A Report with Recommendations on Drug Policy: Putting Healing Before Punishment
From the Advisory Committee on Social Witness Policy

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In response to the 222nd General Assembly (2016) overture, the Advisory Committee on Social Witness Policy recommends the General Assembly adopt the following affirmations and recommendations:

The Presbyterian Church (U.S.A.) has a responsibility to provide advocacy "for effective drug policies grounded in science, compassion and human rights" (*Minutes*, 2014, Part I, p. 630). The "war on drugs" has generated numerous destructive and deadly side effects while failing to deliver an adequate or effective response to the problems associated with illicit drug use. In light of this, we call on church and society to shift approaches: to put healing before punishment.

This report begins by showing that the war on drugs is not working. While we can't know what the world would look like if we had not declared war on drugs, attempts at eradication have become at least as destructive as the drugs themselves. Our punitive approach has spread violence at home and abroad. It has caused disproportionate harm to communities of color, contributed to crime and to the crisis of mass incarceration. At the same time, its harsh penalties failed to prevent an opioid crisis, which has become the leading cause of death for young adults in many states. This report comes at a time when the public's acceptance of marijuana is propelling efforts to decriminalize and legalize cannabis for medical and recreational use.

Instead of punishment, this report advocates a therapeutic approach to the problems associated with psychoactive drug use and abuse. This includes effective campaigns to discourage drug use and an expansion of harm reduction programs, such as needle exchanges. It calls the church to learn from the successes and failures of nations and states that have decriminalized or legalized drug use and developed social service networks to reduce the harms associated with drug use.

This report distinguishes between "decriminalization" and "legalization." "Decriminalization" refers to reforms such as those that legalize growing and possessing small amounts of cannabis. "Legalization," by contrast, refers to laws that would legalize its commercial production and sale.

The healing model envisioned in this paper would move away from criminalizing all drug use, but would still require drug regulation (as with tobacco, alcohol, and other pharmaceuticals). Therefore, in line with earlier General Assembly action supporting medical marijuana, it calls for an evidence-based revision of the 1970 categorization of drugs upon which the drug war was based. We need a scientific basis for proportionate criminal sanctions, responsible regulation, and effective therapy.

This report expects that the scientific evidence may suggest that some drugs are so addictive and dangerous that they require strict regulation and possibly proscription. But it also anticipates that the evidence will indicate that other drugs should be decriminalized or have the penalties associated with them lightened. Fines and penalties may need to be attached to particular drugs to encourage addicts to seek treatment.

This report recommends that state and federal governments decriminalize personal cannabis production, possession, and use. It does not recommend legalization at this time because an evidence-based policy requires further research, particularly into the impact of cannabis on the

developing brains of late adolescents. Our experience with big tobacco and pharmaceutical companies involved in the opioid epidemic teaches us that drug companies habitually put profits before people. Too swift a move to legalization is creating a trillion dollar industry that will fund bogus research, corrupt our politics, and advertise to the detriment of public health.

This paper is concerned about the harmful potential of many currently illegal (and some legal) drugs, including the possibility of addiction. Some drug use can injure health, impair human performance, and harm relationships. Drug use has spiritual dimensions. Even non-addictive drug use can orient life away from life with God in community with others. In addition to calling Christians to promote prevention and treatment, this report invites the church to recognize that the scale and scope of compulsively consumed drugs, including alcohol, reveals a culture-wide, spiritual problem. It calls the church to respond to the deeper issues that drive people, even non-addicts, to escape reality and numb pain.

I. Principles for Building a House for Healing

A. Presbyterians should be guided by the wisdom of our theological and ethical tradition as we consider reforms to drug laws.

B. Drug policy should be based on scientific evidence and informed by practical experience gathered from states, national, and international "experiments" with criminality and legalization.[1]

C. Our theological tradition teaches us that God intends secular law to restrain evil and to guide and restore.

D. The criminal justice system should be dedicated to "restraining evil," protecting citizens from behavior that harms or puts others at risk. A responsible community should protect the common good by legislating restrictions and protective interventions.

E. The bulk of government, church, and private resources dedicated to addressing the public health consequences associated with substance use and abuse should be dedicated to guiding and restoring people; this includes education, prevention, harm reduction, as well as physical and mental health care.

F. Specialized drug courts should offer treatment, restitution, and other alternatives to incarceration whenever possible.

G. The lives and rights of poor people, communities of color, and women in the United States and around the world are no less sacred or valuable than anyone else's lives or rights.

H. Good drug policies are equitable with regard to race, income, and gender.

I. As a denomination that is predominately white, PC(USA) members have opportunities and responsibilities to address racist structures, processes, and social outcomes that cause the war on drugs to disproportionately impact people of color.

J. Drug use and addiction reflects and contributes to a broken societal ethos that calls for a holistic and communal response.

K. Public, cultural, and societal messages concerning drug use can set social expectations that can create an ethos of prevention and recovery.

L. The church is called to respond to drug addicts and abusers with compassion and healing. When possible, the church should support alternatives to incarceration.

M. Economic incentives for involvement in drug production and trafficking need to be addressed. Current drug policy has had unacceptable, unintended consequences for low-income populations at home and abroad.

N. The increase in gun violence in Latin America attributable to U.S. drug policy and U.S. gun industry exports is inconsistent with the Presbyterian Church (U.S.A.)'s theology of peacemaking.

O. People should have access to essential medicine. With careful controls and under medical guidance based on good scientific research, cannabis, opiates and other therapeutic medications should be available for people who would benefit from them.

II. Recommendations Based on Principles for Building a House for Healing

The goal of these recommendations is to encourage each congregation to develop a referral plan for cases of problematic drug use, to gather insight into the structural violence that underpins current drug policies, and to understand how to support healing and advocate for constructive change.

A. *Recommendations for PC(USA) Action and Policy*

1. Each presbytery is encouraged to designate a drug policy facilitator to support congregational engagement and awareness of advocacy and treatment options. The Presbyterian Mission Agency is similarly encouraged to assist presbyteries in identifying facilitators, drawing on earlier Health Ministries contacts, and the Presbyterian Health, Education, and Welfare Association (PHEWA) networks of mutual support.

2. Facilitators are urged to visit congregations in their presbyteries to support their deeper reflection, learning, and engagement, and to assist interested congregations in the following processes:

a. Education

(1) Use material that is accurate scientifically, age-appropriate and credible, oriented to harm reduction and not simply abstinence, and which presents Christianity as a grace-filled and body-affirming way of joyful service in the world.

(2) Survey congregation members' experiences (or absence of experiences) of drug use, drug enforcement, incarceration, treatment, and recovery, and determine the best ways for members to learn from their communities and obtain reliable information.

(3) Hold congregation and community forums on changing drug law so that that they are made more just, effective, and compassionate. These should include listening to people of color and seeking economic diversity.

(4) Produce worship materials that refer to this report's goals and recommendations. These may encourage a celebration of God as healer and source of joy and connection, in contrast to our culture's over-stimulation and worship of unlimited consumption.

(5) Educate church leaders that substance abuse is often a co-occurring disorder with mental illness and in order to move towards recovery on one, both must be addressed.

b. Community Service

(1) Help Presbyterian congregations develop a referral process for problematic drug use, including non-punitive treatment and recovery facilities, harm reduction programs, and police and non-police options in their communities.

(2) While recognizing the benefits of abstinence-based approaches for many people, promote non-prohibitionist efforts to reduce the harms from high-risk drug use among both youth and adults.

(3) Support re-entry programs for people released from incarceration.

c. Engagement and Advocacy

(1) Encourage churches to host addiction recovery groups and to engage in constructive dialogue about treatment, prevention of abuse, and harm reduction. Congregations, 12-step programs, and counselors are also encouraged to explore how both drug use and recovery relate to the quest for meaning and joy in life, found by Christians in Christ and God's reign.

(2) Advocate for harm reduction legislation and measures, such as needle exchanges and all-night drop-in centers. To this end, the General Assembly invites other faith groups, including members of National Council of Churches of Christ in the U.S.A., to join us in this endeavor.

(3) We recommend that PC(USA) participate in the UNGASS follow-up to the 2016 United Nations General Assembly Special Session (UNGASS) on Drugs.

B. *Public Policy Recommendations*

In addition to congregational engagement in the process of drug policy reform, the PC(USA) recommends the following reforms and actions by federal, state, and local governments. Presbyterians can advocate these changes with both elected officials and candidates.

1. Congress and the Executive Branch of the Federal government should:

a. Call on the U.S. government and the United Nations to revisit the global prohibition regime and allow states and nations flexibility to explore alternatives to criminalizing illicit drugs and to test them against the realities on the ground. For instance, recognizing that some states have fully legalized marijuana with regulation, U.S. federal law should also allow this.

b. In concert with the Federal Government, encourage states to examine decriminalizing and reducing punishments for the use and possession of some currently illicit drugs by adults. In particular, we recommend decriminalizing cannabis, pardoning and expunging the records of those who have been arrested for cannabis infractions. law should allow states to try different approaches to cannabis regulation. As the goal of drug reform is to increase public health and safety, further movement towards legalization generally should take place after publicly funded study of social, educational, crime-related, and medical impacts. Particular care must be taken to restrain commercial interests who will seek to privatize profits while socializing the costs. To this end, it is advisable to prohibit all advertising and lobbying. It is also important to separate production and sale, using state-run (not simply licensed) facilities for sale, monitoring purity, and studying consumption patterns. Appropriate warnings, labels, age-limits and other restrictions should be applied. We anticipate that the science may dictate that some drugs continue to retain penalties to encourage people to enter treatment.

2. With regard to Public Health:

a. Revise the current outdated scheduling of controlled substances, based on publicly funded, scientific, public health criteria.

b. In connection with 2.a. above, increase epidemiological and biomedical research on effects of drugs, patterns of drug use, and impacts of punishment and regulation in order to support best practices in treatment, recovery, and public health.

c. Expand treatment availability based on scientific findings in 2.b., above, and medically assisted treatment for those who may otherwise find stability hard to achieve.

d. Provide city and county public health agencies the resources they need to serve as first responders to overdose, problematic drug-induced behavior, and mental illness, so that law enforcement is not the only or primary first responder. Establish overdose prevention as a publish health goal and make the antidote Nalaxone available. Promote Good Samaritan legislation to protect persons who notify emergency responders of an overdose.

e. Drawing on evidence of effectiveness, reevaluate which behavioral health treatments are supported by insurance coverage. In the absence of universal health care, the eighteen states

that have not done so should embrace the Affordable Care Act's expansion of Medicaid coverage to low-income individuals.

f. Lift the ban on federal funding for needle exchange programs and revise laws on drug paraphernalia (including the possession of clean needles), which is consistent with reducing risks of the drugs themselves and associated diseases of HIV/AIDS and Hepatitis C.

3. With regard to the Judicial System and Policing:

a. Condition grants of federal funds to local police and sheriff's departments on ending racially and ethnically discriminatory policing and expanding community trust.

b. Eliminate the sentencing disparities between crack and powdered forms of cocaine. Expand the scope of executive orders and group pardons for the release of drug offenders who were sentenced unjustly under the 100-to-1 crack-cocaine and other inequitable and excessive sentencing provisions.

c. Make our criminal justice system more just by reforming mandatory sentencing and restraining prosecutorial discretion, especially with defendants who are unable to receive or afford effective counsel and cannot review the evidence against them.

d. Eliminate preemptive post-incarceration sanctions for drug offenses that create barriers to recovery and family re-integration, including employment discrimination, restrictions on public housing, and voting.

e. Enable social service agencies and community representatives to engage in restorative justice and investment practices together with people who have been harmed by police violence, unjust mandatory minimum sentences, and disparate drug law enforcement.

f. Increase and improve the use of drug courts that deal knowledgably with persons accused of crimes, particularly nonviolent offenses, probation or parole violations, and cases where children are impacted, to facilitate treatment, training, education, and employment.

g. End or radically reform asset-forfeiture laws to prevent police seizures of property without due process.

h. Offer people convicted of the nonviolent sale of illicit drugs opportunities for training, education, and employment as an alternative to incarceration and a felony record.

i. When laws legalize or decriminalize possession of cannabis, appropriate governmental bodies should pardon or commute penalties of those sentenced under the old rules and expunge the old conviction from their records.

j. Offer diversion options or pathways for offenders that replace prosecution within the criminal justice system. These alternatives can be pursued at any stage of the process: pre-booking, post-charge, or post-conviction. Examples of the pre-booking model is the (Law Enforcement Assisted Diversion) LEAD program initiated in Seattle in 2011, now in six cities. This four-year pilot program permits police to refer offenders directly to housing, treatment, and other services. Another example is the Police Assisted Addiction and Recovery Initiative (PAARI), started in Gloucester, MA, where if individuals come to the police department and turn in their paraphernalia, police do not arrest them but instead would steer them to treatment. This is now being done by over 300 police jurisdictions nationwide. (These options would precede drug courts, which are generally post-conviction).

