

CLAIMING THE MORAL HIGH GROUND

DEAN BECKER: Because euphoria has been deemed to be a crime. The whole world is suffering.

I am the Reverend Dean Becker. I'm a reporter for the Pacifica radio network. I'm a former cop. I'm a speaker for law enforcement action partnership. And I'm also a contributing expert at the James, a A Baker, the third Institute at Rice university. Now today with the help of 19 expert friends from around the world, we are going to claim the moral high ground in the drug war. Now more than 100 years ago, charlatans pretending to be moralists, then Christians fooled the United States. And later through the United nations fooled, the whole world into believing that those who use drugs are immoral sinful deserving of punishment and eternal condemnation. I traveled the world. I attended more than 100 conferences. I've done more than 10,000 interviews, but it was about 20 years ago. I heard of a March in Austin, Texas in protest of a rogue cop, Tom Coleman, who had busted 40 black individuals for cocaine. It was led by a Mr. Kevin Zeece who headed up this journey for justice.

KEVIN ZEESE: We went from town to town in Texas from prison town to prison town, towns that were based on prison populations for their income. And we had the jail cell behind the trailer. We also had medical marijuana users in the trailer in the van people using marijuana medically in 2000 in Texas. Pretty amazing. So we had many conflicts with the police during the, during that tour. And I'd get out and talk to the police. Of course, keeping them out of our RV because we didn't really want them coming into the marijuana smoke. And, uh, no one was arrested. And in fact, we've discovered along the route. There was one moment where we had, I was taking a break and our crew went out to tour a town and they got pulled over and someone was, I got a call that someone was in a police car. So I went out to the event, talked to the police, said, look, we're just doing first amendment stuff.

This is our right to protest our right to organize, you know, to raise these issues. And then over the microphone of the cop was, um, uh, someone says is that those people with marijuana leaves on their car, if it is leave alone, let them go. And we realized, we realized in the midst of the presidential race that George W. Bush did not want a focus on mass incarceration in Texas. And so we knew then that we were free. And then we went on to the Capitol, the Tulia issue, fantastic March on that Tulia a horrible rogue, cop racist enforcement. We protest that Al Gore's campaign office as well as George Bushes, because both parties are terrible on this, but it was a great event. I think it really important and I'm so glad that you brought it up.

That was one of the major goals of drug policy foundation when Arnold and I started it and started to plan about what we wanted to accomplish. One of the main main goals was to make opposition to the drug war respectable. It was a third rail issue. In other words, any politician who touched it would die. And we try to turn that around and into a respectable issue. Arnold brought to it, you know, he was about 55, 60 years old, elder statesman, elder academic at a history of working on civil rights issues. And he brought with it a lot of, uh, you know, age and experience. I brought with it a public interest lawyer. And so we combined to form drug policy foundation. We became the largest drug policy reform group in the history of the country. It merged with the Lindesmith center. Now it's drug policy Alliance. So whenever I think of Arnold and me and our work, I don't think of just Arnold and me, I think of the whole movement, because what we were building, and you were part of this too. Your role was very important. I don't know if you know how important the work you were doing and independent media was, but all of this was important. That's what movements are made of a lots of people coming together.

On Popular Resistance. We have a, a movement a school on top. It's a web based school, eight classes

on how, how social transformation occurs. We discuss how movements develop the eight stages of social movements, how they grow, how they become effective, the, the, how the status quo fights against us, how you overcome it. There's amazing history there. And the drug war ending, the drug war is part of that kind of process. Uh, we are in the stage of winning. Now we have to protect those victories and build on them. This is the final stage of the drug war, and this'll be the last decade of the drug war. And I think the work that Arnold and I built on because we didn't start it NORML existed since 1970, there's a group called LeeMar from the 1960s legalized marijuana. So it's a long term process. We came in at a good time that we could kind of make it respectable, but it's continuing and it's ongoing. And we are going to win this issue in this decade. The drug Wars days are numbered and it's thanks to the work of you and really hundreds of thousands of other people that made it happen. Arnold and I were lucky to form the drug policy foundation at the right time and do what we could to help build that broad, diverse movement that was needed to make this happen.

ETHAN NADELMANN: (7:17) I just found out last night, um, that Arnold Treback, uh, had passed away. Uh, I think yesterday he's 92. He led a good long life. Uh, but you know, he's an historical figure. He together with Kevin Zeese, uh, founded the drug policy foundation in 1987, 88, and they really saw themselves as creating what Arnold called the loyal opposition to the war on drugs and bringing together people from the U S and internationally from all walks of life, who really were committed to the notion that we needed to end the war on drugs and move in a direction of harm reduction and ultimately the responsible legal regulation of drugs. And it's where many of the sort of pioneers of drug policy reform myself included met many of our allies, it's where academics got to know people running needle exchange programs, got to know people working on criminal justice reform at the people who were people working on, psychedelics issues on harm reduction and all of that.

Well, I mean, there's no question about that. I mean, the drug war has been, may have been a nightmare all around the world. And the sad thing of course, Dean is that in some places, the drug war is picking up steam, you know, not so much in the U S but when you look in, in parts of Asia, parts of Africa, I mean, you know, there's a Latin America, so there's a rolling backwards on some of this stuff, which deeply concerns me. Yeah. Kind of other governments in Asia now pointing to the Philippines as a bit of a role model and taking inspiration from the Philippines, not unlike the ways that, you know, some Asian governments followed in Singapore is footsteps years ago with their very draconian policies. So, you know, there are exceptions, and movement towards harm reduction in a few areas but its very tough going. Meanwhile in the US we're generally moving forward, in most places, but obviously having an Attorney General like William Barr has been a real problem.

ERIC STERLING: (9:15) From 1979 until 1989. I was assistant counsel to the house judiciary committee first for the criminal justice subcommittee. And then for the crime subcommittee and those subcommittees have been merged. Uh, so now it is the sub committee on crime and terrorism and oversight. I helped write the legislation, creating the president's commission on organized crime, but most importantly, I worked on a drug legislation throughout that period, conducting numerous oversight hearings of the drug enforcement administration, writing legislation, uh, to increase penalties, increase DEA's powers. Amending the controlled substances act in a, in a variety of ways and, and helping to, uh, create the Drug Czars office. So during, during the years that Ronald Reagan was the president, and the modern war on drugs was ramping up. I played a really central role in the Congress in, uh, how that all developed.

The dynamic was that drugs became very quickly a partisan political issue. Um, and I was as much involved in that as anybody. When president Reagan came in in 1981, he wanted to cut the federal budget and the office of management and budget proposed cutting about \$300,000 out of DEA's

budget. This is a infinitesimally small amount of money at that time. Their budget was less than \$180 million. And, you know, it's more than \$2 billion now, just to give you a sense of its growth.

So as soon as the president announced that he was going to ask to reduce the sum of DEA's programs, we as Democrats are left to the attack, and I helped write the talking points for those attacks. On the President , and his cutting of our anti-drug effort. Um, in legislation, when the question was how much money should be appropriated for some anti-drug program, there was partisan competition for being tougher. And that's the kind of thing that you're talking about. There was prison construction money in particular in 1986 that I recall where we started out with, uh, some small, sum, an amendment would be offered and that would be amended then by the other side, to be larger than the other side, the first side would seek to increase that amount. And so it had without sort of any sort of sense of how many prison beds might this be paying for? How many might we need, what might be meaningful in effecting a federal prosecution policy, or what might be meaningful in effecting the market for, uh, the drugs they're trying to control? None of that was really driving this. It was all very much about partisan perceptions. It was also driven by the individual ambitions of individual members who wanted to establish their, uh, reputation as tough on drugs and tough on crime.

