

# NOAM CHOMSKY ON DRUGS

A little Insite on the hypocrisy of it all

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*“He who waits to do a great deal of good at once, will never do anything.”*

—Samuel Johnson

*“Though I cannot claim any special expert knowledge in this area, my understanding is that [Insite] has been a highly successful program, dealing effectively with the very serious problems of addiction and its harmful effects on the individuals and on society in general. I would like to join those who are urging that their request be granted.”*

—Noam Chomsky

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## PREAMBLE:

My inherent bias is that the “War On Drugs” in Canadian society has too much police enforcement and incarceration; drug addiction is largely a vice, not a crime; we need to consider decriminalization or at least regulate illicit drugs to stop the profit, to limit the hypocrisy of making one drug legal or illegal over another; I believe so-called “harm reduction” is both effective and compassionate; I feel drug addicts themselves (or anybody else being *studied*) need to be brought into the process for policy makers to understand what’s really going on and what to do to make for a more compassionate, less criminalized society.

Having said that, dragging those views into the myriad aspects of human nature, politics, the drug trade and drug addiction—while trying to be as honest and open-minded as my human mind will allow—can be quite disturbing.

Revealed from the research is a mind-boggling complexity full of contradictions, hypocrisies and deceit that push a mind like mine to exhaustion and, occasionally, tears.

I have over the past few years completed two documentaries relating to both AIDS and inequity in Africa, and some of the roots of these causes. I have also written extensively about countless related subjects.

This journey began with my desire to contribute close to home, and to understand how

and what it means that a city deeply appreciated by both myself and the rest of the world—for its beauty, safety and opportunity, and its laid back lifestyle—could be home to the notorious Downtown Eastside, described as:

“The poorest postal code in Canada, the area is a microcosm of social problems present in every city in North America. Nowhere else, however, have those problems reached such a concentration as in the Downtown Eastside.”

For the record, the area is packed with a pathologically high per capita rate of people who are drug-addicted, homeless, mentally ill or simply living below the poverty line—and a mixture of the four. I must further add that when I am on the Downtown Eastside, I am never really afraid. Indeed, I find people there generally friendly, although often desperate for handouts—money and food—and intoxicated, deluded and under duress.

Anyway, I began researching what is being done and what could be done, which led me to look into North America’s only supervised needle injection site, known as *Insite*.

As it turns out, despite peer-reviewed evidence of success, *Insite* is under debilitating scrutiny by the Federal Government, led by Stephen Harper and Minister of Health Tony Clement, and is threatened with closure.

Their position appears far more ideological than evidence based, and hints of following the American version of the “War on Drugs”, and in step with President Bush’s so-called neo-conservative policies.

In the researching process, I found myself gathering more and more detailed and thought-provoking information about not only the drug problem on the Downtown Eastside, but the drug trade industry *worldwide*—its history and the institutionalization of the War On Drugs.

As is almost always the case—and whether I fully agree or not—referencing Noam Chomsky’s commentary has been immensely helpful. And with the War On Drugs, it turns out, even Noam Chomsky has allies in unlikely places.

But the mainstream press, when it finally comes around to conceding the “failure” of “events” like the Vietnam War, the Invasion of Iraq, the War on Drugs et cetera as self-evident disasters, the critique is almost exclusively defined as simply well-intended policy with failures in implementation.

However, given the brutality and cost unleashed and expended on these long term catastrophes—and *given they were largely unilaterally imposed in the first place*—one can’t help but ask why more immediate changes and policy reversals didn’t take place.

The mainstream press rarely asks if in fact the stated objectives (freedom, safety, law and order) are in fact different than the *actual overriding objectives*.

As for the title *Noam Chomsky On Drugs*, I have no knowledge as to whether Noam has ever taken hard drugs or even smoked a joint, let alone inhaled. Due to my prejudice as to what a drug taker looks and acts like, I would think not.

The use of the title is because, one, I often quote him and have great respect for his ideas and work ethic.

Two, to unabashedly use his name to get more people to read the essay—because it’s taking weeks of my time, and I’m doing it for nothing, and I think it’s informative.

Whatever happens, while debate and compassion lock in a wrestling hold that mostly creates intellectual muscle cramps that change nothing, two obvious processes continue:

One, from the drug trade, incarceration rates, drug addiction and drug use worldwide increase (and the crime rate goes down, unsurprisingly).

Two, massive illegal profits from the drug trade for criminal organizations and funding from the drug trade for counterinsurgency militant groups across the globe continue to be the norm, for all intents and purposes, far beyond the reach of ‘increased law enforcement.’

I’ll break the essay into sections, and see if I can offer anything honest and/or useful to readers, whom I consider sisters and brothers seeking truth more than ammunition—but we humans are, alas, what we are.

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PART I:

LACKING INSITE

*"I remain a skeptic that you can tell people that we won't stop the drug trade, we won't get you off drugs, we won't even send messages to discourage drug use but somehow we will keep you addicted but reduce the harm just the same."*  
—*Canadian Prime Minister Stephen Harper, October 2007*

Vancouver is consistently recognized by the United Nations as one of the most desirable cities in world in which to live. Having lived here for over twenty years, and having traveled to some of the world’s major cities, I don’t disagree.

But within Vancouver is a small area with a per capita despair that evidently statistically rivals any number of Third World countries.

A recent UN report, commenting on Vancouver’s build up towards hosting the 2010

winter Olympics, described the condition this way:

“But there is trouble in paradise. And nowhere is it more evident than in the Downtown Eastside—a two-kilometre-square stretch of decaying rooming houses, seedy strip bars and shady pawnshops.

Worst of all, it is home to a hepatitis C (HCV) rate of just below 70 per cent and an HIV prevalence rate of an estimated 30 per cent—the same as Botswana’s.”<sup>1</sup>

It is within this visually obvious social decay that Vancouver has sought to implement North America’s only supervised needle injection site, known as *Insite*.

According to peer-reviewed scientific journals, since *Insite* opened its doors in 2004, “harm reduction” has shifted several key problems that are epidemic on the Downtown Eastside. These include a decrease in public disturbance, a decrease in the spreading of HIV, and an increase in the number of people seeking referrals to detox.

Studies from Europe have also overwhelmingly shown needle exchange programs to be an effective part of combating a country’s drug problems.

#### GOVERNMENT FOR THE PEOPLE, BY THE PEOPLE

A February 2007 *Ipsos Reid* poll indicated that:

“Three-quarters (74%) of Greater Vancouver residents say they support the four-pillar approach [prevention, treatment, harm reduction and law enforcement] to dealing with drug problems in Vancouver’s Downtown Eastside.”<sup>2</sup>

A *Mustel Group* poll showed similar numbers:

“76% of Vancouver residents [and 63% of British Columbians] support a license extension for the Supervised Injection Site, located in the city’s Downtown Eastside.”<sup>3</sup>

On April 11, 2006, Vancouver mayor Sam Sullivan wrote in support of the injection site:

"To date, the impressive research findings that have been published demonstrate that this [InSite] project not only provides a significant opportunity to generate knowledge, it also appears to be an important protective factor in the lives of those individuals that use the facility."<sup>4</sup>

Despite these and countless other testimonies of support, both scientific and instinctual, Canada’s Federal government has balked and stalled in offering *Insite* an extension on this project that first began in 2003, and is now under threat of closure.

The precise reasons for this response by government are unclear. However, at the same time, according to a recent study reported in the *HIV/AIDS Policy and Law Review*:

“The [Canadian] federal government continues to invest heavily in policies and practices that have repeatedly been shown in the scientific literature to be ineffective or harmful... conventional enforcement-based approaches...are costly and often exacerbate, rather than reduce, drug-related harm....”<sup>5</sup>

Worse, the federal government, against what appears to be the majority wishes of Vancouverites, much of the country, and evidence base research, insists on parroting the American War on Drugs policy, which has contributed heavily to America being the most highly incarcerated in the world.

The *Ottawa Citizen* shockingly writes:

**"The United States ranks first in the world in per-capita incarceration, with roughly five per cent of the earth's population [4.6%] but 25 per cent [22.5%] of the total incarcerated population.**

Russia and China simply can't keep up.

**Among the 2.2 million people behind bars today in the United States, roughly half a million are locked up for drug-law violations**, and hundreds of thousands more for other “drug-related” offences.

The U.S. “war on drugs” costs at least \$40 billion U.S. a year in direct costs, and tens of billions more in indirect costs.”<sup>6</sup>

The pure dollar cost to the tax-payer of the “War On Drugs” has in fact risen steadily since about 1980—including through the Clinton years. At the same time, for the majority of the American population, so-called “real wages” have stagnated.

The *Law Enforcement Against Prohibition* (LEAP)<sup>7</sup> website put it this way:

“After nearly four decades of fueling the U.S. policy of a war on drugs with over a **trillion tax dollars and 37 million arrests for nonviolent drug offenses**, our confined population has quadrupled, **making building prisons the fastest growing industry in the United States.**

More than 2.2 million of our citizens are currently incarcerated and every year we arrest an additional 1.9 million more guaranteeing those prisons will be bursting at their seams.

Every year we choose to continue this war will cost U.S. taxpayers another 69 billion dollars.

**Despite all the lives we have destroyed and all the money so ill spent, today illicit drugs are cheaper, more potent, and far easier to get than they were 35 years ago at the beginning of the war on drugs.**

Meanwhile, **people continue dying in our streets while drug barons and terrorists continue to grow richer than ever before.**

We would suggest that **this scenario must be the very definition of a failed public policy.** This madness must cease...”

Put another way, *only* if the objectives of the War On Drugs are in fact increased incarceration (specifically of minorities) and/or the raising of hundreds of billions of dollars of “hot money” by the selling of illegal substances, to enrich criminal and “legitimate” organizations, could the War On Drugs policy be considered a success.

In that case, it is a resounding success.

Steven B. Duke, the Law of Science and Technology Professor at Yale Law School, breaks the formula down:

**“If [the Drug War’s] purpose is to make criminals out of one in three African-American males, it has succeeded.**

**If its purpose is to create one of the highest crime rates in the world—and thus to provide permanent fodder for demagogues who decry crime and promise to do something about it—it is achieving that end.**

**If its purpose is *de facto* repeal of the Bill of Rights, victory is well in sight.**

**If its purpose is to transfer individual freedom to the central government, it is carrying that off as well as any of our real wars did.**

**If its purpose is to destroy our inner cities by making them war zones, triumph is near.”<sup>8</sup>**

This turns out to be so.

Success for certain special interest groups *is* found in the rising of what is called the “Drug-Industrial-Complex.”

The term “Drug-Industrial-Complex” is, of course, taken from the rising and excessively pervasive “Military-Industrial-Complex”, which President Eisenhower urgently warned the American public against in his farewell speech of 1960.<sup>9</sup>

In the formation and sustaining of a Drug-Industrial-Complex, drug war “costs” turn out to be “gains” for construction firms, private prisons, banks, certain businesses, criminal organizations and so on.

In personal communication with Noam Chomsky, he adds:

“[The War On Drugs] is highly effective domestically in controlling and eliminating superfluous people and enriching powerful sectors, [and] it's highly effective overseas in counterinsurgency.

Of course **it has no effect on drug use**, so liberal critics can wail about how it's money wasted, though **any ten-year old could figure out that if a huge costly program continues year after year without success in its proclaimed goals, then the actual goals must be different**—and they're easy to figure out.

But since that doesn't conform to the Party Line, it's unthinkable.”

## INCARCERATING TRUST

To understand the American view of a supervised needle exchange program one need only to look at the atmosphere surrounding *Insite's* opening. White House Office of National Drug Control Policy head John Walters described the idea as “state-sponsored suicide.”

This from the Drug Czar of a Western government that has consistently occupied foreign countries resulting in the recent deaths of hundreds of thousands of civilians.

There are around 12,000 deaths a year in America caused by handguns (over four 9/11s in terms of number of deaths).<sup>10</sup>

Further, 47 million American citizens are without any medical insurance whatsoever.<sup>11</sup>

Finally, tobacco and alcohol are both legal and yet by far the biggest drug killers. At the same time, of the 2.2 million people presently incarcerated in America—by far the world's per capita leader—over half are for drug related incidents, and some thirty percent of those for marijuana related infractions.

Shouldn't Walter's comment, for its flagrant hypocrisy, be lambasted by any far-sighted, let alone honest, government or media located anywhere in the world, anywhere on the political spectrum?

So how do those opposed to *Insite* support their beliefs?

The miracle of plausible denial.

Flagrant hypocrisies and frozen ideologies aside, statistics *unsupportive* of needle-exchange programs can be found.

Indeed, one need only look to Vancouver in the 1990s for the beginning of their defense.

## CRACK-POTS AND VANCOUVER

A form of needle exchange notwithstanding, between 1992/93 and 1997/98, the HIV rate amongst injection drug users in Vancouver soared from, by some estimations, 4 percent to as high as 23 percent.<sup>12</sup>

With this catastrophe, Vancouver became the cited example against the implementation of needle-exchange programs.