4. Economic Policy:

a. Many foreign regions that grow coca and poppies have become economically dependent on the exports to the U.S. of drugs made from these plants. While our drug problem results mainly from our demand, a successful program to squelch that demand will require complementary adjustment in these places to develop agriculture and other beneficial economic activities, to replace coca and poppy growing. To promote sustainable economic development in these countries, the U.S. should modify its foreign policy in at least these four ways:

i) Demilitarize our foreign aid. It undercuts development prospects when we put more weapons in the hands of governments with, at best, weak democratic and humanitarian institutions.

ii) Provide financial and technical aid for infrastructure and social services in rural areas, increasing their capacity to produce and market non-drug products. For instance, drugs have high value to weight; switching to other products and activities requires more efficient transport facilities.

iii) Do not punish countries that allow cultivation of coca or other drug crops for domestic consumption, especially when these are part of the traditional culture, as with coca leaf in the Andean countries. Doing this, or pressuring them to carry out defoliation campaigns, fuels resentment toward the U.S. and pushback against our drug policy.

iv) Pursue international trade policies that facilitate these countries legitimate exports to the U.S., such as fruit and cut flowers.

b. Promote economic investment in or provide opportunity elsewhere for U.S. communities that have been devastated by disinvestment and harmed by discriminatory drug law enforcement and/or drug-related violence. Encourage the limiting of employee drug testing to what is needed to safeguard the person's performance of a job, and remove punitive drug testing and other penalties on recipients of public assistance, applicants for public professional licenses, scholarship assistance, and other means of self-betterment and participation in society, in concert with 3.d above.

5. Foreign and Immigration Policy:

a. Sharply reduce the transfer of weaponry, training, and equipment from the United States to police and militaries in Latin America as part of the war on drugs. Make such transfers of arms and training transparent to the public, to promote accountability. Disclose the extent and general nature of surveillance cooperation and strengthen financial disclosure laws to reduce corruption, money-laundering, and cross-border tax evasion. Advocate congressional and other public hearings on the human rights and economic development impacts of the war on drugs and any foreign aid linked to it.

b. The president should take executive action to ban the import of assault weapons into the United States, where many are sold and trafficked to criminal drug-trafficking organizations in Mexico and Central America.

c. Provide political asylum and immediate release from detention, pending appropriate process, for those who have fled violence and have a credible fear of violence in their home countries where the war on drugs is occurring.

[The affirmation, principles, and recommendations above, once approved by the 2018 General Assembly, guides the Office of Public Witness and advises members & congregations]

Rationale

PART I: WHY THE WAR ON DRUGS FAILED

This report recommends shifting our approach to drug use and abuse from a punitive to a healing model. It does not deny the serious risks and harm incurred by ingesting some illicit substances, whether one is addicted or not, and it recognizes that one cannot prove a hypothetical, namely, how society would have developed had we tried another approach. But it chronicles how the costs of eradicating illegal drugs have become a cure worse than the disease itself. It encourages the church to love our neighbors, all of them: those harmed by drug abuse, addicts, drug dealers, and people in communities devastated by the drug trade. It calls the church to examine the damage caused by our war on drugs and work to heal our communities.

Contribution to Crime

Experts agree that the drug war contributes to crime and violence, even as they debate the extent of its contribution. The maximal argument goes like this: The war on drug suppliers and users creates a violent, underground, criminal economy. Steal from your local liquor store and the owner need not threaten or use force. She can call the police and they will protect her. By contrast, drug merchants operate outside the law and can't call the police. They depend solely on violence and intimidation.[2] This explains why studies find that most "drug-related violence" is not due to the drugs themselves (drug induced violence) or addicts committing crime to support their habit, but due to the criminal enterprises that illegality makes possible.[3]

Jill Leovy contends that the maximal argument has it almost exactly backwards, claiming that a dysfunctional culture encourages illegal activities to flourish. She observes that where young men have few opportunities and there is weak rule of law, gangs fill the vacuum. She notes that in many urban areas the criminal justice system "is at once oppressive and inadequate."[4] It is oppressive because it is preoccupied with nuisance abatement and rapidly escalates to violence in response to perceived threats. It is inadequate because it fails to protect black men from bodily injury and death. When the state fails to maintain, in the sociologist Max Weber's terms, "a monopoly on violence" it sets the stage for gang protection and vigilantism. The Mafia predates prohibition, arising in 19th Century Sicily in areas with the weak rule of law.[5]

Leovy's findings suggest that relaxing criminal penalties for drugs may not reduce drug-related crime as much as is sometimes claimed. So long as policing in poor communities is inadequate and men do not have access to decent employment opportunities, gangs will form. So long as guns are plentiful, gun violence will be the norm. And so long as society upholds barriers to remunerative and legal employment (inadequate schools, community isolation, lack of transportation, racial discrimination, etc.), people who currently go to prison for drug-related crimes will seek other schemes to make money without regard to legality. Ending prohibition did not eliminate the Mafia; it changed their business model as they turned to other criminal activity.

This said, it does not follow that ending the drug war would have no impact. Drug gangs reach for the low-hanging fruit and drug trafficking affords easy and significant profits. The Task Force whose initial study informs this report examined the terrible crime wave that swept over Ciudad Juarez, El Paso's sister city along border, which suffered more than 3,000 homicides in 2010. In talking with Susie Byrd, former City Council member in El Paso, she explained, "You can buy…a pound of marijuana [in Mexico] for $23 and… sell it in Chicago for $770. So the markup is extraordinary."[6] Tremendous revenues make drug trafficking an attractive venture, despite the risks, particularly for those in

communities with limited employment opportunities in the legitimate economy. Drug profits fund one side of the drug was as they are "invested in state-of-the-art weapons, hiring gangs to defend their trade, paying off public officials, and making drugs easily available to children…"[7]

The criminal economy corrupts other sectors of society. Drug traffickers have a particular need to launder money because drugs are primarily paid for with cash, which is bulky, difficult to move, and, in large quantities, draws the attention of law enforcement.[8] Criminal enterprises have used diverse methods to launder money; some involve large banks. Since 2010 federal investigators have accused Wachovia Bank (subsequently taken over by Wells Fargo) and banking giant HSBC of violating banking regulations. They charged that they moved some $420 billion and more than $679 billion, respectively, through their accounts on behalf of Mexican drug cartels. Prosecutors charged that Wachovia "willfully" overlooked the suspicious nature of this probable drug money and knowingly failed to institute standard anti-money laundering mechanisms, ignoring persistent and urgent warnings from a London whistleblower and others. When the investigation of Wachovia began, money-laundering activities simply shifted to banking giant HSBC. Neither the banks nor the individual bankers involved were prosecuted. Instead, Wachovia made a $160 million federal payment, less than one twentieth of one percent of the amount it helped launder, while HSBC paid a much larger forfeiture and fine of $1.9 billion.[9]

The shift from Wachovia to HSBC is an example of what experts call "the *balloon effect,* where squeezing with tighter enforcement in one place produces a swelling or increase in traffic in another."[10] Interdiction efforts push the drug trade somewhere else. Victories in eliminating one source are negated by the emergence of other sources, traffickers and routes. In this connection, we note that targeting low-level producers, transporters, and sellers of illicit drugs, generally targets poor people who chose the risks associated with drug trafficking because structural poverty presents them with few economic options. Such people are easily replaced.

The balloon effect is also observed in the strategy of going after high-level traffickers. "While the arrests of kingpins make for splashy headlines,' *The New York Times* noted, "the result has been a fragmenting of the cartels and spikes in violence… as smaller groups fight for control. Like a hydra, it seems that each time the government cuts down a cartel, multiple other groups, sometimes even more vicious, spring up to take its place."[11]

The balloon effect is also seen among trafficked substances. During the opioid crisis a crackdown on prescription opioids pushed people to use more deadly heroin and, then, to use even more lethal fentanyl and carfentanil. These are so powerful that they often require multiple doses of naloxone to prevent overdose. Given the danger these drugs pose, some might prefer to crackdown on the dangerous drugs and push people to consume safer drugs.

Drug interdiction and crop eradication efforts in Bolivia, Colombia, Peru, Caribbean countries, and most recently Mexico and Honduras all demonstrate the 'balloon effect' and suggest the futility of the drug war.

Contribution to Mass Incarceration

America's criminal justice system has been in severe crisis for thirty years. During the 1970's the U.S. had a relatively low rate of incarceration compared to other industrialized countries. Today, despite some easing of the incarceration rate over the past decade, we have the highest rate of imprisonment in the world.[12] The U.S. has 5% of the world's population, but jails 25% of the world's prisoners. According a study by the International Center for Prison Studies the U.S. locks up 716 per 100,000 people, by contrast most modern industrial countries imprison fewer than 150 per 100,000.[13] A 2012 study found that United States taxpayers spent $30 Billion jailing 2.3 million souls.[14]

These shocking figures do not tell the whole story. Some states (such as Louisiana) and counties incarcerate people at much higher rates, driving up the national average. Taxpayer expenditures do not include the devastating human costs. These include diminished employment opportunities, earning potential, and marriage possibilities.[15] In some states ex-cons lose the right to vote, to serve on a jury, to run for public office, and to live in publicly subsidized housing. There are also lost opportunity costs, the fact that people in prison never develop full potential and are prevented from contributing to society. Taken together, it is impossible to justify how a youthful indiscretion with cannabis should so severely damage life prospects and diminish the community.

Experts agree that America's war on drugs plays a role in the crisis of mass incarceration, though they disagree somewhat about the extent of its contribution.[16] Experts, such as John Pfaff, note that the vast majority of people in prison are in for violent crimes and claim that the role America's war on drugs has played in mass incarceration is sometimes overstated.[17] Only 16% people in federal, state and county prisons are there on drug charges and "freeing every single person who is in a state prison on a drug charge would only cut state prison populations back to where they were in 1996-1997, well into the 'mass incarceration' period." Although Pfaff encourages us to be realistic about what changing drug laws would accomplish, he acknowledges,

> The war on drugs is not trivial: about 200,00 people in state prisons and another 100,00 in federal institutions are serving time for drug crimes… most would likely be better handled outside the prison, and many would perhaps be best left alone altogether by the criminal justice system.[18]

A series of small decisions over 40 years created mass incarceration. It is unrealistic to think a single decision will reverse it. That said changing our drug laws is a good place to start.

Finally, raw national statistics do not express how unevenly mass incarceration and the drug war impact people of color. A recent study found that one in seventeen white males can expect to go to prison. By contrast, it found that one in six Latino males and one in three black males can expect to go to prison.[19]

Impact on People of Color

The structural racial and economic disparities endemic to U.S. society and its criminal justice system have made America's drug war particularly destructive to Black and Latino minorities and their communities. The historical review in Appendix A shows that this is partially by design, as violations of laws for drugs associated with minority groups regularly receive harsher penalties than drugs used by whites. Consider, the 18-to-1 sentencing disparity that currently exists between chemically identical, crack and powdered forms of cocaine (the disparity used to be 100-to-1!). The main difference is that poor, urban blacks smoke the former, whereas wealthy, white suburbanites snort the latter.

The injustices of America's criminal justice system are so widespread and systemic that they deserve a separate church study. For the purposes of this paper we note some enduring problems: the lack of effective community policing, the routine failure to solve violent crime in poor Black and Latino communities, the lack of a state monopoly on violence in many urban communities that contributes to gang vigilantism, protectionism and to a fear to testify, a "warrior ethos" among police and the militarization of police operations and equipment, videos of police encounters that end with excessive, often lethal force, the absence of bail money for poor people, the absence of adequate legal counsel for poor people, the rise of prosecutorial power, mandatory sentences, the decline in jury trials, the fact that black men receive sentences that are 20% longer than white men, tactics that systematically target poor minorities, such as those identified by the Attorney General's report on Ferguson, Missouri.[20] These defects damage people of color, alienate Blacks and Latinos from the criminal justice system at every

point, and undermine the quality of life in poor and predominately minority communities. Naming the savage institutional racism that distorts America's criminal justice system does not deny the presence of faithful, and even heroic, police officer, prosecutors, public defendants, and judges.