SANHO TREE: (13:35) We tried to blame other countries for our drug problem, which is how the U S government justifies spending all this money on international efforts to either eradicate or interdict drug supplies. And it hasn't worked. We've been doing it all of my lifetime pretty much, uh, and after more than a trillion and a half dollars or so, uh, the drugs are winning. Uh, so if you look at the government's own indicators, which success or failure, the price, purity and availability of drugs, those are at record levels of failure or near record levels of failure.

The U S government has played both sides of this issue. So on the one hand, we say that we're opposed to these, uh, violent, uh, you know, uh, groups and things. But on the other hand, we backed a lot of these governments that also support these things. Honduras is a good example, for instance. Colombia, we brought backed a number of regimes that have been involved in the drug trade, et cetera. Uh, it's, it's, it's a, the, the dealers we'd like, or the dealers we can tolerate officially versus the dealers that we want to make a, trafficker's going to make public enemies of. So it's a political tool in many ways. There's no consistency. Duterte did something similar in the Philippines he's taking all of these, uh, you know, uh, nuisance issues, uh, petty crime issues, uh, structural poverty, neglect, and thrusting it all scapegoating it all on one group drug users. And he's telling people just kill these people, just get rid of them. Uh, they're poison they're trash, uh, no mercy. And that's how we'll solve the problem. Duterte actually bragged that he said, you know, Hitler killed 3 million Jews (killed 6 million, actually,) but he said 3 million Jews. I will be happy to kill 3 million drug addicts.

He campaigned on this issue. He promised he would do it, and he's doing it. And by many accounts, he's killed up to 30,000 people thus far. And he's only been in office six months longer than Trump. So in many ways he is the proto Trump. He is, he is the Mussolini to Trump's Hitler. If you will. He came before and he pioneered, a lot of these repressive authoritarian tactics and scapegoating. Scapegoating is really important because it it's a term that comes from the biblical era, right where the priest or the rabbi would whisper the sins of the village, confess them into the ears of a literal goat. And, uh, and they would drive the goat off into the desert. And that's how you would cleanse your, your village of ritual sins. Uh, this is what Duterte is trying to do with the drug war. I just put all the problems in one basket and say, just kill these people.

Dr. CHRISTOPH BUERKI: (16:00) To me as an outside observer, it does sometimes look a little bit like a Holy war your politicians are leading against drug addicts against drug addicts, and that's a bit

sad to see in many ways. We did once have an Iranian delegation coming to Switzerland, and in some aspects they were quite open to what we did and quite interested also because they also have an opiate, opium problem, uh, there, and they were quite open. So I, I do, I still do hope that your, uh, Holy warriors will sort of slow down a little bit and be open to, to arguments, to, to ethics. Also it has to do with ethics. What do we do with our young people are not, not so young people doesn't matter. It started in the early, in the late eighties with the safe injection room, We had, uh, the first safe injection room in Bern, Switzerland, where, uh, we didn't talk about heroin prescription yet, but we just, uh, or my predecessors in that, in that, in that area, uh, they just thought we, we need to prevent those horrible overdose deaths by providing a safe environment, as you were aware.

What could be worse than 70,000 people dying every year now? (US overdose death over 70,000 per year... on screen) That's, that's the thing, actually, I can only tell you how we did it. And we did. I think the most important thing was that there was a public awareness of the problem. I am not, I'm not informed if there is that public awareness, but the drama and the horrible things that are behind those open drug scenes were very well visible in Switzerland since my town city of Bern is 200,000 inhabitants, it's a small town, it was visible for everyone that was crime related to those open drug scenes. Uh, there were up to 1000 people like there, around the federal building. That that was no, that was visible for press people, for politicians, as well as for the general public. And as a consequence, uh, the, uh, it was mainly the city governments, governments of several big cities who said, we need to try something different.

One thing I think is very important also to note, uh, to your earlier remarks, uh, about fentanyl cutting heroin was whatever. Um, it's the unpredictability for a drug addicted person to, to, to predict what's the effect of what I'm taking. And that is very, very, very dangerous. We did this analysis just with heroin, uh, in, in the street injection room where you ask people to give us a little amount of their, of their, um, of their, of what they are injecting. And we, we did find concentrations between three, 4% of heroin up to 70 or higher percent of heroin. And that is so dangerous. That is so dangerous, this change of concentration. So you get used to sort of, I mean, it's always a visual decision to take that much. And then suddenly this is like seven, eight, 10, 15 times as strong as the last batch. That is very dangerous. With heroin prescription, that problem you don't have;

DR, PERRY KENDALL: (19:45) I was privileged enough to be working at the federal provincial territorial, which is the senior levels of government in Canada. Chairing a number of committees, which looked at me problems, the public health problems associated with injection drug use. And, uh, we looked to Europe, uh, for some of our answers. Well, we had opened up needle exchanges in Canada in the early nineties. Um, but looking at some of the issues with HIV, with hepatitis C, with crime, with overdoses, et cetera, we were really struck with what Switzerland was doing along the spectrum of opioid assisted therapy, maintenance therapy for people who were ready to get off, but needed to stabilize their lives. And there was obviously a fairly high failure rate with the current gold standard, which is methadone maintenance. They had moved using heroin assisted treatment for people who could not be maintained satisfactorily or who weren't good for whom methadone did not work. And that was such a key thing that they also had across Europe. Supervised consumption sites where people could bring their drugs and inject them under the, under the oversight of a nurse or a physician and get primary health care and counseling, as well. One of the first steps we thought we might do. We, we had, um, proposals for heroin assisted treatment in Vancouver, but we wanted to open up, um, see how we could open up supervised consumption sites as a public health measure to deal with the epidemic of hepatitis C and HIV. And I just helped to steer the policy papers. Let's look at whether this was feasible, how you might do it and let the process that led to the point where the minister of health of the day was convinced that he would collect conducted clinical trial, give us an exemption from the

controlled drugs and substances act.

This is act which the minister of health can do in Canada and run a, a well evaluated clinical trial to see how that would happen and create the, create the ways in which local municipalities, local health authorities, local police forces and communities could cooperate to establish the criteria under which such a program could be opened up. Then if it didn't work in Canada, we'd have the evidence to say it didn't work and why it didn't work. But if it did work, usually the groundwork for, uh, expanding, uh, an evidence based intervention. And so that was the insight of the evaluation of Insite. That was, it was that scientific evaluation that led 13 years later to the Supreme court of Canada decision that the federal government, which had changed to become a very conservative government, was trying to close Insite down and that the Supreme court of Canada to say that it was actually a human rights issue, that this was a well-proven, uh, valid, um, effective, uh, health intervention measure and the health Canada and the federal government could not shut it down.

DEAN BECKER: Now that has gone on to expand well beyond Vancouver, has it not?

Dr. PERRY KENDALL: Yeah. In the face of the opioid epidemic, uh, crisis, um, we have probably 30 or 40 supervised consumption sites across Canada now in every, in every place where they have overdose issues, every town, urban connotation, et cetera. We also have overdose prevention sites, which are places where you can inject, but, um, you have somebody who's there with Naloxone who could reverse the overdose, where it to where it to happen. So we have about 25, 30 overdose prevention sites in British Columbia, and again, a number of them across the country.

