drug czars,” all of whom had treated addicts and had direct familiarity with the drug culture and those—in both parties—who served under Reagan or later presidents. When the former got up to speak they spoke in detail of the thought behind their strategies to reduce the mortality and morbidity due to drug use during their tenure. The latter group (including a general, and former secretaries of Commerce and of Education), lacking serious knowledge of the field, were largely reduced to telling anecdotes about their time in power as the drug czar.

Today, the level of drug use in the United States is not greatly different from what it was in the Reagan years and in particular during the antidrug frenzy of 1988, yet it commands very little attention from the media or from politicians. One can argue that due to the threat to the military and the demonstrable connection between drug use and street crime Nixon was right to see drugs as posing a serious threat to the country. His actions in creating SAODAP were then justified. However, the subsequent, greatly expanded law-enforcement approach has been counterproductive: drug addiction still contributes substantially to crime and gets little or no attention. It is clear that concern about drugs is first and foremost a matter of political expediency.

The Reagan Approach

Drug policy during the Reagan administration was a reflection of the broader ideology that the president and his supporters brought to the White House. The causes of social problems were no longer to be seen as the lack of opportunity, inequality, racism, or injustice, but rather as a matter of individual responsibility. The individual was to be held accountable for any lack of achievement or antisocial behavior rather than placing blame on society. This dovetailed with the commitment to reduce the size of government

and its role in trying to solve social problems. At the time Reagan came to office, drug abuse by the objective standards of mortality and morbidity was not a major problem for the country, and was not seen as a significant priority by those around him. Very rapidly, however, grassroots pressure from a segment of the constituency that helped to elect him caused that to change. In the early years of the Reagan administration, therefore, the attention paid to the drug issue was strongly driven by political forces outside the government.

Reagan's drug policy represented a major philosophical departure from that of his three predecessors and can be understood only in the broader context of America's overall response to the drug issue in the second half of the twentieth century. After several decades of relative inattention, the illicit use of drugs was first identified as a significant social and political problem worthy of White House concern during the Nixon administration. After an initial abortive attempt through "Operation Intercept" to block the flow of marijuana across the Mexican border, the Nixon White House focused on heroin addiction as the primary problem. This was the result of two reports, the first showing a high correlation between heroin addiction and mushrooming street crime,¹ and the second revealing spiraling heroin use among U.S. troops in Vietnam.² While it would be correct to say, as with Reagan later, that there was a significant political component to Nixon's response, there was also a real national threat posed from reduced military effectiveness and soaring street crime. President Richard Nixon established the SAODAP, staffed primarily with professional experts in the field of addiction, regardless of their political affiliation. The philosophical and strategic underpinning of the program set up by the professionals was that drug addiction was a public health problem and that making treatment universally available, referred to as "demand reduction," combined with interdicting the supply, was the best way to counteract the problem. As health people with scientific educations, they generally measured their success in scientific terms, focusing on such indicators as overdose deaths, numbers of emergency room visits, and statistics for reduced street crime. They saw as their primary goal achieving a reduction in death and disability caused by illicit drug use and therefore their top priority was on the drug most responsible—heroin. They had relatively little interest in drug use merely because it was illegal if it did not result in serious health consequences.

The creation of SAODAP as an administrative entity within the Executive Office of the president, with its director confirmed by the Senate and subject to Congressional hearings, was highly unusual. It represented an unprecedented intrusion of the authority of the legislative branch into the executive branch. Traditionally, those working in the White House and reporting to the president were protected by executive privilege and exempted from being called to testify before the Congress. That SAODAP was allowed by Nixon to be such a striking exception reflected the strong bipartisan backing for the initiative and showed how important it was in his mind to demonstrate that he was taking an assertive proactive stance on the issue.