Many of these inequities are not the direct result of drug policy, per se, but due to racial and economic inequalities endemic to the larger society and its criminal justice system. Still, the drug war adds its own layer of cruelty and injustice. A 2013 study showed that Blacks self-report using illicit drugs during the previous month at very slightly higher rates than Whites (10.5% to 9.5%).[21] Yet arrest rates for drug offenses are two to four times the rate of White people.[22] The Black imprisonment rates are even more unequal, 5.1 to 5.8 times higher than Whites.[23] Meanwhile, a recent study of Massachusetts's drug courts that mandates treatment instead of prison shows that participants are overwhelmingly Non-Hispanic whites.[24]

Even if one supposes that some are imprisoned because they plead guilty to lesser drug offenses, rather than a more difficult to prove violent crime, this represents an injustice. Poor suspects are at a significant disadvantage when they negotiate with prosecutors: they do not have access to the evidence against them (which they would have in a trial) and regularly lack adequate legal counsel. This explains why innocent suspects so often plead guilty to lesser offenses (such as drug crimes) rather than risk a trial that could put them in jail for a more serious offense they did not commit.[25]

Blacks are not the only minority group who disproportionately suffer from the drug war. In the past two to three decades, the policies, rhetoric, and enforcement agencies that address illegal drugs and immigrants have become increasingly of one fabric. The backdrop for this merging of drug, counter-terrorism and immigration policies is the *threat narrative*, which blends the policies through fear. "The dominant public narrative conceives of and portrays immigration as criminals, an economic, social, cultural, and political threat," observes the National Alliance of Latin American and Caribbean Communities.[26] A recent example of this narrative is use of the word "surge" – commonly used to describe military offensives - to describe the large number of Central America children fleeing violence to the United States. President Trump has amplified the threat narrative despite conclusive evidence showing that immigrants commit crime at much lower rates than native-born Americans.[27]

As a result, drug laws are applied even more punitively and arbitrarily to immigrants than to U.S. citizens. For example, a U.S. resident with a green card can be deported for a single minor offense occurring decades before. Noncitizens in deportation proceedings who have been convicted of a drug offense (with few exceptions) are also ineligible for bail, and will face mandatory imprisonment until their hearing. "Drug trafficking" in immigration law does not distinguish between drug cartel leaders and someone who sells a small amount of cannabis to a neighbor; both are classified as "aggravated felonies," with the harshest immigration consequences. The Department of Homeland Security can deport someone if it has "reason to believe" the person sold drugs, even without a conviction.[28]

Some impacts of the drug war fall more heavily on the poor, regardless of racial group. Civil asset forfeiture, for example, allows police to seize assets from anyone they believe has been involved in a crime, without charging them or showing evidence that they were – that is, without due process.[29] Since 2008, police have seized cash and property worth $3 billion in more than 55,000 seizures on highways and elsewhere, according to a *Washington Post* investigation. Hundreds of local drug task forces rely on seized cash to cover more than 20% of their budgets. The United States also promotes asset forfeiture procedures internationally.[30] In January 2015, then-Attorney General Eric Holder issued a directive prohibiting the use of federal law to seize assets without warrants or criminal charges, although agents may still use many existing state forfeiture laws to seize assets.[31] Evidence indicates that, like other aspects of the drug war, these seizures disproportionately impact people of color.[32]

The ACLU has identified the war on drugs as an important driver of the 'school to prison pipeline,' which they define as "policies and practices that push our nation's schoolchildren, especially our most at-risk children, out of classrooms and into the juvenile and criminal justice systems," and prioritizes incarceration over education. The pipeline operates through under-resourced schools, zero-tolerance discipline policies, reliance on police in schools for discipline, private disciplinary schools, poor legal representation for minors, and lack of educational services in juvenile facilities.[33] In sum, the drug war inflicts a layer of cruelty in a society and criminal justice system riddled with structural economic and racial injustice.

Impact of the Drug War Abroad

The United States has promoted an international approach to drug interdiction. It has compelled other countries to comply with our policies, sometimes using economic and diplomatic sanctions, other times backing up these sanctions with military and police action.[34] It has pressured Canada, the United Kingdom and Australia to curtail or cancel opiate maintenance programs.[35] It has also exported its incarceration policies, funding prisons in countries such as Colombia and Honduras.[36]

Drug trafficking fueled the growth of organized crime in Mexico and Central America, making hundreds of communities in these countries extremely dangerous. Crimes frequently go unreported because law enforcement is widely perceived (and often documented) to be collaborating with criminal groups. The drug economy along the Mexican-American border constitutes something like 70% of the economy.[37] According to Edgardo Buscaglia, a research scholar in law and economics at Columbia University,

> "Mexican authorities fear that if they begin to attack and dismantle these fortunes, it will damage the formal economy… There's no easy way out for the political and entrepreneurial elite: they would have to fight corruption in their own milieus, to stop the laundering that fuels the murder of ordinary people in this country."[38]

Drug cartels function by controlling territories through which illicit commerce passes. Some territories, such as those on the U.S. border, are particularly valuable. The organizations' income comes not just from drug profits, but by taxing all licit and illicit commercial activity in the territory that they control. Those who don't pay the cartels' "tax" face their terrible and certain wrath.

The U.S. military has trained soldiers to combat the cartels. Unfortunately, because the cartels pay soldiers and police more than the state can, this has played directly into the drug traffickers' game. For instance, the United States trained most of the inaugural members of the feared Zetas cartel, when they were members of an elite Mexican Special Forces unit, the GAFEs. In a related episode, the United States Southern Command trained and assisted Guatemalan Special Forces troops known as Kaibiles as part of its drug interdiction program. Former members of this group participated in the Guatemalan genocide in the 1980s. But now the Zetas have recruited Kaibiles for their valuable military skills and set up operation in the small jungle town the U.S. built for the Kaibiles training base.[39] As Kelly Wells testified to the Task Force in El Paso:

> This has very serious implications for the US strategy for the war on drugs. Up to this point it has focused on giving more resources, more money, more arms, training, etc., to law enforcement in Central America, which overwhelming evidence suggests is often implicated in the crime itself. So we're basically giving money and arms and training to the criminals. Directly.[40]

The military approach to U.S. drug control efforts in Latin America has deepened the history of U.S. military intervention in the region, contributed to a serious human rights abuses, undermined civilian governance, militarized police forces, and blurred the distinction between military and civilian police functions.[41]

The Drug Enforcement Administration (DEA) operates in 65 countries and has the largest presence overseas of any U.S. law enforcement agency. Despite this large footprint, Congress exercises little oversight, allowing its actions to remain in shadow.[42] A recent study of DEA in Central America and the Caribbean concluded that "the DEA's coordinated drug enforcement operations contribute to increasing the level of violent and property crimes in the region."[43]Although U.S. policy in Central America has focused on narcotics, the region suffers the highest homicide rate in the world. Perhaps the starkest example of a breakdown of democratic institutions today is Honduras where cocaine cartels have spread violence and corruption.[44] After a coup d'état forced the elected president into exile in 2009, the rule of law disintegrated and violence soared with a resurgence of death squad tactics and targeted killings of land rights advocates, journalists, LGBT persons, lawyers and political activists. Both military and police are allegedly involved in abuses and killings and almost never brought to justice.[45]

In Mexico, an estimated 100,000 men, women, and children have lost their lives to the war on drugs between 2007 and 2013, when President Felipe Calderón declared the war. In addition, more than 26,000 Mexicans have been disappeared,[46] and countless numbers have been wounded and traumatized. Massive deployments of military forces across the country have led to disappearances, extrajudicial killings, and torture.[47] Jorge Winckler, Attorney General of the state of Veracruz says,

> Officially, the Mexican government acknowledges the disappearances of more than 30,000 people…but the truth is no one knows how many people are missing in Mexico. Not the government, which does not have a national registry of the missing. Not the families caught in emotional purgatory. Not the authorities in states like Veracruz… The entire state is a mass grave."[48]

The rigid attitude of the US has done much to destroy political and economic relations of the US with Bolivia, and to lesser extents with Peru and Colombia. The war in Colombia, fueled in part by more than $8 billion in U.S. counter-narcotics aid, most of it military, has displaced nearly five million Colombians, with reports of more than 4,700 extrajudicial killings by the armed forces. More than 95% of these killings remain unsolved.[49]

In Brazil, "In the context of the so-called 'war on drugs,' military police forces have unnecessarily and excessively used lethal force, resulting in the deaths of thousands of people over the past decade," according to a report by Amnesty International.[50]

The futility of military approaches to reduce or control drug production is illustrated by U.S. involvement in Afghanistan since 2001. The United States has spent an estimated $750 billion on military and police assistance and operations.[51] Yet the country remains by far the world's number-one grower and exporter of poppies used to produce heroin – as it was before 2001. Indeed, poppy production has more than doubled during the period of U.S. war and occupation.[52] In this connection we note that drug crop "eradication campaigns have frequently had devastating consequences for the environment," according to the UN Development Program.[53]

In response to these catastrophic outcomes, a growing number of Latin American leaders are calling for formal reconsideration of global prohibition and militarized drug control policies. In March 2016, three former Latin American Presidents, who themselves promoted and carried out military approaches to drug eradication, joined their voices to call on the United Nations and the world to call a halt,

> "Outdated drug policies around the world have resulted in soaring drug-related violence, overstretched criminal justice systems, runaway corruption and mangled democratic institutions. After reviewing the evidence, consulting drug policy experts and examining our own failures on

> this front while in office, we came to an unavoidable conclusion: The "war on drugs" is an unmitigated disaster."[54]

Failure to Prevent the Opioid Crisis

An opioid crisis has engulfed the nation even with the war on drugs in full swing. Since 1999 overdose deaths have tripled and in many states death by overdose has become the leading cause of death for young adults. Some states, such as West Virginia and New Mexico, have the highest rates of drug overdose they've ever seen.[55] Nearly half of non-working, prime working-age men (ages 25 to 54) take opioids daily and some experts claim that the opioid epidemic is a principal contributor to the decline in labor force participation.[56] Pew Trusts reports that the opioid crisis has dramatically increased the number of children placed in Foster Care, overwhelming state resources.[57] The problem is so great that it has become increasingly common to hear law enforcement and politicians say, "We can't arrest our way out of this epidemic."

The increase in heroin deaths has been almost entirely among White people, while heroin-related deaths and emergency room visits among Black and Hispanic people have remained stable.[58] For this reason many look cynically upon Americans sudden discovery of compassion in response to the current opioid epidemic.[59] They suggest this is largely because whites are using and abusing. Be that as it may, the opioid epidemic points to the ineffectiveness of punitive approaches to the problems associated with drug use and abuse.

Why the Church Must Speak

The drug war has exacted a terrible price. It has targeted communities of color and provided disadvantaged youth with a gateway to more serious crime. It has created a violent, underground, criminal economy and has demanded enormous expenditures in law enforcement at home and massive militarization abroad. It has added a layer of cruelty to a society and criminal justice system that already suffers from pervasive economic and racial injustice. Yet it failed to prevent the emergence of an opioid emergency.

The drug war's ineffectiveness and human cost demand that the church speak. It is likely that many American Presbyterians are unaware that the war on drugs causes so much harm given how the damages tend not to fall on our largely white, congregations. Can there be a different approach? What do our deepest religious tenets of faith call us to do? That is the topic to which we turn.

PART II. TOWARD A THEOLOGY OF CONSCIOUSNESS, DRUGS, AND COMMUNITY

Christians affirm that human consciousness and drugs that alter consciousness are part of God's good creation. Crystalline clarity of thought to perceive, reason about, and respond to the world is God's gift. Vivid cognizance of the self, the world, and God is a source of wonderment and delight.

Human consciousness is not static, but has plasticity. Among the things that can impact consciousness are psychotropic substances. Depending on their properties they may shift our perception of space and time, intensify our sense of connection with others, or diminish perceptions of pain, and stimulate pleasure. Some mask our consciousness, dull our judgment, and diminish our capacity to react quickly. Others sharpen our acuity. The impact on human consciousness may not be due simply to a drug's psychopharmacology, but may result from cultural conditioning and expectations habituated by prolonged use.

Good Drugs, Fallen World

Psychoactive drugs are part of God's good creation. Our brains produce opioids and cannabinoids. Nicotine works in the brain and other organs because its molecules are shaped like the neurotransmitter, acetylcholine. Cocaine works on the limbic system. These drugs affect our consciousness because our brains have receptors for them. This accounts for their medicinal effectiveness.

These drugs, like every other part of God's good but fallen creation, can be misused. Even use of non-addictive substances use can cloud consciousness, diminish the capacity for responsible behavior, and hinder the work of the Spirit. Psychoactive drugs can mask emotional pain, preventing us from squarely facing the truth of our lives. They can distract and demotivate. They can promise the rewards of pleasure without summoning achievement or transformation. This, coupled with the human propensity to self-deception, is what makes some drugs so attractive, insidious, and disorienting. We do well to approach drug use remembering, "the body is the temple of the Holy Spirit" (I Corinthians 6:19).

Drug abuse reflects and compounds the brokenness of God's good but fallen world. In world with a history of racial injustice, where minority communities are abandoned by the larger society, where there is little opportunity, but abundant alienation, hopelessness, and pain: drug use and the drug trade present possibilities of escape. For those in situations of abundance drug abuse can be a prideful rejection of the obligations that privilege imposes.

The tragedy of our fallen world is that even putatively honorable attempts to control the problems associated with drug use and abuse can become so broken that they are a cure worse than the disease. This happens when the punishment is worse than the crime. It happens when the war on drugs sacrifices innocents in marginalized communities in order to protect "our youth." It happens when drug laws reinforce society's prejudices and structural injustices. It happens when we refuse to fund harm reduction and rehabilitation. Instead of achieving the wholeness God wants for us, we increase the alienation and brokenness of the world. We have fought the drug problems with the wrong weapons,

> "Indeed, we live as human beings, but we do not wage war according to human standards; for the weapons of our warfare are not merely human, but they have divine power to destroy strongholds. We destroy arguments and every proud obstacle raised up against the knowledge of God, and take every thought captive to obey Christ." (II Corinthians 10:3-4).

Christians often understand drug abuse in terms of character and will power, disregarding how other factors influence behavior. For example, Native Americans have a predisposition to alcoholism due to differences in how they metabolize alcohol. Experiences of pain and loss can incline people to abuse drugs. Social context also influences action, including features of particular social locations, cultural taboos and assumptions. Christians should not only encourage moral and responsible behavior, but they should respond to the personal and structural evil that underlies the drug trade and that motivates people, even non-addicts, to escape reality. Some are drawn into drug subcultures by a lack of opportunity, by the want of a healthy community of adults and peers, or by the absence of noble purpose for their lives. Others take drugs to "self-medicate," to escape their situation and to dull psychic, physical, and emotional ache. Still others seek transcendence, mystical experience, and pleasure. Some drug usage, such as the use of Ecstasy at a rave, reflects a desire to bond with others in ecstatic community. These cravings differ in important respects, but they suggest dimensions of personal and social brokenness and longing that the church must address.

