

Drugs and Criminalization

My parents gave me downers to make me less hyper. Then I started sniffing glue. I don't hardly remember how I got here. It's like I'm waking up from some weird dream.

—Doug, 11, after four months in a residential treatment center

A psychiatrist at the Mayo Clinic recently said, “At times, addiction can seem like a simple, straightforward, obvious condition that one gets into by irresponsible behavior and one should be able to change by willpower and ‘just saying no.’ On further study, however, it seems increasingly complex.”

The problem of substance abuse is complex. As such, it eschews simplistic solutions. As I see it, there are roughly six major views defining the use of illegal substances in America today. Each of these perspectives also advocates a different remedy to the problem of drug abuse.

1. It's a private affair: Drug users are making a personal choice.

They are exercising their constitutional right to be sovereign over their own mind and body. Private affair remedy: End all drug prohibition. Enact similar guidelines for behavior “under the influence” as for alcohol.

2. Law enforcement: Drug users are lawbreakers.

Certain substances, for whatever good or bad reasons, are simply against the law. Law enforcement remedy: Arrest, incarceration, disenfranchisement (revocation of rights to bear arms, vote, travel freely, enjoy privacy, freely associate, assemble, or access information), and deterrence through the inculcation of fear.

3. Moral: Drug users are immoral.

Nonprescribed drugs are “bad.” Therefore, people who use or sell them are bad or, in some contexts, sinful, evil, or even demonic. Often used to bolster view number 2. Moral remedy: Same as view number 2; however, some advocates additionally promote religious redemption as a cure.

4. Medical and psychological: Drug users are sick.

Substance abuse is an illness. Some advocate dispensing drugs and needles to addicts to encourage treatment, decrease fatalities, lower emergency room admissions, and to reduce AIDS, hepatitis, and other public health threats exceeding the harm of addiction. Medical remedy: Medical treatment and/or psychotherapy; drug prescription and supervision. Some offer Twelve-Step recovery.

5. Twelve-Step recovery: Drug users are spiritually depleted.

Twelve-Step remedy: Connection to a “higher power,” accompanied by strong support from a self-help community dedicated to sobriety. Twelve-Step theory views the desire for drugs or alcohol as a misguided quest for a more spiritual life. It has consistently proved highly effective in healing the psychological and emotional pain that drive many into substance abuse.

6. Harm reduction: Drug users exist.

Drugs can be harmful to the user and others, as can many of the above “remedies.” Harm reduction remedy: Follow the course of action that creates the least harm to the user, his or her relationships, and society as a whole.

All these perspectives have some merit. It is the latter ideal of harm reduction, however, that most strongly guides this chapter. Illegal drugs are dangerous and can destroy lives, as can alcohol, automobiles, tobacco, motorcycles, and prescription drugs. It is not my intention to make light of that fact or promote drug use in any way. In fact, my first book was largely a recovery guide for men with substance abuse problems. Today, however, the criminalization of boys appears abundantly more harmful, costly, and generative of violence than drug use itself.

In the years prior to World War II, European Jewry was at first pathologized, then demonized (considered evil), disenfranchised, criminalized, and, ultimately, dehumanized. One consequence of dehumanization is that it becomes easier for some enfranchised citizens to regard outcasts’ lives as having lesser worth. When boys who use drugs are deemed lawless, deviant, immoral, or even evil, it further darkens their image in our collective awareness. Authorities use the dehumanization of young, male drug users to justify draconian punishments. Demonization further impedes the capacity of some to perceive bad boys as young people in need. Punishment thus trumps treatment as retribution supplants compassion. As the Red Queen in Alice’s Wonderland responded to all offenses: “Off with their heads.”

Most young, male drug users, however, are nonviolent, at least before incarceration. Drug offenders represent 60 percent of federal prisoners and over one-third of state and county prisoners. Boys arrested for drugs, however, show nondrug crime rates half that of nondrug arrestees such as burglars or robbers. This suggests that

the aim of violent crime control would be better served by focusing more on violent criminals and less on addicts in need of treatment. But the forces of criminal justice keep widening the drug net’s scope, thereby swelling youth corrections and prison populations with unprecedented numbers of young men.

Why Zero Tolerance Equals Zero Success

Despite massive campaigns and countless ruined lives, teen substance abuse remains prevalent, though consistently less rampant than adult abuse. Adolescent substance

abuse rates rise and fall over the years, with no sustained, long-term trend toward reduction. We have never had a drug-free society. Citizens who do not use antidepressants, tranquilizers and other psychiatric medications, pain medications, diet pills, caffeine, tobacco, alcohol, or some illegal substance, are now a minority of U.S. citizens. The type of drug, level of use, population who uses it, method of distribution, manufacture, regulations, laws, and other features of substance use keep shifting. “Just say no or go to jail,” for certain substances, however, does not rise to a stellar psychosocial treatment methodology. We can do better.

One reason so many young people fail to respond to official antidrug campaigns is because those initiatives make no distinction between “soft” drugs like marijuana and “hard” drugs like heroin or cocaine. Any kid getting high, however, knows they are worlds apart. But such “degree of harm” distinctions have been eliminated from the government’s “zero tolerance” (all drug use is bad) lexicon. Many young people therefore reject the whole message because they know, at least, part of it is false.