While Nixon and his political staff maintained a deeply moralistic attitude toward drug use and used it as one of the iconic weapons to disparage “their people” (blacks, the poor, hippies, antiwar activists, and liberals) as opposed to “our people” (whites, the privileged, war supporters, and conservatives), they desperately needed to show progress against the rising tide of crime in the cities and the embarrassing image of a sea of G.I. heroin addicts losing the war in Vietnam.³ The fact that treating heroin addicts worked, especially on a large scale with methadone maintenance, made it clearly the most attractive option.⁴ Led by physicians (mostly liberal Democrats) in SAODAP, the drug abuse professionals turned the program into a humanitarian venture aimed at reducing overdose deaths and rehabilitating addicts, defining them as patients and not criminals. This approach was expanded, refined, institutionalized, and made increasingly successful under President Gerald R. Ford, and more especially under President Jimmy Carter. The stated goal was that no addict should be able to say, “I want treatment but there is nowhere I can get it.” By 1978, the overdose death rate from heroin had been reduced to roughly eight hundred annually (from a level of well over two thousand per year in the Nixon administration).⁵ Effective strategies had to be tailored to different forms of drug use. The second largest cause of drug overdose deaths was from barbiturates (all originating from legitimate pharmaceutical sources). Under pressure from the Carter administration, the pharmaceutical industry agreed to a restriction on the prescribing of these drugs outside a hospital setting. Deaths in that category also went down.⁶ The focus on reducing drug-related mortality and morbidity meant that marijuana use, from which no one died directly, was de-emphasized. It was clear that the overwhelming damage to people’s lives from marijuana use resulted from draconian laws that led to long prison sentences for possession or sale. In a philosophical context emphasizing harm reduction, reform of those laws was the preferred strategy. By reducing marijuana possession to merely a finable offence, California saved during 1976–1985 an estimated \$958,305,500.⁷ During the same period there was no increase in marijuana use. At this point cocaine was still largely a recreational drug of the wealthy, causing less than ten deaths a year. Only later would the more lethal “crack cocaine” version of the drug appear.

The first four drug czars, as the directors of the White House drug office were known, were clearly committed to conceptualizing America’s drug problem as a public health issue, and their strategies for control flowed from that. It is worth noting, however, that even on their terms drug addiction was, comparatively, a modest public health problem. In 1969, 1,601 individuals died from drug abuse, 2,641 choked to death on food, 1,824 died after falling down stairs, 29,866 died from cirrhosis of the liver (due to alcoholism), and more than 400,000 died from the effects of cigarette smoking.⁸ For the majority of Americans drug abuse was, and to a large extent still is, more of a political, legal, economic, and moral issue than a health problem. The election of Ronald Reagan saw a dramatic shift back to that more traditional view and a rejection of the public health model. Public health, with

its equal focus on the welfare of every member of society regardless of merit, not only hinted at “socialism,” but was also incompatible with the Reagan philosophical focus on the primacy of the individual.

The Conservative Backlash

Despite the demonstrable success measured by lives saved and crime reduced, there was considerable criticism of the government’s efforts during the last year or so of the Carter administration. It was based on several arguments deriving from an antithetical view of the government’s role in addressing social problems, as espoused by conservative Republicans and championed by Ronald Reagan in the lead-up to the 1980 election. The attitude toward drugs was part of a larger philosophical shift espoused by the Republicans, which saw the cause of such problems as being not lack of opportunity, inequality, racism, or injustice, but rather the result of immoral acts by individuals failing to take responsibility for their own actions. The details of the Reagan drug program are well chronicled in the books *Smoke and Mirrors* (1996) by Daniel Baum⁹ and *The Fix* (1998) by Michael Massing.¹⁰ Several themes that they identified are noteworthy:

1. Drug addiction was not a health problem but a moral problem. Drug users were not patients, but sinners or criminals who should be punished not treated. The focus should not be on those who had become drug dependent, but on anyone who used an illicit drug, even once. Drug use, especially for recreational purposes, was seen as an important icon of a larger “culture war” in which Reagan and the conservatives had been engaged since the anti-Vietnam War movement or even earlier. The best way to stop addiction, they argued, was to prevent anyone from taking drugs in the first place, rather than focusing on the minority who had become addicted.
2. The government should not be involved in the provision of treatment services, which was the responsibility of the private sector. The overall Reagan philosophy called for government to be shrunk, and therefore tax dollars should not be used to support the hundreds of clinics around the country that were treating tens of thousands of addicts. While earlier administrations had focused on the health problem posed by those who became addicted, the Reagan administration was primarily concerned with stopping any form of illicit drug use.
3. The real drug problem in America was not heroin addiction, but marijuana use, which involved far larger numbers and (although unsupported by data), they felt, mainly affected white middle-class young people such as their own children. The ability of Reagan and his staff to de-emphasize the importance of heroin was, ironically, made possible by the very success of the strategy originally launched under Nixon, which they now derided. The public sense of alarm over heroin use had been successfully defused by Reagan’s predecessors.

4. Government funding was pouring into black inner city communities, benefiting African American organizations that hired ex-addicts, community people, and welfare clients. It was seen as a form of political patronage that was predicated on heroin addiction being the top priority. Government contracts should, they believed, instead be going to consulting firms focusing on preventing ordinary teenagers in both rich and poor communities from ever trying drugs.