Alcohol as a Model

As we think theologically about mind-altering substances and their place in human life, we do well to recall that the Bible comes from a culture well acquainted with a powerful, mind-altering substance: alcohol. In places the Bible praises alcohol for "gladdening the heart" (Psalm 104:15), which sounds like a celebration of pleasure. Other passages recommend wine for medicinal purposes (I Timothy 5:23). We

also note that Jesus came "eating and drinking" and was accused of being a habitual drinker (Luke 7:34). He turned a staggering amount of water into wine at Cana and instituted alcohol for sacramental use in communion.[60]

Such positive appraisals of alcohol wash up against our experience of alcohol's destructive potential. We know people addicted to alcohol and others who have done catastrophic harm while under its influence. We see the wisdom of scriptures that warn against drunkenness (Galatians 5:21, Ephesians 5:18, I Peter 4:23, etc.). When we consider the damage alcohol causes we sympathize with our Presbyterian forbearers who organized temperance movements (which originally encouraged temperance and did not demand prohibition).

Perhaps we best reconcile scriptural affirmations, warnings and experience by remembering the Apostle Paul's advice, "'All things are lawful for me,' but not all things are beneficial. 'All things are lawful for me,' but I will not be dominated by anything" (1 Cor. 6:12).

The "me" Paul has in mind is not, "me" in isolation, but "me" in community with God and others, for Paul elsewhere insists, "If we live, we live for the Lord" (Romans 14:8). Living for the Lord means picking up our cross and following the one who lovingly laid down his life for the world. If we live for the Lord then calculations of what is beneficial for "me" must include others: family, coworkers, drivers and pedestrians on the road, as well as others who may be impacted more indirectly, those who struggle with addiction and those who would benefit if money spent on alcohol were directed elsewhere.

Jesus life demonstrates that consideration of others before God does not demand the denial of pleasure or an ethic of abstinence for everyone all the time. Certainly we have an obligation not to tempt those who struggle to stay sober. Similarly, we have an obligation to abstain from the recreational use of substances that are highly addictive or harmful to our health. Our obligations to others suggest the contours of an ethic of temperance and prudence that should guide our use of alcohol and other drugs.

Covenant and Obligation

A Christian social ethic regarding drug use and regulation will be shaped by the recognition that humans are social creatures and that God has bound our lives together in covenantal communities: families, congregations, neighborhoods, towns, states, nations, and the great society of being that flows from God. While these communities make our lives possible, we should not approach these communities instrumentally, solely for what we get out of them or as a means to our ends. They require our care and participation. They are both gift and demand.

A covenantal view of human life intensifies a sense of solidarity with and obligation to others. For this reason it should heighten our distress at the enormous cost and waste the war on drugs extracts. The prophetic demands of our faith go far beyond the war on drugs, of course. They call us to address longstanding structural injustices and institutional racism in society and in the criminal justice system that are exacerbated by a punitive approach to drug abuse and which make drug use and the illicit drug trade attractive options for people.

The covenantal insight that our lives are bound together resists the temptation to allow our obligation to God to distract us from our obligations to others who are suffering. As Jesus says, "If you are at the altar and there remember that your brother or sister has something against you, leave your gift there in front of the altar. First go and be reconciled to them, then come offer our gift to God" (Matthew 5:23-24). Given the failures of the war on drugs, how can we worship?

Recognizing that our lives are bound together, a covenantal view refuses to ignore "the least of these" (Matthew 25) and must be concerned about the disproportionate toll that the punitive approach to drug

interdiction and eradication has taken on communities of color and other nations. Those who ignore "their" suffering or who view it as an acceptable sacrifice to save "our own," crucify Christ all over again.

A covenantal approach to drug use and regulation will be concerned about the welfare of others impacted by policy decisions, including addicts, potential addicts, drug dealers, and those harmed by inebriated behavior. Our concern must extend to the environmental destruction caused by eradication efforts.

A Christian social ethic regarding drugs will be guided by a theology of grace in its approach to addicts and those who suffer because they love them. It will remember the humanity of drug users; they are made the image of God. It will resist viewing imprisonment and other anguish that addicts endure as just punishment or as God's chastisement. Rather, it will recall how, how when Jesus was criticized for welcoming the despised Zaccheus, he graciously responded, "I have come to seek and save the lost" (Luke 19:1-10).

Research indicates that because compulsive drug use is viewed as a personal failure, it is even more stigmatized than criminal behavior.[61] The stigma attached to addiction causes addicts to hide their dependency. It makes them reluctant to enter treatment, worsening clinical outcomes. Even after entering treatment addicts are frequently unwilling to discuss their addiction with families and health care providers. This isolation confounds their recovery. The stigma associated with addiction sticks to addicts' families as well, furthering a cycle of silence and shame. The church makes a faithful witness when it frames addiction within God's redemption and compassion.

Inspired by a theology of grace we recognize that chemical dependency is but one form of addiction and seek ways to offer addicts healing rather than punishment.[62] Even as we want to avoid enabling destructive drug use, we promote harm reduction strategies to keep those who struggle with drug dependency alive, protect the community, and encourage healing. We advocate research into addiction recovery and ensure everyone has access to treatment.

A Christian social ethic regarding drugs will be concerned about potential addicts, recognizing that the easy availability of drugs can lead some to stumble. Prohibition contributed to a steep decline in rates of cirrhosis of the liver.[63] Between 2002 and 2014 cannabis use among adults more than doubled due to legalization and more permissive attitudes. Among pregnant women the prevalence of marijuana use during the past month jumped 62%.[64] Of course, by itself, this does not warrant criminalizing cannabis anymore than it justifies criminalizing alcohol. But it does encourage us to fund effective addiction prevention programs, screening, and regulation.

The concern of a Christian drug ethic will extend to those involved in the drug trade. Many enter criminal activity, selling dangerous substances because they believe that they have few other options. Some are genuinely indifferent to the suffering they cause. All, however misguided, regardless of how much harm or death they have caused, bear the image of God. While society has a responsibility to restrain evil, this should never be forgotten.

A Christian drug ethic will protect the innocent from drug-induced harm. We want to discourage perilous activities that are compromised by inebriation, such as driving. Toward this end, we need to more clearly understand when users of different drugs are sober and when they are not.

Finally, a Christian social ethic extends its concern to every dimension of creation before God. Given how all creation has value to God, we cannot ignore or discount the environmental side effects of crop eradication.

The Law's Purpose and Limits

A Presbyterian social ethic regarding drugs will be instructed by John Calvin's three uses of the law: 1) to convict us of our sin, 2) to restrain evil, and 3) to goad us to righteousness.[65] These three uses of the law are made more helpful when we also differentiate God's moral law (which operates on the conscience through a communal ethos) from secular law (which is enforced with the power of the sword). Because God orders the world through political authorities, secular law ought to reflect moral principles that serve the divine purpose. This is why it is misleading to say that government should not "legislate morality."

In a pluralistic society the decision about what should be left to personal or communal morality and what should be legislated into law is inevitably contested. Growing pluralism can force governments to reconsider existing laws. Sectarian communities can try to dominate the political sphere by enacting their narrow moral visions. Though the distinction between God's moral law and secular law cannot be firmly fixed for all time, we do well to understand the problems associated with legislating too much of God's moral law as secular law. Secular law is a blunt instrument. When government legislates too much, it fails to account for the moral nuances of particular circumstances. It denies the moral integrity of individuals and encroaches on freedom of conscience. When governments go too far in enforcing God's moral law with secular power, it dishonors the moral and religious diversity of the public, becoming oppressive. Excessively restrictive laws fail to lead people to righteousness. It provokes cynicism and rebellion and can even be called "immoral."

Following Calvin's "second use of the law," secular government has a responsibility to restrain evil. It does this by preventing criminals from menacing the innocent and by punishing wrongdoers to deter crime. Following Calvin's "third use of the law" God intends secular law to have a restorative purpose that coheres with a theology of grace. Our criminal justice system needs to recover this latter, restorative purpose. This will lower recidivism and enable former offenders to more easily reenter and more fully contribute to society upon release.

Calvin's third use of the law alerts us to the limitations of draconian drug laws and helps us distinguish between the sobriety imposed by jailing people and rehabilitative addiction therapy.[66] It encourages us to lobby for effective drug abuse education and prevention and moves us to seek alternatives to punishment in drug courts and drug treatment.

Finally, a Christian social ethic for drug use and regulation will be humble. It will recognize the likelihood of unintended consequences. It will remember how temperance movements, started to voluntarily curb alcohol abuse, intensified into a intolerant movement that passed a constitutional amendment banning alcohol for all people. A train of unintended consequences followed. The limits of secular law were soon recognized and the amendment was reversed a mere thirteen years later. Many of the ostensibly noble intentions that inspired the war on drugs are being similarly tested. Its evil effects outweigh the good it was trying to do. We invite the church to learn humility as it moves deliberately, but never uncritically, to work for the reconciliation of the world (II Corinthians 5:18).

PART III: THE WAY TO HEALING

In this section we explore policy recommendations that will contribute to a healing approach to the problems associated with of drug use and addiction.

Prevention

The best way to control harmful drug use is through prevention.[67] Prevention campaigns should raise awareness of risks of early exposure of young people to addictive substances, including tobacco, alcohol and other drugs. They should be messaged properly and packaged on appropriate media platforms so that it appeals to audiences of parents, youth, medical personnel, and the broader community.

Prevention also involves screening to identify those at risk of addiction, offering low-level intervention (counseling) for those as low risk of addiction and referral for treatment for those with a high risk for addiction. Screening should be included as a part of a routine health survey in order to provide early intervention. It will require training health care professionals, nurses, those who serve in primary care offices, emergency rooms and dental practitioners.

A Call for Research

The way the law treats a given drug ought to correlate with its medical risks. Unfortunately current U.S. drug classifications are badly outdated and correlate poorly with the risks various drugs pose.[68] Toward this end it is important to consider addictiveness[69] as well as the possibility of deadly overdose,[70] recognizing that other factors should also be considered when weighing a drug's risks and potential for abuse.[71] We need publicly funded research so we have a scientific basis for proportionate criminal sanctions, responsible regulation, and effective therapy.

A public health approach to drug policy should also consider the risks that drugs pose to human development. Child abuse pediatrician Dr. Kathryn Wells says, "We know alcohol is the worst substance of abuse you can use during pregnancy, most damaging to the fetus, without a doubt based on the information and research we have now."[72] Neonatal and breast milk exposure to heroin and cocaine also poses significant risks, including infant withdrawal syndrome. Risks from fetal exposure to cannabis by the mother are not well studied.[73]

Again, considerable research suggests that adult and adolescent brains respond differently to drugs. Because adolescent brains are still forming, drug use exposes them to greater risk of addiction.[74] This danger is compounded because it occurs during the period when adolescents are typically separating from their parents and other authority figures and forging their own identity. This period of psychological development is frequently characterized by rebellion, risk-taking, and experimentation. We need more publicly funded research to understand the hazards of adolescent drug taking and how it might inform responsible drug policy.

We also need publicly funded research into effective drug treatment and rehabilitation. Currently, there is substantial disagreement about how to best to treat opiate addiction. Some claim that maintaining addicts on safer opiates or other drugs provides the most promising approach to treatment. Others counter that this does not move people to sobriety, but constitutes government-supported addiction. Unsurprisingly, pharmaceutical companies that stand to profit are lobbying states to adopt treatment approaches that utilize their products.[75] In this connection, we note that Casa Columbia recommends establishing evidence-based accreditation standards for treatment programs.[76]

Decriminalizing Cannabis

This report reaffirms previous General Assembly action that the Federal Government and states legalize cannabis for medical use. It also recommends decriminalizing the production and possession of cannabis for personal recreational use at the state-level. It also advocates greater freedom for a diversity of state laws at the Federal level, while discouraging the development of commercial interests and thwarting their ability to injure public health.[77]

We anticipate that decriminalization could be a precursor to some type of legal regulation for recreational use. Legal regulation, if properly constructed, could offer advantages over

decriminalization. It would pull the plug on the criminal economy. Depending on research results, it may also mandate cannabinoid content and dosage so that the drug is made safer and less addictive. If that time comes, we anticipate that we would prefer that cannabis be more restricted than in the states where it is currently legal, largely because we are concerned to prevent commercial interest from undermining public health. (Legal-regulation, like decriminalization, can take a variety of forms. For a discussion of this, see footnote 78.[78])

This brings us to the concerns that preclude recommending legal-regulation at this time. First, much of today's cannabis is much more potent than the cannabis of a generation ago, with THC levels (the cannabinoid that imparts the high) rising from approximately 4% in 1995 to approximately 12% in 2014. In addition, the "CBD content (various CBDs can shape the type of high produced and may have protective benefits) has fallen on average from approximately 0.28% in 2001 to <0.15% in 2014, resulting in a change in the ratio of THC to CBD from 14 times in 1995 to approximately 80 times in 2014."[79] Since cannabis was legalized in Colorado THC levels have increased dramatically, some cannabis tests at 32%. In this connection, we note that commercial interests blocked attempts to regulate THC levels for health purposes.[80] Today's cannabis presents health risks that were non-existent in the 1970s.