Drug-savvy kids dismiss most antidrug programs as a joke, an insult to critical thinking. But these programs could be extremely valuable to those same children if designed for harm reduction instead of law enforcement’s goals. As one advocate writes, “Preventive education for harm reduction seeks to inform and influence individual choices, not only to discourage any use of dangerous drugs, but also to educate those who will nevertheless experiment with them. It thus also teaches them how to minimize the harm they cause themselves and others—just as designated driver programs help reduce the harm of drinking.”

The hard line of zero tolerance simply does not deter adolescent male drug use or many other youth problems. According to numerous credible reviews, zero tolerance is a total failure, recapitulating our protracted, failed “war on drugs.” The growing intolerance toward bad boys appears more to reflect blind ideology than enlightened leadership offering thoughtful and workable solutions to difficult social problems. Students largely ignore programs that overstate drugs’ ill effects or that seem to them to be grounded more in political correctness than science.

DARE (Drug Abuse Resistance Education) is the largest national drug-prevention program. It is widely praised by teachers and law enforcement officials. DARE may, in fact, teach good social and conflict resolution skills and improve student/police relations, all good things. DARE and similar programs, however, show little to no efficacy in reducing teen drug use. I find it sad that many parents actually pin hopes for their children’s futures on these weak foundations.

Boys who smoke pot feel especially cynical when adults who drink alcohol tell them not to use marijuana. Boys tend to respect drug information disseminated by “those who have been there” more than from those who they think “don’t have a clue.” The author of a California Department of Education study notes, “As soon as kids are told that they can make decisions—but there’s only one right decision to make, they stop listening.” But the director of the federal Safe and Drug-Free Schools program adamantly states that they will not tolerate any program “whereby the position is anything less than ‘kids are not to use [any] drugs.’” So despite

consuming over half a billion dollars a year in funding, these programs simply continue to fail.

In 1995, 16 percent of eighth-graders reported using marijuana. By 1997, eighth-grade marijuana use increased to nearly 25 percent. By 1998, following massive, governmental antidrug campaigns, the 16 percent of eighth graders smoking pot three years earlier had grown to 41 percent of seventeen-year-olds. Additionally, 73 percent of high school seniors reported using alcohol during the previous year.

Bad Boys' Bigger Brother

Boys emulate the adults around them, who purchase and consume the vast majority of drugs and alcohol. But like selective gun control today, drug criminalization also falls most heavily on the backs of boys. Without the legal due process afforded adults, students in zero-tolerance high schools are increasingly being subjected to drug-sniffing dogs, warrantless searches, on-campus police, drug testing, and expulsion for possession, even for weekend use off-campus. Some schools do not even allow students to participate in extracurricular activities like chess club or cheerleading unless they are first tested. Other than prisoners, few adults are subjected to this level of official drug resistance and scrutiny.

Chemical patches can now test for “positives” in the sweat of a suspect’s skin. Instead of being deeply engaged with their children’s lives, parents can now buy cheap drug detection kits at the drugstore. The latest computer-age surveillance tool is the portable Ionscan, an “ion mobility spectrometer detection system.” In five seconds it can identify invisible residues of thirty illegal drugs, as small as one-billionth of a gram, on someone’s clothing, shoes, body, money, hair, or even in the air around them. In one East Coast prison, 45 percent of visitors stopped visiting their families after an Ionscan was installed.

As a recovering substance abuser I know it is a challenge to maintain lifetime abstinence. As a counselor, I’ve seen that without treatment, total abstinence is near impossible for many addicts. Over the past few decades, however, inexpensive and quick drug testing has sent huge numbers of parolees to prison instead of treatment. In the late 1980s as many were returned to California prisons from parole as for new felony convictions. In 1998, 30 percent of new prisoners were reincarcerated for parole violation—most for failed drug tests. These latest technologies for continual surveillance assure that even higher numbers of drug suspects, probationers, and parolees will be incarcerated than resulted from the random laboratory drug tests in the past.

Ironically, in an era when the majority of lawmakers advocate increased drug penalties and scrutiny, conservative Republicans quashed a 1998 plan to drug test members of the House of Representatives and their staffs. Representative Joe Barton of Texas reportedly said, “We have a few well placed people who do not want this.” Louisiana and other state legislatures have followed suit, preventing the drug testing

of their members. Most major employers—87 percent in 1999—do, however, test their job applicants and employees, even where public safety is not a factor. This new cadre of surrogate drug enforcement officers denies people jobs otherwise available to those who use tobacco, alcohol, or prescribed drugs.

The billion dollars this same Congress allocated in 1998 for youth-oriented, antidrug media campaigns did a lot for the prosperity of ad companies and television networks. That money, however, could have sent 80,000 to 150,000 at-risk youth to college or trade school, provided a year of quality outpatient drug treatment for 350,000 young addicts, or provided wages for one million mentors or reading tutors to spend a few hours with an at-risk boy each week. These are the sorts of interventions that create lasting and significant change in self-destructive behaviors like drug abuse. For instance, although there is no positive correlation between incarceration and reduced drug involvement, there is a direct relationship between level of education and drug, alcohol, and tobacco abuse: The less of the prior, the more of the latter.