Those who espoused these beliefs had coalesced in the late 1970s into a nationwide network of "Parents' Groups." Maverick politician and multimillionaire Ross Perot hooked up with Dr. Carlton Turner, a pharmacological chemist, who conducted basic (but not clinical) research on marijuana at a government-funded facility at the University of Mississippi. In 1979 and 1980, supported by Perot's money, they toured together, mainly in the Bible Belt, warning of the horrors of marijuana and Washington's misplaced priorities.¹¹ Their message resonated well with parents whose greatest fear was that their own children were experimenting with drugs. These same parents related far less well to a public health model. Generated in Washington, the evidence-based public health model relied on statistical data to address overall health status in the country as a result of illegal drug use and was focused primarily on inner city populations with whom these parents felt little affinity. The Parents' Groups overlapped substantially with the supporters of the burgeoning Reagan presidential campaign.

When Reagan came to power, his attorney general, William French Smith, announced a tough new law-and-order policy, focusing, among other things, on America's drug users. Drug abuse was seen, initially, as one of several areas to be utilized in getting the public behind a drive to strengthen law enforcement and the judicial system. The Reagan Justice Department, pushed by Edwin Meese in the White House, also sought to centralize its power at the federal level. At the same time David Stockman, the budget director, and committed to Reagan's desire to shrink government, declared war on all domestic social programs with an evangelical zeal aimed at substantially cutting the overall federal budget. William French Smith was able to get the Justice Department exempted from any cuts by arguing to Reagan that his department was not a domestic agency, but "the internal arm of national defense." The federal funding of drug treatment slots was phased out in favor of giving "block grants" to states that they could spend in any way they wished. Few were inclined to spend the money on the treatment network that had taken ten years under three presidents to build and that had previously been almost entirely underwritten by the federal government. Drug abuse research at the federal level was immediately cut by 15 percent, but due to congressional opposition it still did better than child nutrition (down 34 percent), urban development grants (down 35 percent), education block grants (down 38 percent), school milk programs (down 78 percent), and energy conservation (down 83 percent).¹²

The Parents' Groups lobbied hard with the help of Ross Perot to have Dr. Carlton Turner appointed as the drug czar in the White House. When

he was asked by Ed Meese, Reagan's domestic policy adviser, in the job interview, what his top priority would be, the chemist astutely replied, "strong law enforcement." Turner's appointment represented a sea change in defining America's drug problem and the manner of response. During the early part of the Reagan administration, however, he was made only an "adviser" on drug abuse to the president. Reagan's political staff did not want to appoint Turner as director of the White House drug office, because the required Senate confirmation would have stirred serious controversy in the Congress about his lack of qualifications for the job. Although Turner was a botanical chemist who was well trained and well respected as the leading scientific authority on the chemical components of the cannabis plant, he was not trained in, nor had he conducted research into, the effects of these chemicals on the human (or even on animal) bodies. He had no knowledge or background in the behavioral aspects of drug use, the treatment of drug abuse, law enforcement, or foreign policy aspects of drug abuse.

Reagan's policy advisers also knew that presenting marijuana as the number one drug problem could not withstand the scrutiny of a public scientific debate. Moreover, they wanted to reverse the Nixon precedent that had allowed a member of the president's staff to be called directly to testify before congressional committees. In 1982, when an Omnibus Crime Bill that the Congress had worked on for months reached Reagan's desk, he vetoed the entire legislation simply because it contained a provision calling on the president to nominate a drug czar to direct the White House Office of Drug Abuse Policy, who as a presidential appointee would be confirmed by the Senate.

The change of perspective was manifested in a number of ways. First, no longer was any distinction made between different drugs of abuse, or the strategy tailored to cope with each of them. All drugs were equally evil and, especially if treatment was no longer to be funded, there was no point in mentioning them individually. Ironically, under the Carter administration, whenever "drugs of abuse" were mentioned in a generic sense, the caveat "including alcohol and tobacco" was always added, but this was immediately dropped under Reagan. It was argued that the difference was that these substances were legal and therefore should not be impugned by being lumped with "illegal drugs."¹³ The fact that smoking was the cause of roughly three hundred–four hundred times the number of deaths each year as all illegal drugs added together, and alcohol a comparable figure, was of no concern. The agreement with the drug companies to limit barbiturate use was rescinded (even though it had been successful in reducing overdose deaths and the industry had been relatively happy with the arrangement). The shift away from a health orientation could not have been more clearly demonstrated.

