

DRUG COMMISSIONS, THE NEXT GENERATION: To Boldly Go Where No Commission Has Gone Before

by Harry G. Levine

On December 14th and 15th, 1990, the Princeton Working Group on Alternatives to Drug Prohibition held its first meeting. In his proposal to the Smart Family Foundation, which funded the project, Professor Ethan Nadelmann explained that he sought to create a commission to evaluate drug prohibition and its alternatives, including legalization. The eighteen-member group planned to meet on five occasions over several years. Each member would bring "substantial knowledge about particular aspects of drug use, abuse, and policy." Ultimately the group would prepare a report explaining the consensus reached by the commission.

On Friday night they assembled for dinner in the President's Room at the Princeton University Faculty Club. About twenty guests joined them, including Federal Judge Robert Sweet and Loren Siegel of the American Civil Liberties Union. Two weeks earlier Ethan had recruited me to be the "keynote" speaker for the dinner. When I complained about the short notice he told me: "Even if I had given you two months warning, you would only begin preparing now anyway." I didn't argue with that. He wanted me to talk about the previous commissions on drugs and alcohol and said I could give some advice based on that history. This is what I said.

For the last few days I have been working on this speech for an audience of one, Craig Reinerman. I told him I wanted to open with a joke. He told me that was inappropriate.

"You are not speaking to a Rotary Club," he said.

I said: "It is traditional for after-dinner speakers to tell a joke. Besides, nobody wants to plunge into a scholarly address after a big meal."

Reinerman said: "These are serious, high level drug experts – they don't want to hear fluff."

We argued for a while, but he won – as is usually the case between us. As a result, I don't have a joke to start with. But I am happy to report that I did manage to work one into the end.

Ethan has asked me to talk tonight about previous drug commissions. He wants me to discuss your place in the long line of groups that have gathered in settings like this one to discuss drugs and drug policy, and to make recommendations about what is to be done.

Arnold Trebach has compiled a list of twelve drug commission reports, stretching nearly a century, from the 1890s to 1989. Together they make up a fair sized library of findings about drug use and of policy recommendations. Trebach calls them the "Great Commission Reports." You might think of them as your twelve distinguished predecessors. Six of them were British, one was Canadian and five were American. Four of them focused entirely or almost entirely on cannabis, three were devoted to opiates or narcotics, four looked at drug abuse and drug addiction in general, and one discussed drug use and AIDS.

None of the commissions recommended full legalization of drugs or viewed any drug, including marijuana, as harmless. And, as Trebach notes, none of the reports called for "a war on drugs, on users, or on addiction." Rather, all of the commissions recommended gentle, humane approaches to dealing with drug users and abusers.

Eight of the commissions had findings about cannabis. The Indian Hemp Drugs Commission of 1893 found the excessive use of cannabis to be "comparatively exceptional." The Panama Canal Zone Military Investigation of 1916-1929 recommended that the sale and use of marijuana be permitted. In 1944 the Laguardia Report found that marijuana is not addictive and does not lead to heroin addiction. The Advisory Committee on Drug Dependence and Cannabis of 1968 (also called The Wooton Report) found that the smoking of cannabis among "otherwise normal people [does not produce] conditions of dependence or psychosis requiring treatment." The Canadian Government Commission of Inquiry of 1970 (known as the Le Dain Report) said that serious consideration should be given to legalizing marijuana. In 1973, the National Commission on Marihuana and Drug Abuse recommended that possession and casual distribution of marijuana not be a legal offense. In 1982, the National Academy of Sciences Committee on Marijuana recommended that all federal criminal penalties on marijuana use and sales be removed and that each state be allowed to set up their own methods of controlling marijuana. They wrote:

"There is reason to believe that widespread uncontrolled use [of marijuana] would not occur under regulation. Indeed, regulation might facilitate patterns of controlled use by diminishing the 'forbidden fruit' aspect of the drug and perhaps increasing the likelihood that an adolescent would be introduced to the drug through families and friends, who practice moderate use, rather than from their heaviest-using, most drug-involved peers."