Treating the underlying social and psychological conditions that provoke youth to seek the temporary pain relief of drugs could be more effective than forcing hundreds of thousands into the criminal justice system. As Reverend Jesse Jackson puts it, the problem isn't that law enforcement has failed to make bad boys afraid enough. "The real problem is that our young people are not hopeful enough." A campaign for hope, however, calls for different tactics than a war against boys. When I was on the street we used to joke, "Dope will get you through times of no hope more than hope will get you through times of no dope." We believed that because we didn't even know what hope was. Today, however, I do know: Hope trumps dope.

Why Are Drugs So Attractive to Isolated Young Men?

As with prostitution, I never really aspired to become a drug dealer. One day, however, my feet got a painful infection from standing in wet shoes all night washing dishes. I missed a few days of work. They fired me. My roommate Danny and I couldn't raise the next month's rent. We were soon back on the street. I constantly looked for work, but without education or real job training, no one would hire me for a decent job. In the latter half of my seventeenth year, I began a final stretch of homelessness, lasting about two years.

Danny started dealing LSD. As a newly synthesized drug, "acid" was legal. So I joined him. For a short time we could possess and sell it on the street with impunity. A large dealer would give us quantities on consignment. When we sold them, we repaid her and kept the profit. When Danny and I sampled our wares, however, we ended up giving away as much as we sold. Despite keeping us in food and drugs, our drug sales never produced enough money for us to secure new housing.

But even without lodging, life felt rich on Los Angeles streets in the mid-1960s. The vestiges of bohemia yellowed and blew away in winds of social transformation. Beat culture's leavings drifted into cracks of urban culture, becoming compost for the

seeds of the hippie movement. I was too young to fit well in bohemia, and the gay scene always felt off for other reasons. But when psychedelic culture's buds opened and spewed forth their paisley and patchouli, the flowering of psychedelic culture enveloped me in a perfumed cloud.

A variety of clubs proliferated at the glittering edge of the "underground" community. Pandora's Box, the Troubadour, the Trip, Whisky-A-Go-Go, Gazzari's, and others wove a web of cabarets for the "scene." Though bohemia was fading, a few coffeehouses remained. The Fifth Estate was in a basement below Sunset Boulevard. Next door a small rotating statue of Rocky and Bullwinkle mimicked a brightly lit, three-story high, rotating statue of a Las Vegas showgirl across the street.

The Fifth Estate showed art films, hosted poetry readings, and had real, live, soon-to-be-famous folk singers. Hashish and acid were as plentiful as the coffee. It seemed strange to me that everyone I met was deemed an outlaw because of drug use. Their universe felt bountiful to me, whereas in the "straight" world little flowed my way but concrete, steel, blood, and dust. Outlaws were often generous and kind in contrast to most of my encounters with upstanding citizens. Some outlaws were just stone crazies, however, and that part got uncomfortable on occasion. But many "heads" (drug users) with "pads" (housing) let me "crash" (sleep), thus periodically giving me a chance to bathe, wash clothes, and otherwise recoup from the street.

Today many boys feel similar dichotomies between gangsters' allure and mainstream invitations. Particularly in our inner cities, boys and young men often feel they must choose between outlaws, who provide acceptance, community, and economic opportunity, and a mainstream culture that often rejects or condemns them.

Today, the glamour of rap music artists, with their excess of drugs, sex, and money, attracts countless young men. Many hang their identity on the profiles of these bad boys who seem to have escaped our decaying inner cities. It will take much more than protests and censorship of rap music's lyrics to break its grip on young men. They need jobs, education, spiritual guidance, and a clear road to a bountiful world before seeds of doubt will be cast on drug culture affiliations that, albeit falsely, promise a better life.

The glitter and romance of my rock'n'roll world hid many features of drug culture's dark side from me. In the same way, the wealth, power, and excitement associated with the "Gangsta" ethos obscures the Cimmerian sinkholes swallowing bad boys today. Crack, coke, smack, or speed—it doesn't matter. If not medically supervised, the use of all these drugs leads to oblivion. The protracted use of street drugs, with their wide variance of purity and potency, is the American version of Russian Roulette. Why then do boys take these risks of suicide on the installment plan? I can personally attest to the fact that isolated, abandoned, or abused boys often feel little reason for living. To many, oblivion may seem like a better place. That gaping void in the soul is the biggest drug lure of all. For a few moments, drugs obscure the demoralizing lacuna in a bad boy's psyche. But like subterranean

termites, drugs eat further into psychological foundations already weakened by adverse social circumstances.

As drugs were a central component of my life on the streets, they are an integral part of street life and gang culture today. Every time we exclude a boy from the mainstream, for whatever reason, we create a potential new drug user or gang member. Disenfranchisement is a more powerful generator of drug abuse than any street corner recruitment. Even the risks associated with drug dealing are attractive to boys with few other sources of drama or excitement. Many young men crave risk as an opportunity to display their courage, a traditional means of inclusion in male culture throughout the world.