Second, there was no longer an effort to find those who might be addicted and need treatment. Instead there was a fervent campaign to find any individual who was using, or had ever used, any illicit substance. Anyone could be forced to provide urine for a drug test on almost any pretext. All employees of the federal government and the military were required to be

tested for drugs. President Reagan and Vice President George H. Bush even submitted urine samples—they passed (although once out of office, it emerged that Nancy and Ronald Reagan had used marijuana in their Hollywood days). Corporations became obsessed with a search for drug users among their employees, spawning a massively profitable industry to test urine for traces of the offending substances. By 1985, drug testing had become a hundred million dollars per year business. The association in the public mind of marijuana use with the adherence to liberal views led to the assertion by critics that urine assays were as much a political test as a drug test. With forty million Americans (mostly anti-Reagan) admitting to having used marijuana, a positive urine test could become a basis for conviction, a long prison term, or at least serious damage to a career. Under Reagan, prison populations soared, until the United States had a higher percentage of its population behind bars than any other nation. The majority were there on drug charges.¹⁴

With the new approach came a growing politicization in the role of U.S. attorneys, who had hitherto been insulated from politics. Although technically political appointees, they were mostly career professionals who frequently continued in their jobs through several changes in the presidency. Generally they had a low profile focusing on white-collar crimes, securities fraud, civil rights, and other major and complex federal crimes. State and local prosecutors dealt with the everyday crimes such as rape, murder, and armed robbery that generally caught the headlines. Rarely were drug crimes dealt with by U.S. attorneys unless the quantities were massive and significant conspiracies were involved. Under William French Smith in collaboration with Edwin Meese in the White House, that was all to change. The network of ninety-four U.S. attorneys across the country was seen as a vital instrument to extend the control and influence of the Reagan administration at the local level. While the rhetoric of conservative Republicans strongly advocated the devolution of power from Washington to the state governments, they were working feverishly in this area to achieve the reverse. Drugs were to become the stalking horse for a long-term strategy to terminate the independence of the prosecutors.

Smith hired Rudolf Giuliani, the former chief of the federal drug prosecution office in New York, and made him the number three person in the Justice Department. Through Giuliani, Smith ordered the U.S. attorneys to abandon their long-established emphasis on white-collar crime and focus instead primarily on drug violations. This was to be not just major traffickers but also street-level users and dealers. What mattered were numbers, so that the public could be shown clear evidence of what the Reagan administration was doing about drugs.¹⁵ At a broader political level, the authority enjoyed by U.S. attorneys, unlike local prosecutors, to use wiretaps and convene secret grand juries from which no transcripts were made public was particularly attractive to Giuliani in enhancing local control by the administration.

The new directives from the Justice Department in Washington were met with disbelief and dismay. Several of the U.S. attorneys resigned in disgust.

It was not just that they resented the politicization of their jobs, but as serious senior professionals they felt demeaned when ordered to drop serious crime cases in favor of petty drug offences.¹⁶

This politicization of the once independent prosecutorial system that began under Reagan would have serious long-term consequences for the country. Subsequent administrations, both Democratic and Republican sought to use the federal prosecutorial system for the pursuit of political agendas. Instead of having a proud tradition of independence, the U.S. attorneys had become just another vehicle for trying to maintain permanent control by the party in power. The news media played along. Stories about heroin addiction vanished from the newspapers, to be replaced by dire warnings about the scourge of marijuana. Cocaine, rarely if ever mentioned in the first two years of the Reagan administration, received only the most cursory media coverage. Public service advertisements on television warned parents of the signs to look for in their children that might suggest they were using drugs, but without specifying what drugs, except to imply that marijuana was the probable problem. Many white middle-class teenagers were using marijuana, and their parents were then faced with the dilemma of what to do about it. A new industry began—the private rehabilitation (or “rehab”) center. An attractive alternative to a prison term, these were of variable quality, but made large sums from affluent parents (four thousand dollars initially and one thousand dollars a week) who were terrified of what might be happening to their children. Dealing mostly with teenage rebellion (much of it normal), drug use was frequently an incidental manifestation of acting-out behavior and had nothing to do with addiction or serious health problems. To create the semblance of a treatment methodology, the term “tough love” was coined. It involved the creation of a rigid and often highly punitive environment combined with acceptance and approval for those who confessed their sins and accepted a new path to conformity. Some treatment facilities were justifiably criticized as brutal and cruel places. Others may have salvaged teenagers who were the victims of failed parenting. Yet they had little to do with any real threat to the country from drug abuse. These centers also needed to be distinguished from the several legitimate, private medical, facilities devoted to treating those with clinical addictions.