MAIA SZALAVITZ: (24:25) Yeah, certainly there are drug related harms. You can become addicted and you can overdose in the context of addiction, even if you have absolutely pure known drugs, as we've seen with the opioids. But the reality is making possession illegal doesn't protect you from those harms and making people move from prescription opiates, where at least you have the chance to know the dose or the purity, to street drugs, where now it's all contaminated with fentanyl pretty much. And you have no way of knowing if this is going to be a shot that like gets you high or kills you, or does some bizarre thing that you were completely not expecting. So if we, I feel like, and I'm currently writing a history of harm reduction, and I feel like this is how our policy should be made. The idea should be to reduce harm. The idea should not to be, we must not have people getting high that is immoral because if that were our goal, we would have to illegalize cigarettes and caffeine and alcohol as well. And we already know that would be a disaster.

No, the reason that the drugs that are illegal are illegal has to do with racism and historical contingency, not to do with what's more dangerous. So if we want to save our kids, make sure that they have a chance of surviving their adolescence when they are going to do dumb things, no matter what parents want. We need to make sure that we reduce the harm that they are exposed to you. And we don't do this by the current drug policy. It doesn't work. What it does is expose them to more harm. So the way we look at this, we have to take a look at, you know, what are the actual dangers associated with the pharmacology of certain drugs? What are the dangers associated with taking them in certain settings? I.E. driving, which is bad and, you know, work at it from there, like look at it as a practical problem. Not a problem of, I disagree with people having unearned pleasure. So I think, you know, what's important to realize is that human beings are going to do lots of stuff that other human beings, disapprove of. The only place in which the government should be involved is if that is harming someone, if it's not harming someone, just leave it alone and work, we have plenty of problems that are causing real harms to lots of people. And we have plenty of money that should be going to those things that we are wasting on the drug war.

NEILL FRANKLIN: (27:05) Mr. Anslinger got into it back in the 1930s as who we consider our nation's first drugs czar. Right. Um, he really made it an issue of race. Um, for, I guess you could say multiple cultures. Yes. We had the, our opium policies before that, with the Chinese, but that was about the Chinese and doing what we could as a country here to, uh, I gotta say, prevent the Chinese from taking jobs and becoming a, uh, I guess an economic force, if you might say, in the US economy. So it was about the Chinese, but when Harry Anslinger got into it, he made it about the, you know, of course we was already about to Chinese, but he made it about the Mexicans. He made it about blacks, people of color. And, uh, we've been rolling ever since with this, uh, with these drug prohibition policies and so-called war on drugs, war on people.

As a society in general, we we've developed our perceptions of people and our stereotypes of people and, you know, in, in the policing culture, now I'll be honest with you Dania. We have a, we have a big racial problem within policing, but anything goes beyond that, into this place of class, right? So it doesn't matter what color you are. If you're not at a certain class level, you've got problems with the police. If you're a poor white, you have a problem with the police. Generally speaking, if you're homeless, you have a problem with the police. And the police have gotten to this place of dehumanizing people, right. Especially when it comes to class and when it comes to color and they've gotten to this place where they see people, uh, on a lower economic scale and people of color, they see them as objects. They, they don't refer to them as people, they refer to them as subjects. You know, they, they refer to them in some name, some of the names I won't even mentioned on your show, derogatory names that we give people.

And that kind of gives them the, I gotta say it kind of protects them emotionally from when they decide, uh, to do harm to people. Um, when they don't see them as a person, when they don't see them as human and they see him as an object, then it kind of freezes their mind to treat that individual as they see fit. And as you said, Dean, teach them a lesson, right? The policing culture that's depicted in the Wire is so true. And it's so real. And it's now played out in real life in Baltimore city with the arrest of so many police officers who were a member of his gun trace task force, who were robbing people on the street corners, robbing drug, dealers, planning, guns, planting, drugs, committing home invasions. These are the police wearing a badge and carrying a gun

Dr. CARL HART (30:30) In the United States. When we think about what are the public policy implications, we have the think about the numbers of people that we have in jail, for example, and the numbers that we now have over 2 million people in jail, and about 7.2 million who are under criminal justice, supervision, parole, probation, and those sorts of things. When we think about the thing that has really driven, that it's clear that our sort of assumptions about drugs and not all drugs are, and us needing to do something about drugs, that's really driven this sort of increase in our prison population. Um, we have the 5% of the world's population and 25% of the prison population. And so some of us are embarrassed by that and concerned by that. Um, but when we really start to go inside of the numbers of the sort of hyper incarceration, we start to see that hyper incarceration is not evenly distributed throughout our society.

This impact has been even more, uh, dramatic, um, uh, on black males, for example, one in eight, between the ages of 20 and 29 and now in prison or jail. And then you can see the comparison groups, Spanish one 26, which is not good. Whites one in 63, um, and today one in three black males born will spend some time in prison. That's a third that's, uh, that is, uh, that's a major social justice issue as some of us have been saying. Um, and then when we think about black males in general, in the us population,

we make up about 6% of the U S population, but 35% of the U S incarcerated population. So when you start to see all of these numbers as a thoughtful person in the Academy, you can't help be reminded of the words of James Baldwin when he said to be Negro in this country and this country, and to be relatively conscious is to be in a rage almost all the time. So, you know, we have to do a lot, I have to do a number on myself in terms of tamping that shit down. You know, I really do, because I think about all of the good people in this room. And I think about how it's you all been do that, but can you imagine walking around knowing what's going on. It's a hell of a number that I have to do on myself every day,

KATHERINE NEILL HARRIS: (33:15) In 2018, there were 1.6 million drug arrests, the vast majority of those referred for just possession. And so, you know, we're talking about those 1.6 million encounters right there, you know, and then we don't even know how many more encounters have occurred in pursuit of those arrests. And each one of those encounters then has the potential to become hostile or potentially violent. We also know from the data that people of color blacks, especially are disproportionately likely to encounter police for drug arrests, they account for roughly 29% of drug arrests even though, they only make up 12% of the population about 12% of people who use drugs. So, you know, if we, if we scale back the war on drugs, if we stop, you know, if we tell police that we no longer want them to arrest people for drugs, and we're going to reduce so many encounters just by doing that one thing.

You know, in this country, there's been a long, long history of, of moralizing it, right. And saying that people who use drugs are just, you know, bad people or weak individuals, and it's, you know, their personal responsibility in that, that whole trope that we've had against drug use. Um, more recently we've sort of started to see this conversation shift and it's not a new shift. I mean, you know, you can go back to the 1900s and people were saying that addiction was a medical disease back then as well, but now it's sort of the newer technology. We have these very sophisticated brain imaging scans and that kind of thing. And also with the opioid epidemic, there's this renewed focus on talking about addiction as a brain disease. And there certainly are, you know, components of addiction that, that have physiological changes on people. Um, but I think, you know, we can't lose sight of the role that a person's environment plays in their decisions to use drugs.

And I think that, you know, with COVID-19, I feel like that is going to really bring that into harsh light because they think that, you know, the way that people are struggling now, um, you know, whether or not they were using drugs and maybe stopped, or maybe they use drugs, you know, intermittently, um, and now they have, you know, more free time on their hands cause they're unemployed, or maybe they're more stressed because they're unemployed or lonely because of, you know, the social distancing that we're all trying to engage in all of these things, um, that, you know, could lead more, more people to use drugs more frequently. And so, um, you know, I think we, I think that given that, that these certain, these circumstances that we have now that we need to be aware of the environmental causes of addiction. Um, and I think that also feeds directly into the conversation about criminal justice reform as well, because, you know, how do people get to the point where they're addicted and in such a crisis that, you know, the police become involved? Why, why have every other, you know, tool of, you know, social assistance that we have failed so drastically that, that that's the situation that we're in.