Drug dealing is very social, intense, engaging, vivid, and dramatic. It promises women, money, power, and a place in the “life.” Dealing and drug use are very seductive to young men who lack strong hopes or ties to other sources of social inclusion. Economic opportunity and the attention of older males seduce many lost boys into this dangerous trade.

Some substance users start heavy use in reaction to emotional or physical pain. Traditionally, one of the hallmarks of masculinity has been the demonstrated capacity to repress pain. For many, attempting to live up to that dominant male ethos alone creates oft hidden suffering. Many young men suffer chronic pain from injuries incurred in the wars, physical conflicts, combat sports, high-risk occupations, and dangerous trades still primarily reserved as their sole province. For example, men are killed and seriously injured on the job twenty to one over women.

Many males will not seek help until pain or despair is severe enough to interfere with performance. It never even occurred to me to ask for help as a teenager, nor was I aware of any place where I could receive it without risking reincarceration. Instead of seeking assistance in ameliorating physical or emotional suffering, many men just “self-medicate.” One emblem of the traditional male ethos is “I can fix it myself.” This is one of many reasons young men are overrepresented among nonprescribed substance users.

Although women have other, equally serious, internalized admonitions that can impede their development, there is no similar “it is unfeminine to ask for help” imperative in most women’s psyches. Women are the largest consumers of prescribed tranquilizers, barbiturates, stimulants, and addictive pain relieving drugs. Women visit the doctors, dentists, and psychiatrists who prescribe them in much higher numbers than men do. Men could learn some valuable lessons from women about self-care and safety. Because professionals supervise more of women’s substance use, they are less likely to run afoul of drug enforcement or be harmed by impure or incorrect dosages that can accompany street drugs.

The End of Innocence

Although I had some insightful experiences with psychedelics, I also had psychotic episodes. I took them in unsafe settings: at rock concerts, clubs, “human be-ins,” the

street, and all-night hangouts like Cantor's Delicatessen. What professional literature exists on their appropriate psychiatric use notes all those settings as contraindicated. I was also undernourished and already a little paranoid in reaction to the real dangers of the street. Not surprisingly, any degree of temporary relief gained from drugs was taxed by an equal degree of decompensation. That's the problem with drug-induced insight. Years later, during my clinical training, I realized most of my seventeenth year met the clinical diagnostic criteria for psychosis.

One night in 1967 I caught a ride to San Francisco in the back seat of a lemon-colored Volkswagen bug, the Yellow Submarine. It belonged to a dear friend we called Wayne Wonderview. Also joining our adventure was a black woman with a shaved head, Doreen, a flamboyant gay man, Wendy, and a long-haired musician, Jim.

We headed up Highway 101, leaving LA about 11:00 P.M. In Wayne's duffel bag were three kilos of marijuana, about \$360 worth then. By 3:00 A.M. we were all asleep. The car hit a bridge abutment at 85 miles an hour. The sudden impact ejected me through the rear window as the car flipped over. I flew several hundred feet, bouncing down the center of a freeway for the second time in my life. As I tumbled down the roadway my pants ripped off and I was slathered with road burns. Half my ribs cracked. I hit my head and went into shock, unable to move.

Wayne was instantly killed. A four-by-four signpost went through his chest. Though I lost many friends in those days, Wayne's death remains the most tragic in my heart. In some ways, efforts I have made to positively change my life reflect an attempt to make some meaning out of his needless death. Miraculously, all the others escaped lasting injury.

Police found the duffel bag in a ditch. We were arrested in the hospital, transferred to the Visalia County jail, and charged with "felony possession of marijuana with intent to sell." Given our appearance, the crime, and the era, our "hippie drug invasion" made headlines for days.

After more than a month in jail, my mother posted bond, bless her soul. The first round of trials took two years. With four defendants in varying degrees of homelessness and addiction, it was difficult to get all of us to hearings, five hours from Los Angeles, at the same time. I hitchhiked to court many times, and Gloria also occasionally drove me, putting in a late but welcome appearance in my life. There were many continuances, pretrial hearings, and motions. A prosecutor left. The court appointed a new judge. Since we were passengers, the charge was finally dropped to simple possession for which we were all found guilty.

Jim and Doreen, both first offenders, got a year. Wendy, however, had been arrested again, prior to his sentencing, for possession of a small quantity. As a "repeat offender," the court deemed him a chronic criminal and sent him to state prison. He got into more trouble there. This colorful, nonviolent, cheerful young man spent many years in Vacaville State Penitentiary before he died. Harsh punishment for a homeless gay boy who liked to smoke pot for relief.

Ironically, less than ten years later, possession of under an ounce was decriminalized in California. The state has since saved over a billion dollars in

police, court, and prison costs and spared tens of thousands of citizens the trauma of incarceration. If arrested in 1976, Wendy would have suffered a \$100 fine instead of a “habitual offender” charge. But then marijuana possession garnered what was essentially a death sentence for some in California. In some states, marijuana possession is still punished more severely than assault.