Another former American ‘drug czar,’ General Barry McCaffrey, used these statistics to build a successful block on US federal funding for exchange programs in the 1990s.

The US is not alone. Despite overwhelming positive, peer-reviewed scientific evidence, and World Health Organization endorsement, needle exchange programs remain unsupported by *some* United Nations agencies, and by many countries battling high prevalence rates among needle users.

So what happened in Vancouver?

Firstly, studies have shown, unsurprisingly, that all needle exchanges are not the same, and a needle exchange program is maximized by being sufficiently funded and by being surrounded by a comprehensive system.

Secondly, all drugs are not created equal. Enter the shooting of crack cocaine.

Finally, a third element that appears to be vital is governmental support, not governmental concession. Government agenda shifts public opinion.

*Insite* is already under extreme pressure to even make a difference.

According to Ann Livingston of the Vancouver Area Network of Drug Users (VANDU), there are something like 15,000 drug injections a day on the Downtown Eastside, and only 600 of those take place under the supervision of *Insite* (the Province, Oct 1, 2007).<sup>13</sup>

Mike Ashton writes in *Addiction Research and Theory*, Needle Exchange: The Vancouver Experience (Oct 2004):<sup>14</sup>

“Far from casting doubts on the value of needle exchange, the overriding conclusion from this [reviewed] evidence is that we need far *more* exchange and far more support for this work.

Further progress in reducing the spread of infectious diseases will require greater and more widespread provision and a determined strategic focus on eliminating risk behaviour.

In this effort, exchanges will be pivotal.

Where there are shortcomings, **often the problem is not with needle exchange as such, but with the underresourcing, underdevelopment and marginalization of this work which creates the conditions for failure.**"

This failure is ideal for certain politicians playing on the same mentalities that, for many yet not enough good reasons, supported the utter failure that was 1920s and 30s prohibition.

Prohibition ended up supporting not morality, ultimately, but what we earlier called the "Drug-Industrial-Complex". Whether by intention or not, this "complex" includes everything from construction (building prisons etc), the vast infusion of paper money into the "legal" economic system, the further marginalization of a percent of the population (generally minorities) and, perhaps most importantly, the funds to back counterinsurgency wars.

But there was an even larger issue that accounted for Vancouver's 1990s skyrocketing HIV rates and a health-safety nightmare.

#### THE OLYMPICS OF DRUG USE

Heroin addicts inject on average an estimated three or four times a day. The arrival of a Vancouver needle exchange in the 1990s coincided with an inordinate amount of crack cocaine needle users, who may inject upwards of *twenty times* a day.

Variables related to increased needle use are outlined (by Evan Wood, Thomas Kerr et al.) in the American Journal of Medicine, *Frequent Needle Exchange Use and HIV Incidence in Vancouver*.<sup>15</sup>

"Those using the exchange daily are more likely to be cocaine injectors and to exhibit additional risk characteristics, such as housing instability, sex trade involvement, and non-white ethnicity."

This massive increase in daily injections by a high-risk population, combined with underfunding resulting in limited access, proved a huge problem. Ashton writes of the irony:

"Though prolific by North American standards, **the probability was that the [needle] exchange was not prolific enough.** It handed out two million needle/syringe sets a year but probably up to ten million were needed to give each injector a fresh set each time....**greatly heightening the chances that exchange users would share needles and syringes....**

This troubled population could not have been helped by depressing living conditions and unenviable lifestyles. Three quarters had been in prison. Over a third were engaged in revenue-raising crime and a quarter in prostitution. Three quarters of the women had accepted money for sex...a third faced the added obstacle of a sexual relationship with

another injector.”

Taking certain variables into consideration to understand prevalence, the peer-reviewed studies (from Wood et al.) showed that:

“...using stratified Kaplan-Meier methods and Cox proportional hazards regression [and] comparing HIV incidence among daily versus nondaily exchange user...**[showed] the association between daily exchange use and HIV incidence was no longer significant...**

**Causal factors, including the high rates of cocaine injection and other local injection drug user characteristics, explain the Vancouver HIV outbreak...**

These findings should be useful for policy-makers internationally who have had persistent concerns about earlier reports from our setting.”

## PART II

### THE ROCK BOTTOM LINE

*“[W]e want to get people **with drug issues together to talk about those issues.** This gets them thinking about their community; everyone knows somebody worse off than they are. Then you get them thinking what can we do? Find some way they can help. Maybe it's giving out safe injection kits. Whatever it is, **people will jump at an opportunity to help; it brings out their good side.**”*

—Ann Livingston, Executive Program Director, Vancouver Area Network of Drug Users (VANDU)

Foreign Aid has shown the world the limited—some say even pointless—effect of throwing money at a problem without deeper understanding of the problem, and without sufficient dialogue with people actually experiencing the problem. This sort of negligent paternalism has served to frame problems and their ‘cures’ in ‘colonial terms’ of superiority. In short, the imposition of rules and ideas—say IMF structural adjustment programs or aid loans that go directly into dictators’ off shore bank accounts—with insufficient consultation and integration with those afflicted.

The results have at times bordered on criminal, with the long-term effects being ‘legitimized’ loans that were in the first case the fault of knowing aid agencies, international bankers and local dictators.

As Chomsky points out:

“...the IMF and the World Bank are simply the instruments that are used—particularly the IMF—for much of the world to impose policies which are coming from the peak of power.

In fact, the U.S. Executive Director of the IMF once described [the IMF] as the "credit

communities' enforcer"—meaning the World Bank gets countries to borrow up to their necks—usually Third World dictators—telling them how great it is to borrow huge amounts of money. And then when they can't pay [it back]...?”<sup>16</sup>

## INTEGRATING CHANGE

Integral philosophy (based much on Ken Wilber's research) considers integration and expansion of both outer and inner conditions to be vital for sustained, dignified change to take place in communities of extreme poverty.

Here, too, a woman of great insight and compassion is trailblazing.

Dr Gail Hochachka has been practicing integral philosophy for years. On the ground in El Salvador, Peru, Nigeria, Ethiopia and elsewhere, she coined the phrase “folk integral,” which is a description of ‘untrained’ locals or local groups who instinctively practice a form of integrated philosophy—details notwithstanding.

Wisdom, it turns out, has many forms, and does not flourish by imposition.

To counter discouraging results in developing countries—and its unavoidable sidekick, the dreaded donor fatigue—this “folk integral” wisdom needs to be maximized if the sustainable reformation of communities in distress is to unfold.

Hochachka's *Case Studies on an Integral Approach to International Development*<sup>17</sup> is not only freely downloadable, but an invaluable guide for aid workers and organizations everywhere, and may be a useful antidote in the fight against wasted aid.

Hochachka writes:

“The Integral approach applied to international development takes the emphasis away from merely transferring technology or boosting economic growth, to also include the nuance of self-development and socio-cultural transformation.

Without these latter arenas of action, development process is reduced to something quantitative and technological, dis-connected from the creativity and cultural resonance that makes up a more full, complete and qualitative wellbeing.”

In reference to ‘folk’ integral, she writes:

**“Wherever this implicit form of “integral practice” emerges, it tends to be communicated in a culturally appropriate manner, with tools for change that come from the local context and resonate with local people.**

Many of the specific tools used have come directly from the experience of the field practitioners, in their search for more effective modes of action.

**I refer to these approaches as folk, as they have arisen in different cultures and communities, independent of Integral theory and in response to the reality on the ground.**

**They draw more on practical reality and folklore, than from philosophy and academic studies.”<sup>18</sup>**

## INTEGRAL APPROACH to DRUGS

The Integral approach is anathema to the incarceration-focused policies of the War On Drugs, and even anathema to the Four Pillar Approach in Canada.

In Canada, despite defining the pillars as Prevention, Treatment, Harm Reduction and Enforcement, 73% of the federal tax-paying budget goes towards law enforcement while something like 3%—basically no pillar at all—goes towards harm reduction.<sup>19</sup>

Like foreign aid with the people in need of aid, sustainable harm reduction must seek to involve drug-addicts, former drug addicts and health professionals themselves in policy-forming dialogue.

In short, only by learning about drug addiction from the people directly involved, whereby bringing them towards community and the possibility of a normalized existence, is there any hope of sustainability.

Only drug addicts actually know what it is to be a drug addict. Counselors can define it. Courts can ‘incarcerate’ it. Police can ‘arrest’ it. Health care workers can treat its symptoms. Drug addicts live it—and die not generally from the drugs themselves, but from increased risks that surround the criminalized behaviour.<sup>20</sup>

Engaging drug-addicts, former drug addicts and health workers should not only be a part of deciding what needs to be done, but the essence of what needs to be done.

Law enforcement is paternalistic. Increased law enforcement for ‘consensual crime’ is paternalistic towards the extreme, and part of the gradient towards fascism, totalitarianism or the police state—for non-addicts too.

Among the many adjectives to describe Hitler, Stalin, Mao and countless other dictators, paternalism in the extreme is apt.

From the VANDU Website, which is a coalition of users, ex-users and allies:

**“We believe that drugs users are the strongest voice for the needs of drugs users. We are dying from the criminalization, marginalization, and impoverishment we face on a daily basis due to the ignorant, oppressive and absurd attitudes and policies of the current *status quo* in Canada. We are sick and tired of being the scapegoats for problems that are rooted in the very fabric of society.”**

In an article by medical student Trent McBride (*The Medical Profession and Illicit Drugs*)<sup>21</sup>, I think he offers some insight:

**“The War on Drugs is unique in that it combines the paternalistic actions of both [health professionals] and [government].**

And when all is said and done, **both gain from this paternalistic policy.**

I would stop short of accusing health professionals of supporting the War on Drugs because they gain from it, but it certainly contributes to the inertia of support for policy change that is called for...”

It takes courage to rework ideology when scientific study reveals better answers to the same concern. An inability to change even in the face of evidence that offers a means of lessening the problem a given ideology opposes could be defined as an *addiction to ideology* or simply an ideology that lacks checks-and-balances that increase integrity.

This appears to be the case with the current Conservative government in Canada, who are interpreting evidence from the *Insite* Injection Site experiment according to their own War On Drugs’ ideology.

Participation-based advocates are difficult to find, but exist.

For example, a Vancouver Downtown Eastside non-profit legal advocacy organization known as *Pivot Legal*<sup>22</sup> attempts to shift many of the long-held cultural responses of mainstream society to those marginalized.

For reasons of both compassion and pragmatism, *Pivot’s* mandate needs to be injected into collective endeavours *within* the drug-addiction populations on the Downtown Eastside.

“The basic concept underlying *Pivot’s* name and mission is that a critical pressure point of social change is to be found at the lower edge of legal and social boundaries.

**By systematically challenging the attitudes and institutions of power that enable marginalization, *Pivot* strives to move us towards a more tolerant, inclusive and compassionate society.”**

Considering some of those “attitudes and institutions of power that enable marginalization” within the world of drugs is instructive.

For example, the question and hypocrisy surround what should and should not be deemed legal.

“By aggressively advancing the interests and defending the legal entitlements of the most

disenfranchised, *Pivot* aims for a "trickle-up" effect of respect and acceptance that will ultimately benefit all."<sup>23</sup>

This path is undeniably difficult—as are all compassionate, involved paths.

As the United States has shown, it is not a given, by any stretch, that more compassionate, less paternalistic paths *will* be chosen.

However, excessive incarceration by its fundamental nature leans towards the deterioration of civil liberties—for *virtually all citizens*.

For “harm reduction” to be undertaken in a cohesive manner within the marginalized sectors of society—drug addicts, prostitutes, the mentally ill, or even just those below the poverty line, both domestically and elsewhere—non-paternalistic processes of listening, engaging, co-learning, adapting and empowering at least partially on the terms of the disenfranchised must be engaged.

Mark Ashton put it this way:

**“Progress will be greatest when the retail transaction model of needle exchange is replaced by one in which injectors use exchanges to achieve health promotion objectives through change rooted in and supported by their own social networks.**

In this endeavour, even more so than in their conventional role, exchanges will find themselves working against the grain of societies which see communities of injectors as targets to be shunned or attacked rather than nurtured and engaged as partners in achieving health gains.”<sup>24</sup>

Increased community between marginalized and non-marginalized people as a means of reducing harm within the marginalized community—and surrounding communities—is undoubtedly one of the many encouraging outcomes of the *Insite* supervised injection site.

How many societies have the collective wisdom or courage to think long term enough to begin the conversation of listening?

Hence, profoundly insightful leadership—on the ground, in politics, in the health services, within the drug-addicted community—is essential.

## SWISS CHEESE

The notoriously conservative country of Switzerland has implemented, with considerable success, significant “harm reduction” measures.

Needle-exchange programs, drug consumption rooms, low-threshold methadone programs and heroin-assisted treatments have all been used—most of which are taboo

subjects politically in North America, even for debate, let alone to be used.