Other findings and recommendations of the various Commissions were in a similar vein. In 1926 the Rolleston Report first proposed the still existing British system whereby physicians can maintain addicts on heroin and morphine. In 1961 the Interdepartmental Committee on Drug Addiction (called the Brain Report) reiterated many of the conclusions of the Rolleston Report

and again endorsed morphine and heroin maintenance. Also in 1961, the Joint Committee of the American Bar Association and the American Medical Association criticized harsh criminal penalties, suggested that drug prohibition be re-examined, and that British-style maintenance clinics be established. In 1965 the Second Brain commission continued to recommend that any physician be allowed to give maintenance prescriptions of all drugs including injectable morphine and methadone. In 1970 the Le Dain Report said that drug users themselves should help shape drug control strategies. And in 1989 the Advisory Council on the Misuse of Drugs flatly stated that the spread of AIDS and the HIV virus "is a greater danger to individual and public health than drug misuse." The Council endorsed the notion of harm reduction and recommended that other localities adopt the program of Liverpool including needle exchanges and prescribed drugs for addicts. They proposed a comprehensive health plan for addicts and an expansion of residential facilities "where drug misusers may gain better health, skills and self confidence" while still receiving drugs on prescription.

All twelve of these commissions were made up of prominent, respectable and establishment figures. They had judges, governors, congressmen, mayors, members of Parliament, corporate executives, philanthropists, representatives of bar associations and medical societies, university presidents, police chiefs and world famous scientists. Every single one of these commissions was careful, cautious, prudent, conservative, judicious, circumspect, discrete, restrained and measured. These were not radical men and women, and some of them weren't even middle of the road. Yet they all recommended things very much at odds with current policy in the United States today.

I urge you to take these twelve commissions and their reports to heart. I have photocopied Arnold Trebach's article about them and have brought a copy for each of you. I hope you will put that article on top of your pile of papers and symbolically hang it over your collective desks. And, I strongly and unequivocally urge you to totally disregard their model and their approach.

Unlike your predecessors, you should not be cautious, prudent, conservative, judicious, circumspect, restrained and measured. Instead, I urge you to be as heretical, visionary, utopian, blasphemous, idealistic, audacious, gutsy, brazen, radical, extremist, boundary stretching and paradigm-smashing as you can possibly be.

Let me tell you why I offer you this advice. Why I think you should completely eschew the conservative, restrained and measured approach.

First, in the United States, all these careful, cautious, prudent commissions have been completely ignored by policy makers. The second most recent one – an extremely nuanced and balanced study of marijuana – was actually disavowed by the National Academy of Sciences under intense pressure from the White House. As one of its panelists, Professor Howard Becker, aptly put it, the Commission's report offered "politically inconvenient scientific knowledge." The National Academy of Sciences disavowed this measured, restrained report

because its conclusions contradicted the rhetoric of the War on Drugs that the Reagan administration was busy promoting.

It seems unlikely that if you add another careful, prudent volume to the twelve others that it will make any difference at all. It seems unlikely that the congressmen, state legislators and local politicians who have not understood the issue thus far will read your cautious conclusions and say:

"Now we get it. Now we realize that a punitive and repressive drug policy only makes things worse. We never understood that before. But you wrote so well, and had such good footnotes, that we could finally grasp the point."

There is no reason, I suggest to you, to add one more moderate report to the stack only to be ignored along with all the others.

Second, if those who make drug policy in the United States actually want prudent conservative advice, they know where to get it. There are over ten thousand pages of the stuff, not to mention all the books by Grinspoon, Zinberg, Trebach, Weil, Rosenbaum and others. They could just back a truck up to the library and load up. You can put a forward into your report advising those who want careful, circumspect conclusions to use their library cards to check out the reports of your twelve illustrious predecessors and a number of other books as well. In those many thousands of pages the policy maker will find all the judicious, balanced suggestions anyone could ever want.