Today, every year, tens of thousands of boys and young men suffer similar fates for possessing minuscule quantities of crack. Busted one, two, or three times they face mandatory minimum prison sentences of five, ten to fifteen, and twenty-five years to life in prison. The RICO (Racketeer Influenced and Corrupt Organizations) Act was instituted to give the government broad new powers to put away Mafia dons. Now these statutes that allow law enforcement to bend constitutional protections are putting small-time dealers away for life. Crime and punishment are very relative affairs, subject to the changing whims of culture.

Why Young Men of Color Are Favored Targets of the Drug War

Drug abuse is widely distributed among most economic, racial, and cultural groups. Boys from racial minorities, however, suffer the most severe consequences for drug use. Affluent, mostly white, drug users, who represent 80 percent of powder cocaine consumers, are subject to different laws than their street-level, mostly black counterparts, who account for 90 percent of crack cocaine arrests. Powder cocaine users can possess 100 times the amount and value—500 grams as compared to five—before they incur the same penalties as crack smokers. This double-edged law protects the socially advantaged while sending disproportionate numbers of young black males to prison. Even if the intention of this law is not consciously racist or “classist,” the outcome is decidedly so.

Affluent addicts avoid drug sweeps and other hazards affecting street dealers. They more easily obtain legal prescriptions and use drugs in more private and secure environments. Socially advantaged addicts receive better legal representation and medical and mental health care. Once arrested, enfranchised whites are more likely to be considered good candidates by the courts for diversion to treatment than low-income or minority addicts. Females are also significantly more likely to be referred to treatment than males.

African Americans are 13 percent of the U.S. population yet 40 percent of drug arrests. They serve longer in prison for the same crimes as whites. One study shows that when white and black teens commit the same crime, black teenagers are seven times more likely to be charged with a felony. They are also arrested six to one over white youth and are surveilled, stopped, and searched by police in greater numbers than white teenagers.

No prohibition has or ever will stop demand for alcohol or drugs. Nor has dumping billions into drug wars diminished supply. In 1999 heroin was available at

half its 1980 price. Cocaine and speed are as plentiful as ever. Designer drugs proliferate despite their proven and unknown long-term health consequences. Speed labs are cranking out record quantities of methamphetamine, especially in the Midwest. All this is driven by extraordinary greed.

Alcohol prohibition allowed disenfranchised street hoods to become millionaires. It also generated unprecedented gang violence in competition for profits. Today, drug prohibition generates billions for a handful of drug lords. A United Nations study estimates that as much as 10 percent of the world's annual gross product may flow into their underground coffers.

It is the young men, however, dealing small quantities, in the open, on the streets, who constitute the majority incarcerated for drug sales. They are easy police targets. Few profit greatly from their trade. They are foot soldiers for the top dogs who make the real money. Boys in minority, inner-city neighborhoods—where the highest national rates of child poverty and young male unemployment exist—are the primary casualties of the drug war. Of 100 small-time dealers, one to two are killed, seven are seriously injured, and over twenty are incarcerated every year. As in most wars of attrition, increasingly younger recruits steadily replace them.

Hundreds of thousands of predominately low-income, young male prisoners of war (on drugs) flood our prisons. There was a 700 percent increase in drug-related, African-American inmates between 1985 and 1995 alone. Latinos are also disproportionate among drug prisoners, even though white adolescents have substance abuse rates similar to both these minority groups.

In Massachusetts, 84 percent of those serving mandatory drug sentences are first-time offenders; 80 percent will spend more time behind bars than the average prisoner convicted of a violent crime. In fact, nationwide today, more citizens are serving time for drug possession than for all violent crime categories combined. In 1998, the majority of California's "three-strikes" prisoners were doing twenty-five years to life for marijuana, not murder.

Filling the Hole in the Soul

In some cases, bad boys stop using drugs simply because they stumble through some open door in a corridor of gateways otherwise bolted shut. Wherever we can pry doors open, new intersections on the road to prison are created that, if taken, can lead a boy back into the community. The closed doors of moral superiority and criminalization merely herd them more speedily down the chute toward slaughter.

After the accident on Highway 101 I started frequenting the Hollywood studio of Vito Polukis. Vito hosted a Felliniesque underground arts scene. In the 1950s my mother lived above the studio where Vito made sculpture for his soul and lamps to pay his bills. His retinue spanned the early bohemian era of my mother to the hippies that now adorned his studio like a flock of brilliant macaws. The Iron Butterfly band rehearsed in the basement, while the rest of us hung out. Underground notables from Lenny Bruce to Jim Morrison, along with poets,

filmmakers, record producers, actors, artists, writers, and musicians, came through Vito's door in those days.

I joined his improvisational dance troupe—the Freaks. We regularly showed up at Mothers of Invention concerts. The Mothers were an avant-garde rock band led by Frank Zappa. I could rarely tell whether he enjoyed our interpretive dance of his music or was appalled. But we had a symbiotic relationship. Vito's Freaks had free access to all the clubs and concerts. Our routines were so over the edge that they “made the scene.” That was good for business.

Although this group was strange, it was also a community for me. Most young men desperately need to feel connected to some sort of tribe—a church group, the Boy Scouts, an athletic team, or—without a positive option for membership—a gang. Vito's troupe was more dance scene than drug scene. It helped shift my identity from bad boy to performing artist. It kept me off the streets and out of trouble.