Contrary to the suggested effect a “softer” approach on drugs might have on youth, a study (from Nordt and Stohler) in 2006 showed Switzerland’s emphasis on the “medicalisation” of the “heroin problem” from 1991 to 2005 actually “contributed to the image of heroin as unattractive for young people.”<sup>25</sup>

Furthermore, although heroin prevalence has increased worldwide, it did not increase in Switzerland, where the so-called “problematic population” of heroin users lessened by 4% per year.<sup>26</sup>

## CHINESE TORTURE

Embarrassingly, unlike, say, the progressive and effective Swiss model, the American War On Drugs policy actually resembles the communist Chinese policy, with less capital punishment than the Chinese but far greater incarceration rates.

According to Duncan Hewitt of BBC News (June 6, 2000):

“[Chinese] Official figures say 57,000 people were arrested last year for drug trafficking or drug production, up eight percent from a year earlier, and at least 100 people are reported to have been executed for drug trafficking in 1999...

[However, in] recent years officials have finally begun to offer rehabilitation rather than outright punishment, but sympathy for drug addicts is still limited.”<sup>27</sup>

With the War On Drugs, hypocrisy expands beyond plausibility when decriminalization is mentioned in mainstream American media (and is given in Canada, at best, insufficient support, given the science). Howling righteous disdain bellows from knee-jerk pundits at the mention of, say, drug substitution clinics or supervised injection sites, but international illegal wars get rah-rah support—all the while ignoring the two most lethal intoxicants: alcohol and tobacco.

As the brilliant Robin Williams put it after getting out of rehab:

“When I was drinking I was violating my standards faster than I could lower them.”

## PART III

### UP IN SMOKE: MASS PROFIT, MASS MURDER

*"Addiction should be treated with the notion that it is a public-health problem. Why haven't we ever had a drug czar that ever understood the burden of legal drugs like tobacco and alcohol?"*

—Former Surgeon General C. Everett Koop<sup>28</sup>

Speaking of tobacco, Noam Chomsky reveals the reality and hypocrisy in *Deterring Democracy* (1992, pg 121):

“A closer look at the drug crisis is instructive. There can be no doubt that the problem is serious. "Substance abuse," to use the technical term, takes a terrible toll.

The grim facts are reviewed by Ethan Nadelmann in *Science* magazine:

**“Deaths attributable to consumption of tobacco are estimated at over 300,000 a year, while alcohol use adds an additional 50,000 to 200,000 annual deaths.**

**Among fifteen-to-twenty-four-year-olds, alcohol is the leading cause of death, also serving as a "gateway" drug that leads to use of others,** according to the National Council on Alcoholism.

In addition, a few thousand deaths from illegal drugs are recorded: 3562 deaths were reported in 1985, from all illegal drugs combined. According to these estimates, **over 99 percent of deaths from substance abuse are attributed to tobacco and alcohol.**”<sup>29</sup>

#### CIGARETTE BREAK

Again from *Deterring Democracy*, and the curious perversion of the words legal, trafficking and free trade, Chomsky writes:

“On September 19, [1989], the U.S. Trade Representative (USTR) panel held a hearing in Washington to consider a tobacco industry request that the U.S. impose sanctions on Thailand if it does not agree to drop restrictions on import of U.S. tobacco. Such U.S. government actions had already rammed tobacco down the throats of consumers in Japan, South Korea, and Taiwan, with human costs of the kind already sketched.

U.S. Surgeon General Everett Koop testified at the USTR panel that “when we are pleading with foreign governments to stop the flow of cocaine, it is the height of hypocrisy for the United States to export tobacco...”

Koop told reporters that he had not cleared his testimony with the White House because it would not have been approved, and said he also opposed actions under the Reagan administration to force Asian countries to import U.S. tobacco...

Thai witnesses also protested, predicting that the consequence would be to reverse a decline in smoking achieved by a 15-year campaign against tobacco use...

Responding to the claim of U.S. tobacco companies that their product is the best in the world, a Thai witness said, "Certainly in the Golden Triangle we have some of the best products, but we never ask the principle of free trade to govern such products. In fact we suppressed [them]."

Critics invoked the analogy of the Opium War 150 years ago, when the British government compelled China to open its doors to opium from British India, sanctimoniously pleading the virtues of free trade as they forcefully imposed large-scale drug addiction on China...

The tobacco industry and its protectors in government invoke similar arguments today as they seek to relive this triumph of Western civilization and its "historic purpose."

Here we have the biggest drug story of the day, breaking right at the peak moment of the government-media campaign: the U.S. government is perhaps the world's leading drug peddler, even if we put aside the U.S. role in establishing the hard drug racket after World War II and maintaining it since.

How did this major story fare in the media blitz? It passed virtually unnoticed—and, needless to say, without a hint of the obvious conclusion.<sup>30</sup>

And so on.

#### WHO IS GUILTY?

Looking at both death and health costs from the use of tobacco and alcohol, a government's decision to make certain drugs legal and others illegal appears to have little to do with health or even safety.

What then are the criteria for the legalities of a substance?

One thing appears certain: for whatever reasons, blissful altered states (and one could argue degradation) from substance use—other than alcohol—are not to be tolerated within the modern nation-state.

This is in distinct contrast with traditional indigenous cultures, where altered states produced by ingesting plants orally or through inhalation have been for as long recorded history an aspect of their spiritual life.

One could wonder, in fact, if these arbitrary decisions on contraband with the modern nation state are an unconscious continuation, separation and annihilation from the instincts of indigenous cultures.

There are great ironies in this.

Happiness in the modern world is pursued, at least in part, through the ongoing consumption of possibly unnecessary and often unsustainable products.

But where modern living and consumption have not satisfied 'civilized man' and depression, anxiety, or any number of mental disturbances occur, it is the modern day *legal* drug pharmacy that intervenes as shaman in ever-increasing amounts.

Instead of having access to altered ways of understanding the experience of being, we have through advertising and the health system become addicts to prescribed vices.

Vices can take people into human hell, as lung cancer, cirrhosis of the liver and countless deaths while driving intoxicated (is it half of all road deaths?)<sup>31</sup> have shown, but what makes one drug a crime and another drug not simply socially accepted but socially applauded?

Alcohol, once prohibited—with huge levels of crime as a result—is today utterly entwined with almost all Western social events. It is *de rigueur* to bring a bottle of wine to a dinner engagement. What university or high school party doesn't include alcohol—indeed, *isn't built around* alcohol? BYOB is a more well known acronym than DUI.

This is perverse if not criminal. Given the disaster wreaked from alcohol intoxication, perhaps this life-destroying drug should be regulated (take one to two drinks daily, with dinner, after work or as prescribed) alongside cocaine, heroin and amphetamines.

Ah, one might say, but plenty of people can self-regulate their use of alcohol.

In *The Medical Profession and Illicit Drugs*, Trent McBride writes:

“The *National Household Survey on Drug Abuse* found that **out of 3 million Americans who have ever used heroin, 15% had used it the past year, 4% in the last month, and presumably much less use it on a daily basis.**

Hardly indicative of an instantaneously addictive drug.

Likewise, **of the people who have tried crack cocaine, 1.1% had used in the last year, 0.3% in the last month.**

Sullum writes, “In other words, **93 percent of the people who have tried a drug said to be instantly addictive were not using it even as often as once a month.**”

Finally, of the people who reported to ever have used methamphetamine, 6% claimed use in the past month.

What is striking about all **these figures** is the fact they **are not out of line with the numbers cited for cigarette and alcohol use.** And **the fact that every one of these substances has been tagged with the infamous title “Most Addictive Substance Known To Man” is indicative of how disingenuous researchers (almost always government funded) and policy makers are when they discuss this issue.**<sup>32</sup>

Indeed, can the state even vaguely *define* in any systematic, logical, scientific way why certain intoxicants have not received the state exemptions of alcohol, tobacco or, say,

even antidepressants?

#### ADVICE ON VICE

My recent discovery of Lysander Spooner's 1875 *Vices Are Not Crimes: A Vindication of Moral Liberty* is instructive not only for its moral clarity, but its juxtaposition with 2007's lack of clarity—in the information age, no less:

**“Vices are those acts by which a man harms himself or his property.**

***Crimes* are those acts by which one man harms the person or property of another.**

***Vices* are simply the errors which a man makes in his search after his own happiness.** Unlike crimes, they imply no malice toward others, and no interference with their persons or property.

**In vices, the very essence of crime—that is, the design to injure the person or property of another—is wanting.”<sup>33</sup>**

More than forty percent of the drug possession arrests in the United States are for marijuana.<sup>34</sup> That this isn't disconcerting to most elected small c conservatives in both America and Canada seems a severe perversion from the party's traditional roots.

Spooner goes on to say:

**“It is a maxim of the law that there can be no crime without a criminal intent;** that is, without the intent to invade the person or property of another. But no one ever practices a vice with any such criminal intent. He practices his vice for his own happiness solely, and not from any malice toward others...

**In the midst of this endless variety of opinion, what man, or what body of men, has the right to say, in regard to any particular action, or course of action, “we have tried this experiment, and determined every question involved in it? We have determined it, not only for ourselves, but for all others? And, as to all those who are weaker than we, we will coerce them to act in obedience to our conclusions?”**

With relation to the *InSite* supervised injection site and its highly skilled personnel—in an area under undeniable duress—one could quote Spooner to ask what democratically elected leader has the right to say:

**“We will suffer no further experiment or inquiry by any one, and, consequently, no further acquisition of knowledge by anybody?”**

Who are the men who have the right to say this? Certainly there are none such. **The men who really do say it are either shameless impostors and tyrants, who would stop the progress of knowledge, and usurp absolute control over the minds and bodies of**

**their fellow men; and are therefore to be resisted instantly, and to the last extent; or they are themselves too ignorant of their own weaknesses, and of their true relations to other men, to be entitled to any other consideration than sheer pity or contempt.”**

Spooner is not only thought-provoking, he’s relentless:

**“Unless this clear distinction between vices and crimes be made and recognized by the laws, there can be on earth no such thing as individual right, liberty, or property, and the corresponding and coequal rights of another man to the control of his own person and property.**

For a government to declare a vice to be a crime, and to punish it as such, is an attempt to falsify the very nature of things. It is as absurd as it would be to declare truth to be falsehood, or falsehood truth.”<sup>35</sup>

Again, this was written in 1875—the use of a profoundly logical argument that in 2007 is virtually forgotten.

## UNANSWERED QUESTIONS

Why is there such resistance around implementing “harm reduction” programs as compared to the enthusiasm for increasing law enforcement?

Are citizens and politicians simply confused, or are scientific studies intentionally being usurped by ideology?

Where does fiscal responsibility fit in?

The belief that prisons are less expensive or more effective than treating addiction as a health issue is highly debatable.

Property crime virtually by definition increases with the mere existence of and fallout from a criminal drug trade—again with taxpayers picking up most of the costs through taxed law enforcement and property insurance hikes.

A CBC News Online piece from Oct 27, 2004, discusses the human and monetary cost of unclean needles:

“A study published in the Canadian Medical Association Journal in August 1997 concluded that **providing sterile needles is an inexpensive means of preventing greater-health care costs.** Researchers at McMaster University examined the needle exchange program in Hamilton, which provided more than 14,200 clean syringes to 275 drug users in 1995.

The authors of the study said **the cost of treating HIV and AIDS over a person’s lifetime could total \$1.3 million in direct costs to the health system.**

**“What this shows is that [Needle Exchange programs] are really positive because they are reducing HIV and, secondly, saving money,” Said Michelle Gold, one of the study’s authors.**<sup>36</sup>

With an estimated 5,000 drug addicts on Vancouver’s Downtown Eastside, and a 30 to 40% HIV infection rate, costs to the health care system and ultimately the tax-payer are staggering.<sup>37</sup>

According to Nadelmann (as quoted in Chomsky):

“[T]he health costs of marijuana, cocaine, and heroin combined amount to only a small fraction of those caused by either of the two licit substances [tobacco and alcohol].”<sup>38</sup>

In *Vices Are Not Crimes* (1875), Spooner brings up the question:

““Is there no right, on the part of government, to arrest the progress of those who are bent on self-destruction?”

The answer is, that government has no rights whatever in the matter, so long as these so-called vicious persons remain sane, *compos mentis*, capable of exercising reasonable discretion and self-control; because, so long as they do remain sane, they must be allowed to judge and decide for themselves whether their so-called vices really are vices; whether they really are leading them to destruction; and whether, on the whole, they will go there or not.

When they shall become insane, *non compos mentis*, incapable of reasonable discretion or self-control, their friends or neighbors, or the government, must take care of them, and protect them from harm, and against all persons who would do them harm, in the same way as if their insanity had come upon them from any other cause than their supposed vices.”<sup>39</sup>

## PART IV

### HISTORY: THE OPIATE OF THE MASSES, LITERALLY

*“The first drug prohibition law was an 1875 San Francisco ordinance prohibiting opium and aimed at Chinese workers, who were no longer needed to bring the railroad west and who were blamed for taking jobs of whites during a depression.”*  
—Diana Gordon in *The Return of the Dangerous Classes*.<sup>40</sup>

The British government may have been the first syndicated, “legal” narco-traffickers.