PHIL SMITH: (36:10) Writing about police corruption in the drug war for nearly 20 years. Now, there is never a shortage of things for me to write about it's endemic drug policing. It goes back. I mean, as far back as we had federal drug costs, the federal narcotics Bureau in the 1940 to 1950s, they had to disband that because it was rotten to the core. I mean, from the very beginning, this has been a problem for law enforcement. It's a ethics problem for law enforcement and it's a human rights and

racial justice problem for the rest of this.

This year looks like a time when there really an opening for us because of all he, uh, anger towards law enforcement in the country. Right now well-deserved anger I would add is really a chance to make some progress. So you people listening, it's time to start bugging your representatives to the streets, whatever it takes lets get it done. Well, you know, Dean, 30 years ago, the black community was one of the big impetuses behind toughening sentences. You had black people were scared of drugs. They didn't want their communities destroyed. They supported those drug bills in the 1980s and 1990s. I think they're starting to come around. I think there's really been a sea change.

CHRIS CONRAD: (37:25) The whole thing is continuing to get more and more obnoxious in a way until we decided we had to do something. And what we felt was the most important was to wake up people the way we had woken up, which was by hearing the stories of what was going on with people and putting them out there for people to see and showing their faces. And so that's what human rights in the drug war came in. We want to make sure that these people's stories were not lost, that they, and, you know, as I say, one of the interesting things to me is that when you look at the cover of our book, Shattered Lives, there's three people on the cover. There is a white man, a white woman, and a black woman by the year 2000, the white man, the white women have both gotten an early release, but the African American woman was still in prison for another 15 years.

I forget what year it was, but any case know almost 20 years longer to get her out of prison. And in a way her role was the least significant shoot. Her thing was her boyfriend did something well now she wasn't even her accused of a crime. She just happened to because she was living on money that her boyfriend got from breaking the law that made her a criminal in this system. And so, you know, once you find out what's really going on, it's kind of hard to just kick back. It's like with black lives matter, when you see, when you actually see the cops strangling the life out of an African American man on the street, like we did, it's hard to turn away. And we felt that with the whole drug war much earlier,

D.A. KIM OGG: (39:00) But I can tell you that people who utilize drugs and, and do not participate in any type of violence pose the lowest threat to our community in terms of public safety. Many people are self-medicating because they have underlying mental health, even physical health issues. You know, I think if you looked in a lot of old ladies purses, you might find pills that weren't prescribed to them. So it's the disparate enforcement that makes people so angry with the system. When we see more black and Brown people, uh, more men, more young people than old people being stopped, searched, arrested. It's not just disturbing. It is a threat to our whole democracy. People must believe our system is fair if they're going to keep participating in it. And I think that's why it's so important that the top law enforcement officials, myself, chief art, Acevedo, ed Gonzales, all agree that social problems and ills are not appropriate for us to try and handle.

Those are huge problems that must be dealt with through appropriate resources, by our governing bodies and direct service to people. And that declaring war on people who use drugs has not just been a huge waste of money, but it's cut our nose off to spite our face as a society. You can't send millions of people to prison and not, and refuse to see what has happened in our society as a result, a lot of lost opportunity and a lot of bitterness.

I believe there's room in research to absolutely analyze whether legalization with appropriate regulation is in fact, a way to lower the crime rate. I really can't answer that question without evidence, but my gut tells me that when you remove a huge profit making product from the black market, you put it in the regular marketplace. You regulated that while it won't eliminate gangs, because they're going to find

something else illegal to do. You would take a huge chunk out of their profit margin now, and it would disrupt their criminal and violent activities in a way that I think could only be helpful to our society.

RAY HILL: (41:35) For a hundred years this Country has been sick. The Harrison act took affect 100 years ago today and look at us today. We're right on the verge of some serious changes.

ROGER GOODMAN: (41.55) The war on drugs is probably the most corrosive, tragic policy since slavery, The war on drugs was never about drugs. It was about subjugating and controlling, uh, vulnerable and unpopular groups in our society. And the war on drugs is starting to wind down. Cause we see cannabis now and the cannabis prohibition sweeping the country, but we still got a long way to go. In British Columbia. Just this last week, the police came out and called for the decriminalization of all drugs. So we're making progress. So we are moving pretty quickly. We're sort of competing with, uh, uh, some of the others, progressive cities in this country to be the first to provide for, um, safe consumption sites. The research, the scientific research shows that it reduces transmission of disease. It reduces addiction and reduces public disorder. It reduces, uh, youth initiation of drugs, it reduces all the bad stuff. Uh, so I like to follow the research. Uh, so we're moving toward this public health approach to addiction to these substances. Uh, but that's just part of it. We're, uh, we're looking at decriminalizing, the possession of all substances, small amounts for personal use, uh, and providing major investments in public health as the alternative. So we're really trying to lead the nation in this, up here in the Northwest corner of America.

Again, this war on drugs was never about the drugs. It was about controlling the Chinese with the opiate laws. It was about controlling the, the, the cocaine crazed Negro. It was about controlling the Mexicans with marijuana about controlling, uh, poor white folks with meth recently, uh, not necessarily race it's class as well. So, uh, we've really got to, uh, uh, to look at the war on drugs as a tragic chapter in our past. I am a public official, I'm the chair of the criminal justice committee in the legislature, the point person on criminal justice and, uh, hold the gavel and, uh, have some influence on this. So it's, it's a privilege to be in a position as a lawmaker to move policies forward that we'll see an end to the war on drugs.

I think never before we seen an awakening in this country, um, the need to, uh, provide for racial justice and just more justice bring justice back to the justice system. Uh, and, uh, because this is a multicultural multiracial national uprising. Uh, and so this provides us with an opportunity now, a revolutionary opportunity to bring justice back to the justice system. And a key injustice has been the war on drugs and the war on drugs as you know, has been a proxy for Jim Crow and for segregation and for discrimination and for treating people of color as second class citizens.

And so the momentum that we now have nationally across races, uh, to reform our justice system will I hope, uh, result in a final winding down of the tragic war on drugs, which has resulted in just the destruction of so many lives, the waste of so many trillions of dollars, uh, and really the degradation of our spirit as a country. So this is a great opportunity right now to take advantage of, of the awareness and this isn't going away. This isn't just a passing moment where there's a few protests. Uh, these demonstrations are part of a national uprising that will not be put down. And I hope that the war on drugs will be, uh, a, uh, uh, sort of a main target to get rid of ,

The war on drugs was never meant to be one. It wasn't meant to be waged continuously because on the one hand, we've got the nastiest people on the planet, international organized crime cartels, making a whole bunch of money running the governments of the countries in which they operate. And then on the other side, you've got opportunistic public officials who, uh, get to rise to positions of power and

are corrupt themselves, uh, not just, uh, in the United States, but around the world. Uh, and so, uh, just the, the immorality of that, that we're calling it a war as if we're going to win it. No, it's been a ruse on all of us. It's been a war meant just to be profitable, uh, for some, and to be a means to gain power for others.

Who benefits from the war on drugs today are the criminal organizations that have filled the vacuum that we created by, uh, abdicating responsibility. We, we left control of the drug markets. So they're criminals, they're the ones who are benefiting. Uh, and so if you're asking who benefits, it's the nastiest people on the planet are benefiting those who are taking hostages, those who are assassinating, those who are kidnapping, those who are taking over Governments, that's the benefit.