Often, it seems, helping professionals try to move angry young men, involved with drugs, gangs, counterculture, violence, irresponsible sexuality, or crime, straight into middle-class models of responsibility. A rap band, guerrilla theater group, street mural art team—any uplifting expression of wild artistic passion—is a good first step away from the soul-grinding, dispassionate wildness of the streets.

I went on the road with the Mothers for a while. Handling equipment by day, I hung out with the band and their bevy of groupies at night. To many, this world seems mad. But for me, it was a breath of sanity and delicious freedom compared to street life and institutions. Any step away from criminality is valuable, even if it looks strange. No big quantum transformation or intervention ever generated rehabilitation in my life. Change happened gradually.

Real madness occurs when a person can't see underlying order in the patterns of their existence. Holocaust survivor and psychiatrist Victor Frankl theorized that it's not so much what happens to us that determines our sanity, but whether we can make meaning out of it or not. Frankl's theory proved true in my own life. Meaning emerged as the bizarre unfolding of my life seemed to point toward a more interesting world than I might otherwise have known.

When meaning is absent, insanity, violence, and criminality rush into the vacuum like thunder chasing lightning. When we avail boys with no other creative opportunity for self-definition, a bad-boy identity can provide a powerful sense of meaning. The graffiti wallpapering our cities is, in part, an outpouring of that quest for expression and recognition. For many, it feels better to be identified as part of gang, even a violent one that puts them at risk, than to suffer the existential anxiety of having no strong definition at all.

I don't use illegal drugs today. And I don't advocate their use. Access to a good education, economic opportunity, and Twelve-Step recovery groups, along with learning how to use relaxation techniques, and the growing possibility of a good life gave me the impetus to stop. When there is more to lose, some people become more protective of themselves.

For example, many Vietnam veterans came home with narcotics addictions. Those young men who came home to intact families and communities, with good access to economic and educational opportunity, were less likely to remain addicted than those who returned to less hopeful circumstances. Addiction often persisted or got worse with those who came home to broken relationships and families, impoverished or disrupted communities, and insufficient support or even obstacles to reintegrating with society. Drug addiction is not simply a physiological dependence; it is deeply tied to a person's social, emotional, familial, economic, physical, mental, and spiritual health.

Opportunities to positively engage life changed me more than any dire predictions in the media, threats, incarceration, bad trips, or even the drug-related arrests, accidents, and deaths of friends. I repeatedly see this to be so in the lives of other recovering addicts. Like posttraumatic stress in combat veterans, the resonance of adolescent incarceration far outweighed any adverse effects I ever suffered from drug abuse.

In the heart of every human being is a deep longing for freedom, something that can only be called the Divine. Connection to something greater than a constrained and unimaginative life, in whatever form it arises, is essential for many otherwise nihilistic young men. Our churches, temples, mosques, and other spiritual centers have an affirmative obligation to reach out to troubled young men in a manner blatantly relevant to their lives. For example, Reverend Cecil Williams at Glide Memorial Church in San Francisco doesn't just preach in the church. He goes out on the streets to talk to the drug dealers. He told me,

You can't just take these young dealers off the streets and expect them to be good boys. They get a certain amount of admiration on the streets for what they do and what they have. If you want them to change they must have an opportunity to receive that glory in some other way. I told one young crack dealer, "You're good with money so why don't you take charge of our meals for the homeless program." We feed 6,000 people. That's a lot of money and goods to keep track of. He did a real good job and, most importantly, he got admired by a lot of good people for doing it. He's not dealing any more. We're going to make him a deacon.

In this way, the dedicated attention of a spiritual teacher and community turned around the life of an otherwise cynical young man. Opportunities for personal enrichment can undercut the psychological and spiritual conditions that lead to substance abuse. And a great deal of harm can be reduced by policy changes and drug treatment.

Decriminalization

Internationally, Germany, Ireland, the United Kingdom, Australia, Switzerland, New Zealand, and other nations are exploring varying degrees of decriminalization. The Frankfurt Resolution, drawn at a conference of international policy experts, states: "A drug policy which treats addiction exclusively as a law enforcement problem, and makes abstinence a precondition for the granting of assistance, is doomed to failure." At the end of 1998, 3,500 international drug policy experts gathered for a conference directed at humanizing drug laws throughout the European union. Most well-informed medical and mental health experts today agree that the collateral trauma, injury, disruption of families and communities, fiscal drain, infliction of mental illness, disease, and death that occurs from drug criminalization exceeds the harm caused by drugs themselves.

It appears that organized crime has the biggest stake in keeping drugs illegal. Decriminalization would cause prices to plummet. If profit were eliminated from the drug business, it is likely that associated turf violence would also disappear, thus making neighborhoods safer. Few addicts would then commit crimes to feed their habits. That proved true in Holland when that nation legalized soft drugs and decriminalized hard drugs.