The mass production of opium was begun by the British after they sacked Bengal in the 1750s, and took over Bengali poppy production.

By the early 1800s, the closed borders of China were being pounded on by the British demand for the right to export opium into that country, in the name of open markets.

For decades, China remained isolationist, resisting persistent British demand for “free market” principles.

When opium addiction got out of control, China made the drug illegal, with death as a potential punishment for its use. China also closed borders to all foreign trade. Britain opposed the protecting of markets, even for a drug whose use was tearing holes in the social fabric.

With the two countries at loggerheads, war broke out in the early 1840s, subsequently named The First Opium War.

John Quincy Adams explained the war as more about market principles than opium. Britain wanted to open the doors of the Chinese market, China wanted to keep them closed: opium was merely the crowbar.

Adam’s saw a nobility in the British position...

"...[A] battle between progress and Asian barbarity...[the] seizure of a few thousand chests of opium smuggled into China by the British government was no more the cause of the Opium War than the throwing overboard of the tea in the Boston harbor was the cause of the North American Revolution."<sup>41</sup>

There was eventually a Second Opium War. British victory—due in part to China’s closed borders that had limited Chinese military technological advancement—forced Chinese markets to open.

Britain could now sell opium legally, like toothpaste and ipods, in an open market, so-called.

Post war treaties were also deeply punitive upon China.

Chomsky described India and China in the 1700s as:

“[T]he leading industrial and commercial centres of the world. India was crushed by force and by free-market principles that Britain imposed—what we now call "neo-liberal principles"—which were devastating, as they usually are.

China...more advanced in many respects than Northern Europe, declined, [and] went through a century—more than a century—of devastation.”<sup>42</sup>

## HISTORY AND RACISM

In the ongoing history of the so-called War on Drugs, ethnicism/classism has played and

continues to play—even if unconsciously—a significant role in policy-making.

Questions of legalizing or criminalizing a certain drug have often been diametrically opposed—but still fell within the ideology that suggests certain groups of people are more superfluous than others, or dangerous, immoral, carnal or less intelligent, or need to be contained, marginalized or even decimated.

According to Historian Cliff Schiffer:

**“All of our [American] drug laws have originally been based on racism, or prejudice against either minorities and their particular customs or their perceived customs. In other words, all of the laws are based on the belief that there is a class in society that can control themselves, and there is a class in society that cannot.”**<sup>43</sup>

The US Senate, in fact, passed the law—a Henry Cabot Lodge introduced resolution—that would make it illegal to sell liquor and opiates to “uncivilized races.”

Historian John McWilliams states:

“As part of the drug mythology, in the latter part of the 19<sup>th</sup> Century there were stories circulating—the phrase was “cocaine-crazed negro” in the South, and coming from newspapers—that local law enforcement officials claimed that they needed a higher caliber bullet to use on the black person under the influence of cocaine because anything less would not bring him down.”<sup>44</sup>

Chomsky adds to the War on Drugs as a front for the War On Race:

“And really there’s nothing particularly new about this kind of technique of population control. So if you look at the history of marijuana prohibitions in the United States, you’ll find that they began with legislation in the southwestern states which was aimed at Mexican immigrants who were coming in, who happened to use marijuana.

Now, nobody had any reason to believe that marijuana was dangerous or anything like that—and obviously it doesn’t even come *close* to alcohol, let alone tobacco, in its negative consequences.

But these laws were set up to try to control a population they were worried about.”

Chomsky, of course, reminds us that oppression relates to class distinction even more than race—although race combined with class distinction trump either one.

Drugs and the drug trade serve multiple purposes, to sellers and buyers.

“In fact, if you look closely, even Prohibition had an element of this...part of an effort to control groups like Irish immigrants and so on. I mean, the Prohibition laws [which were part of the U.S. Constitution from 1919 to 1933] were intended to close down saloons in

New York City, not to stop the drinking in upper New York State.

In Westchester County and places like that, everybody just continued on drinking exactly as before—but you didn’t want these immigrants to have saloons where they could get together and become dangerous in the urban centers, and so on.”<sup>45</sup>

Chomsky continues:

“[T]he “Drug War” specifically has been targeted on the black and Hispanic populations—that’s one of its most striking features.

So for instance, the drug of choice in the ghetto happens to be crack cocaine, and you get huge mandatory sentences for it; the drug of choice in the white suburbs, like where I live [Cambridge, Mass.], happens to be powder cocaine, and you don’t get anywhere near the same penalties for it.

In fact, the sentence ratio for those drugs in the federal courts is 100 to 1...”

From the footnotes of *Understanding Power*:

Steven R. Donziger, ed., *The Real War on Crime: The Report of the National Criminal Justice Commission*:

“[After passage of the federal law imposing strict mandatory sentences for possessing or selling crack], penalties for the use of “crack” cocaine became up to 100 times harsher than the penalties for powder cocaine.

Under federal law, possession of five grams of crack cocaine became a felony that carried a mandatory minimum sentence of five years, while possession of the same amount of powder cocaine remained a misdemeanor punishable by a maximum of one year.

Both before and after the law was passed, about 90 percent of “crack” arrests were of African-Americans while 75 percent of arrests for powder cocaine were of whites. [The media has] trumpeted crack cocaine as a highly addictive drug that ha[s] the potential to destroy communities and wreak wanton violence, but careful research now tells us that this was largely myth.

Although some claim that smoking crack cocaine produces a quicker and higher high, the evidence of meaningful pharmacological difference between crack and powder cocaine is exceedingly thin.”<sup>46</sup>

*Reason* senior editor Jacob Sullum (May 23, 2007), in *Crackbrained Crack Crackdown*, writes:

“In 1986 Congress established a five-year mandatory minimum sentence for first-time trafficking offenses involving at least five grams of crack, equivalent to as few as 10

doses. That's the same as the penalty for 500 grams or more of cocaine powder, which amounts to *thousands* of doses.

Likewise, Congress made the penalty for 50 or more grams of crack the same as the penalty for 5,000 grams of cocaine powder: a 10-year mandatory minimum.

Two years later, Congress expanded the five-year mandatory minimum to cover mere possession, even for personal use. By contrast, simple possession of virtually any other drug, including cocaine powder, heroin, and methamphetamine, is a misdemeanor punishable by a *maximum* sentence of one year.”<sup>47</sup>

All this can be at least partially understood by what Watergate legend and Richard Nixon’s Chief of Staff H R Haldeman wrote in his diaries:

**“[President Nixon] emphasized that you have to face the fact that the whole problem is really the blacks. The key is to devise a system that recognizes this while not appearing to.”**<sup>48</sup>

And one more variation on the War On Drugs logo: War *Needs* Drugs.

#### AFGHANISTAN/PAKISTAN: TEAMED UP FOR FUNDAMENTAL FREEDOM

The US’s Central Intelligence Agency (CIA) and Pakistan’s Inter-services Intelligence (ISI) joined forces to train and fund the international gathering of Islamic “freedom fighters” to counter the invading barbarous Russian military in Afghanistan starting in 1979 until the end of the ‘80s.

Afghanistan became Russia’s Vietnam, and the cost of the war and the Russians’ eventual withdrawal, it has been suggested, contributed to the impending collapse of the Soviet Union.

This group of Islamic “freedom fighters”, as they were called in the West (a half dozen of them visited the White House)<sup>49</sup>, were known as the *mujahideen*, and would turn out to be the ideological prototype and direct ancestor of the heinous Taliban and Al-Qaeda groups of today.

Indeed, Afghanistan, a country that had already spent decades being ‘bombed back to the stone-age’, became the first target for America as retribution for the horrendous 9/11 attacks.

But the Afghan War was more than just a breeding ground for Islamic fundamentalists who would later take their perceived grievances to America and the rest of the world.

Afghanistan was the fertile soil for the massive proliferation of a Pakistani/Afghani opium harvest, which would fund the *mujahideen* “freedom fighters” and take drug addiction in the area to unprecedented levels.

According to the late Eqbal Ahmad:

“In 1979, at the advent of the Afghanistan Revolution, there were an estimated 110,000 drug addicts in Pakistan, mostly addicted to opium, some to hashish.

Today, we have 5 million addicts. Opium has become a big trade through Pakistan.”<sup>50</sup>

The counterinsurgency funding potential of illicit drugs remains the status quo—but can come back to haunt those who once benefited. The opium trade that funded the *mujahideen* against the Russians, today in Afghanistan funds the Taliban counterinsurgency against America and coalition forces.

## INDOCHINA

Similar stories can be found in Indochina, where, according to Alfred McCoy in *The Politics of Heroin*:

“[T]he CIA ran a series of covert operations along the China border that were instrumental in the creation of the Golden Triangle heroin complex.”<sup>51</sup>

## LAOS

CIA connections to the drug trade are also well documented with the Vietnam War—specifically, the secret war in Laos (1960-1975) and the supporting of anti-communist Hmong peasants.

Scholar Mahmood Mamdani writes in *Good Muslim, Bad Muslim* (pg 68):

“The Hmong’s main cash crop was opium, and the CIA readily turned the other way as the Hmong Commander, General Vang Pao, used a Corsican charter to export his crop to distant markets.

In 1965, when the escalating air war and the political infighting in the Laotian elite “forced the small Corsican charter airlines out of the opium business,” General Pao was able “to use the CIA’s Air America to collect opium from his scattered highland villages...”<sup>52</sup>

## NICARAGUA

Drugs once again became prominent in the dirty dealings between Panama’s dictatorial leader (and the CIA’s temporary go-to guy Manuel Noriega) and the Colombian cartels during the American proxy war in Nicaragua.

Illegally funding the Contras and lying to congress proved challenging, but workable.

The resulting Iran-Contra scandal erupted, revealing the cloak-and-dagger techniques of funding illegal wars and the relationship between illegal drugs and smuggled weapons and dirty money.

## THE WAR ON WEAPONS

That there is an inherent relationship between the War On Terror, the War On Drugs and the weapons industry is self-evident upon reflection.

The War On Terror and the War on Drugs are at least in part covert propaganda missions covering up the dirty world of laundered money through “legitimate” institutions.

The *debate* goes on, of course—and to paraphrase Henry Kissinger, of all people, intellectuals debate so furiously because there is so little at stake.

But outside of the ivory tower the stakes are sky-high, and deadly.

In a 2006 interview, Romeo Dallaire was unflinching:

“[W]hat is really creating the destruction of humanity is the low-tech, light weaponry systems that are in the hands of massive amounts of people who are easy to influence and who are quite prepared to go beyond any of the “norms” of ruthlessness...

If you’ve got a rifle, you’ve got a lot more power than a hundred people standing with a machete.

So [small arms] are the instruments that are overtly used in conflicts to establish positions of authority.”<sup>53</sup>

In the documentary film *The Brooklyn Connection*, Florin Krasniqi is a 40-year old immigrant from Kosovo, living in Brooklyn in the late 1990s, and earning his living as a roofer.

He simultaneously and simply purchases countless staggeringly large weapons with cash or credit card from American suppliers, by mail, over the phone, and from local American gun shops. High powered sniper rifles and bazookas explained off as elephant guns are then shipped to Kosovo to arm the Islamic-influenced KLA.

From *The Brooklyn Connection’s* website:

“You might think that the laws passed since the 9/11 terrorist attacks might have rendered it impossible for [Florin] Krasniqi to do today what he did then.

But if Krasniqi were to shop for a guerrilla army today, not only would he remain as unhindered as he was then, he would have access to an even wider variety of weapons because Congress let a 10-year ban on assault rifles expire in September.”<sup>54</sup>

## HARM PRODUCTION

The largest producers of weapons over the years have been the five countries on the United Nations Security Council—the US, Britain, France, China and Russia.

For the record, Israel, whose economy has been booming since 9/11 thanks in part to its counter-terrorism technology (in the War On Terror), has recently replaced Britain on the list of the world's five largest weapons producers.

Eastern European entrepreneurs are also deeply into the trafficking of small arms.

For a stunning version of this, see the Oscar-nominated documentary *Darwin's Nightmare*, where exotic perch fish from Lake Victoria are exported on Russian planes that return with cargoes of small weapons.

Director Hubert Sauper describes the situation:

“The old question, which social and political structure is the best for the world seems to have been answered. Capitalism has won. The ultimate forms for future societies are “consumer democracies”, which are seen as “civilized” and “good”.

In a Darwinian sense the “good system” won.

**It won by either convincing its enemies or eliminating them.**

I could [have made] the same kind of movie in Sierra Leone, only the fish would be diamonds, in Honduras, bananas, and in Libya, Nigeria or Angola, crude oil. Most of us I guess, know about the destructive mechanisms of our time, but we cannot fully picture them. We are unable to “get it”, unable to actually believe what we know.