Second, efforts to legalize cannabis have created an industry with a potential for trillions of dollars in profit. This industry is already lobbying and it will fund "research," and advertise without regard to public health. We have seen the damage done by big tobacco, whose sham studies claimed that smoking was safe and whose campaign contributions blocked sensible regulation, such as laws mandating smoke-free bars, which were key to reducing tobacco use. The current opioid epidemic provides additional warning to how commercial interests put profits over people.[81] Even now, pharmaceutical companies are lobbying states to mandate their drugs in opiate maintenance programs. They want legislatures to force drug courts to make offenders choose between an injection with their drug (whose benefits remain disputed) or jail.[82] The lesson is clear: Big Pot does not care about public health.

Before we move to legal-regulation we ought understand the science and what an evidence-based drug policy should look like. Many of cannabis' psychopharmacological properties remain unknown because research was severely restricted because it has been classified as a Schedule I drug. The brain's cannabinoid receptor system was only identified in the 1990s and is still little understood. Research is needed in a number of areas. We need to understand the impacts of the different cannabinoids on cannabis abuse disorder and psychosis.[83] We need to better understand how cannabis interacts with other drugs.[84]

We need research into how cannabis impacts sobriety. [85] We know that cannabis intoxication impairs driving, though the deficits associated with cannabis inebriation differ from alcohol and are generally thought to be less severe. For example, people under the influence of cannabis alone tend to compensate by driving more slowly. However when people consume cannabis with alcohol (as they frequently do), the deficits are frequently worse than either alone.[86] Unlike like alcohol, cannabis lingers in body fat. Marilyn Huestis, who heads the chemistry and drug metabolism section at the National Institute on Drug Abuse, says,

> "It gets trickier when you try to factor in the chronic effect of smoking weed… We found [chronic, frequent smokers'] brains had changed and reduced the density of cannabinoid receptors… They were cognitively impaired for up to 28 days after their last use, and their driving might also still be impaired for that long. It's scary.[87]

How long does it take different dosages to be metabolized? How long should a commercial pilot abstain from consuming cannabis before flying? How long before it is safe for a surgeon to operate? How does

chronic use impact performance? Currently we don't know and there are no accepted standards of practice. We should understand this before making cannabis more widely available.

We also need to learn more about the impact of cannabis on mental health.[88] Cannabis' disruption of short-term memory is well documented. Adolescents and young adults who are heavy cannabis smokers show markedly less connectivity between the neuronal axons of the hippocampus, the part of the brain associated with long-term memory.[89] We do not know that whether chronic cannabis use causes permanent damage to learning and memory, though some researchers doubt that the deficits ameliorate.[90]

High doses of THC can cause mild, transient psychosis. It can also worsen the symptoms of people with schizophrenia. More troubling is evidence that suggests that cannabis is associated with an increased risk for and earlier onset of psychosis. Some believe that the problems associated with cannabis abuse disorder, because it is much more common, exceed the dangers of psychosis. Still, because regular cannabis use among adolescents correlates with significant mental health problems, it is a concern. Two researchers, Meghan Haney and Eden Elvins, who interpret the evidence-supporting causality differently, "agree on the biological plausibility of a causal relationship between adolescent cannabis use and negative psychiatric outcome."[91] In light of this they call for further longitudinal research, such as the Adolescent Brain Cognitive Development Study—or ABCD Study.[92] Additional research, exploring whether the mix of cannabinoids in marijuana affects psychosis and addiction, may inform the regulation of cannabinoid content. (For more about the association of prolonged cannabis use and mental problems see footnote 93.[93])

Undoubtedly, social attitudes toward cannabis use have changed dramatically in the United States. Currently a majority of U.S. citizens favor its legalization. Given generational differences, this majority will likely grow. The Presbyterian Church (USA) is more ambivalent.[94] 29 states have legalized cannabis for either medical or recreational use. Seven states and the District of Columbia have legalized the sale (or made it easier to share) cannabis for recreational use.[95] We need to follow these "experiments" with an eye to what their successes and failures may teach.[96]

In summary, legalization requires responsible regulation, which should be based on scientific evidence that we do not yet have. If we move too quickly to allow commercial interests to profit from what promises to be an exceedingly lucrative market, public health will suffer. Having said this, it is hard to justify inflicting draconian sentences on people for growing, possessing, or using small amounts of cannabis. As President Carter once told congress "Penalties against possession of a drug should not be more damaging… than the use of the drug itself."[97] Thus, this report recommends decriminalizing the possession and use of cannabis for personal use as the next responsible next step.[98]

Harm Reduction

This report encourages a number of proven and promising harm reduction programs as a way of shifting to a healing approach to the problems associated with drug abuse. It calls for legislation to put naloxone (a medication that prevents opiate overdose) in the hands of first responders. It supports needle exchanges to limit the spread of disease,[99] Good Samaritan laws to encourage people to report an overdose without fear of legal repercussion, and supervised injection facilities. The latter reduce the possibility of children encountering discarded syringes and other drug paraphernalia. More importantly, these programs have proven to reduce the spread of disease and have a promising track record for getting people into treatment.[100] This report also encourages creating a stronger network of certified addiction rehabilitation and maintenance programs based on the best addiction science we have.

As we consider how best to craft an effective healing approach, we do well to learn from the experiences of other countries, particularly those that have combined decriminalization (or reduced punishment) with

some of programs described above. In 2001 Portugal reduced the penalty for possession of all drugs from a criminal to an "administrative offense." Instead of prison, they send offenders to a Commission for the Dissuasion of Addiction. These informal panels include drug counselors and social workers. They can levy fines and ban people from raves, concerts, or bars. In addition to the legal changes, Portugal dedicated significant resources to outreach, treatment, and other services.

The results of these changes are somewhat disputed, leading some to compare the Portuguese experiment to a "Rorschach Test." [101] On the one hand, within a few years of enacting these policies the rate of drug interdiction (still illegal) had risen by 500%, the rate of self-reported life-time, yearly and monthly drug use rose slightly, and the number of drug users in rehab climbed by 63% (largely because rehab was available).

On the other hand, reported yearly and monthly drug use among people aged 15-24, those considered most at risk of addiction, steadily declined from 2001 to 2012.[102] Despite fears, addiction rates have fallen significantly, by 50%. There has also been a decline in overdose deaths and cases of HIV and AIDS. The drug user population has aged, suggesting that fewer people are starting to use.[103] Today, the Health Ministry estimates that only about 25,000 Portuguese use heroin, down from 100,000 when the policy began.[104]

Some heroin addicts will use no matter what, often with devastating health and social consequences. Switzerland, the United Kingdom, and Canada supply safe places and drug supplies to minimize the risks of harm to self and others, to wean addicts from using, as well as to reduce collateral crime, such as theft to supply their habits. In Switzerland, less than 15% of program participants relapsed into daily use after three years, while crimes committed by those in the group fell by more than two thirds. "Some make a virtually complete recovery," according to a researcher of a similar program in Britain, "but others, we get them from a bad place to a less bad place."[105] In Vancouver, British Columbia, a trial of controlled heroin administration in a clean environment led to improved family relations, employment, and mental health, and to lower use of other drugs compared to patients receiving methadone, according to a study in the *New England Journal of Medicine.*[106]

The U.S. government has actively discouraging these sorts of innovations. In light of the deep, persistent, and varied harms that punitive drug policies have generated worldwide, the United States should allow other nations to implement diverse approaches. There is a similar imperative for the Federal Government to allow states flexibility to remedy racially disparate sentencing, reduce and prevent health harms for drug users, and invest in other public health programs.[107]

Drug Courts

This report recommends expanding drug courts.[108] Drugs courts provide an alternative to incarceration for people who have been arrested for drug offences. Begun in 1989, there are now more than 2,700 such courts in the U.S.[109] Drug courts operate in a variety of ways, sometimes offering and other times requiring treatment for addicts. If a convicted person declines or fails in treatment, Drug Courts can sentence them to prison.[110] They can also exercise jurisdiction in cases where it can reasonably be claimed that persons who have committed non-drug crimes were influenced by their drug use in committing the crime.

While experts disagree about the efficacy and ethics of involuntary treatment for addicted persons, meta-analyses of drug court evaluations suggest that this alternative strategy reduces recidivism and substance abuse[111] and the drug courts may be a cost-effective alternative to imprisonment.[112] Drug courts can also involve faith-based organizations that minister to persons struggling to overcome addiction.

There are several important issues, however, that should be understood regarding drug policy reform and the use of drug courts:

- In some jurisdictions non-addicts arrested for possession can have their cases placed into drug courts. Rehabilitation is inappropriate in these cases. That said, since addicts consume the greatest share of all drugs, they are more likely to be caught possessing drugs.
- Sometimes prosecutors do not cooperate with judicial officers. When this occurs it can undermine the drug court's purpose of offering treatment options to drug-dependent people coming into the judicial system.
- A strategy that combines drug courts with decriminalizing or lowering the penalty (levying fines for instance) for the possession of certain drugs could unclog courts and empty jails.
- Drug courts prefer not to incarcerate people for personal drug consumption. This forces society to confront the imperative of providing addicts with effective, publicly funded treatment.
- It may be that we should learn from Portugal's Dissuasion Commissions adding trained drug counselors or others with expertise regarding to advise the judge and the defendant and enact lesser penalties and fines that won't require locking up those who refuse

The Church's Calling

God calls the church to love the world the way God loves it in Jesus Christ. We live out this calling in a number of ways: by inviting people to new life in Jesus Christ, by casting a vision of graceful flourishing before God, by hosting 12 Step meetings in church facilities, and by reaching out to the addicted and those who suffer because they love them. We love the world the way God does by seeking God's reign: breaking down the barriers of race and class that divide our communities, listening to the poor and powerless, confronting institutional racism and classism in our criminal justice system, including our drug laws, and pursuing policies that prevent drug abuse, and that reduce harm, and make treatment available. In short, we work to build a house of healing in our congregations and in God's world. [END]

APPENDIX A

THE RACIST HISTORY OF THE WAR ON DRUGS

A century ago, opiates and cocaine were freely available, and used medicinally and recreationally by people throughout the United States. Scores of patent medicines, elixirs and tonics contained significant amounts of opium or cocaine. Opiate dependence peaked in the United States near the turn of the twentieth century, when the number of addicts was estimated at close to 250,000 in a population of 76 million – representing a drug addiction rate far higher than that of today's society.[113] The prevailing attitude was that drug addiction was a health problem, best treated by physicians and pharmacists. Obviously, we do not want to return to the era of unregulated drug markets.

Public attitudes concerning drug use changed as perceptions of drug users shifted.[114] Although white Americans consumed their fair share of opium, societal prejudice against opiates grew along with the influx of Chinese immigrants whose opium dens were viewed as foreign and threatening. In 1875 San Francisco passed the nation's first drug law banning only the form of opium smoked in Chinese opium dens. In 1902, the Committee on the Acquirement of the Drug Habit of the American Pharmaceutical Association declared: "If the 'Chinaman' cannot get along without his 'dope,' we can get along without him."[115] The first state drug prohibition was passed in 1909, when California outlawed imported opium for smoking.

In 1910, Dr. Hamilton Wright, the progenitor of U.S. anti-narcotics laws, reported that contractors were giving cocaine to their black employees in an effort to get more work out of them. A few years later, stories proliferated about "cocaine-crazed Negroes" in the South. An article in *The New York Times* went so far as to state that cocaine made blacks shoot better, and would "increase, rather than interfere with good marksmanship." Another reported that some southern police departments had switched to .38 caliber revolvers because cocaine made blacks impervious to smaller .32 caliber bullets. Evoking highly racially – and gender-charged imagery, an article in *Literary Digest*, a popular magazine of the era, claimed that, "most of the attacks upon white women of the South are the direct result of the cocaine-crazed Negro brain."[116] To read these stories one might not know that blacks were using cocaine and opiates at lower levels than their white counterparts or that the drug users were actually committing very little crime. The gross distortion, rank appeals to racism, and sensationalism of these media stories generated support for the Harrison Narcotics Act of 1914 that restricted the manufacture and sale of opium, coca, and their derivatives.

Cannabis spread alongside the emerging American jazz scene of the 1920s and 30s, as blacks and whites began socializing as equals and smoking the drug together. Anti-marijuana propaganda of the time cited this breach of racial norms as typifying the social degradation caused by the drug. Officials in New Orleans attributed many of the region's crimes to cannabis and claimed it was a dangerous sexual stimulant. Harry Anslinger, head of the newly formed federal narcotics division, warned political and community leaders about blacks and whites dancing together in "teahouses," and stoked racial prejudice to stiffen drug laws.[117]

The first federal law targeting cannabis possession and use, the Marijuana Tax Act of 1937, was enacted during the Great Depression. Proponents substituted the Spanish word "marijuana" for the more common "cannabis" to scare white Americans. They also employed racist stereotypes, claiming that Mexican immigrants, who competed with unemployed White Americans for agricultural jobs, engaged in cannabis-induced violence against whites. The American Coalition, an anti-immigrant group, stated:

> "Marihuana, perhaps now the most insidious of our narcotics, is a direct by-product of unrestricted Mexican immigration. … Mexican peddlers have been caught distributing sample marihuana

> cigarettes to schoolchildren. Bills for our quota against Mexico have been blocked mysteriously in every Congress since the 1924 Quota Act. Our nation has more than enough laborers."[118]

Drug use was again racialized in 1971, when President Nixon declared that drugs were "public enemy number one" and that the threat required an all out offensive.[119] John Erlichman, Nixon's top domestic advisor, later clarified Nixon's motivation,

> "The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying. We knew we couldn't make it illegal to be either against the war or blacks, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did."[120]

From 1978-1984 cocaine use spiked 700%. During this time, partly due to racially charged media hype, the nation became fixated on smokable cocaine known as crack. In response to this, and with black support for a more punitive crime policy, the 1986 Anti-Drug Abuse Act established mandatory minimum prison sentences that made penalties for crack used by urban blacks were made grossly harsher (100-to-1) than penalties for powder cocaine used in the suburbs, despite the fact that use rates were similar and chemically they are identical. The disparity in sentencing guidelines significantly impacted African Americans, not only because Whites and Blacks consumed cocaine in different forms, but also because the greater penalties for crack, in contrast with the negligible penalties for powdered cocaine, proved an incentive for law enforcement. In 2010 The U.S. Congress and President Obama took bipartisan action in 2010 to address this gross inequity.[121] The Fair Sentencing Act did not eliminate this injustice, since the law was not retroactively applied to those sentenced under the 1986 law and still applied a disparity of 18-to-1 for sentences for crack and cocaine.[122]

APPENDIX B

THE HISTORY OF THIS REPORT

This report was requested by the 221st General Assembly (2014) in response to overtures from seven presbyteries, to provide advocacy "for effective drug policies grounded in science, compassion and human rights" (Minutes, 2014, Part I, p. 630). To carry out this request the Advisory Committee for Social Witness Policy in 2014 designated a team to study drug reform. Their report was delivered to the 222nd General Assembly (2016) along with a recommendation that the report be tested in the church. Materials were distributed to middle judicatories and discussed at meetings in Colorado, Arizona, South Carolina and other places. A question about support for the legalization of cannabis was included in a Presbyterian Panel Survey in 2017.