Fifteen years after inaugurating their decriminalization experiment, the number of addicts in Amsterdam had dropped by 50 percent. Fewer young people became new users. Addicts registered with public health agencies, who offered methadone treatment and clean, AIDS-preventing syringes. In the United States, the use of dirty needles causes about 10,000 otherwise preventable AIDS cases a year. In 1998 the Dutch began providing free heroin for addicts. The first follow-up survey showed that not a single addict committed a crime after enrolling in the program. Although two-thirds of American addicts are employed, they still commit hundreds of thousands of crimes each year to procure money for drugs. On average, each nonaffluent, hard-drug addict commits fifty robberies, eighty-five burglaries, and hundreds of drug transactions each year.

Many experts today believe that drug decriminalization could halve our prison population. Others note that drug-related hospital admissions would also dramatically drop. In 1998 Germany transferred the entire issue of drugs from the realm of criminal justice to the health department. Based on an "addiction as treatable illness" model, the government embraced "Assistance not Punishment" as their emblem. Like the Dutch, they distribute heroin and provide clean needles in safe "injection rooms," where addicts can also receive other health support. The German drug czar's "health and education over law enforcement" approach dramatically contrasts with the sentiments of our former U.S. drug czar, William Bennett, who filled our prisons saying, "a massive wave of [drug] arrests is top priority."

Soft drugs can become a gateway to hard drugs. That's been a rationale for keeping them illegal. However, the incendiary experience of jail blows open a larger gateway to violent criminal culture, victimization, despair, even madness, thus making

already alienated young men crave further relief from drugs. Boys incarcerated for drug use are more likely to become filled with hate than scared straight.

In 1998 Nevada, Oregon, Alaska, and Washington joined California and Arizona in decriminalizing medical use of marijuana and, in some states, small-scale cultivation by patients. In the face of this growing, harm-reducing trend in the electorate, some politicians recoiled. The citizens of Washington, D.C., also had a 1998 medical marijuana initiative. But in an unprecedented subversion of the democratic process, the U.S. Congress prevented the ballots from being counted. Just prior to election day, conservative Republicans, represented by Bob Barr, slipped an amendment into the 1999 budget making it illegal to “conduct any ballot initiative” calling for decriminalization of marijuana in the District of Columbia. The conservative mayor of New York also cracked down in 1998. Teams of undercover officers arrested almost 40,000 citizens for marijuana possession that year, eight times that of the previous administration. They went so far as to create a troop of phony street “smoke sellers” to entrap citizens attempting to purchase marijuana.

Over half a million Americans were arrested in 1996 for marijuana, mostly young men; in 1997 they exceeded 600,000. How do we benefit as a society by criminalizing this many citizens each year? If we outlawed alcohol again and added tobacco, few law-abiding citizens would remain. Both those substances are “harder,” more addictive, and dramatically more deadly than marijuana. Tobacco and alcohol cause over 500,000 deaths each year. All illegal drugs combined kill about 4,000 per year, while the annual deaths attributed to prescription drugs exceed 100,000. Aspirin alone causes more hospital admissions than illegal drugs. Although there are real hazards associated with it, marijuana use has no known death rate. It is therefore not even counted in mortality statistics. Were marijuana decriminalized, the 24 million citizens now potentially targeted by the war on drugs would decline to about 2.5 million—about 1.9 million cocaine and 600,000 heroin users.

Drug Court and Treatment

A RAND Corporation study calculates that \$34 million invested in treatment could reduce cocaine use as much as \$380 million spent on interdiction or \$250 million on enforcement. One of the most comprehensive drug treatment studies to date found that

\$209 million spent on treatment for 150,000 addicts saved taxpayers \$1.5 billion in one year. Cocaine use in that group dropped 50 percent. Treatment alone, however, did not lead to stable employment. When drug offenders also receive job training to help ameliorate the social components of addiction, recidivism further falls 25 percent, even for those addicted to hard drugs or with long criminal records.

Federal, state, and local governments have spent over \$250 billion in the last twenty years to combat drugs. Little of that has gone toward treatment programs that show more promise, better results, and lower harm for the least investment. With the third largest prison system in the world, California has only 1,500 beds for

treatment of drug-convicted prisoners. And there is no after-care for addicts who are released, even though continued follow-up treatment is key to the success of most programs. Why is this so?

It certainly is not because law enforcement is more effective. Of all resources available, law enforcement appears to be most costly and least productive as a method to reduce drug use. I can only speculate that decades of demonization, as discussed above, have made many Americans regard drug users as some sort of enemy of the state. And who wants to give our enemies aid and comfort? Some appear to think, "They get what they deserve." This is not entirely unlike sentiments toward union organizers and socialists in the McCarthy era, or antiwar protesters during the Vietnam War. But having been one myself, I do not believe boys with drug habits are dedicated to destroying our nation. Our nation, however, is making war on them. These boys represent the hope or horror of our nation's future, depending on how we treat them.

In recent years, drug courts in our nation have been paralleling the European move away from criminalization toward treatment and assistance. Drug courts represent a bridge between the disparate philosophies of "treatable patient" versus "dangerous criminal." As distinct from criminal courts, drug courts attempt to draw youth away from drugs through treatment, education, community involvement, close supervision, and various non-harm-creating sanctions. Drug court judges lean toward real justice and harm reduction over the deterrence through fear that dominates our national drug enforcement policy.