**It is, for example, incredible that wherever prime raw material is discovered, the locals die in misery, their sons become soldiers, and their daughters are turned into servants and whores.**

Hearing and seeing the same stories over and over makes me feel sick. After hundreds of years of slavery and colonisation of Africa, globalisation of African markets is the third and deadliest humiliation for the people of this continent. The arrogance of rich countries towards the third world (that's three quarters of humanity) is creating immeasurable future dangers for all peoples.”<sup>55</sup>

This too, is part of the essence of the drug trade—the similarities and connections literally unbelievable and undeniable.

One of the significant and entrenched reasons the illegal drug trade continues *as is* is because it serves certain non-conspiratorial needs of power and profit—needs that in a

democracy can most easily be fulfilled through illegal means.

From the drug trade and the weapons trade we arrive at a sobering certainty: given the opportunity, humans will sell and/or support the selling of virtually anything, legal or illegal.

For example, it has been alleged that an amount of plutonium the *size of a baseball*, if released, could be sufficient to annihilate all life, right down to the viruses etc.

It turns out, however, a *basketball worth* of plutonium is actually missing from the known worldwide stock of plutonium.<sup>56</sup>

Removed from Russian reactors and so forth, with the collapse of Communism, one must presume this basketball of plutonium was sold to the highest bidders.

#### COMPARISON SHOPPING: THE LEGAL EXPORT OF DEATH

As grotesque as narcotrafficking can be, compare the petty drug transactions that may be happening in some neighbourhood near your own home to a US Senate Committee Report from 1994, which describes a portion of what the US government supplied to Iraqi dictator Saddam Hussein from the mid '80s until 1989:

Bacillus Anthracis (cause of anthrax).

Clostridium Botulinum (a source of botulinum toxin).

Histoplasma Capsulatum (cause of a disease attacking lungs, brain, spinal cord and heart).

Brucella Melitensis (a bacteria that can damage major organs).

Clotsridium Perfringens (a highly toxic bacteria causing systemic illness).

Clostridium tetani (highly toxigenic).

And from the Senate Committee on Banking, Housing and Urban Affairs (May 25, 1994 and October 7, 1994), in a report laboriously entitled *U.S. Chemical and Biological Warfare-Related Dual Use Exports to Iraq and their Possible Impact on the Health Consequences of the Persian Gulf War*:

**“[T]hese microorganisms exported by the United States were identical to those the United Nations inspectors found and removed from the Iraqi biological warfare program.”<sup>57</sup>**

For the historical record, chemical attacks on the Kurdish people in Northern Iraq, killing an estimated 80,000 sisters and brothers, took place during this time period.

In *A Problem From Hell*, Pulitzer Prize winning author Samantha Power writes (pg 173):

“After the September 1988 [chemical weapons] attack [by Iraq on their own Kurdish people], Senator Claiborne Pell introduced a sanctions package on Capital Hill that would have cut off agricultural and manufacturing credits to Saddam Hussein as punishment for his killing unarmed civilians...

**Pell argued that not even a U.S. ally could get away with gassing his own people. But the Bush administration, instead of suspending the CCC program or any of the other perks extended to the Iraqi regime, in 1989, a year *after* Hussein's savage gassing attacks and deportations had been documented, doubled its commitment to Iraq, hiking annual CCC credits above 1\$ billion.”<sup>58</sup>**

What is to be concluded from human nature and the temptation of big profit?

PART V:

WINNERS AND LOSERS: PROFITS AND THE ECONOMIC FOOD CHAIN

*“Where I come from powerful people pay for performance. I can only presume that the narcodollars are getting the performance they want from the expenditure of our tax dollars for more and more enforcement. After all, enforcement keeps profit margins up and the franchise controlled.”*

—Catherine Austin Fitts, former Assistant Secretary of Housing—Federal Housing Commissioner (under George Bush I)

One of the great advantages of large profits, like those witnessed in both the drug and weapons trade—whether legally or illegally achieved—is influence.

Profits can buy, inspire or simply demand respect, support, deference and protection.

Indeed, the *criminal* drug trade is protected by ‘legitimate’ society’s support for *its continued criminalization*. By definition, the trade would be largely defeated by decriminalization—while admittedly still not curing the problem of addiction.

Either way, in terms of profit-making ventures in a profit-oriented world of, at times, inconceivable inequity, the lure of narcotrafficking profits are overwhelming.

Kash Heed, Chief Constable of West Vancouver, lays out the extraordinary market potential of opium:

**“The price paid to a Pakistani farmer for opium is approximately \$90 a kilo. The wholesale price in Pakistan is almost \$3000. The North American wholesale price is \$80,000. On the street at 40% purity, the retail price is \$290,000 (World Drug Report,**

1997)...

**...People making vast profits from the drug market distance themselves from the activities on the street. They do not commit the crimes themselves, they manage criminal enterprises...**

**Cutting off the supply at times is hopeless.**

**The drug business is simply too profitable.”<sup>59</sup>**

A report in the National Post (Aug 17, 2007) discussed an RCMP annual report on organized crime that stated the number of gangs in Canada had increased from 800 in 2006 to 950 in 2007:

““Wherever there is profit to be made, organized crime can be found,” the study said.

**The illegal drug trade still makes up the bulk of organized crime activity in Canada, with about 80 per cent of all gangs involved in it.**

The majority are growing, distributing and transporting marijuana and much of the activity is in British Columbia, Ontario and Quebec.

Those provinces are also hubs for cocaine distribution to the rest of the country once it enters Canada.

**The [illegal] drug trade fuels the demand for guns because it is “highly competitive, extremely profitable and consequently fertile ground for violent disagreements between and within criminal organizations.”<sup>60</sup>**

Infamous prohibition bootlegger Al Capone once stated:

“This American system of ours, call it Americanism, call it Capitalism, call it what you will, gives each and everyone of us a great opportunity if we only seize it with both hands and make the most of it.”

## BANKING ON PROFITS

Large criminal enterprises are not the only significant benefactors from narco trafficking. Chomsky, in *Understanding Power* (1994, pg 372), writes:

“So take a significant question you never hear asked despite this supposed “Drug War” which has been going on for years and years: how many bankers and chemical corporation executives are in prison in the United States for drug-related offenses?

Well, there was **recently an O.E.C.D. [Organization for Economic Cooperation and Development] study of the international drug racket, and they estimated about a**

**half-trillion dollars of drug money gets laundered internationally every year—more than half of it through American banks.**

I mean, **everybody talks about Columbia as the center of drug-money laundering, but they're a small player: they have about \$10 billion going through, U.S. banks have about \$260 billion [circulated through the financial system, as contraband, and other ways].**

Okay, that's serious crime—it's not like robbing a grocery store.

So American bankers are laundering huge amounts of drug money, everybody knows it: how many bankers are in jail?

None.

But if a black kid gets caught with a joint, he goes to jail.”

So what happens to this money?

MIAMI, FLORIDA: I LOVE THE NIGHTLIFE

The documentary *Cocaine Cowboys* chronicles the lives of two maverick American traffickers and the drug trade in general that took over Miami in the 1970s and 80s.

With mass shipments of cocaine imported from the Medellin Cartel in Colombia into Miami, inconceivable profits followed. The use of this drug money in ‘legitimate’ society would by definition positively increase the economy according to the Gross National Product.

This influx of money changed not only the fabric of Miami society, legally and illegally, but its skyline.

Samuel I Burstyn, a high-profile Criminal Defense Attorney in Miami [with federal indictments of conspiracy, money laundering, and obstruction of justice *against* him as of 2007 notwithstanding] recalls Miami in the 1970s:

“We had four [Miami area] mayors indicted, most of them convicted of engaging in corruption...**Bank presidents were in back rooms for days counting currency...Banks invested in huge cash counting machines...**”

It was estimated that **during one year in the 1970s, drug money added the equivalent of 12,000 dollars to every household in Florida**—a significant amount of unequally dispersed disposable income.

Granted, most of it stayed with the big dealers, but it also stayed in the country (an estimated 90% of laundered drug money into Canada also stays in the country).

Burstyn again:

“Drug dealers would come in and buy eight, ten, fifteen houses...”

Then in the 1980s, with drug market-share wars and murders increasing:

“...the drug market was seriously dismembered by law enforcement and a lot of that money kind of disappeared.

And as drug merchants were being prosecuted, convicted and imprisoned, a remarkable thing happened: **The businesses that they frequented and supported started drying up and closing down...all of the night clubs dried up, car dealerships started to go broke, jewelry shops...**”

Ironically, drug money made from Miami narcotrafficking—still in the pockets of those car dealers and jewelry shop owners, *left over* from that exorbitant time—played a significant role in the re-building of the city.

“...The economy of Miami was kept together by speculators who had made a lot of money in the drug trade. If you were a car dealer whose sales went from 20 million a year to 60 million a year for ten years, you’ve got an extra half a billion dollars kicking around...**the drug trade saved Miami in a lot of ways. If you look out at this sky-line, this real estate was built or bought and paid for with drug money...**”<sup>61</sup>

Miami may be an extreme example, but a significant injection of funds into the local economy happens all across the world.

Homeless drug addicts may not be good for foot-traffic to local businesses, but drug money certainly is—and ultimately a boon for the Gross National Product.

#### LEGAL OR ILLEGAL, DRUGS ARE BIG BUSINESS

So what does it mean that hundreds of millions of drug money dollars are laundered through the system? It’s actually good for the economy, and provides currency where the banking system does not due to ever-depleting mandatory reserves.

Mahdi Darius Nazemroaya, at the *Centre for Research on Globalization*, writes:

**“Ninety-one percent (91%) of the billions of U.S. dollars spent on cocaine in the United States stays in the United States. It is deposited in the US and Canadian banking system.**

The narcotics trade helps accumulate hard currency into the American and Canadian economies.”<sup>62</sup>

The Canadian Drug Enforcement Administration, in a Drug Intelligence Brief from August 2003, stated:

“Asian triads, Colombian drug cartels, the Italian Mafia, the Russian Mafia, Nigerian criminal organizations, and the Hells Angels outlaw motorcycle gang are operating in Canada.

These groups are frequently involved in drug trafficking, prostitution, money laundering, and other crimes.

The Russian Mafia is using legitimate businesses to conceal and launder criminal proceeds [from the arms trade, immigrant smuggling, drug trafficking etc], as well as to project an image of legitimacy.

According to the Solicitor General of Canada, **economic crime costs Canada at least CAN\$5 billion per year and between CAN\$7 billion and CAN\$17 billion is laundered in Canada each year. Drug Enforcement Administration (DEA) intelligence indicates that bulk drug money is being shipped into Canada for deposit in Canadian banks.**<sup>63</sup>

The question is of course, *who* is ‘Canada,’ specifically, and *is* laundered money in the multi-billions for legitimate banks worth the risk?

In *Hot Money and the Politics of Debt* (1994, pg 12), Professor of Economics RT Naylor quotes William Mulholland, former CEO of the Bank of Montreal, upon being questioned by the Canadian Senate on the ‘efficacy of the bank-regulatory apparatus’. Mulholland responds:

“I can hide money in the twinkling of an eye from all the bloodhounds that could be put on the case, and I would be so far ahead of them that there would never be a hope of unraveling the trail.

I am not kidding you.

Technology today means that sort of thing can be done through electronic means.”<sup>64</sup>

Asad Ismi, in *The Canadian Connection: Drugs, Money Laundering and Canadian Banks, Briarpatch*, July/August 1997, writes:

“Notorious in this regard is the Bank of Nova Scotia (BNS) which has laundered \$100 million in drug money through its Miami and Caribbean branches. The money was sent to the BNS’ Bahamas and Cayman Islands branches from Miami and then wired to its New York office where the funds could be withdrawn by the original depositors.

In 1981 and 1983, U.S. authorities subpoenaed records of the Bahamas and Cayman Islands BNS branches in connection with two investigations of drug trafficking.

The bank gave up the documents only after being fined \$1.8 million for delaying their release. BNS asked no questions about large cash deposits, ignored normal banking practices, and hid its depositor's identities by keeping minimal records.

Also, BNS employees in the Caribbean were given thousands of dollars in "tips" by their clients for their "understanding."<sup>65</sup>

As pervasive as money laundering is, Chomsky (1994) points out that:

“[A]ctually, it would be pretty easy to trace drug-money laundering if you were serious about it—because the Federal Reserve [who print all that paper money] requires that banks give notification of all cash deposits made over \$10,000, which means that if enough effort were put into monitoring them, you could see where all the money’s flowing.

Well, the Republicans deregulated in the 1980s—so now they don’t check.

In fact, when George Bush was running the “Drug War” under Reagan, he actually canceled the one federal program for this which did exist, a project called “Operation Greenback.”

It was a pretty tiny thing anyway, and the whole Reagan/Bush program was basically designed to let this go on—but as Reagan’s “Drug Czar,” Bush nevertheless canceled it.”<sup>66</sup>

But Chomsky’s earlier point of comparison between the banker funneling billions of dollars through legitimate banks and the black kid smoking marijuana and going to prison is clear.