There's certainly no benefit for healthcare, certainly no benefit for our budget. You know, we say we're being tough on crime we're being tough on the budget. Uh, and so I can't really see a benefit. As a matter of fact, take a look at what we've done by ending cannabis prohibition. Where's the benefit there. We're bringing in revenue. We're reducing youth consumption. We're providing healthcare, we're reducing traffic deaths because people are drinking less and they're smoking more pot, so they're not driving. So there's a lot of benefit to ending the war on drugs, to establishing reasonable control over the markets. And so we learned our lesson from cannabis. We should assert control over the markets of the other prohibited substances as well and we'll see the same benefits.

HOWARD WOOLDRIDGE: (48:45) Yeah. 18 years as a police officer detective, and in a suburb of Lansing, Michigan. Um, and there, I learned the complete utter failure of the drug war in that, uh, every, I knew every drug dealer that my colleagues would arrest, uh, or were shot dead by another drug dealer. They were all replaced immediately. And it, no matter how much drugs we took off the street and in my suburb or, or Lansing of the tri County area, there was always plenty of drugs for anybody who wanted them. So I saw this as a hopeless, um, crusade, if you will, to stop kids and everybody else from getting drugs, what really turned me Dean was when I became a detective and started to follow up on felonies people, you know, they robbed the banks, they robbed the seven 11, they break into your house. And I learned that 70% solid of felony crimes touched prohibition over the half, the bank robberies, half the seven levels getting knocked off were drug addicts who wanted the money.

And you could, I mean, and this is what, and then burglaries of homes, 80% where people needing \$200 a day for crack. This was not rocket science. It's every day, you needed 200 bucks for crack. So you'd go out into my community and break into houses. And this went on and on, and still does today. The number of victims of crime is huge because it is a because of the, of the drug prohibition and the skyrocketed prices for drugs. So that, so when I got the chance, when I retired to lend my voice and expertise to the anti prohibition movement, I joined right up.

These patients receive twice a day, pure heroin, also known as diacetyl morphine at the clinic, and they go about their lives. And this has proven to be cost effective. And also of course, tremendous in crime as those addicts don't need to be a prostitute. They don't need to break into cars, rob people, et cetera, because they're getting their medicine from a clinic, uh, under the national, uh, policy of universal health care. So this has been an overwhelming success, and that's why eight other countries have adopted it because it's Swiss efficient for both saving money and lives. I wish America could, could grow up and accept science, especially in the field of, uh, drug treatment, because we're going to lose another 150, uh, drug addicts today, uh, from overdose. And most of them could be alive tomorrow. If we provide them with the proper treatment like the Swiss, do.

You know the Swiss buy about a hundred kilos of heroin a year from a lab in the UK. And it's quite

quite cheap when you buy it illegally. And still the, the cost goes down to, you know, a couple of dollars a day. And that's, you know, bless the journey of people who are professionals who want to save lives by making sure those people have pure diacetyl morphine, AKA heroin. So they don't get the street stuff, which caused them to get a hot shot and a death. Uh, this is so simple. Dean, you've been to Switzerland, I've been there. Talked to the folks, watched the process. It's just a sad, sad tragedy that all, almost all these people could be alive tomorrow. If we approached it as a medical issue versus criminal. When police officers who, for whatever reasons want to go after somebody with a baggy of pot or a little bit of crack cocaine or something, um, they are become frustrated when all they can do is basically write that person a parking ticket type offense versus put the handcuffs on him and take him to jail.

There's there's a few bad cops out there. And boy, when they want to go after a citizen, especially black or Brown, the drug war is the perfect excuse, the perfect tool. If you will to go after people, they don't like, and they do. So Portugal, 19 years running now has been an overwhelming success. Good news out of Oregon. You're probably aware there, have it on the ballot to go Portugal. You know what I mean? Decrim small amounts of all drugs. So it's handled more like a parking ticket versus anything else. And Oregon might be the lighthouse for America. And hopefully Canada being more sensible than USA. We'll say, you know what we need to do for all of Canada like they do with cannabis. What two years ago now Canada went legal, regulated tax for God's green plant. So it's, it's all going in the right direction. But as you and I know it's painfully slow.

So what's the morality of a 14 year old being shot dead today, selling the drugs off sidewalks. How do you balance out those two moralities of it's immoral to consume drugs? But now we have a policy which gets a 14 year old shot and killed every day. And that slows them down. It really does because it is a competing morality. Uh, but again, at the end of the day, We can't, I can't get mainstream politicians either party, by the way, to have a roundhouse discussion on the war on drugs. I mean, 50 years, a trillion dollars plus, and nobody wants to discuss, is it working? Is it good for, I mean, what can we do better? There's no discussion on Capitol Hill. There's no discussion across America.

BETO O'ROURKE: (54:05) The war on drugs largely has been waged against black Americans and communities of color, and it has produced the largest prison population on the face of the planet. One disproportionately comprised of black and Brown people. And now at a time that marijuana is legal in one form or another, and more than half the States of the union. Um, it is very hard for the formerly incarcerated. Those have been prosecuted in the war on drugs to be able to earn a living, uh, on the, the very issue for which they were punished. Uh, meanwhile, as has been the case, uh, for time and immemorial, the last 400 years in this country, um, white men primarily, um, have an easier job of finding the investment capital, um, the legal pathway, uh, and the means to profit off now the legal sale of cannabis in this country. And so I think Kamala understands that in addition to ending the war on drugs, you also have to look at restorative justice for those who've been unfairly prosecuted in that war on drugs.

And part of that means access to the opportunities now in legal marketplace for, for cannabis. Isn't it just for those who bore the brunt of this to have an opportunity to actually make a living going forward, if that's what they should choose to pursue. So we've talked about the, the, the history of the prohibition of cannabis, which really begins in El Paso, Texas, where I'm talking to you from right now more than a hundred years ago, and cannabis was associated with Mexican nationals, Mexican Americans and Mexican immigrants, and in an effort to keep them down, um, legally, politically, economically, um, the, the outlaw of cannabis and the ability to prosecute, um, these new immigrants in some cases, um, became part of the policy here in the city of El Paso.

It was picked up throughout the mountain West. It then extended to trying to further control black Americans and communities like new Orleans, New York, city and marijuana became very much associated with communities of color through the eyes of the law. And so you get to modern policing, which some have compared to the new Jim Crow and its connection to the war on drugs and keeping communities of color down by law. And you begin to understand, just begin to understand, um, how law enforcement has been used as a tool of institutional racism and oppression and suppression of opportunity in black communities and in communities of color. And so to your point on, on George Floyd, um, you know, that white officer kneeling on George Floyd's throat and he was watching us, he knew he was being filmed by that cell phone camera, and he's looking right into it, um, without, uh, any care whatsoever, because he knows he can do this. He he's saying to us in his gaze, he says, I can do this because I'm white and this man is black.

There's nothing more for you to know. Uh, and I think that is, that is, um, that, that is the issue with which we are contending right now and, and, you know, white gratitude to everyone who has taken to the streets and marched in the tradition of John Lewis, uh, and Rosa Parks and Martin Luther King jr. And so many of our civil rights heroes who understood that in addition to the ballot box and voting and registering and the traditional channels of power, um, that there's something more that needs to be done on critical issues and a critical moments like these and it necessitates us taking to the streets.

So we've got to look at other countries' experiences if you're urging us to do whether it's the Netherlands or Portugal, or really any other place on the planet or other States that are pioneering innovative public health responses to drug use and drug abuse and drug overdose deaths.