Drug courts sentence offenders to treatment instead of incarceration. Those who fail to comply with the program, however, still risk jail. Drug courts have one foot in criminal justice and one in my world of the helping professionals. Participation is coerced rehabilitation for the recalcitrant but a welcome opportunity for the majority of addicts who want help. And even those pressured into treatment are generally grateful to have had the option over jail.

Judge Ochoa, the drug court judge in my area, calls it "a no lose situation." The success of drug courts, however, is dependent on cooperation from police and judicial jurisdictions, financial support, collaboration with community agencies, and the quality and efficacy of treatment programs available for referral. Another element that supports success is a consistent judge on the bench. Then he or she can track the progress of defendants, who periodically must appear in court, and personally hold them accountable to their promises.

As of 1998 the average rate of continued use among drug court participants was under 10 percent as compared to 50 to 60 percent for drug offenders going through criminal courts. Some drug courts report recidivism as low as 4 percent. The Office of National Drug Control Policy now believes it could cut prison populations by 250,000 in five years merely by expanding drug courts. But like most prevention and treatment programs, funding for drug courts—at one tenth the cost of imprisonment—remains subservient to the budget allotted to drug law enforcement.

Estimates vary, but reliable analysts put the ratio at \$7 to \$11 saved by taxpayers for every dollar spent on treatment.

A local survey of youth in my area indicated that they were well educated about the dangers of drug abuse. This knowledge, however, did not dissuade use. In response, a private group developed TeenSpeak. This outpatient program focuses on addiction treatment, featuring group and family therapy, drug testing, and education. It costs \$300 to start and \$10 per session. The program has the best success when parents participate. A six-month program costs about \$1,000, within the means of most working families.

For lower-income teens in our area, Project Recovery, funded by Medi-Cal, is based on a similar nonpunitive approach. These treatments focus on addiction recovery as fundamental before success can be achieved in other arenas. A drug expert in our police department, a recovered addict himself, says, "Without this program we would see a lot more kids dying out there." Continued funding, however, is not assured. Currently, there are no funds for our drug court. But our county continues packing drug-offending boys into juvenile hall, where I see them now doubled up on the floors of tiny, windowless cells designed for one. I raise these local issues for contrast because the situation in many less affluent communities is worse.

Even with drug courts slowly expanding (one in 1989, 150 in 1995 and 300 in 1999), treatment remains less available for low-income than for middle- and upper-income addicts. That is another reason that the war against drugs is predominately a war against the poor, particularly the boys disproportionately represented in the "criminal class." Those who find the resolve to kick their habits often encounter six-month waiting lists at clinics. When that date rolls around, however, they may have lost their resolve, their freedom, or even their lives. Middle- and upper-income addicts, however, can wake up feeling bad one morning and get "detox on demand" that day.

Dr. Lance Goberman offers rapid detox on the East Coast for \$2,800. He gives patients Naltrexone while they are in a deep, anesthetic sleep. This treatment avoids the chills, pain, vomiting, cramps, irritability, and sleeplessness that discourage addicts even when they genuinely want to kick their habit. The treatment happens in one day. Patients go home, sleep, and by the following day are over the worst of withdrawal. These clients can also get a Naltrexone implant for \$475 per month that aids them in staying off drugs. On the West Coast, private doctors set up discreet "clinics" in five-star, Beverly Hills hotel suites to conduct rapid detox for those familiar faces who do not care to be seen, even at posh recovery clinics. Drug addiction carries significant stigma that can easily destroy careers.

Although it is not a cure for the underlying psychology of addiction, ameliorating the intense suffering of physical withdrawal is a major encouragement for addicts to enter programs that can help sustain long-term recovery. Recent research has produced several new chemicals and treatments that show promise in their potential to aid rapid drug detoxification and support sustained recovery. What if rapid detox,

followed by treatment and recovery work, were made available to all addicts, regardless of their income, legal status, or relapse rate? We do not know what would happen to the incidence of crime, disease, death, and the destruction of lives, families, and communities, as well as the extreme level of prison expansion, now associated with illegal drug use. But we do know that the course of action of recent decades is a spectacular failure.

Some Recommendations to Help Young Men with Drug Problems

- Adopt harm reduction as the guiding principle of national drug policy.
- Support drug courts over criminal courts for low-level offenders.
- Teach natural stress reduction techniques to young men at risk for drug abuse.
- Make immediate on-demand detox and treatment available to all.
- Instigate a national dialogue and scientific study exploring any merit the decriminalization of drug possession may hold.
- Create more therapeutic, collaborative communities that support the reduction of drug use through increasing the educational, social, spiritual, and economic opportunities of boys at risk.
- Provide honest, scientific drug education in schools that makes distinctions among types of drugs, styles of use, and levels of involvement. Reduce harm and win students' faith through good education instead of fundamentalist, zero-tolerance propaganda.

Harm reduction, education, treatment, and decriminalization, however, are merely first steps toward reducing boys' use of pain-relieving drugs. Until our society addresses the social issues and environmental contexts that drive young men into despair, I doubt anything will have much significant effect. But moving away from harm and closer to hope can only further the dream of America as the Land of the Free. Until then, drug use will remain the Fifth Pathway to Prison.