Preface

During my long career as a hematologist-oncologist, I witnessed the growing divergence between the enormous contribution of narcotics to pain management in the clinical setting and the entrenched perception of their lurking dangers. At issue is the belief that narcotics are extremely dangerous drugs that can easily and quickly turn an innocent and unsuspected victim into a drug abuser, at best, and into a crime-prone, self-destroying addict, at worst, whereas reality indicates otherwise. Indeed, the risk of addiction in populations taking narcotics as analgesics is extremely low in the absence of a prior history of drug abuse. As emphasized by the National Cancer Institute (NCI), "Extensive worldwide experience in the long-term management of cancer pain with opioid drugs has demonstrated that opioid administration in cancer patients with no history of substance abuse is only rarely associated with the development of significant abuse or addiction." [1] This strong endorsement of narcotics as nonaddictive painkillers concludes, "although the lay public and inexperienced clinicians still fear the development of addiction when opioids are used to treat cancer pain, specialists in cancer pain and palliative care widely believe that the major problem...is the persistent under treatment of pain driven by inappropriate fear of addiction." My own professional experience over more than 30 years of clinical practice confirms this. Similarly, patients taking opioids for noncancer pain have an extremely low risk of addiction. In three large studies involving 11,882, 10,000, and 2,369 hospitalized patients with no prior history of drug abuse who were administered opioids for chronic noncancer pain, only 7 patients, or 0.03%, showed signs of abuse or addiction. [2–4] On the other hand, the vast majority of addicts are not criminals to be incarcerated or victims of drugs or of their genes who threatened their communities but undisciplined individuals who *chose* to use drugs for pleasure and lost control over their level of consumption. [5] Hence, the popular dread of narcotics is not based on evidence but an example of *consent engineering* that creates "fear of just about anything after many years of intense propaganda designed to tame 'the great beast' by introducing panic." [6] The perception of drugs as the great beast of our time is reinforced by an obliging press, which confers legitimacy to detractors' even most extravagant claims. Relentless promulgation of this view, a replay of Prohibition, provided a fertile ground for the emergence of unsound drug control policies, first in the United States and then worldwide, that failed to achieve any of their goals. Indeed, neither drug production by producer countries nor drug supply, numbers of users, crime rates, or costs to society in consumer countries has decreased as a result. [7,8]

Yet, drug criminalization has had enormous unintended consequences. It has fomented repression, crime, and corruption at home reminiscent of Prohibition, where gangs of foreign and homegrown hard-core criminals build empires while 1.85 million Americans were arrested for drug violations in 2005 alone, including 696,074 for marijuana possession. [9] To these grim home-based statistics must be added massive human rights violations, large-scale population displacements, and social decay linked to the lucrative illegal drug trade pervasive in producer countries. In fact, perhaps drug policy's most tangible return on the $500 billion *investment* through 2005 [10] has been to shift production from one region or country to another and to redirect traffic routes, justifying the view "If you want to see money thrown at a problem to no good effect, you need look no further than America's 'war on drugs'." [11] This is because, as long as consumer demand for illegal drugs remains unabated and users risk public ostracism and incarceration to get their *fix,* traffickers and suppliers will defy often violently, drug law enforcers and each other to preserve their livelihood, and farmers in producer countries with no realistic alternate sources of income will continue to rely on illicit crops to support their families. Hence, unless current drug policy that created and sustains the black market of illegal drugs is abolished, the core of the problem, perpetuation of the status quo is assured.

Another unintended but devastating consequence of narcotics control laws in the United States is on patients with chronic or terminal illnesses associated with intractable, daily pain who

benefit the most from the use of narcotics, especially because they are the most potent and the safest painkillers on the market. Indeed, millions of American pain sufferers are victims of physicians' reluctance to prescribe narcotics in appropriate doses for as long as necessary, [12,13] in part to diminish their patients' highly improbable risk of addiction but mainly to steer clear of possible entanglements with the Drug Enforcement Administration (DEA). Indeed, the DEA aggressively persecutes narcotics-prescribing physicians for the flimsiest of reasons, ignoring what 30 state attorneys general pointed out in their protest of its misguided policy: that drug diversion prevention should not hinder physicians' ability, indeed duty, to provide "the best pain relief available to alleviate suffering" that only narcotics can offer. [14] Likewise, many patients take less than the prescribed dose of narcotics or increase the dosing intervals enduring daily pain, often severe, for fear of addiction but also to avoid the prospects of having to justify a daily narcotics dose or a total supply deemed excessive according to unwritten and shifting criteria conceived by medically untrained and naïve DEA agents. The consequence of insufficient prescribing and inadequate medicating is an unprecedented pain management crisis of national scope where most pain patients are undertreated and optimal pain control is seldom achieved. This is as unacceptable as it is unconscionable especially for terminally ill patients who, after months or years of a devastating and painful illness, die in pain.