Third, if policy makers haven't listened to all those other commissions loaded with prominent judges, politicians and corporate executives, they certainly are not going to listen to the likes of you. There's not a judge or big time politician among you. No one here has endowed any buildings at Princeton University. Indeed, most of you would have a hard time paying the tuition here. Not nearly enough of you come from the Anglo-Protestant elite. Far too many of you have names indicating that you come from one disreputable ethnic group or another. Too many of you come from the lower middle class and the working class. I know that one of your members is the son of a bricklayer. Another of you is a physician at a medical school, is a white Protestant and does share a surname with a very famous banker, all of which sounds very respectable at first glance. But he works in the middle of Harlem for the City University of New York, his wife and children are African-American, and his mother was a hillbilly musician. Many of you, I fear, have similarly shady entries in your biographies. In short, if the policy makers haven't paid attention to your eminent predecessors offering moderate advice, they certainly are not going to listen to your rendition of it.

So, don't even try to follow the restrained model of your predecessors. Instead, I implore you to be heretical, visionary, audacious and boundary pushing. Take for granted the conclusions, findings and recommendations of all the other twelve commissions, and push on from there. What else new and different can you propose? Cut paths, blaze trails, model yourselves on Star

Trek. Think of yourselves as on a Drug Policy Trek. You are members of the Enterprise Commission. Ethan Nadelmann is your Captain Kirk. Your five-session mission is to explore new drug policy worlds, and new civilizations for those drug policies. To boldly go where no commission has gone before. Why, you might ask, should you do this? There are indeed good reasons.

First, what have you got to lose by being bold and heretical? What's the worst thing that could happen? You could be ignored. But we already know that's certain to happen if you're cautious and prudent. You might personally be denounced by some new drug Czar, replacing the latest one who got burned out when he too realized that the War on Drugs could never, ever succeed. But you should be able to handle being denounced. If you said some shamelessly visionary things, you might even be attacked by the Vice-President of the United States, or even the President. Or worst of all, most heinous of all, Abe Rosenthal might write a really nasty column about you in the *New York Times*. But you could handle all of that too. In fact, I suspect that some of you would regard this kind of denunciation as an honor. In short, what have you got to lose by being heretical?

Second, if you spell out in detailed fashion some very good heresies, it will be a big help to people who want to stay with the cautious decriminalization approach. I've always appreciated Stanton Peele for serving that role for me. I sound more moderate because he says things that even I wouldn't say. If your work is good enough you will stretch the boundaries of the field, shift the center of gravity, and make currently radical positions seem much more moderate and commonsensical. Decriminalization advocates will be moved into the mainstream just by standing still. Those of us who do not want to join your heresies will be able to say:

"I think that Princeton group went too far in their recommendations. But I don't think drug wars are the answer either. The United States should reject both extremes and adopt a balanced, cautious, mainstream approach – for instance: decriminalization of cannabis and all hard drugs, plus heroin maintenance, needle exchange, and treatment upon request. That's the middle of the road option."

By moving the intellectual fences out further, you also open up a whole new space between what is currently the extreme position and the new frontier you establish. All of this shifting will constitute a major contribution to the debate about drug policy in America.

Third, if you are bold and visionary it will give the rest of us courage and inspiration. We get to say: "Look how far reaching and fearless their work is. Maybe we could do that too." By being intrepid and visionary you will inspire others to follow you.

Fourth, you will always be just one voice in a long debate. If legalization and a public health and social services approach to drug policy is ever to come, there will be many more commissions and study group reports added to twelve already in the stack. For better or worse, you are not going to be making policy; at most you get a seat at the table where the conversation is going

on. Neither the future of America nor even the future of American drug policy rests on your shoulders. For those commissions and reports that come after you, your work will define a new outer boundary of what it is permissible to say and think. And that will help them a great deal.