Such was the importance that the administration now attached to its new crusade against drugs that the First Lady got involved. Nancy Reagan’s advisers wanted her to devote her time to cultural and artistic causes. She had already sought to draw a distinction between herself and her predecessor, Rosalynn S. Carter, by saying she would not be involved in any “policy issues.” She and the president had taken an interest in those with an addiction problem they had encountered in the Hollywood community, however, and she insisted on talking about the subject. On July 4, 1984, Nancy Reagan was visiting Longfellow Elementary School in Oakland, California. Sitting in a semi-circle with a group of fourth-graders, she was asked by one child what he should do if his friends pressed him to smoke pot. She uttered the magic words, “Just say no.” They were picked up by all the television networks

on the evening news. The simple slogan was adopted across the country and became a rallying cry not merely against drug use but more subtly against “liberalism” generally. While it was derided by critics as being the equivalent of telling someone clinically depressed to “have a nice day,” it had immense political appeal, because it simplistically cut through the complexities of understanding the effects of different drugs; the distinctions between use, abuse, and addiction, the benefits of different treatment modalities, and the legal versus medical arguments. For widely differing reasons, “Just say no” resonated across the political spectrum. To conservatives, eager to distill the complex down to the most succinct, it neatly summarized their philosophy on drug abuse; to liberals, it reflected the vacuousness they saw inherent in most of the administration’s policies. Ineffectual, but relatively innocuous, the phrase has become the single most memorable legacy of Nancy Reagan’s time in the White House.

In the middle of 1982, the prestigious National Academy of Sciences issued a report, commissioned earlier during the Carter administration, which reviewed the health and social aspects of marijuana. The scientific experts who conducted the study announced they had found “no convincing evidence” that marijuana permanently damages the brain or nervous system, or decreases fertility. They further noted that possession of small amounts of cannabis should not be a criminal offence, stating, “Alienation from the rule of law in a democratic society may be the most serious cost of the current marijuana laws.”¹⁷ Carlton Turner chose to ignore the findings of this distinguished panel as he did those of the Nixon Commission on the same topic. In so doing he alienated himself from the scientific community. He also discredited himself with his own professional colleagues. Previously accepted as a qualified researcher who knew as much as anyone about the chemistry of the substances contained in cannabis, Turner’s rejection of the findings of the commission of experts raised eyebrows: even among his immediate peers.

Similarly undeterred by scientific opinion, President Reagan on June 24, 1982, stood in the White House Rose Garden to announce his War on Drugs.¹⁸ He decried the heavy focus of the Carter drug program on treatment as a policy of defeat. Reagan stated, “We’re taking down the surrender flag . . . We’re running up the battle flag.” The only drug he mentioned specifically was marijuana. He called for the mobilization of parents, teachers, civic and religious leaders, and state and local officials. He stressed that law enforcement would be at the center of his program as well as an enhanced effort to stop the flow of drugs from outside the country. He made clear that the United States faced a dire threat and people should be appropriately frightened, but the specific nature of the threat was never spelled out, nor the precise strategy for dealing with it. It was a moral and political threat he was talking about, and the drug program was ill-equipped to cope with that problem. Reagan also used the speech as an opportunity to bring Carlton Turner out of the shadows as his drug adviser, finally making him director of a new Drug Abuse Policy Office.

Reagan quickly waived the 103-year-old Posse Comitatus Act that prohibited the U.S. military from performing law enforcement functions inside the country. Every Cabinet member was told to develop a drug program within their department. In five years, Pentagon funding for drug abuse programs went from \$1 million to \$196 million.

With the cutbacks in federal funding for treatment slots, some funds were made available for prevention programs. The latter were mostly unproven strategies with little or no scientific evidence that they had any real effect in discouraging drug use. They were aimed generally at the children of suburban families rather than inner city minorities, and the grants for their implementation went overwhelmingly to white middle-class organizations. The White House cited their implementation as evidence that Reagan was getting the “drug war back on the right track.”¹⁹

Professional addiction experts, many of them highly trained physicians with years of experience in the field, became progressively dispirited. Several resigned from the federal government or the government-funded programs they had run. They were mostly replaced by young political appointees, most of whom had no training or experience in the addiction field, but were happy to adhere to the White House message that the drug problem could be solved if the country just accepted that any drug use was morally wrong. What had been a cadre of experts chosen over a number of years by virtue of their scientific competence and regardless of political affiliation was rapidly dissipated.