## JAILHOUSE CROCK

According to the US Department of Justice (at mid-year, 2004), the American prison system had 2.2 million inmates and has the highest incarceration rate in the world, four times the average at 726 per 100,000 people.<sup>67</sup>

The rate is five times that of, say, Britain and twelve times that of Norway.

The incarceration of a black person in the United States is five times more likely than a white person.

Does one blame this on the genetic make up of the black person, as in the turn of the century, or do we relate the differences to social inequity and policy?

The facts clearly show for the nation a mixed response.

## BACK HOME

But before a Canadian wears himself out insulting the American system, it is worth knowing that **although Aboriginal people make up only 2.7 percent of the Canadian population, they account for 18.5 percent of the federal prison population** (Canadian Centre for Justice Statistics, 2006).<sup>68</sup>

According to Statistics Canada data, while the overall incarceration rate for non-Aboriginal people is 117 per 100,000 adults, **the overall incarceration rate for Aboriginal people in Canada is estimated to be 1,024 per 100,000—or almost 9 times higher for Aboriginal persons.**

It gets worse. According to the Government of Canada and The Office of the Correctional Investigator (Oct 16, 2006), *Report Finds Evidence of Systemic Discrimination Against Aboriginal Inmates in Canada's Prisons*:

“...the Correctional Service of Canada (CSC) routinely classifies First Nations, Métis and Inuit inmates as higher security risks than non-native inmates; Aboriginal offenders are released later in their sentences than other inmates; and they are more likely to have their conditional release revoked for technical reasons than other offenders.

According to the Report, Aboriginal inmates often do not receive timely access to rehabilitative programming and services that would help them return to their communities.”<sup>69</sup>

On the Downtown Eastside, some have estimated that 30% of the approximately 5,000 addicts are aboriginal. The picture is bleak, but the reflection is worse.

There is no one answer to the drug problem.

## PART VI

### ANY FINAL INSITE?

*"It seems counterintuitive that to help someone get off drugs you actually make it easier for them to do drugs."*

—Stockwell Day, Federal Public Safety Minister, Oct 5, 2007

*"The government continues to misrepresent the science around harm reduction. In the case of Insite we have shown that there has been a 33-per-cent increase in the rate of entry into detox programs. In no way is the facility perpetuating addiction. In fact, it's helping people quit drug use."*

—Dr Thomas Kerr, October 2007

With *Insite*, Canada has the only supervised injection site in North America.

Why such Government pressure to get rid of one supervised injection site? Why such limited, close-minded Governmental non-support for this experiment?

With the amount of death, misery and health care cost resulting from the sharing of dirty needles, one could suggest an opposite scenario: why isn't there a fully-funded, ongoing supervised injection site *in every city* across North America—with battles and skepticism over the amount of law enforcement instead?

Catherine Austin Fitts, Former Assistant Secretary of Housing under George Bush I, offers a thought seldom considered by politicians:

“Every year since I was a child...the budgets that I pay for as a taxpayer to fund more enforcement, prosecution and incarceration go up. The more we pay for enforcement [and] national security, the more thousands of boat loads of white agricultural products seem to have no problem moving back and forth across the borders.

**If you look at what taxpayers are paying, you would think we were picking up all the narco dollar industry's expenses.”<sup>70</sup>**

The American model of the so-called “War on Drugs” has been an ethical, criminal and fiscal disaster for most everyone except perhaps correctional institutes, multinational chemical corporations and banking institutions—and of course those groups seeking funds for counterinsurgency and proxy wars.

The Canadian federal government should not be fighting *against Insite*—the lone North American supervised injection site. An engaged, far-thinking government would be exploring *with* the world-renowned scientists who support *Insite*.

Dr Julio Montaner, one of the heads of *Insite*, is director of the *BC Centre for Excellence in HIV/AIDS in Vancouver* and was recently named President-elect of the International AIDS Society.

Just before the Conservative government added another disruptively short extension to the *Insite* experiment (and a series of skeptical, unsupportive comments), Montaner stated (Oct 2, 2007):

“Harm reduction has now been shown to be effective—*Insite* in particular—on a variety of fronts and I think that the real issue is: when are we going to finally agree to expand the role of *Insite* both in terms of the hours of operation and the number of people we can serve...?”

The federal government at this time has taken the strategy, if you want, of giving us a piecemeal license to operate and the latest effort, let's be clear, sounds a lot like a political effort to get this issue off the table in case an election be called. We cannot accept this kind of behaviour.”<sup>71</sup>

It seems to me a truly conservative government should be opposed to most of America's War On Drug policies—for obvious reasons of civil rights, freedom, and smaller government.

And it's not as if there aren't any legendary conservatives (but perhaps not neo-cons) from whom to take advice.

#### MILTON FRIEDMAN AND WILLIAM F BUCKLEY

Nobel Laureate Milton Friedman, a staunch conservative and victim of Naomi Klein's recent publication, *The Shock Doctrine*, was actually against prohibition, and believed drugs should be legalized—a view he held until his death.

Indeed, he became a member of Law Enforcement Against Prohibition (LEAP) in 2006.

On May 1, 1972, in *Newsweek* magazine, Milton Friedman wrote:

“I believe that we have no right to use force, directly or indirectly, to prevent a fellow man from committing suicide, let alone from drinking alcohol or taking drugs.

I readily grant that the ethical issue is difficult and that men of goodwill may well disagree.

**Fortunately, we need not resolve the ethical issue to agree on policy.**

**Prohibition is an attempted cure that makes matters worse—for both the addict and the rest of us.**

**Hence, even if you regard present policy toward drugs as ethically justified, considerations of expediency make that policy most unwise...**

Consider next the test of us. Here the situation is crystal clear. The harm to us from the addiction of others arises almost wholly from the fact that drugs are illegal. A recent committee of the American Bar Association estimated that addicts commit one-third to one-half of all street crime in the U.S.

**Legalize drugs, and street crime would drop dramatically.**

**Moreover, addicts and pushers are not the only ones corrupted.**

**Immense sums are at stake. It is inevitable that some relatively low-paid police and other government officials—and some high-paid ones as well—will succumb to the temptation to pick up easy money.**

**Legalizing drugs would simultaneously reduce the amount of crime and raise the quality of law enforcement. Can you conceive of any other measure that would**

**accomplish so much to promote law and order?**

But, you may say, must we accept defeat? Why not simply end the drug traffic? **That is where experience under Prohibition is most relevant. We cannot end the drug traffic...**

**So long as large sums of money are involved—and they are bound to be if drugs are illegal—it is literally hopeless to expect to end the traffic or even to reduce seriously its scope.**

**In drugs, as in other areas, persuasion and example are likely to be far more effective than the use of force to shape others in our image.”<sup>72</sup>**

If Milton Friedman and Noam Chomsky agreeing wholeheartedly isn't enough of a shock to the system, here's William F Buckley speaking to the New York Bar Association:

**“[T]he drug war is many times more painful, in all its manifestations, than would be the licensing of drugs combined with intensive education of non-users and intensive education designed to warn those who experiment with drugs.**

We have seen a substantial reduction in the use of tobacco over the last thirty years, and this is not because tobacco became illegal but because a sentient community began, in substantial numbers, to apprehend the high cost of tobacco to human health...<sup>73</sup>

This ‘high cost to human health,’ as we have seen, hasn't stopped Big Tobacco from licking their Western wounds and pouring their product into, say, Africa, simply for the sake of profit—or even, yes, *smuggling* it into Africa, for which RJ Reynolds is currently on trial—as if Africa can afford another scourge.

From Dr Gerard Dubois of the *Alliance Contre Le Tabac* in France:

“The governments of Belgium and France are among the ten countries that support the European Commission in a suit filed against [the cigarette and food Multinational] RJ Reynolds.

**The charges: organized smuggling, money laundering, corruption. Of the thousand billion cigarettes exported every year, 700 billion are legally imported. Three hundred billion have simply disappeared...**

Try to Imagine Toyota saying, ‘Somewhere between Japan and Europe, 30% of the cars we loaded onto the ship [have] just vanished. We can't understand it. We don't know where they went.’

Smuggling is not a natural phenomenon [I love that line].

It's organized by the industry.”<sup>74</sup>

Buckley continues:

“And added to the above is the point of civil justice. Those who suffer from the abuse of drugs have themselves to blame for it.

This does not mean that society is absolved from active concern for their plight.

It does mean that their plight is subordinate to the plight of those citizens who do not experiment with drugs but whose life, liberty, and property are substantially affected by the illegalization of the drugs sought after by the minority...

**I have not spoken of the cost to our society of the astonishing legal weapons available now to policemen and prosecutors; of the penalty of forfeiture of one's home and property for violation of laws which, though designed to advance the war against drugs, could legally be used—I am told by learned counsel—as penalties for the neglect of one's pets.**

**I leave it at this, that it is outrageous to live in a society whose laws tolerate sending young people to life in prison because they grew, or distributed, a dozen ounces of marijuana.**

I would hope that the good offices of your vital profession would mobilize at least to protest such excesses of wartime zeal, the legal equivalent of a My Lai massacre.

And perhaps proceed to recommend the legalization of the sale of most drugs, except to minors.”<sup>75</sup>

Rather than following the failed War on Drugs policy of the United States, the Canadian government should instead be seeking to understand the process and expense of excessive incarceration within a democracy, and fighting to *increase* the number of safe injection sites across the country.

These considerations are *not* new.

In 1939, Ernest Winch, an MLA in British Columbia, urged the Canadian government to emulate the British model which allowed for the provision of opiates to addicts, in minimal doses, under a doctor's supervision.<sup>76</sup>

Similarly, in 1952, Vancouver's Community Chest and Council recommended the creation of clinics across Canada so that chronic drug users could receive minimal drug doses under a doctor's supervision.<sup>77</sup>

And consider this unpublished report from 1956:

“In 1952, a Special Committee on Narcotics of the Community Chest and Council of

Greater Vancouver, British Columbia, Canada, recommended after thorough study: “The Federal [Canadian] Government should be urged to modify the Opium and Narcotic Drug Act to permit the provinces to establish narcotic clinics where registered narcotic users could receive their minimum required dosages of drug.”

**Such dispensing clinics, the committee predicted, would “protect the life of the addict and support him as a useful member of society.” It would also “within a reasonable time eliminate the illegal drug trade... The operation of such clinics would not entail any reduction in the vigilance of law enforcement agencies,” which would continue to be responsible for keeping narcotics out of reach of non-addicts.**<sup>78</sup>

Given that safe injection sites have been proven to support “harm reduction” in different countries across Europe, a move by the federal Government towards *truly supporting* safe injection sites, without constant suspicion, would be neither original nor progressive—unless compared to the American model.

It would simply be humane and just—and possibly economically prudent in the long term.

Mahatma Gandhi once said:

“The best test of a civilized society is the way in which it treats its most vulnerable and weakest members.”

In the poorest countries of the so-called Developing World, those in extreme poverty are the “most vulnerable.”

In the West, if one takes even a brief walk along Hastings Street on the Downtown Eastside of Vancouver, the sisters and brothers there—whether drug addicted, mentally ill, both or neither—surely fit the description of Canada’s “most vulnerable and weakest members.”

P Sainath, the great Indian journalist, wrote in *Everybody Loves A Good Drought*, that poverty must be considered “in terms of *processes*. Too often poverty and deprivation get covered as events.”<sup>79</sup>

So it goes, I would say, for the drug addiction problem everywhere.

Although humans are terrorized by the major media, environmental sciences and the Western religions into believing the world is coming to an end—and *soon*—there is in fact no such proof of our collective demise.

Should we not, in whatever time remains, move towards thinking—literally dreaming—*long term*?

With our species' physical limitations, it may well have been our ballooning neo-cortex that gave us the wherewithal against more formidable prey on the African plains—a wherewithal that includes learning how to prepare for the future.

How's the future looking to you? How many generations are we willing to look ahead?

With ever-increasing intellectual brilliance, humans have harbored the energies of the planet in order to control the future and try to make the immediate moment fulfilling.

Are we not somehow unfulfilled, and is the future not precarious, given the looming reality of limited resources?

What would make the human species, collectively—bit by bit, or at least in the bastions of power (where of course profit is power)—think long term with, say, the environment, health or the problems of drug addiction?

This comment from Chomsky in *Understanding Power* (pg 48) could be an apt description of Vancouver's Downtown Eastside.

“You can see it very clearly when you drive through New York now: the differences in wealth are like San Salvador.

I mean, I was giving a talk there a little while ago, and as you walk around it's kind of dramatic: there are these castles, and there are guards at the gate, and a limousine drives up and the people go inside; inside I guess it's very elegant and beautiful.