In addition to the twelve great commissions on drugs that Trebach lists, there are at least three more commission reports on alcohol policy. With one exception, their history reads much like that of the drug commissions.

The first, *The Committee of Fifty to Investigate the Liquor Problem*, was the largest and most pompously named. It began in 1893 and included major representatives of the corporate elite and their academic, legal and medical advisers. It worked for ten years and issued five volumes of findings and conclusions opposing prohibition and recommending controlled sale of alcoholic drink. Not surprisingly, its recommendations were totally ignored for thirty years.

The second was the infamous *Wickersham Commission* – a blue-ribbon panel appointed by Herbert Hoover in 1929. It collected a great deal of devastating information documenting the utter failure of Prohibition. It then issued a politically-engineered report recommending that Prohibition be kept in place for a few more years. The report's conclusions were so at odds with its findings that it was frequently ridiculed. One columnist wrote a poem summarizing the Wickersham Commission's contradictory point of view:

*"Prohibition's an awful flop.
We like it.
It can't stop what it meant to stop.
We like it.
It's left a trail of graft and slime
It don't prohibit worth a dime,
It's filled our land with vice and crime.
Nevertheless, we're for it."*

The final alcohol report was the only one of the fifteen to have had a significant impact in the United States. This is because it was commissioned by John D. Rockefeller Jr. and published in 1933 on the eve of Prohibition's repeal. *Toward Alcohol Control* was hastily written by Raymond Fosdick, Rockefeller's long-time legal adviser, with assistance from the staff of the Institute for Public Administration – a Rockefeller-funded policy center. The report pulled together long-standing proposals about alcohol regulation, including those of the Committee of Fifty, and it drew upon the alcohol regulation experiences of other countries, especially Canada and Britain. Fosdick then had another Rockefeller-funded institute write "model laws." Rockefeller's publicists issued the law and policy recommendations in a carefully staged series of announcements and press releases just as alcohol prohibition was being repealed. Because of Rockefeller's prestige, financial clout, and skillful public relations, the recommendations were adopted, sometimes verbatim, by many state legislatures, and in modified form by nearly all others. This detailed system of controls and regulatory mechanisms, first put in place in 1934,

remains to this day as the effective and virtually unnoticed system governing the sale of all alcoholic beverages in the United States. Although alcohol control once seemed as impossible as drug regulation does now, alcohol regulation was actually achieved very quickly and efficiently.

If we add the alcohol commissions to the pile of drug reports, we now have fifteen moderate reports. And there are even more in German, Dutch, Spanish, Italian, Australian, and probably in other languages as well. If any among you is considering adding another such report, I urge you to practice what drug warriors preach and "just say no."

I have recommended that you reject the moderate approach and that you be as heretical, visionary, utopian, idealistic, audacious, radical, boundary-stretching and paradigm-smashing as you can possibly be. What, you may fairly ask, do I suggest as the content of your heresies? Unfortunately, I have very little to propose for that. I have learned much of what I know about illicit drugs from people in this room, and from your friends and colleagues. You have already forced me to stretch way beyond the bounds of what I once took for granted. So you will have to lead the way again. But, despite my admittedly hamstrung imagination, I would like to make three suggestions about content.

First, I do not think you should see the Rockefeller report as a model for your work anymore than you should mimic the drug commissions. Drug prohibition is not on the verge of being repealed, as alcohol prohibition was in 1933. Furthermore, drug policy needs to be far more humane and socially conscious than alcohol control. However, you might be able to pick up a few pointers from Fosdick and Rockefeller – in particular the idea of taking the profit motive out of the liquor business by selling alcohol in government shops. Rockefeller was especially keen on this point, and in his preface to *Toward Liquor Control* he stressed it: "Only as the profit motive is eliminated [wrote Rockefeller with no apparent sense of irony] is there any hope of controlling the liquor traffic in the interests of a decent society. To approach the problem from any other angle is only to tinker with it and to insure failure."