President Richard Nixon launched the War on Drugs as a means to promote his political career, claiming drugs are inherently addictive and foster a life of crime. Nixon's drug war has been continued with renewed vigor by his successors despite the falsehood of the claims that set it in motion, its failure to achieve its goals, and its devastating if unintended consequences at home and abroad. Is so much suffering inflicted on so many by the War on Drugs justified by the harm drugs and drug offenders inflict on society? The answer to these questions is suggested by the portrayal of the average incarcerated American drug offender by a disaffected senior member of the drug enforcement establishment. "Imagine yourself as a 20-year-old man in a midsized American city. Not only are you a high school dropout, you are, for all intents and purposes, illiterate. You are addicted to crack cocaine. Your only source of income is small-time thievery and drug pushing. Poverty, substance abuse, and failure have followed your family for three generations. You have no concept of a work ethic or of contributing to society. Your plans for the future go as far as this afternoon's score. However, instead of scoring crack, you are arrested for stealing a car phone and are carted off to jail—not an unusual circumstance for you. As a repeat offender, the judge sentences you to 18 months in state prison. What I have described is the average prison inmate. Not a grisly murderer. Not a predatory rapist. Just a young man with absolutely nothing going for him. This is the typical inmate received in Ohio's prison system over and over again, day after day, month after month, year after year." [15]

This book focuses on the DEA interference with American medical practice that caused the pain management crisis, examined within broader historical, socioeconomic, and geopolitical perspectives. It shows that, in addition to penalizing millions of blameless American pain sufferers and hundreds of thousands of nonviolent American drug offenders, and devastating societies in producer countries, drug policy has not, cannot, and will not reduce the supply of drugs on American streets or elsewhere as long as the illegal drug trade remains in place. Frontline Drug Wars documentary's headline said it best, "from both sides of the battlefield, a 30-year history of America's war on drugs—a war with no rules, no boundaries, no end." [16] Nevertheless, an end to the status quo is achievable albeit politically unpalatable. It requires overturning policies that created and sustain the black market for illicit drugs and handling drug use as a health issue rather than as a criminal matter. Hence, I call for the repeal of all drug laws, the relegalization of all illicit drugs, and the dismantlement of all drug enforcement agencies and of their infrastructures. Such a thoroughly revisionist strategy, the only approach capable of solving the American pain management crisis and worldwide crime, corruption, and human rights violations associated with the illicit drug trade, is based on six compelling arguments drawn from empirical evidence. First, the War on Drugs was launched and is sustained by false claims (drugs

are addictive and induce crime). Second, human behavior cannot be successfully legislated, especially in democratic countries. Third, the criminalization of drugs gave rise to a highly lucrative black market that entices criminals and fuels crime and corruption in consumer countries and massive societal disruptions in producer countries. Fourth, drug policy implementation penalizes large segments of the population who use opioids for medical purposes or illicit drugs for recreation, most often in moderation, briefly, reversibly, and without ill effects to themselves or to society. Fifth, the socially acceptable and legally permissible alcohol and tobacco each impose a much greater burden on society, in terms of economic and human costs, than all illicit drugs combined. Sixth, illicit drug users are not enemies to be confronted by their own governments but imperfect human beings in need of society's indulgence and assistance. This book argues that current political environment, popular sentiment, and advocates' self-interest complicate enormously the implementation of such a radical change in direction. In large measure this is because "drug war supporters have so demonized drugs, drug users, and drug war opponents that most public figures dare not raise questions." [17] In fact, "Trying to stem the tide of fatuous laws that emanate from our incontinent legislatures . . . is a luckless and thankless task." [18] However, the reform I propose is an approach worthy of enlightened societies ruled by laws that punish criminal activity rather than repress harmless behavior. Undoubtedly, to achieve such a paradigm shift in drug policy requires the emergence of a new breed of judicious and bold political leaders who, emulating policy makers of the 1930s, will acknowledge past legislative errors and repeal the far more egregious and socially pernicious War on Drugs. Only then, will both the United States enjoy a drug policy worthy of its Constitutional principles to "promote the general welfare," including pain control for all Americans, and world governments be at peace with their drug using citizens.