So, um, Dean you're you're, you're, you're really, again, um, pushing us to think beyond what's comfortable or convenient and to do instead, what is right for this country. And I hope that's what we're able to do. There's no benefit to, to the drug war. I mean, it, it, it benefits of bloated police budgets, it benefits the police industrial complex, the, you know, the, the consultants who teach you how to do a no knock warrant, break down a door and, you know, dress and in tactical military gear to, um, take on, you know, we think about Brianna Taylor who was killed, uh, through one of these no knock warrants. and to date Dean, uh, no one's been arrested. Um, no one's been prosecuted. No one's been convicted. Uh, no one's even been charged for her death and she did literally nothing wrong. Um, and, and is, is one of most recent, but only the most recent examples of the mortal consequences of this war on drugs. So it's not good for human life. It's not good for our democracy. Uh, it's not good for our fellow Americans. Um, and, and so you look, you, you follow the money and find out who is profiting from this. And I think you find your answers.

NEIL WOODS: ((59:55) This is one of the biggest industries in the world and it's, and it's completely unregulated. It's half a trillion worldwide in the UK. It's 10 billion pounds a year. Um, but that does this. It's not just a huge value in the market, which causes the corruption. There's another aspect, which again, we observe every level and you're right to say that it's the same internationally, but the mechanism that causes corruption, that I'm about to describe to you works every single level, it works at sort of regional in a nation. It works at national level and international level. You see where we do take out the competition and we catch a gang, a cartel, et cetera. It does mean that another gang has an increase in the market share. Now I think it's economics. 101 that an unregulated market in any unregulated market monopolies appear, you know, it's a basic economic truth, but with the illicit drugs market, the mechanism of monopolies forming is actually accelerated by the actions of police.

So where you have, why you create a gap in the market and you get rid of a gang, it's actually usually the most successful gang. It's the gang that's already dominant, which takes advantage of that and expands into that space. This is why they used to be 20 cartels in Mexico. Now there are only three, but you see those three cartels now have a much bigger share of the market, which means they are individually richer, which means they can use much more of their disposable income to corrupt the system. So the mechanism of policing is actually what leads to increased corruption. Now, what gang with enough money would not corrupt the system to protect themselves. It's the obvious, strategic thing to do.

So it is accepted by police leaders, not just in the UK, because I have spoken with police leaders all over the place including the USA. It is accepted that this corruption is endemic and impossible to defend against because what successful organized crime group would not employ people to join the police. Why would they not? And I don't want my , our criminal justice system corrupted by gangsters, but the only way we can ever stop this is by taking the markets off them, taking the power away from them, by regulating the markets. And, you know, we, it might be a stretch of the imagination for most people in a stable democracy like the UK or the USA or, or Norway. It might be a stretch of people's imagination to see themselves it's going in the same direction as Mexico, you know, and, you know, because Mexico is so extreme or Guinea, Guinea-Bissau, West Africa is now a narco state, or were all the other democracy democracies that are being eroded by, by drugs money.

But, you know, we're only going in that direction. We are all going in that direction. We're at the thin end of the same wedge. And don't underestimate the extent of the corruption in your police and criminal justice system, because the longer and harder we fight this war, more likely that corruption is going to increase. the issue of racial justice is inseparable from drug policy because drug drug policy is what, um, maintains the structural, um, racism within, within, within our society. But you have to bear in mind that the USA has a, slightly different view of this. I mean, I, I, in for drug Wars, I researched the way that, um, USA drug policy, uh, destroyed the UK drug policy because you know, this international drug policy, it's a USA invention. It's essentially, you know, it's a, state's moral imperialism because in the UK, we didn't really have a problem with drugs until we were forced through diplomatic international pressure to, to follow the USA way, doing things cocaine wasn't seen as anything other than a tonic for housewives, until until black people were seen to be using it, or it was a way of persecuting black people.

It was, it was an extension of the Jim Crow law. That's what the ban on cocaine. I mean, we call it cannabis in Europe and in America you call it marijuana because it was a way of encouraging it to be seen as a Mexican problem or way of persecuting Mexicans during the great depression, when Mexicans were seen to be stealing white jobs. It was a way of persecuting. It's always been about racism.

The UK is a fun, fascinating example of world drug policy shifts, because it's, it says police voices, which are leading the debate, the police are way ahead of politicians. And in fact, um, where some police leaders have been bringing in heroin assisted treatment, actually paying for free prescriptions of heroin for problematic users, the home office, the government has said, well, we expect our police to uphold the law. Um, but the police are going ahead and doing their own reforms.

It's just pragmatic policing. It's following evidence for what is helpful to somebody's health and society. And, you know, there is good evidence, these diversion schemes from where they happen in other parts of the country, they have actually reduced crime. So you've got to go with the evidence and I applaud the police, some of my colleagues in the UK for bravely bringing in these policies in spite of politics

and not because of it. And of course I applaud the Canadian Chiefs, but you know, we've got police voices speaking out on reforms, across Europe as part of LEAP Europe, Law Enforcement Action Partnership.

An evidence based drug policy is not too much too much to ask and where, where we go for evidence rather than moral posturing, that's where we tend to get movement forwards because the evidence is so overwhelming that reforms work, whichever incremental reforms we're talking about, whether it's harm reduction, um, specifically opioid substitution, treatment H.A.T.s, you know, heroin, prescribing decriminalization, and most importantly regulation. You know, there is evidence that, that, that these, these changes in policies work, but, but there's, there's a, there's an unholy Alliance between politicians and media journalism and what each has been supporting the other in this sort of weaponizing of the issue for a very long time.

But I think what politicians need to realize is the public are now seeing through this, despite this weight of propaganda, that's come from politicians and journalists alike, that, that there is a truth here coming through that they need to get behind or be judged very harshly by history because it's not going to be too much in the near future. When we look back on this period of time and think how, how could we as a society have allowed that policy to continue? You know, they need to feel the weight of the judgment of history because now is the turning point. So which, which of them will get behind these reforms, which of them, will take that moral high ground that the lives of problematic drug users are as valuable as everybody else's now who will take that moral ground that no citizen gets left behind.

But I would love in the United States is for Americans to look beyond the, beyond their borders, because there is innovation and drug policy going on that the USA uniquely is not really taking any notice of, for example. So, you know, I am astounded sometimes by how resistant Americans can be to just basic harm reduction principles, which save lives around the world. It's, it's bizarre, you know, trust me. The USA is really weird with this, like really weird, even things like providing clean injecting equipment, you know, just, just basic stuff, that kind of stuff that stops the spread of blood borne viruses and keeps people alive. You know, why, why would you not support it?

ROGER GOODMAN: (1:08:21) I can't imagine anything less moral, less ethical than a system, A structure that has perpetuated the relegation of unpopular and vulnerable groups in our society to second class citizenship, whether it was the Chinese in the late 18 hundreds or the Mexicans and the, what we call Negroes in the early 20th century and poor whites or what we might call white trash in the late 20 20th century. Um, this, uh, there's nothing moral about it. That's been profiteering off of suffering. It's been, uh, environmental damage in developing countries, a destabilization of governments, compromising of medical care, clogging of the courts, uh, violating civil rights. Uh, I just can't imagine anything right about this policy, given the record, the history, the evidence of how devastating it has been in every aspect of our public and private lives.

DEAN BECKER (Audio) : Do you currently think there is anything that is moral about this drug war?

KATHERINE NEILL HARRIS: (1:09:55) No, there's not. Um, I think at this point, you know, it was, it's been racially motivated from the beginning, and I think that now we're in a situation where, you know, there's the, the racial component of it is still there. And then there's also the fact that, you know, a lot of people that are, you know, in elected office, I mean, for one thing, there's just sort of, they are not interested in hearing information that doesn't comport with their worldview or their understanding. And I also think that for a lot of them, it's politically expedient to sort of continue this, the idea of fear and connecting drug use and crime to those fears is an old, old tactic. And we still see it

continuing today. And you see some of it in president Trump's rhetoric about cartel, violent cartels from Mexico and drug trafficking.