Figures compiled each month by the National Institute on Drug Abuse on the nationwide number of drug-related deaths (mostly overdoses) had for a decade been considered by professionals as the gold standard for a quick indication of whether a particular policy was working. Under Carter, this monthly figure had dropped to the lowest level since the early 1960s.²⁰ Within two months of Reagan taking office the number of deaths began to climb again, moving relentlessly higher month after month. After little more than a year the National Institute on Drug Abuse was ordered to stop releasing the figures. The explanation given was that the White House Office of Drug Abuse Policy had determined such figures “were no longer relevant to the War on Drugs.”²¹

Ultimately one drug more than any other would be associated with the Reagan era, namely cocaine. Initially ignored by the Reagan administration, as it had been to large degree by earlier administrations, its use had steadily increased over the years especially in the entertainment industry. Overplayed by the media, its use became widely identified in the public mind with the free-wheeling capitalism of the Reagan era and the frenzied greed on Wall Street. Until the middle of the Reagan years, it caused a negligible number of deaths, partly because its cost limited its use, it was not widely available, and by-and-large those who partook of it tended to be relatively well-adjusted people using it for recreation, who were able to avoid addiction. A few, including celebrities, did develop severe dependency, and, particularly if they were public figures, their plight received widespread public attention,

exaggerating the perception of the threat that particular drug, in its usual powdered form, posed.

In the middle of 1985, the National Institute on Drug Abuse began to get reports from California of a new form of cocaine. Cocaine paste cooked with baking soda formed small rocks that could be easily concealed, cheaply made, and sold on the streets in single dose amounts. It came to known as "crack." Easily concealed, it had an immediate appeal to the increasingly desperate population of America's inner cities.

The Reagan administration was suddenly confronted with an entirely new drug problem that no previous administration had to address. Suddenly they were paying the price for having driven out of government those with professional expertise and experience in the addiction sciences. Carlton Turner was not a physician and had never treated an addict. He had also thrown in his lot with the hard-line law enforcement contingent. No one in the federal government seemed capable of formulating a rational strategy to deal with this dramatic new development. Slogans alone could not stem the tide that crack had unleashed.

Experienced clinicians running clinics and therefore on the frontline interfacing with the drug culture had for some time been reporting a steady increase in cocaine use and first raised the alarm over crack. Turner refused to meet with any of these acknowledged experts, including the highly respected Dr. David Smith, director of the Haight-Ashbury Free Medical Clinic, and together with the Parents' Groups managed to prevent them from participating in any conference over which they had influence.²² Turner refused to speak at any conference where professional treatment people were present. In so doing he insured that he insulated himself from the very people who might have been able to help him. Turner was hemorrhaging credibility. Eventually after visiting drug treatment facilities where he was told that "roughly 40 percent" of patients under eighteen had had homosexual experiences, he told a reporter from *Newsweek* that homosexuality was a sequel to marijuana use. Queried as to whether perhaps these men were gay first, he replied, "No, the drug came first." His remarks triggered a firestorm of criticism in the gay community, among drug treatment leaders, and even from more thoughtful Republicans.²³ Increasingly over his head in a job for which he was entirely unqualified he resigned shortly thereafter.

His replacement, Dr. Ian MacDonald, was a pleasant Florida pediatrician who had been drawn into the antidrug movement out of a sincere concern for the young marijuana users he had encountered. He had no background in the addiction field, but he had campaigned relentlessly across the country preaching against the evils of marijuana and had even put his own son in a treatment facility because of his use of cannabis. His unwavering loyalty to the Reagan ideology had earned him, despite his lack of administrative or policy experience, an appointment as the director of the Alcohol, Drug Abuse and Mental Health Administration. He was well-meaning and an eager learner. However, his appointment to the White House job put him into a political arena for which he was entirely ill-prepared.