With these inputs and fresh evidence from places that have revised their drug laws, in 2017 the Advisory Committee for Social Witness Policy decided to adjust the initial paper's recommendations. Instead of calling for legal regulation, this report calls for decriminalization at the state level of the production and possession of cannabis for recreational and medical uses, while calling for Federal laws that allow the state-level experiments. The Committee felt that this shift was needed to create time to do the scientific research that ought to inform responsible drug regulation. The paper was rewritten in support of this recommendation and for clarity. The new draft of the paper has been tested with experts on drug addiction and criminal law.

APPENDIX C

Definitions Used in this Paper

Addiction is "any repeated behavior, substance-related or not, in which a person feels compelled to persist, regardless of its negative impacts on the person's life and the lives of others."[1] Addiction can be physical and/or psychological. Gerald May provides a five-part definition that combines both: "(1) tolerance (build-up of resistance, requiring higher dosage), (2) withdrawal symptoms, (3) self-deception, (4) loss of willpower, and (5) distortion of attention."[1]

Decriminalization means to legalize non-commercial production, possession, and consumption of currently illegal drugs for personal use. In the section on Portugal decriminalization refers to an approach that takes drug use and possession of small amounts out of the criminal justice system, while assigning lesser penalties and fines.

Drugs in this paper generally refers to any psychotropic substance, not substances that are administered for therapeutic purposes.

Legalization refers to laws, such as we see in Washington and Colorado that legalize and regulate the commercial production and sale of marijuana.

Harm reduction refers to efforts to control the deleterious and sometimes deadly effects of drug consumption. These include naproxolene to prevent overdose deaths, needle exchanges, safe houses where addicts can shoot up and be encouraged to seek treatment, and opiate maintenance programs that discourage criminal activity and remove the temptation to seek drugs on the street where purity and uneven dosing pose significant risks.

Institutional racism does not necessarily involve racist intent, but refers to systematic ways that institutions manifest racially disparate and unjust outcomes.

Legal-regulation means to legalize the commercial production, possession, and sale of currently illegal drugs. We hyphenate the term, rather than simply call it "legalization," in recognition that public safety requires restrictions on some substances.

Mass Incarceration is often used to mean historically high incarceration rates. In this paper it will be used for what is, in effect, the incarceration of entire groups – as in the fact that the incarceration rate for black men without high school degrees can be (depending on the state) as high as one in three.

Prohibition the Volstead Act (1920) prohibited the manufacture, distribution and sale of alcohol, but did not criminalize the possession or consumption of alcohol. Our approach to other drugs has been much more harsh.

Racism refers to racial prejudice plus power that is exhibited by institutions, communities, and individuals. More recent concepts such as "white privilege", "micro-aggressions", and "subconscious/internalized racism" help us understand the unconscious dynamics of discrimination. These approaches move us beyond the more limited, individualized, dictionary definition of racism as "belief in the superiority of a particular race and prejudice based on this belief."

APPENDIX D

Summary of Previous PC(USA) Policy on Drug and Alcohol Use and Abuse

Throughout much of its history, the PC(USA) has been concerned about the effects of alcohol and alcoholism. It was actively involved in the temperance movement in the 19th and early 20th centuries, even to the point of asserting in 1873 that: "the Church is essentially a temperance society and her members should use all their influence for the suppression of the liquor traffic." The 158th General Assembly in 1946 urged reinstating prohibition of alcohol as well as abstinence by PC(USA) members. (Minutes, PCUSA, 1946, Part I, pp. 202-7.)

In the 1960s and 1970s, the Church increased its emphasis on medical and therapeutic treatment of alcoholism as well as narcotic addiction, to a large extent adopting a "disease model" for understanding them. As early as 1965, the General Assembly called for alternatives to criminalization of drug addiction. The 178th General Assembly in 1966 called narcotic addiction a "medical-social problem arising from many diverse factors, including psychological and physiological dependency on drugs, family instability, cultural conflicts, and social and economic deprivation" which necessitates legal distinctions in the criminal punishment between those who sell to support their habit and those who profiteer from addiction. (Minutes, UPCUSA, 1966, Part I, pp. 381-382.)

In 1992, the PC(USA) published a special issue of its journal, Church & Society, on drug abuse, titled "A Body Broken: Substance Abuse and the Church." The following year's 205th General Assembly issued an extensive statement and recommendations on drugs and drug policy. Much from those statements read as if they could have been written in 2015. The 1993 statement, acknowledged that,

"In the war on drugs, enemies are the people that the affluent culture projects its fear upon. In this nation, the enemies are predominately people of color... Although four out of five people who use drugs are white, the vast majority of criminal actions are taken against minority men, whose arrest and conviction put them at a disadvantage in the job market for a lifetime" (40.1-0, 106)

The 1993 statement went on to "encourage economic conversion and public investment in need-reduction policies:

- Education concerning the addictions, and prevention programs.
- Public health maintenance programs, which include counseling.
- Rehabilitation of individuals who are addicted, and rehabilitation programs for their families.
- Justice in educational opportunity.
- Justice in economic opportunity."

It also urged "reversal of current U.S. drug supply limiting policies:

- Mandatory drug sentencing,
- Zero tolerance policy and property confiscation without due process,
- Erosion of personal rights and equal protection under the law, and
- Decriminalization of possession with judicial focus on drug manufacturers and suppliers."

It called for:

- "The nation to establish 'treatment on demand' for those with chemical dependencies and their families
- The support of innovative, ecumenically sponsored treatment programs and halfway houses, with access to medical support; particularly in economically impoverished regions and neighborhoods, and
- The demilitarization of U.S. drug wars policies in foreign countries, and replace low-intensity conflicts with programs of economic aid and local self-development."

ENDNOTES

[1] While often characterized as "experiments," we note that state and international efforts to decriminalize and legalize drugs lack controls and other aspects of the scientific method.
[2] Charles Bowden discusses this argument in relation to the drug-related violence in Juarez. See *Murder City: Ciudad Juarez and the Global Economy's New Killing Fields* (New York: Nation Books, 2010).
[3] Paul Goldstein has identified three categories of "drug-related" murders: pscychopharmalogical (drug-influenced), economic (where someone kills another in the process of trying to feed their drug habit), and systemic (the outcome of aggressive patterns of interaction within the system of drug use and distribution). After examining homicides classified as "drug-related, he and other researchers determined that approximately 8 percent were "multidimensional" (they did not fit the three types), 14 percent were psychopharmacological, 4 percent were economic compulsive, and all the rest (74 percent) were systematic, that is due to drug gangs controlling their markets. See "Relationship of Drugs, Drug Trafficking, and Drug Traffickers to Homicide," Paul J. Goldstein, H H Brownstein; H R S Baxi; P J Ryan, in *Journal of Crime and Justice* (Vol. 15.1, 1992), pp. 25-44.
[4] See, Jill Leovy, *Ghettoside: A True Story of Murder in America* (New York: Radomhouse, 2015), pg 9.
[5] From the abstract:

> "In this article, we argue that the mafia arose as a response to an exogenous shock in the demand for oranges and lemons, following Lind's discovery in the late eighteenth century that citrus fruits cured scurvy. More specifically, we claim that mafia appeared in locations where producers made high profits from citrus production for overseas export. Operating in an environment with a weak rule of law, the mafia protected citrus production from predation…."

https://www.cambridge.org/core/journals/journal-of-economic-history/article/origins-of-the-sicilian-mafia-the-market-for-lemons/52B18A611BD8AE26B4FDE3814A4239F1/core-reader.
Some Mexican gangs have similar origin, having arisen to protect avocado trees.
https://www.washingtonpost.com/news/wonk/wp/2018/01/19/how-a-19th-century-lemon-craze-gave-rise-to-the-infamous-sicilian-mob/?utm_term=.e5ee89b1cbe9&wpisrc=nl_rainbow&wpmm=1.
[6] Susie Byrd, testimony before Drug Policy Task Force, El Paso, TX, 2 May 2015.
[7] George P. Shultz and Pedro Aspe, "The Failed War on Drugs," https://www.nytimes.com/2017/12/31/opinion/failed-war-on-drugs.html .
[8] This section is indebted to a draft paper by Ben Leiter of the Latin America Working Group. See also Celina B. Realuyo, *It's All About the Money: Advancing Anti-Money Laundering Efforts in the U.S. and Mexico to Combat Transnational Organized Crime* (Woodrow Wilson Center), 2012.
[9] Christie Smythe, "HSBC Judge Approves $1.9B Drug-Money Laundering Accord," *Bloomberg*, 3 July 2013.
[10] Antonio Maria Costa, UN Office on Drugs and Crime, "Making drug control 'fit for purpose,': Building on the UNGASS decade," p. 10.
[11] William Neuman, "As Mexico Arrests Kingpins, Cartels Splinter and Violence Spikes," *The New York Times*, 12 August 2015.
[12] https://www.washingtonpost.com/news/fact-checker/wp/2015/07/07/yes-u-s-locks-people-up-at-a-higher-rate-than-any-other-country/?utm_term=.e45d4c61b52f For a comparison of American incarceration rates with other OECD countries see, https://www.statista.com/statistics/300986/incarceration-rates-in-oecd-countries/. Significant problems with our criminal justice system stem from the inordinate power of prosecutors. See William Stuntz, *The Collapse of the American Criminal Justice System,* (Cambridge: Harvard University Press**,** 2011). During the plea bargain phase defendants do not have access to evidence that may be used against them and adds to the uncertainty of a trial. This coupled with the certainty of mandatory sentences often leads defendants to plead guilty to crimes they did not commit.
[13] http://www.apcca.org/uploads/10th_Edition_2013.pdf
[14] https://www.vera.org/publications/price-of-prisons-2015-state-spending-trends
[15] William J. Stuntz observes, "over the last thirty-five years – the period during which the nation's inmate population multiplied sevenfold – the black marriage rate fell twice as fast as its white counter part. More than 40% of black men and women never marry; the large majority of black children are born out of wedlock. One reason for those statistics is that a sizeable fraction of black men of marriage age are either in prison, about to go there, or just released…. Black incarceration rates contribute to that gap: even after sentences are served, the legal jobs available to former prisoners are few and unappealing." See *The Collapse of American Criminal Justice* (Cambridge, Massachusetts: Harvard University Press, 2011), pg. 48.
[16]Michelle Alexander claims that America's war on drugs spawned a system dedicated to mass incarcerating people of color. See Michelle Alexander, *The New Jim Crow: Mass Incarceration in the Age of Color Blindness* (New York: The New Press, 2010). Critics note that she has focused on the federal system (where half of prisoners are locked up for drug crimes), ignoring state and county prisons that are ten times larger and far fewer are incarcerated for drug crimes.
[17] https://www.vox.com/policy-and-politics/2017/11/8/16622438/larry-krasner-philadelphia-election-prosecutor
[18] John F. Pfaff, *Locked In: The True Causes of Mass Incarceration and How to Achieve Real Reform* (New York: Basic Books, 2017).
[19] http://sentencingproject.org/wp-content/uploads/2015/12/Race-and-Justice-Shadow-Report-ICCPR.pdf . There is a class dimension to this as well. Lifetime incarceration rates for black high school dropouts are 10 times higher than for African Americans who have attended college. No doubt, incarceration decreases educational achievement. See Bruce Western, *Punishment and Inequality in America* (New York: Russell Sage Foundation, 2006), pg 26-27.
[20] See the United States Sentencing Commission, "Demographic Differences in Sentencing: An Update to the 2012 *Booker* Report," https://www.ussc.gov/sites/default/files/pdf/research-and-publications/research-publications/2017/20171114_Demographics.pdf
[21] Racial disparities are prevalent in other areas of law enforcement. For example, Champagne and Urbana Illinois are both 16% black, yet blacks constituted 40% of arrests. From 2007-2011, blacks constituted 88% of jaywalking arrests in Champagne and 91% of jaywalking arrests in Urbana. See, https://www.theatlantic.com/technology/archive/2012/08/in-champaign-urbana-illinois-89-of-those-arrested-for-jaywalking-are-black/261522/. For a study of drug use see, https://archive.samhsa.gov/data/NSDUH/2013SummNatFindDetTables/NationalFindings/NSDUHresults2013.htm#2.7, pg. 60-61.
[22]See, http://www.sentencingproject.org/wp-content/uploads/2016/06/The-Color-of-Justice-Racial-and-Ethnic-Disparity-in-State-Prisons.pdf. See also Taxy, Sam, Samuels, Julie, and Adams, William, "Drug Offenders in Federal Prison, Estimates of Characteristics

Based on Linked Data," The U.S. Department of Justice, *Bureau of Justice Statistics,* (October, 2015), at https://www.bjs.gov/content/pub/pdf/dofp12.pdf

[23] For the racial make up or drug offenders in state prisons see, https://www.ussc.gov/sites/default/files/pdf/research-and-publications/annual-reports-and-sourcebooks/2015/Table34.pdf . For the racial make up of drug offenders in federal prisons see, https://www.bjs.gov/content/pub/pdf/p12tar9112.pdf. Also see http://www.sentencingproject.org/wp-content/uploads/2016/06/The-Color-of-Justice-Racial-and-Ethnic-Disparity-in-State-Prisons.pdf

[24] A number of hypotheses are advanced for why drug courts manifest this disparity, though it appears to manifest societies structural racism. http://www.masslive.com/politics/index.ssf/2016/04/participants_in_massachusetts.html

[25] See Jed S. Rakoff, "Why the Innocent People Plead Guilty," *The New York Review of Books* (Nov. 20, 2014), http://www.nybooks.com/articles/2014/11/20/why-innocent-people-plead-guilty/.