And so, you know, I think for some people that are in elected office, you know, it doesn't really matter if you show them evidence that, you know, needle exchange programs, you know, cut down on the spread of HIV, or if you showed them that drug arrests, you know, disproportionately affect black communities. That's not that those aren't really things that they care about. They care about getting reelected. And so, you know, they don't, they still don't want to look soft on crime or soft on drugs. And again, it's, it's politically advantageous for them to kind of have the, to be able to play on the fear of some of their constituents. And I just, I think that's just an unfortunate reality of the situation.

DR. CHRISTOPH BUERKI: (1:11:20) I appeal to you. You don't need to find a big, nobody Has the big solution to the problem of drug addiction. I mean, it's horrible if somebody, you know, well, um, is addicted to a drug, there is no cheap solutions, but there is as a society ways we can try, we need to try it. Maybe, maybe you won't succeed. Um, I don't know, what's the tailor tailored solution or way to go for you and your culture. Try it. We did try it. Switzerland is a conservative country, um, however, quite rich country. Uh, and we tried something and it worked, it wasn't a solution for every public health public order addiction problem in, in, in our country. But it was a very important, uh, step and the same could go for you for your country. Try it in a small project prove that it's feasible, that it's, uh, efficient to do that it works. And then, then, then learn from it and develop it.

NEILL FRANKLIN: (1:12:30) So hopefully we're getting to a place where people are starting to realize just what you said, that that's not just unique to Houston. It's not just unique to Baltimore. It's not just unique to Chicago. You can go to any major city and not just major cities. You can go to rural counties in the South to the same thing where they're stealing money from people through, uh, asset forfeiture, uh, programs, you know, sitting on highways or Sheriff's departments sitting on highways, stopping cars with out of state tags and taking any cash that they may have by trickery literally by trickery. You know, so it's not unique to our big cities. It's our small towns and it's our, it's our rural counties as well. And, you know, I hate it when I hear my peers say, well, it's just a few bad apples Dean. It's not just a few bad apples.

Don't broad brush the entire policing world because of these few bad apples. I'm going to tell you something, it's not a few bad apples. The barrel, the actual Apple barrel is rotten. So when these young kids come through these police academies with the mindset that they're going to do good by people that they want to really help people after a year or two in that uniform on the street, they're just like the rest of the apples that are in that barrel because the barrel is rotten. Anytime you have these police departments and these so-called good officers sit by and watch this corruption and watch the crime is being committed by those wearing a uniforms and sit by idly as with George Floyd, you know, where the other three officers know that mr. Floyd was in distress with Chauvin's knee on his neck. When you have that, when you fail to intervene or fail to hold your peers accountable for the dirt that they do, you're rotten. Also,

DR. JOAO GOULAO: (1:15:05) Let me tell a very important argument from the right wing, from the conservatives. United nations treaties, the United nations will punish you. Will blind you. In fact, we had that discussion in 2000 at the parliament, it was approved. It passed the bill passed and came into force in the 1st of July of 2001. And what I can tell you nowadays, 20 years after is that there is a complete consensus, complete political consensus nowadays, even those parties who voted against the bill at that time are now in favor of our policies, because we have the evidence of the results. Nowadays, you are facing an epidemic on opiates, mostly on fentanyl and similar things that is, uh,

also crosscutting your society. And this crisis, I believe can be, uh, an opportunity. It's almost, uh, now we talk about, uh, uh, the, the challenges and the opportunities that the pandemic, uh, prizes is posing to all the world.

Uh, but also this one is, is also is a challenge, but also an opportunity to launch the discussion in the, in the society, in the community, and to have movement of people moving into that direction.

I believe in the principle of legalizing of everything, the state involved in the production and the distribution, putting rules, uh, but for all substances, why why to have a special framework from cannabis? It is far from being a light, right? As people tend to present it, right? Yeah. It's strains that you can find in the market are really dangerous in terms of mental health. So if the principle is to avoid contamination, to avoid the black market, to avoid criminality related to drugs, we must think about legalizing all the substances and creating rules. So it's a new paradigm. Instead of the previous units paradigm, we will have the regulatory paradigm and I believe it can be a good solution.

What I can, I can reply to this is in between. And meanwhile, give the step of decriminalizing improvement. They criminalize drug use and possession for personal use, right? Despite all those discussions, all the discussion that is going, uh, worldwide, uh, about legalization, about regulation of the market, meanwhile, decriminalize, and you have clear improvements immediately. There's no, no reason the drug war was launched as you said with a big influence of the United States and United Nations.

DEAN BECKER: And based in racial bigotry to start with.

DR. JOAO GOULAO: But yes, it's a, it's a tool for domination for racial domination plus domination. It's, uh, uh, and that's, that is what is behind that. So I believe that your society is going through a period where, uh, uh, open discussion about those issues can lead to some progress in, in your model and I hope that you can contribute for that. I'm sure you can.

DR. KHALID TINASTI: (1:19:30) I mean, it is very difficult to object to the way you have looked into the issues and saying, what are the impacts of the way we look into or the way we try to control drugs, the way we control to make them disappear from society? I mean, we all agree of course, that there is a demand and there is a demand for psychosis, psychoactive substances, all over the world, the legal ones and the illegal ones. I mean, the whole system of saying what is legal and illegal is based on the potential of addictiveness of a, of a substance. Why do we leave alcohol and tobacco outside of that and not have the same levels of control? So it is for sure to say that people look for psychoactive substances and there is a demand. So the supply will always follow because it's also a sustained demand. And the fact of trying to hide that reality and trying to break that reality and, and trying to live in a parallel world does create many, many issues. First of all, I mean, everyone, even the United nations recognized that recognizes this since 2008. And as you said, it, one of the, what we call the unintended consequences of the regime of control, which are, I mean, they've been recognized since 2008 and they still consider it unintended. So those were the first of them is, is the black market itself and the illegal market. And the fact that the policy choice was to leave it in the hands of criminals and not have authorities or regulators taken that market and regulated it's regulated, it's access limited it, depending on the substance, et cetera, et cetera. So all the impacts you speak about what is going on in Latin America, what is going on in terms of funding of different groups, of different criminal groups. Those also sometimes engaged in Terror, although the evidence there is less clear, it's also more about opportunistic relationships in certain areas of the world, et cetera.

So that is a clear vision of the real impacts actually in the big, big impacts of what is going on in the world. So thank you. And you touched up on something that is so important, which is about the quality of what people buy or even knowing what they buy, right. If they're buying the right substance or not, but that is for us, this is the difficulty with this ideological difficulty against a harm reduction, because I mean, drug testing, et cetera, do exist. And those need to be allowed to be implemented at all levels, that city level at state level, at the federal level. Now there is also the issues of, um, I mean, a city like Amsterdam, or even here in Geneva, for example, where people who inject drugs and are dependent on drugs that go to services like safe injection facilities that go into, you know, different services, those people, they, if there is a problem, they can be caught very quickly and they could report what substance, what they bought it.