Ed Meese, who had taken over as attorney general, saw the mushrooming drug issue as an irresistible opportunity to enhance his own power, influence, and visibility.²⁴ He chaired a Drug Enforcement Policy Board that met monthly to set policy. He removed the word “enforcement” from its name thereby establishing his committee as the pre-eminent policy body with authority across the board, notwithstanding MacDonald’s role in the White House. Although invited to the meetings MacDonald found that he was marginalized and Meese orchestrated the agenda to insure that it focused almost entirely on draconian military and high-tech law enforcement approaches to the problem. Although situated in the White House, MacDonald, who almost never saw the president, lacked the full authority of that office behind him. As a physician, he sought to insert at least some consideration of treatment into the dialogue, but he was no match for Meese and others on the committee who had spent their careers in law enforcement and the ruthless world of Republican politics.²⁵

It soon became clear that any rational dialogue to formulate a coherent and balanced strategy was being replaced by propaganda and fear, counseling and treatment by surveillance and punishment. Meese understood that the greater the fear he could engender in the public around the drug abuse issue the more unquestioned power and resources he would be given to deal with it and the less people would complain about the curtailment of civil liberties and constitutional rights. Meese pronounced the drug problem as a dire threat to national security that could only be dealt with by extreme measures. “Constitutional freedoms,” Meese argued, “should not be used as a ‘screen’ to protect defendants who engaged in the evil of drugs.” He implied that lawyers who defended drug cases were unpatriotic, and his Justice Department began using new subpoena powers to force defense lawyers to inform on their own drug clients. New laws allowing the confiscation of the assets of those facing drug indictments meant they were stripped of the resources they needed to hire a lawyer. Between 1986 and 1990, \$1500 million in assets were seized by the Justice Department (\$500 million in 1991 alone). Of those from whom property was confiscated by the police in 1991, 80 percent were never actually charged with a crime. Massive amounts of money (\$35 million in 1987 and \$63 million in 1989) were paid to drug informants, fueling the distrust and violence in the drug-using community.²⁶

Between 1985 and 1987, 99 percent all drug trafficking defendants were African American.²⁷ In mid-1986, African Americans, who made up just 12 percent of the total population, passed the 50 percent mark in U.S. prisons. In 1989, 35 percent of all African American males aged sixteen and thirty-five were in prison, on parole, or facing drug charges. The drug war that early in the Reagan administration had been focused almost entirely on marijuana use by white suburban youth had evolved with the advent of crack into a preoccupation with the inner city black population. Fear of young black men bent on crime was widespread among the middle class. With few treatment options available for cocaine (as opposed to heroin) addiction, intensified law enforcement—to which the administration was already strongly inclined—seemed to

offer the only alternative. Imprisonment sent a far clearer message than treatment clinics that on this front, at least, the war on drugs was being won. In some jurisdictions the jail sentence for possession of crack, the preferred form for blacks, was ten times the sentence for regular cocaine used mainly by whites. It dovetailed with the earlier broad Reagan administration message that the reasons your taxes are so high is because of government programs giving massive handouts to undeserving blacks—epitomized by Reagan's fantasized stories of "welfare queens" arriving in Cadillacs to pick up their welfare checks and other benefits. It not only resulted in a justification for wholesale arrests, but allowed the argument to be made that imprisonment of tens of thousands of young African Americans made the country safer.

Throughout the Reagan years the Congress was largely complicit in the draconian excesses associated with the administration's drug abuse policies. It was seen as being for all practical purposes an issue without political risk. Even liberal Democrats, such as Senator Joseph Biden, saw support for harsh penalties as a way of showing they were tough on crime. It was also a way of currying favor with the Reagan administration without losing votes in their home districts. In 1984 the Senate, by a vote of 91 to 1, abolished federal parole meaning that anyone convicted had to serve the full sentence they were given. Strict mandatory sentencing guidelines for drug offences were also put in place. The brother of then governor of Arkansas, Bill Clinton, was indicted in 1984 for selling cocaine and conspiracy. He received a sentence of two years of which he served sixteen months. Had he been convicted a couple of years later when the mandatory sentences went into effect he would have had to serve a full ten years.

A turning point occurred in June 1986 when a young college basketball star, Len Bias, died from a heart condition apparently precipitated by his use of cocaine. Anonymous young African Americans were dying everyday in the inner cities from drug overdoses, but when a clean cut star athlete succumbed it caught the nation's attention. In response to the public outrage over the death, Democrat Tip O'Neill, speaker of the house, was determined to get out ahead of the White House. He urged his committee chairmen to develop quickly legislation that would show Democrats could be as tough on drugs as Republicans. Dozens of hard-line bills were rapidly drafted usually with no hearings and rarely even the most cursory input from anyone knowledgeable about the drug problem. The central theme was to see who could be toughest on anyone associated with drug use. There were proposals to ban lawyers from representing drug defendants and anyone who did business of any kind with them. If a dry cleaner did business with a drug dealer they should be put in prison and their business seized, one congressman argued. Several advocated the death sentences for some trafficking offences. In four months twenty-nine new mandatory minimum sentences were approved, twenty-six of them being for drug crimes.