**But it's like living in a feudal system with a lot of wild barbarians outside—except if you're rich you don't ever see them, you just move between your castle and your limousine.**

**And if you're poor, you've got no castle to protect you.”**

Who from Vancouver doesn't feel that raw disparity when driving or walking through the Downtown Eastside? Maybe safe injection sites are part of the pot-holed journey towards a more self-sustaining, equal distribution of protective castles—environmentally-friendly castles, of course.

As the Lakota Sioux say: *mitakuye oyasin* (mi-tak-wee-ah-son)—we are all related.

October 6, 2007

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## Footnotes:

<sup>1</sup> UNFPA: State of the World Population 2007: Unleashing The Potential of Urban Growth. Report on Vancouver entitled: *Vancouver: Prosperity and poverty make for uneasy bedfellows in world's most 'liveable' city.*

<http://www.unfpa.org/swp/2007/presskit/index.htm>

<sup>2</sup> Ipsos-Reid. *Ipsos Quick Poll On The Downtown Eastside*, March 1, 2007. See:

<http://www.ipsos-na.com/news/pressrelease.cfm?id=3385>

<sup>3</sup> Mustel Group Market Research. *BC Residents Support License Extension for Vancouver's Supervised Injection Site (InSite)*, June 27, 2007. See:

<http://www.mustelgroup.com/press.html>

<sup>4</sup> See CTV.ca: *Support Grows For Vancouver's Safe Injection Site.*

[http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20060718/vancouver\\_safe\\_injection\\_060718/20060718?hub=Health](http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20060718/vancouver_safe_injection_060718/20060718?hub=Health)

<sup>5</sup> Canadian HIV/AIDS Legal Network—*HIV/AIDS Policy and Law Review*: Volume 11, Number 2/3, December 2006. *Canada's 2003 renewed drug strategy— an evidence-based review.*

<sup>6</sup> Nadelmann, Ethan, "Canada Must Not Follow the U.S. on Drug Policy." *Ottawa Citizen*. February 22, 2007.

<sup>7</sup> *Law Enforcement Against Prohibition (LEAP)*. See <http://www.leap.cc>

<sup>8</sup> Steven B. Duke, in the *National Review*: *The War On Drugs Is Lost*, July 1st, 1996, <http://www.nationalreview.com/12feb96/drug.html>

<sup>9</sup> An excerpt from President Eisenhower's famous and farsighted *Farewell Address to the Nation*, from January 17, 1961:

“... This conjunction of an immense military establishment and a large arms industry is new in the American experience. The total influence—economic, political, even spiritual—is felt in every city, every Statehouse, every office of the Federal government. We recognize the imperative need for this development. Yet we must not fail to comprehend its grave implications. Our toil, resources and livelihood are all involved; so is the very structure of our society.

**In the councils of government, we must guard against the acquisition of unwarranted influence, whether sought or unsought, by the military-industrial complex. The potential for the disastrous rise of misplaced power exists and will persist.**

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We must never let the weight of this combination endanger our liberties or democratic processes. We should take nothing for granted. Only an alert and knowledgeable citizenry can compel the proper meshing of the huge industrial and military machinery of defense with our peaceful methods and goals, so that security and liberty may prosper together.”

See the full speech: <http://mcadams.posc.mu.edu/ike.htm>

<sup>10</sup> According to the Violence Policy Center, See <http://www.vpc.org/nrainfo/phil.html>:

“Firearms are the second leading cause of traumatic death related to a consumer product in the United States and are the second most frequent cause of death *overall* for Americans ages 15 to 24. Since 1960, more than a million Americans have died in firearm suicides, homicides, and unintentional injuries. In 2003 alone, 30,136 Americans died by gunfire: 16,907 in firearm suicides, **11,920 in firearm homicides**, 730 in unintentional shootings, and 232 in firearm deaths of unknown intent, according to the National Center for Health Statistics. Nearly three times that number are treated in emergency rooms each year for nonfatal firearm injuries.”

<sup>11</sup> From the *US Census Bureau: Income, Poverty and Health Insurance Coverage in the United States: 2005* (page 27):

“The number of people with health insurance coverage increased from 245.9 million in 2004 to 247.3 million in 2005...**In 2005, 46.6 million people were without health insurance coverage, up from 45.3 million people in 2004...**The percentage of people without health insurance coverage increased from 15.6 percent in 2004 to 15.9 percent in 2005...People were considered “insured” if they were covered by any type of health insurance for part or all of the previous calendar year. They were considered “uninsured” if they were not covered by any type of health insurance at any time that year.”

<sup>12</sup> Strathdee SA, Patrick DM, Currie SL, Cornelisse PGA, Rekart ML, Montaner JSG, et al. *Needle exchange is not enough: lessons from the Vancouver injecting drug use study. AIDS* 1997;11:59-65.

<sup>13</sup> Andy Ivens, The Province Newspaper. *Safe injection site at risk as feds ramp up war on drugs*, October 01, 2007

<sup>14</sup> Mark Ashton, *Addiction Research and Theory*, Needle Exchange: The Vancouver Experience (October 2004, Vol. 12, No. 5, pp. 445-460):

<sup>15</sup> E. Wood, E. Lloyd-Smith, K. Li, S. Strathdee, W. Small, M. Tyndall, J. Montaner, T. Kerr: *Frequent Needle Exchange Use and HIV Incidence in Vancouver, Canada*, The American Journal of Medicine, Volume 120, Issue 2, Pages 172-179.

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<sup>16</sup> Noam Chomsky in the documentary *Uganda Rising* and the full transcript of the *Slaves, Cotton, Oil, and Freedom* interview at my website [http://www.petemccormack.com/social\\_005.htm](http://www.petemccormack.com/social_005.htm)

<sup>17</sup> See Gail Hochachka's *Developing Sustainability, Developing the Self—an Integral Approach to Community and International Development* at <http://www.drishti.ca/resources.htm>

<sup>18</sup> Hochachka, *ibid.*

<sup>19</sup> According to the Treasury Board Secretariat, as quoted on the StoptheDrugWar.org website at [http://stopthedrugwar.org/chronicle/469/canada\\_study\\_says\\_tough\\_on\\_drugs\\_strategy\\_a\\_failure](http://stopthedrugwar.org/chronicle/469/canada_study_says_tough_on_drugs_strategy_a_failure) :

“The [Treasury Board] study found that of the \$368 million the Canadian federal government spent on drug programs in 2004-05, some \$271 million, or 73%, went to law enforcement measures such as Royal Canadian Mounted Police investigations, border control, and federal drug prosecutions. Another \$51 million (14%) went to treatment programs, and \$26 million (7%) was spent on “coordination and research,” while prevention and harm reduction programs were on a starvation diet with \$10 million (2.6%) each.

<sup>20</sup> First of all, of course drugs are a serious problem—at least from my point of view—and can be brutal on the body. This is obvious right away from tobacco and alcohol, which cost the medical system and the human system dearly. But drug use is not necessarily as harmful as one would believe.

This from (and one example of endless evidence) from a transcript of a CBS-TV 60 Minutes program from December 27, 1992 (<http://www.druglibrary.org/schaffer/misc/60minliv.htm>), about the so-called “Liverpool, England method.”

An excerpt of Alan Perry, former Drug Information Officer in Liverpool, in conversation with Ed Bradley:

**Alan:** Pure heroin is not dangerous. We have people on massive doses of heroin.

**Ed:** So how come we see so much damage caused by heroin?

**Alan:** The heroin that is causing that damage, is not causing damage because of the heroin in it, it is causing damage because of the bread dust, coffee, crushed bleach crystals, anything that causes the harm and if heroin is 90% adulterated that means only 10% is heroin, the rest is rubbish, and if you inject cement into your veins, you don't have to be a medical expert to work it out, that's going to cause harm.

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**Ed:** Many at the clinic like George still suffer from the damage caused by street drugs. Alan Perry believes you can't prescribe clean drugs and needles to addicts without teaching them how to use them.

**Alan:** You know *the major causes of ill health to drug injectors is not even the dirty drugs they take, it is their bad technique. Not knowing how to do it. In America I have seen addicts missing legs and arms and that is through bad technique.* So we show people how to, not how to inject safely, but how to inject less dangerously. We have to be clear about that, you have stoned people sticking needles in themselves in a dangerous activity. The strategy is called “harm minimalization.”

<sup>21</sup> Trent McBride (*The Medical Profession and Illicit Drugs*), May 31, 2004.

<sup>22</sup> [www.pivotlegal.com](http://www.pivotlegal.com)

<sup>23</sup> [www.pivotlegal.com](http://www.pivotlegal.com) *ibid.*

<sup>24</sup> Mark Ashton, *Addiction Research and Theory*, Needle Exchange: The Vancouver Experience (October 2004, Vol. 12, No. 5, pg 456)

<sup>25</sup> Carlos Nordt, Rudolph Stohler: *Incidence of heroin use in Zurich, Switzerland: a treatment case register analysis* (Lancet 2006; 367: 1830-34).

According to Nordt, as cited in swissinfo, September 4, 2006: “In Switzerland, the medicalisation of heroin use has helped change the image of users: from rebels to losers. In the eyes of the young, they're mostly just sick people, forced to get medical help...Compared with countries like Britain, where crime is very often linked to substance abuse, this trend has almost disappeared in Switzerland over the last few years...Personally, I don't think either a repressive or a liberal policy can do much to free a heroin user from addiction. We can only decide whether to increase the suffering of drug victims or alleviate the consequences of addiction—for users and society alike.”

See:

[http://www.swissinfo.org/eng/front/detail/Swiss\\_heroin\\_model\\_reporting\\_benefits.html?siteSect=105&sid=7032610&cKey=1157366472000](http://www.swissinfo.org/eng/front/detail/Swiss_heroin_model_reporting_benefits.html?siteSect=105&sid=7032610&cKey=1157366472000)

<sup>26</sup> Carlos Nordt, Rudolph Stohler: *Incidence of heroin use in Zurich, Switzerland: a treatment case register analysis* (Lancet 2006; 367: 1830-34).

<sup>27</sup> *China's Drug Boom*, Duncan Hewitt at BBC News (June 6, 2000). See <http://news.bbc.co.uk/2/hi/asia-pacific/778357.stm>

<sup>28</sup> Join Together: *Advancing Effective Alcohol and Drug Policy, Prevention and Treatment*. See <http://www.jointogether.org/news/headlines/inthenews/2003/koop-calls-tobacco-execs.html>

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<sup>29</sup> Noam Chomsky, *Deterring Democracy* (1992, pg 121). For the full Deterring Democracy Chapter (4), The Drug Wars, see: <http://www.drugtext.org/library/articles/ial5.html>

<sup>30</sup> Ibid

<sup>31</sup> From the Alcohol Alert! website, <http://www.alcoholalert.com/drunk-driving-statistics.html>:

“There were 16,885 alcohol-related fatalities in 2005—39 percent of the total traffic fatalities for the year.

According to the National Highway Traffic Safety Administration (NHTSA), “A motor vehicle crash is considered to be *alcohol-related* if at least one driver or non-occupant (such as a pedestrian or pedalcyclist) involved in the crash is determined to have had a blood alcohol concentration (BAC) of .01 gram per deciliter (g/dL) or higher. Thus, any fatality that occurs in an alcohol-related crash is considered an alcohol-related fatality. The term 'alcohol-related' does not indicate that a crash or fatality was caused by the presence of alcohol.”

Note the last paragraph, and in particular, the last sentence. This would seem to make the statistics below a little misleading since we tend to think that alcohol-related crashes are caused by drunk drivers. But if a sober driver kills an alcohol-impaired pedestrian, it's still considered an alcohol-related crash. Does this invalidate the drunk driving statistics below? No. The statistics reveal that most fatal alcohol-related crashes do indeed involve drunk drivers and far fewer of these fatalities involve intoxicated pedestrians or “bicyclists and other cyclists”.

Nationwide [in America] in 2005, alcohol was present in 24 percent of the drivers involved in fatal crashes (BAC .01-.07, 4 percent; BAC .08 or greater, 20 percent).

The 16,885 alcohol-related fatalities in 2005 (39% of total traffic fatalities for the year) represent a 5-percent reduction from the 17,732 alcohol related fatalities reported in 1995 (42% of the total).

The 16,885 fatalities in alcohol-related crashes during 2005 represent an average of one alcohol-related fatality **every 31 minutes**.

Of the 16,885 people who died in alcohol-related crashes in 2005, 14,539 (86%) were killed in crashes where at least one driver or nonoccupant had a BAC of .08 or higher.

The drunk driving statistics show that traffic fatalities in alcohol-related crashes fell by 0.2 percent, from 16,919 in 2004 to 16,885 in 2005. [Note that this figure for 2004 is higher than what we've shown for 2004 (16,694 deaths) because our data came from

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preliminary reports. The final government report counted more drunk driving deaths.]

NHTSA estimates that alcohol was involved in 39 percent of fatal crashes and in 7 percent of all crashes in 2005. The national rate of alcohol-related fatalities in motor vehicle crashes in 2005 was 0.57 per 100 million vehicle miles traveled.