And so the analysis goes very quickly and the services of the city, even in Amsterdam, they even put like, uh, ads in the street saying something is going on in the black market, do not buy this substance. And even here in Switzerland, for example, in Geneva and the communities, because they see what is going on in the safe injection room when they see people arriving, because, but this is because people are not afraid to come forward because the cops are not going to be called because they're considered patients because they're given the services of harm reduction services, which allow people then to be sent to the doctors. If they have problems to see also the fact that, or to go into treatment, you know, people send them, so they do testing also for infectious diseases, et cetera, to send them afterwards to the hospital, to have a regular treatment regimen.

I mean, not for drugs, but if there's any other issue or if they want to enter into a cycle of treatment, because here we also have, the fact of everything is offered to people have to choose. They could choose a substitution treatment as maintenance for forever. If they can not get out of it, they could use it for a certain period. They can go to rehabilitation and abstinence. I mean, it really is about a therapeutic contract between the doctor and the patient. So it is not about imposing to people what they have to do, it's to help them choose how they get out of their difficult situation. And here again, we're talking only about people would have a dependence that go to the services, et cetera. We're not talking about the vast majority, which is recreational, which has no issues. And we don't see, I mean, even the implementation of drug laws is so arbitrary people that can afford to do it behind high walls that no one sees they do.

And they don't, they're not impacted to get arrested, et cetera. They get people to deliver to their homes, et cetera, whatever they need. So it is also that nature of arbitrary that makes it very difficult. And it goes also again to all the populations, but I mean, people are starting to get a grasp of deaths and we are getting out of marijuana because, um, I don't know if this is positive or negative, but I saw the, um, uh, author of the Wire, you know, the TV show. And he was speaking about Colorado in their experiment of the marijuana legalization. He was saying that he was worried because in an interview and he was saying, he was worried to some extent, because we are getting out to people that have the political voice, the college white college students, we're getting them out of this, of the prohibition, if we legalize cannabis because of marijuana, because that's their substance and what is going to be the issue with other people that use other drugs and do not have that same voice that do not have that same social status and class.

And that do not have that same presence in the public debate. So it is so drugs are used a lot as a pawn for a lot of things as well, but those are also issues that are related to the socioeconomic, to the ethnic et cetera issues. And that is not only in the United States, that is the case in the United Kingdom. That is the case in France. That is the case in the Russian Federation, where more people that are arrested do not have Slavic names. They have other names. This is the case and everywhere, you know, I mean,

you can look at it in every perspective and countries of the South countries of the North, the rich countries, et cetera, when you have something that is, that has been so stigmatized and built being built. That's why I said the convention speak about addiction as evil. The impacts of the prohibition on the war, on drugs and being very repressive can not be concealed.

I mean, as we said, there is more violence today than anything. The market is bigger than anything. There is more production. I mean, even when we know that even when there is a disruption, I mean the records of production of opium, we're having cannabis that can not be disrupted because it's, it's basically produced in every country. I mean, even, I mean, 150 countries report production, but I mean, it's everywhere. And now we have new psychoactive substances. I mean, you are going through the fentanyl and the synthetics crisis. I mean, in other countries, there is over those as related to synthetic cannabinoids because people, I mean, you know, people will be creative and will make things. So, I mean, again, just the walk, maybe the half mile there. And just to say, it is much more easy and convenient to say, we're going to fight crime and we're going to go after these people.

And we aren't going to drive the demand by being so harsh, et cetera. I mean, it is very much more difficult to speak about sophisticated nuanced approaches that are based on science that need to be evaluated little by little, especially when you have such a, um, how has a, um, difficult political, um, separation and difficult, you know, getting people together. But we have to get people together, back again around the table. And to some extent really say that this is a such a difficult issue. It's not white or black. It's not this or that. It, I mean, it has to be worked a lot and everyone will have to put in a bit of their own until we get down. We evaluate and we find the best models. We are totally in agreement. I mean, people use drugs for a variety of reasons. You know, I mean around the world and in the United States, I mean, it could be for seeking pleasure.

It could be because of self-medication because the physical pain because of emotional pain, I mean, it's the diversity of, for experimentation for, I mean, the diversity of reasons, everything is changing. There is no more consensus on prohibition around the world. We have a world today where in Colorado people can buy it legally. And we have in the same time, people that are being killed extra judicially in different countries in South and Southeast Asia, because of exactly the same thing that is legal in the United States. We have countries with criminal light with very heavy criminalization and with mandatory death penalty for very low thresholds of possession. And we have on the other hand countries that have de facto decriminalization, et cetera. So we are in a situation that is so problematic and gives actually, because there is no more consensus and there is no more, uh, similar approaches. And that always is cracks in the system for criminal organizations to go through those cracks. So the global consensus that we have built around prohibition no longer is tenable because it did not bring any results and brought a lot of harm.

KIM OGG: (1:28:00) I think we still have a very misogynistic society and that it's, it's a, it's a macho thing to think that we can just find a problem and kill it. Uh, public health is not a war. You know, public health is science based. And I think the more that our society can stick to the evidence when we govern and make policies the better we'll be. And if we look at the evidence and the data that relates to addiction and the spin off crimes, I think the answer's clear low-level users, uh, people who take illegal substances are not all involved in crime, especially violent crime. They may be the victim because they're operating in a black market. And I worry that people who are part of a vulnerable situation and you have to see, you have to, uh, see that people who utilize drugs illegal, illegally are part of that vulnerable population that they suffer at the hands of criminals, just like they suffer in our criminal justice system.

DEAN BECKER: No recourse to the law. So there's no way for them to report their crime against the drug seller.

KIM OGG: Well, they do, they do, but, but it lends itself to credibility problems in a court system where the, where the baseline is that drugs are bad. Ergo, drug users are bad and not credible. I don't think the evidence supports that at all. But I do think that that is a prevalent problem in criminal justice when people who are, um, using drugs are killed by those drugs or when they're harmed or killed by people, trying to rip them off in these black market situations. So I want to stop that. And I think one way is through this MMDP program, we also divert all of our crack and meth cases. As many people as we can into court supervise programs, where they come out without a conviction, we hope that just gets them out of the black market situation. We think it makes them safer and healthier and what they do after they're off that probation or court ordered supervision is often quite different and better than what they were doing when they got arrested.

DEAN BECKER: Would it make your job easier? If we decide to once again, judge people by their actions like we used to do before this prohibition, rather than by their possession of a pill or a powder or the cigarettes they smoke?

KIM OGG: Of course. Yes I've often said that I think where our community and law enforcement became so divided other than along racial lines, which is certainly was, was when Nixon declared war on the American people and called it a drug war. I think that communities of color were clearly over policed. We know that young people were targeted, uh, and we know that this bred, an enormous organized crime problem that we haven't suppressed yet. And so, um, I think, uh, you know, I think that the divide other than the racial divide, which was there really began back in 72, and that it's important with the living in a time of limited government resources that we take our focus and we put it on the violent actions of people and we judge those actions.

DEAN BECKER: All right. And this one, I know the answer to it's it's, it's why I do what I do is to challenge the logic of this drug war. And I want to ask this question of the drug czar himself of the U S attorney general of Dan Patrick of, of governor Abbott. Any of them, what is the benefit of drug war?

KIM OGG: (Laughs) Well, I look forward to their answers. Always good to see you. Thanks for remaining the Maverick on the cutting edge that you have always been.

DEAN BECKER: I want to thank these 19 officials for sharing the obvious, ugly and glaring truth about the drug war. And I want to thank you for watching our program. Transcripts are available at moralhighground.world. Please copy and use the words of these experts to write letters to your elected officials, to write op EDS and letters to the editor. Please do your part to end this madness. Donald Trump and Joe Biden and politicians anywhere the door is always open. Claiming the moral high ground. I am the Reverend most high Dean@drugtruth.net