If Rockefeller, who was a life-long teetotaler and a staunch prohibitionist, could strongly advocate using government shops to sell alcohol, you should be able to stomach the idea of relatively low potency cocaine, morphine, LSD and MDMA produced in government labs (or on contract) and sold in government shops. You can always say that it was really John D. Rockefeller's idea.

My second insight is a classic sociological one – that the social environment of people's lives shapes their drug use just as it does most everything else. The worst forms of hard drug abuse, whether of crack or heroin, occur among the most desperate and deprived members of our society – especially inner-city youth living in poverty. If you wish to change not only repressive laws, but also destructive drug use patterns, then you must radically improve these people's lives. The Dutch make that a corner stone of their approach and I think we should too. The

United States needs a Marshall Plan for the cities. Instead, in the 1980s we've had what might appropriately be termed a Dresden Plan.

You can get some help on this point from another commission, but not on drugs, that in 1986 published a report entitled *Economic Justice for All*. The report was written by the Catholic Bishops of the United States, and if ever there was a bunch of conservative, judicious and restrained fellows, the Catholic Bishops are it. Their report recommended eliminating poverty and providing jobs and income for every American. You can build upon their recommendations as well. You certainly should be able to be more bold and radical than the Catholic Bishops of the United States.

Finally, as many of you have shown me, when talking about drugs just tell the truth. Tell it plain, clear and straight. In drug policy the truth has so long been suppressed that, by itself, the truth is radical and heretical.

At the beginning of this talk I promised you a joke. I'd like to use one of Ronald Reagan's jokes as a metaphor in a way that he never could have imagined. In 1980, during the New Hampshire Primary, Reagan told derogatory ethnic jokes to the press corps. One of his jokes with a stereotypical Pole and Italian was reported by the news media and Reagan received a lot of criticism for it. This was Reagan's joke:

How can you find the Pole at a cockfight?

He's the one with the duck.

How can you tell the Italian at a cockfight?

He's the one that bets on the duck.

How can you tell that the Mafia runs the cockfight?

The duck wins.

The reigning American drug policy is a duck, and a lame one at that. There is no point in bringing another moderate commission report to what is essentially a fixed fight where the duck wins. Instead, write the wildest, strongest, smartest, most visionary book you can. Endow it with loads of intelligence, common sense, meticulous scholarship and a sweeping imagination. At the very least, you will force those rigging the fight – those who ignore all the Great Drug Commissions' findings and recommendations and the truth – to lie even more often and more transparently than they do already. And rest assured that someday the offspring of your proud, audacious and courageous breed WILL FINALLY BEAT THE DUCK.

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THE TWELVE GREAT DRUG COMMISSIONS ARE:

1. The Indian Hemp Drugs Commission Report, 1893 (UK)
 2. The Panama Canal Zone Military Investigation, 1916 to 1929 (USA)
 3. The Departmental Committee on Morphine and Heroin Addiction, 1926 (known as the Rolleston Report) (UK)
 4. The Mayor's Committee on Marihuana, 1944 (known as the Laguardia Report) (USA)
 5. The Interdepartmental Committee on Drug Addiction, 1961 (known as the first Brain Report) (UK)
 6. The Joint Committee of the American Bar Association and the American Medical Association on Narcotic Drugs, 1961 (that was chaired by Rufus King) (USA)
 7. The Second Interdepartmental Committee on Drug Addiction, 1965 (known as the second Brain Report) (UK)
 8. The Advisory Committee on Drug Dependence and Cannabis, 1968 (known as the Wooton Report) (UK)
 9. The Canadian Government's Commission of Inquiry, 1970 (known as the Le Dain Report) (Canada)
 10. The National Commission on Marihuana and Drug Abuse, 1973 (USA)
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