By the end of the Reagan years, there was near hysteria about drugs. During the Congressional session leading up to the election of 1988 a

bidding war essentially took place to see who could propose legislation with the most horrendous penalties for sale or possession of drugs. No politician could lose by being “too tough on drugs.” At the time Reagan came to power it was hard to see, by any measure, a drug problem that posed any real threat to America’s welfare, especially compared with poor education in the public schools, inadequate healthcare, or a decline in family cohesion and parenting skills. Yet, there was an effort to portray the problem as a great moral struggle, to inflate the nature and magnitude of the threat way beyond what the objective evidence suggested, to demonize elements of the population (anyone who had ever used drugs and later crack cocaine users), and to use the inflamed public opinion to blunt criticism of a breaching of civil and constitutional rights and an ever increasing transfer of power to law enforcement agencies in Washington—the latter particularly tied to political control. Ironically, by politicizing the drug issue in the early years, driving out those with treatment expertise, and transforming the response into an entirely hard-line law enforcement approach they were quite unprepared when a real drug problem emerged. The development of the crack cocaine epidemic was an unanticipated event over which the Reagan administration had no control but their lack of preparedness in dealing with it led to a national panic that blew the problem completely out of proportion. As Reagan departed he left behind a hysterical fear about drugs that had serious and damaging implications for how the issue could be handled in the public arena. Once the drug abuse issue was “de-professionalized,” politicians from both parties sought to play the issue for whatever political advantage they thought they could get. Reagan had opened a Pandora’s box.

Notes

1. Nicholas Kozel, Robert DuPont, and B. Brown, “Narcotics and Crime: A Study of Narcotic Involvement in an Offender Population,” *International Journal of the Addictions* 7: 3 (1972), 443–450. The data published in this chapter had earlier been made available to officials of the District of Columbia and the U.S. federal government in internal reports.
2. Robert Steele and Morgan Murphy (Members of Congress), *The World Heroin Problem: Report of Special Study Mission*, House Committee on Foreign Relations, 1971.
3. Daniel Baum, *Smoke and Mirrors* (Boston, Little Brown and Company, 1996), 10–11.
4. Peter G. Bourne, *Methadone: Benefits and Shortcomings* (Washington, D.C., Drug Abuse Council, 1975).
5. *Federal Strategy for Drug Abuse and Drug Traffic Prevention* (Washington, D.C., The Strategy Council on Drug Abuse, 1979), 10.
6. *Ibid.*, n.p.
7. *Source Book of Criminal Justice Statistics* (Washington, D.C., U.S. Department of Justice, 1990).
8. Baum, *Smoke and Mirrors*, 28, 66.
9. *Ibid.*
10. Michael Massing, *The Fix* (New York, Simon and Schuster, 1998).

11. The notion of a “slippery slope” from marijuana use to an addiction to hard drugs is an argument unsupported by any credible scientific data. During the 1980s, forty-four million Americans said they had used marijuana and around 2 percent of that number had also used heroin (therefore 98 percent of marijuana users did not progress to heroin). A majority of heroin users had also used marijuana but virtually 100 percent smoked cigarettes. Correlation, of course, is not causation.
12. Baum, *Smoke and Mirrors*, 145.
13. Despite the defining of addiction as a crime not a disease, two top Reagan White House officials would later, when charged with criminal wrongdoing, argue in their defense that they suffered from alcohol addiction, “a disease,” the first and only time that senior government officials have done so.
14. Baum, *Smoke and Mirrors*, 170.
15. *Ibid.*, 149.
16. *Ibid.*, 148.
17. *Marijuana and Health* (Washington, D.C., National Academy of Sciences, 1982).
18. *Public Papers of the Presidents of the United States, Ronald Reagan* (Washington, D.C., Government Printing Office, October 14, 1982), 1313.
19. Baum, *Smoke and Mirrors*, 166; Massing, *The Fix*, 146.
20. Peter G. Bourne, *Jimmy Carter: A Comprehensive Biography from Plains to the Post-Presidency* (New York, Simon and Schuster, 1995).
21. Personal communication from William Pollin, director, National Institute for Drug Abuse, with the author, Washington, D.C., November 15, 1981.
22. Massing, *The Fix*, 171.
23. *The Washington Post*, October 22, 1986.
24. Massing, *The Fix*, 161.
25. Much of the information in this paragraph comes from personal communication with MacDonald.
26. Baum, *Smoke and Mirrors*, 275.
27. *Ibid.*, 249.