An estimated 254,000 persons were injured in crashes where police reported that alcohol was present—an average of one person injured approximately **every 2 minutes**.

In 2004, the Federal Bureau of Investigation's Uniform Crime Reporting Program estimated that over 1.4 million drivers were arrested for driving under the influence of alcohol or narcotics. This is an arrest rate of 1 for every 139 licensed drivers in the United States. (2005 data not yet available.)”

[Note: the good news is between 1982 and 2005, alcohol related fatalities decreased from 60% to 39% of the total. Interestingly, total fatalities (whether alcohol or not alcohol related, have remained fairly constant).]

<sup>32</sup> According to Trent McBride's *Paternalism In Medicine—Part III: The War On Drugs* (The Proximal Tubule, May 31, 2004 [http://trentmcbride.blogspot.com/2004\\_05\\_01\\_trentmcbride\\_archive.html](http://trentmcbride.blogspot.com/2004_05_01_trentmcbride_archive.html)) these statistics were from the *National Household Survey on Drug Abuse* and summarized in Jacob Sullum's book *Saying Yes: In Defense of Drug Use*.

<sup>33</sup> *Vices Are Not Crimes: A Vindication of Moral Liberty*, Lysander Spooner, 1875. See: <http://www.mind-trek.com/treatise/ls-vanc.htm>

<sup>34</sup> Ryan S. King and Marc Mauer. *The War on Marijuana: The Transformation of the War on Drugs in the 1990s*. May 2005.

“Of the 450,000 increase in drug arrests during the period 1990-2002, 82% of the growth was for marijuana, and 79% was for marijuana possession alone; **Marijuana arrests now constitute nearly half (45%) of the 1.5 million drug arrests annually**; Few marijuana arrests are for serious offending: of the 734,000 marijuana arrests in 2000, only 41,000 (6%) resulted in a felony conviction; Marijuana arrests increased by 113% between 1990 and 2002, while overall arrests decreased by 3%; New York City experienced an 882% growth in marijuana arrests, including an increase of 2,461% for possession offenses; African Americans are disproportionately affected by marijuana arrests, representing 14% of marijuana users in the general population, but 30% of arrests; One-third of persons convicted for a marijuana felony in state court are sentenced to prison; One in four persons in prison for a marijuana offense—an estimated 6,600 persons—can be classified as a low-level offender; An estimated \$4 billion is spent annually on the arrest, prosecution and incarceration of marijuana offenders.”

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<sup>35</sup> *Vices Are Not Crimes: A Vindication of Moral Liberty*, Lysander Spooner, 1875. See: <http://www.mind-trek.com/treatise/lis-vanc.htm>

<sup>36</sup> CBC News, In Depth: Drugs. *Point for point: Canada's needle exchange programs*, October 27, 2004. See: <http://www.cbc.ca/news/background/drugs/needleexchange.html>

<sup>37</sup> From Human Rights Watch. *ABUSING THE USER—POLICE MISCONDUCT, HARM REDUCTION AND HIV/AIDS IN VANCOUVER*, Vol. 15, No. 2 (B). May 2003. See HRW: <http://www.hrw.org/reports/2003/canada/canada0503-03.htm#TopOfPage>

<sup>38</sup> Noam Chomsky, *Deterring Democracy*, Hill and Wang, 1992. For the full *Deterring Democracy* Chapter (4), *The Drug Wars*, see: <http://www.drugtext.org/library/articles/ial5.html>

<sup>39</sup> *Vices Are Not Crimes: A Vindication of Moral Liberty*, Lysander Spooner, 1875. See: <http://www.mind-trek.com/treatise/lis-vanc.htm>

<sup>40</sup> From Diana Gordon's *The Return of the Dangerous Classes*, as cited in Holly Sklar's *Reinforcing Racism with the War on Drugs*, Z Magazine, December, 1995. <http://www.zmag.org/zmag/articles/dec95sklar.htm>

<sup>41</sup> Steven Heath Mitton: *THE FREE WORLD CONFRONTED: THE PROBLEM OF SLAVERY AND PROGRESS IN AMERICAN FOREIGN RELATIONS*, 1833—1844.

<sup>42</sup> Noam Chomsky in the *Slaves, Cotton, Oil, and Freedom* interview at my website [http://www.petemccormack.com/social\\_005.htm](http://www.petemccormack.com/social_005.htm)

<sup>43</sup> From *Hooked: Illegal Drugs and How They Got That Way*. New York, NY: A&E Television Network. 2000.

<sup>44</sup> From *Hooked: Illegal Drugs and How They Got That Way*. New York, NY: A&E Television Network. 2000.

<sup>45</sup> The idea of immigrants and dislocation of peoples in general brings to mind the work of Dr Bruce Alexander, professor of psychology at Simon Fraser University in Canada. In an article entitled *What Causes Alcohol Abuse*, Alexander writes (<http://www2.potsdam.edu/hansondj/controversies/1053971961.html>):

“...social problems and excessive alcohol use characterize not only geographically dislocated people, but also people "dislocated" in a more general sense including the unemployed, victims of family and community disintegration, and ghetto blacks cut off from mainstream society.

Obviously, excessive alcohol use is not confined to the poor and its existence among the affluent seems to have similar roots. Dislocation, in a broad sense, is now the norm for

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rich and poor.

Jobs disappear on short notice; communities are weak and unstable; people routinely change spouses, technical skills and fundamental beliefs as they progress; the continued habitability of the earth itself is in question.

For rich and poor alike, dislocation plays havoc with the delicate interpenetrations of people, society, and the physical world that are necessary for an existence that is tolerable without chemical crutches.

This view of history leads to an understanding of alcohol and society that contradicts the assumptions of the temperance framework that are listed above. Most fundamentally, alcohol abuse is not a significant cause of society's problems. Instead, alcohol abuse is a result of the same dislocating forces that cause other social problems.

In this view, pursuing abstinence from alcohol is, at best, a roundabout route to personal and social improvement. Reduction of social problems will require direct attention to the causes of dislocation and helping people adapt to those forms of dislocation that are truly inevitable.”

<sup>46</sup> Steven R. Donziger, *The Real War On Crime—The Report Of The National Criminal Justice Commission*, 1996.

<sup>47</sup> Jacob Sullum, *Crackbrained Crack Crackdown: There's no rational basis for the federal government's cocaine sentencing policy*, May 23, 2007. See: <http://www.reason.com/news/show/120341.html>

<sup>48</sup> Dan Baum, *Smoke and Mirrors: The War on Drugs and the Politics of Failure*, 1996. See: <http://www.washingtonpost.com/wp-srv/style/longterm/books/chap1/smoke.htm>

Also, *The Haldeman Diaries: Inside the Nixon White House*, Putnam Pub Group (T) (June 1994).

<sup>49</sup> Eqbal Ahmad, *Terrorism: Theirs and Ours*, Seven Stories Press, 2001

<sup>50</sup> Eqbal Ahmad, *Terrorism: Theirs and Ours*, Seven Stories Press, 2001.

<sup>51</sup> Alfred W. McCoy, *The Politics of Heroin: CIA Complicity in the Global Drug Trade*. Lawrence Hill Books, 1991.

<sup>52</sup> Mahmood Mamdani, *Good Muslim, Bad Muslim: America, the Cold War, and the Roots of Terror*, Random House, 2004.

<sup>53</sup> From the unpublished interview we did with Romeo Dallaire for *Hope In The Time of AIDS*.

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- <sup>54</sup> The Brooklyn Connection, 2005, directed by Klaartje Quirijns. See the website: <http://www.thebrooklynconnection.net>
- <sup>55</sup> From the Darwin's Nightmare website, dir. Hubert Sauper (2004): <http://www.darwinsnightmare.com>
- <sup>56</sup> I heard Ken Wilber say this, on a video, but I can't remember where—but I believe it was on the subject of anxiety.
- <sup>57</sup> *U.S. Chemical and Biological Warfare-Related Dual Use Exports to Iraq and their Possible Impact on the Health Consequences of the Gulf War*. A Report of Chairman Donald W. Riegle, Jr. and Ranking Member Alfonse M. D'Amato of the Committee on Banking, Housing and Urban Affairs with Respect to Export Administration, United States Senate, 103d Congress, 2d Session. May 25, 1994. See <http://www.gulfweb.org/bigdoc/report/riegle1.html>
- <sup>58</sup> Samantha Power, *A Problem From Hell: America and the Age of Genocide*, HarperCollins, 2003 (pg 173):
- <sup>59</sup> Kash Heed: *If enforcement is not working, what are the alternatives?* The International Journal of Drug Policy, Volume 17, Issue 2, Pages 104-106 (2006). <http://linkinghub.elsevier.com/retrieve/pii/S0955539590500201X>
- <sup>60</sup> James Stevenson, National Post, *More crime groups operating in Canada*, August 17, 2007
- <sup>61</sup> *Cocaine Cowboys*, directed by Billy Corben, 2006. See IMDB: <http://www.imdb.com/title/tt0380268/>
- <sup>62</sup> Mahdi Darius Nazemroaya, *The War in Afghanistan: Drugs, Money Laundering and the Banking System*, Centre for Research on Globalization, October 17, 2006. <http://www.globalresearch.ca/index.php?context=viewArticle&code=NAZ20061017&articleId=3516>
- <sup>63</sup> Drug Enforcement Administration. Drug Intelligence Brief: *Money. Laundering in Canada*, August 2003, pg 6.
- <sup>64</sup> RT Naylor, *Hot Money and the Politics of Debt*, Black Rose Books, 1994, pg 12.
- <sup>65</sup> Asad Ismi, *The Canadian Connection: Drugs, Money Laundering and Canadian Banks, Briarpatch*, July/August 1997. See: <http://141.117.225.2/~asadismi/cancon.html>

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<sup>66</sup> Noam Chomsky, *Understanding Power: The Indispensable Chomsky*, New Press, 2002. For all the footnotes (hundreds of pages worth) from *Understanding Power*, see the *Understanding Power* website at: <http://www.understandingpower.com>

<sup>67</sup> Paige M Harrison, Allen J Beck. US Department of Justice, Office of Justice Programs: *Prison and Jail Inmates at Midyear 2004*. April 2005. See: [www.ojp.usdoj.gov/bjs/pub/pdf/pjim04.pdf](http://www.ojp.usdoj.gov/bjs/pub/pdf/pjim04.pdf)

<sup>68</sup> See The Office of the Correctional Investigator—Backgrounder: Aboriginal Inmates. [http://www.oci-bec.gc.ca/newsroom/bk-AR0506\\_e.asp](http://www.oci-bec.gc.ca/newsroom/bk-AR0506_e.asp)

<sup>69</sup> Government of Canada and The Office of the Correctional Investigator: *Report Finds Evidence of Systemic Discrimination Against Aboriginal Inmates in Canada's Prisons*, Oct 16, 2006. See: [http://www.oci-bec.gc.ca/newsroom/releases/20061016\\_e.asp](http://www.oci-bec.gc.ca/newsroom/releases/20061016_e.asp)

<sup>70</sup> Catherine Austin Fitts, *Narco-Dollars For Beginners: How The Money Works In The Illicit Drug Trade (A Thirteen Part Series)* [http://www.solari.com/articles/scoop\\_narco\\_dummies.htm](http://www.solari.com/articles/scoop_narco_dummies.htm)

<sup>71</sup> Stephanie Levitz, THE CANADIAN PRESS. *Vancouver safe-injection site can operate until June under six-month extension*, October 2007. See: <http://www.recorder.ca/cp/National/071002/n1002184A.html>

<sup>72</sup> Milton Friedman, Prohibition and Drugs, *Newsweek* magazine, May 1, 1972. See [http://www.druglibrary.org/special/friedman/prohibition\\_and\\_drugs.htm](http://www.druglibrary.org/special/friedman/prohibition_and_drugs.htm)

<sup>73</sup> William F Buckley, *National Review*, February 12, 1996 Vol. XLVIII no. 2

<sup>74</sup> Dir. Nadia Collot, *The Tobacco Conspiracy*, the National Film Board of Canada, 2005.

For more on RJ Reynolds, see Catherine Austin Fitts' *Mapping The Real Deal*, Chapter 3 RJR Nabisco: <http://www.scoop.co.nz/stories/HL0708/S00435.htm>

<sup>75</sup> William F Buckley, *National Review*, February 12, 1996 Vol. XLVIII no. 2

<sup>76</sup> See Nettie Wild's *Fix: The Story of An Addicted City*—on the website, at Canada Wild Productions: <http://www.canadawildproductions.com/fix/history.html>

<sup>77</sup> *Ibid*, Nettie Wild.

<sup>78</sup> Cited in George H. Stevenson et al, *Drug Addiction in British Columbia: A Research Survey*, UBC, 1956, unpublished.

<sup>79</sup> P Sainath, *Everybody Loves A Good Draught: Stories From India's Poorest Villages*, *Headline Review*, 1998.