[26] "What is Wrong with Current Immigration Policy and How Can We Get It Right?" unpublished paper, NALACC, January 2013.

[27] https://www.nytimes.com/2017/01/26/us/trump-illegal-immigrants-crime.html

[28] Raha Jorhani, Office of the Alameda County Public Defender, testimony before the Drug Policy Task Force, Richmond, California, 18 February 2015.

[29] For an informative and entertaining, if sobering, report on civil forfeiture, see John Oliver's *Last Week Tonight*, 5 October 2014, at: https://www.youtube.com/watch?v=3kEpZWGgJks

[30] The United States established an asset forfeiture agreement with Panama in 2013 that will share with Panama the takings from seizures, giving Panamanian agencies greater incentive to participate in asset seizure operations. See U.S. Department of State, International Narcotics Control Strategy Report, March 2014, accessed at: http://www.state.gov/j/inl/rls/nrcrpt/2014/vol1/index.htm.

[31] Robert O'Harrow, Jr., et.al, "Holder limits seize-asset sharing process that split billions with local, state police," *Washington Post*, 16 January 2015.

[32] Michael Sallah, et.al., "Stop and Seize," *The Washington Post*, 6 September 2014.

[33] ACLU, "What Is the School-to-Prison Pipeline?" at: https://www.aclu.org/fact-sheet/what-school-prison-pipeline#3

[34] Peter Andreas and Ethan Nadelmann, *Policing the Globe: Criminalization and Crime Control in International Relations* (New York: Oxford University Press, 2008).

[35] Maté, *op. cit*., pp. 338-341.

[36] James Jordan, "Empire of Prisons," *Counterpunch*, 5 June 2014, accessed at: http://www.counterpunch.org/2014/06/05/empire-of-prisons; US Agency for International Development, "The Future of CARSI in Honduras," March 2012.

[37] http://archivo.eluniversal.com.mx/nacion/192540.html For a view questioning this estimation see, https://www.insightcrime.org/news/analysis/do-gangs-control-70-of-mexico/.

[38] Anabel Hernández, *Narco Land: The Mexican Drug Lords and Their Godfathers* (New York: Verso, 2014), pp. 293-295.

[39] John Lindsay-Poland, "The Military Logic of the Drug Business," September 2011, forusa.org. For an in-depth expose of the Mexican state's persistent and deep penetration by drug traffickers, see Anabel Hernández, *Narcoland*.

[40] Testimony by Kelly Wells, Staff Attorney, Diocesan Migrant and Refugee Services, El Paso, TX, 2 May 2015.

[41] Mesoamerican Working Group (MAWG), *Rethinking the Drug War in Central America and Mexico*, 21 January 2014, at: www.cipamericas.org/archives/11315.

[42] A study of DEA in Central America and the Caribbean concluded that "the DEA's coordinated drug enforcement operations contribute to increasing the level of violent and property crimes in the region." Horace A. Bartilow and Kihong Eom, "Busting Drugs While Paying with Crime: The Collateral Damage of U.S. Drug Enforcement in Foreign Countries," *Foreign Policy Analysis* (2009) 5, 93-116.

[43] DEA Administrator Michele Leonhart, statement before House Subcommittee on Crime, Terrorism and Homeland Security, June 20, 2012; Horace A. Bartilow and Kihong Eom, op. cit.

[44] https://www.nytimes.com/2017/10/06/world/americas/after-78-killings-a-honduran-drug-lord-rivera-partners-with-us.html?_r=0

[45] Associated Press, "US Aids Honduran Police Despite Death Squad Fears," March 23, 2013.

[46] To "disappear" a person an act, typically by state authorities, in which a person is taken and never seen again, though they were presumably killed.

[47] Valeria Espinosa and Donald B. Rubin (2015), "Did the Military Interventions in the Mexican Drug War Increase Violence?" *The American Statistician*, 69:1, 17-27.

[48] "In Mexico, Not Dead. Not Alive. Just Gone," *The New York Times* https://www.nytimes.com/2017/11/20/world/americas/mexico-drug-war-dead.html

[49] Washington Office on Latin America, *Don't Call it a Model*, July 3, 2010; *Report of the United Nations High Commissioner for Human Rights on the situation of human rights in Colombia,* January 7, 2013.

[50] Amnesty International, *Brazil: You Killed My Son: Homicides by Military Police in the City of Rio de Janeiro*, August 2015, at https://www.amnesty.org/en/documents/amr19/2068/2015/en/

[51] Neta C. Crawford, "U.S. Costs of Wars Through 2014: $4.4 Trillion and Counting," 25 June 2014.

[52] UN Office on Drugs and Crime, "Illicit crop cultivation," at: https://www.unodc.org/unodc/en/alternative-development/illicit-crop-cultivation.html

[53] UNDP, *Addressing the Development Dimensions of Drug Policy*, June 2015, p. 27.

[54] http://beta.latimes.com/opinion/op-ed/la-oe-0311-presidents-drug-war-fail-20160311-story.html

[55] CDC, "Unintentional Drug Poisoning in the United States," July 2010; Trust for Americans' Health, *The Facts Hurt: A State-by-State Injury Prevention Policy Report 2015*, June 2015, p. 14.

[56] "The increase in opioid prescriptions from 1999 to 2015 could account for about 20 percent of the observed decline in men's labor force participation… and 25 percent of the observed decline in women's labor force participation." https://www.brookings.edu/blog/brookings-now/2017/09/07/how-the-opioid-epidemic-has-affected-the-u-s-labor-force-county-by-county/

[57] "Drug-Addiction Epidemic Creates Creates Crisis in Foster Care," *Stateline* (Oct. 7, 2016), http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/10/07/drug-addiction-epidemic-creates-crisis-in-foster-care

[58] John Tozzi, "Whites Account for the Entire Jump in Heroin Deaths," *Bloomberg News*, 14 July 2014.

[59] Ekow N. Yankah, "When Addiction has a White Face," *The New York Times* (Feb. 9, 2016), https://www.nytimes.com/2016/02/09/opinion/when-addiction-has-a-white-face.html

[60] When we celebrate communion, we do not emphasize wine's intoxicating effects, but it redness and viscosity as a "the word made visible" and a means of experiencing Christ's spiritual presence. See also Paul's criticisms of drunkenness during communion in the Corinthian Church (I Corinthians 11:17-22).

[61] There is considerable debate about whether addiction should be characterized as a "disease." While the American Medical Associate and the American Society of Addiction Medicine both designate addiction as a brain disease, others question whether the disease model is helpful. Lance Dodes says,

> Addiction has very little in common with diseases. It is a group of behaviors, not an illness on its own. It cannot be explained by any disease process… In addiction there is no infectious agent (as in tuberculosis), no pathological biological process (as in diabetes), and no biologically degenerative condition (as in Alzheimer's disease). The only "disease-like" aspect of addiction is that if people do not deal with it, their lives tend to get worse. That's true of lots of things in life that are not diseases; it doesn't tell us anything about the nature of the problem.

See, "Is Addiction Really a Disease? If Not What Is It?, *Psychology Today* (Dec. 17, 2011) https://www.psychologytoday.com/blog/the-heart-addiction/201112/is-addiction-really-disease.

Critics of the disease model question whether blaming addiction on a disease rather than a person's weak will is as helpful as it used to be thought. This is because the "disease" resists cure or management and because it distracts us from addressing the social factors that contribute to addictive behavior. See Elly Vintiadis, "Is Addiction Really a Disease? The Current Medical Consensus about Addiction may very well Be Wrong," *Scientific American* (Nov. 8, 2017), https://blogs.scientificamerican.com/observations/is-addiction-a-disease/. For consideration of addiction as a type of brain learning, see Lewis, Marc, *The Biology of Desire: Why Addiction is not a Disease* (New York: Public Affairs, 2015).

[62] People can be addicted to other compulsive activities including sex, thrill-seeking, and gambling. See Natasha Dow Schull, *Addiction by Design: Machine Gambling in Los Vegas* (Princeton: Princeton University Press, 2012).

[63] Cirrhosis of the liver did not return to pre-prohibition levels until the 1970s. See the National Institutes of Health, "The Epidemiology of Alcoholic Liver Disease," https://pubs.niaaa.nih.gov/publications/arh27-3/209-219.htm Many popular impressions about prohibition do not match the facts, see Mark H. Moore, "Actually, Prohibition was a Success," in *The New York Times,* http://www.nytimes.com/1989/10/16/opinion/actually-prohibition-was-a-success.html See also Jack S. Blocker, Jr. "Did Prohibition Really Work? Alcohol Prohibition as a Public Health Innovation," the National Institutes of Health, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470475/

[64] https://jamanetwork.com/journals/jama/fullarticle/2594398.

[65] There are many accounts of the three uses of the law, among them Calvin's in the *Instruction in Faith* (Louisville: Westminster/John Knox, 1992, re-issue of Fuhrmann translation with Leith forward) especially chapter 17's discussion of sanctification and the law being written on the heart, and in the answers to questions 93-97 in the Westminster Larger Catechism.

[66] In this regard, though statistics for some countries are hard to come by, it appears that countries with extremely punitive drug laws, including the death penalty, such as Malaysia, Iran, Singapore, and China, have seemingly impervious and sometimes growing drug abuse problems. For a review of how Malaysia's death penalty has effectively deterred drug use see, Harring, Sidney, "Death, Drugs and Development: Malaysia's Mandatory Death Penalty for Traffickers and the International War on Drugs" (1991). *CUNY Academic Works*. https://academicworks.cuny.edu/cgi/viewcontent.cgi?article=1315&context=cl_pubs. For consideration of the failure of China's draconian drug laws failure to contain a growing drug abuse problem see, Sheldon X. Zhang and Ko-lin Chin, "A People's War: China's Struggle to Contain its Illicit Drug Problem," *The Brookings Institution: Center for 21st Century Security and Intelligence Latin America Initiative* (2016), https://www.brookings.edu/wp-content/uploads/2016/07/A-Peoples-War-final.pdf.

[67] https://www.nytimes.com/2017/11/27/upshot/where-is-the-prevention-in-the-presidents-opioid-report.html

[68] See Drug Enforcement Administration, "Drug Schedules," at: http://www.dea.gov/druginfo/ds.shtml.

[69] Research suggests that many factors besides the substance contribute to risks of addiction. See Carl Hart, *High Price: A Neuroscientist's Journey of Self-Discovery that Challenges Everything You Know about Drugs and Society* (New York: Harper, 2013) and Gabor Maté, *op.cit.*

[70] https://www.dea.gov/druginfo/ds.shtml

[71] The margin of error for developing dependence on heroin was much higher than for other substances – 5.6%, so the probability of developing heroin dependence among users actually ranged from 17.5% to 28.7%. JC Anthony, LA Warner, RC Kessler, "Comparative Epidemiology of Dependence on Tobacco, Alcohol, Controlled Substances, and Inhalants: Basic Findings From the National Comorbidity Survey," *Experimental and Clinical Psychopharmacology*, 1994 (2:3), 244-268.

[72] Testimony to Drug Policy Task Force, Denver, CO, 19 June 2015.

[73] https://www.npr.org/sections/health-shots/2018/01/29/580535951/is-smoking-pot-while-pregnant-safe-for-the-baby?utm_source=facebook.com&utm_medium=social&utm_campaign=npr&utm_term=nprnews&utm_content=20180129. The effects of cannabis are generally confounded by other factors (alcohol use, poverty, and abuse) so that the effects of cannabis are difficult to determine, The American College of Obstetricians and Gynecologists recommends discouraging pregnant women and lactating mothers from using marijuana. https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Marijuana-Use-During-Pregnancy-and-Lactation

[74] Guerri, C., & Pascual, M. (2010). Mechanisms involved in the neurotoxic, cognitive, and neurobehavioral effects of alcohol consumption during adolescence. *Alcohol, 44*(1), 15- 26.

[75] "Seizing on an Opiod Crisis, A Drug Maker Lobbies Hard for Its Product," *The New York Times,* https://www.nytimes.com/2017/06/11/health/vivitrol-drug-opioid-addiction.html

[76] Casa Columbia, *Addiction Medicine: Closing the Gap Between Science and Practice*, June 2012.

[77] The discrepancy between state and Federal laws sets a bad precedent, essentially inviting states to engage in the doctrine of nullification, wherein they ignore the federal laws criminalizing pot. This 'compromise' undermines rule of law and sets a bad precedent. What if some states decide, by similar logic, to ignore federal laws against racial discrimination, for minimum wages, or in favor of gay marriage? We believe that the Federal government should have the most liberal laws governing the use of cannabis while encouraging, at this point, decriminalization at the state level. In particular, we would hope that the federal government would discourage commercial production and sales, perhaps preventing the interstate commerce. The goal would be to allow time publically-funded research to proceed and responsible legislation to be written without the corrupting influence of Big Pot.

[78] Legal regulation can take a variety of forms. For a survey of different approaches to loosening laws on cannabis, see https://www.rand.org/blog/2016/12/the-legal-marijuana-middle-ground.html. Proponents of legalization for recreational use sometimes point to Uruguay as a model. Uruguay has legalized the sale of cannabis under very strict conditions. It restricted sales to limited number of pharmacies and only allows registered citizens to purchase small amounts. These restrictions are designed to prevent Netherlands' style drug tourism, profiteering, over indulgence, and the development of a secondary market that resells legally obtained drugs. https://www.nytimes.com/2017/07/19/world/americas/uruguay-legalizes-pot-marijuana.html

[79] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4987131/.

[80] http://www.cnn.com/2016/10/21/health/colorado-marijuana-potency-above-national-average/index.html.

[81] See "Pharma Lobbying Held Deep Influence Over Opioid Politics," *Center for Public Integrity, https://www.publicintegrity.org/2016/09/18/20203/pharma-lobbying-held-deep-influence-over-opioid-policies.* See also https://www.newyorker.com/magazine/2017/10/30/the-family-that-built-an-empire-of-pain.

[82] "Seizing on an Opioid Crisis a Drug Maker Lobbies Hard for Its Product," *The New York Times, https://www.nytimes.com/2017/06/11/health/vivitrol-drug-opioid-addiction.html.* See MacGillis, Alec, "The Last Shot," (June 27, 2017) *Propublica, https://www.propublica.org/article/vivitrol-opiate-crisis-and-criminal-justice.* Also see, "To Grow Its Market a Drugmaker Pitches Its Product to Judges," https://www.npr.org/sections/health-shots/2017/08/03/540029500/to-grow-market-share-a-drugmaker-pitches-its-product-to-judges

[83] While THC is the psychoactive ingredient in pot, other cannabinoids may regulate marijuana's addictiveness and psychotic effects. For example the popular "skunk" type of marijuana is very high in THC, yet contains low levels of CBD that appear to reduce the incidence of harm. See, Linda, A Parker's report of contemporary research in, *Cannabinoids and the Brain* (Cambridge: MIT Press, 2017).

[84] John R Horne and Philip D. Hansten observe, "Unfortunately, few data are available regarding the potential drug interactions associated with marijuana." "Drug Interactions with Marijuana," *Pharmacy Times,* (December 9, 2014) http://www.pharmacytimes.com/publications/issue/2014/december2014/drug-interactions-with-marijuana

[85] The Denver Post did a study of National Highway Traffic Safety Administration statistics for Colorado and found that the number of drivers testing positive for cannabis has risen faster than the increase in usage. It also found that:

> "The 2013-16 period saw a 40 percent increase in the number of all drivers involved in fatal crashes in Colorado, from 627 to 880, according to the NHTSA data. Those who tested positive for alcohol in fatal crashes from 2013 to 2015 — figures for 2016 were not available — grew 17 percent, from 129 to 151. By contrast, the number of drivers who tested positive for marijuana use jumped 145 percent — from 47 in 2013 to 115 in 2016."

The role cannabis inebriation played in the fatal crash is undetermined and whether the rise is due to legalization is disputed. See, https://www.denverpost.com/2017/08/25/colorado-marijuana-traffic-fatalities/.

[86] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2722956/.

[87] https://www.npr.org/sections/health-shots/2016/02/09/466147956/why-its-so-hard-to-make-a-solid-test-for-driving-while-stoned. See also, https://www.ncbi.nlm.nih.gov/pubmed/26823611 and , https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3836260/.

[88] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3221171/

[89] https://www.ncbi.nlm.nih.gov/pubmed/22669080.

[90] Jensen, Frances E. and Nutt, Amy Ellis, *The Teenage Brain: A Neuroscientist's Survival Guide to Raising Adolescents and Young Adults* (New York, Harper Collins Publisher, 2015).

[91] See Haney, Meghan, Elvins, A. Eden, "Does Cannabis Cause, Exacerbate, or Ameliorate Psychiatric Disorders," National Institutes of Health*, National Library of Medicine,* (2016 Jan; 41(2)) pg. 393–401, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5130141/.

[92] See Meredith Wadman, *Huge Study of Teen Brains Could Reveal Roots of Mental Illness, Impacts of Drug Abuse,* http://www.sciencemag.org/news/2018/01/huge-study-teen-brains-could-reveal-roots-mental-illness-impacts-drug-abuse?utm_source=sciencemagazine&utm_medium=facebook-text&utm_campaign=teenbrain-17177.

[93]MacDonald, Ann, "Teens Who Smoke Pot at Risk for Later Schizophrenia-psychosis," *Harvard Health Publishing,* (Nov. 30, 2011), https://www.health.harvard.edu/blog/teens-who-smoke-pot-at-risk-for-later-schizophrenia-psychosis-201103071676; Bechtold, Jordan, Hipwell, Alison, Lewis, David A., Loeber, Rolf and Pardini, Dustin, "Concurrent and Sustained Cumulative Effects of Adolescent Marijuana Use in Subclinical Psychotic Symptoms," *The American Journal of Psychiatry* (Vol. 173, Is. 8, August 01, 2016), pg. 781-789; Bourget, Dominique, "Considerations of Substance-Induced Psychosis," *Journal of the American Academy of Psychiatry and the Law,* (Vol. 41, No. 2, 2013), pg. 168; Airov, Terri, "Regular Marijuana Use Linked to Subclinical Psychotic Symptoms in Teens, *The Psych Congress Network,* (May 2016), https://www.psychcongress.com/article/regular-marijuana-use-linked-subclinical-psychotic-symptoms-teens.

For a review of the scientific literature that concludes, "[legalization] could trigger a broad range of unintended consequences, with profound and lasting implications for the health and social systems in our country. "Cannabis use is emerging as one among many interacting factors that can affect brain development and mental function." see, Volkow, Nora D., "Effects of Cannabis Use on Human Behavior including Cognition, Motivation, and Psychosis," *JAMA* (March, 2016) https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2488041

For a voice disputing that long-term effects are permanent see, Iversen, Leslie L., "Long-Term Effects of Exposure to Cannabis," *Current Opinion in Pharmacology*, February 2005, (5: 1), p. 71, http://www.ncbi.nlm.nih.gov/pubmed/15661628.

[94] A Presbyterian Panel Survey found Presbyterians are somewhat ambivalent legalization: 40% of Presbyterians opposed legalizing cannabis, 39% favored legalizing cannabis, and 21% expressed no opinion. Researchers noted,

> "A number of panelists objected to the wording of the cannabis question. The question asked whether panelists believe using cannabis should be legalized. These panelists indicated they might support cannabis use for medical purposes, decriminalizing but not legalizing cannabis use, or legalizing use for adults only, but not outright legalization. Some panelists stressed cannabis's harmful effects.

See, "Report: Advisory Committee Social Witness Policy (ACSWP) Self Study and Committee Review Research" *Presbyterian Research Services*, (9/11/2017), pg. 24.

[95] Cannabis Policy Project, at https://www.mpp.org/states/.

[96] Though the different state decriminalization and legalization projects are commonly called "experiments" they technically aren't because there are no controls, as you would have in a well structured, scientific experiment.
[97] Quoted in *Locking Up Our Own* (New York: Farrar, Straus and Giroux, 2017), pg. 20.
[98] Seth Ammerman, et.al., "The Impact of Cannabis Policies on Youth: Clinical, Research and Legal Update," *Pediatrics* (135:3), March 2015, pp. 769-785.
[99] Needle exchanges have a proven track record of reducing the spread of disease. https://www.cdc.gov/hiv/risk/ssps.html. See also, http://www.who.int/hiv/pub/prev_care/effectivenesssterileneedle.pdf.
[100] Ritter A, Cameron J., *A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs.* Drug Alcohol Rev (*2006; 25), pg. 611 – 624.*
[101] See https://www.npr.org/2011/01/20/133086356/Mixed-Results-For-Portugals-Great-Drug-Experiment
[102] See http://www.tdpf.org.uk/blog/success-portugal's-decriminalisation-policy-–-seven-charts See also, Caitlin Elizabeth Hughes and Alex Stephens, "A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalization of illicit drugs," *Drug and Alcohol Review* (31), January 2012, pp. 101-113.
[103] Caitlin Elizabeth Hughes and Alex Stephens, "What Can We Learn from the Portuguese Decriminalization of Illicit Drugs?" *British Journal of Criminology* (50), 2010, pp. 999-1022.
[104] https://www.nytimes.com/2017/09/22/opinion/sunday/portugal-drug-decriminalization.html?_r=0
[105] Gaelle Faure, "Why Doctors Are Giving Heroin to Heroin Addicts," *TIME*, 28 September 2009, at: http://content.time.com/time/health/article/0,8599,1926160,00.html See also, Gabor Maté, *In the Realm of the Hungry Ghosts*.
[106] E. Oviedo-Joekes, et.al. *NEJM* (361:8),2009, pp. 777-786.
[107] American Public Health Association Policy Statement Number 8817. "A Public Health Response to the War on Drugs: Reducing Alcohol, Tobacco and Other Drug Problems Among the Nation's Youth." Adopted January, 1988. American Public Health Association Policy Statement Number 201312. "Defining and Implementing a Public Health Response to Drug Use and Misuse." Adopted November 2013. American Public Health Association Policy Statement Number 201410. "Regulating Commercially Legalized Marijuana as a Public Health Priority," Adopted November 2014.
[108] Currently most people referred to drug courts are white. See, "Participants In Massachusetts' Drug Courts Are Overwhelmingly White," http://www.masslive.com/politics/index.ssf/2016/04/participants_in_massachusetts.html
[109] National Association of Drug Court Professionals: nadcp.org/learn/what-are-drug-courts/types-drug-courts.
[110] Justice Policy Institute, *Addicted to Courts: How a Growing Dependence on Drug Courts Impacts People and Communities*, March 2011, accessed at: justicepolicy.org/uploads/justicepolicy/documents/addicted_to_courts_final.pdf.
[111] For a review of drug court data from 2004-2011, see study the Government Accounting Office performed for the Department of Justice: http://www.gao.gov/assets/590/586794.html For adults, recidivism was generally lowered, but for juvenile drug courts, there were less clear outcomes. Low recidivism is one measurement of success, although low incarceration rates could also be a measure.
[112] http://www.courtinnovation.org/sites/default/files/documents/Assessing_Efectiveness.pdf A different perspective is more critical: https://www.drugpolicy.org/docUploads/Drug_Courts_Are_Not_the_Answer_Final2.pdf
[113] Ibid, pp. 303-304.
[114] The drug war also has roots in international agreements, such as the Hague Opiate Convention of 1912. But even this agreement reflects a colonial view of drug users. See David F. Musto, *The American Disease: Origins of Narcotic Control* (New York: Oxford University Press, 1999), pp. 25-28.
[115] *Ibid.*, p. 17.
[116] *Ibid.,* pp. 6-8, 304-305.
[117] Ibid., p. 221; Johan Hari, "The War on Billie Holiday," *In These Times*, 16 January 2015.
[118] *The New York Times,* 15 September 1935, cited in Musto, *op. cit.,* p. 220.
[119] James Foreman reminds us that first cohort of African American leaders in the nation's urban centers supported the war on drugs, fearing the rise in crime and drug use would undermine the gains of the civil rights movement. See his response to Michelle Alexander in the Yale Law Review: https://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?article=4599&context=fss_papers. Also see his book describing how unintended consequences led to mass incarceration, *Locking Up Our Own: Crime and Punishment in Black America* (New York: Farrar, Straus and Giroux: 2017).
[120] "Top Adviser to Richard Nixon Admitted that 'War on Drugs' was Policy Tool to Go After Anti-War Protesters and 'Black People,' see http://www.drugpolicy.org/press-release/2016/03/top-adviser-richard-nixon-admitted-war-drugs-was-policy-tool-go-after-anti
[121] **H.R. 1255, Fairness in Cocaine Sentencing Act**, introduced by Rep. Bobby Scott (D-VA).
[122] Families Against Mandatory Minimums, "Crack Cocaine Mandatory Minimum Sentences," at: http://famm.org/projects/federal/us-congress/crack-cocaine-mandatory-minimum-sentences/.