

Letters

The War on Drugs

Faced with the difficult task of waging a real war against drugs (Daniel E. Koshland, Jr., Editorial, 9 Sept., p. 1273) and the enormous commitment of energy and resources that such would take, a handful of this nation's officials and a few others have raised the white flag of surrender and advocated legalization of drugs. Embracing such a defeatist attitude would be a serious error and would destroy the nation.

I am far from alone in feeling this way. The 15 September *New York Times* (1) reported that an ABC News poll found that more than 90% of the American public reject decriminalizing all illicit drugs. The poll also found that the public believes, by a 2 to 1 ratio, that the legalization of drugs would lead to an increase in crime.

There are over 500,000 heroin abusers in this country and 6 million people who have a serious cocaine or crack abuse problem. Increasing numbers of our youth are abusing certain drugs. Surveys of high school students (2, p. 3) have shown dramatic increases in their use of cocaine over the last 10 years.

Reliable studies (2) have concluded that drug abuse and drug traffickers are responsible for much of the violent crime in our nation. These assertions are supported by data from the National Institute of Justice's Drug Use Forecasting Survey (3) which recently showed that in New York City, 79% of the surveyed arrestees tested positive for at least one drug (including marijuana), 63% tested positive for cocaine (including crack), and 25% tested positive for heroin. These data clearly underscore the relation between drug abuse and crime.

Some of those in favor of legalization would have us believe that the laws against drug use and drug trafficking are prohibitions against a manner of personal conduct or style and that they are the imposition of society's moral values on the individual. Rather, they are laws that prohibit conduct which destroys not only the individual users, but their families, the innocent victims of their crimes and the very foundation of a productive society.

The proponents of legalization are weak on the specifics of the implementation of a policy of "drugs for all." Some suggest that government should play a "big brother" role, providing fixed doses to addicts, thereby limiting drug use. There is no such thing as a fixed dose that will satisfy a drug addict's appetite for greater and greater quantities. Accordingly, the black market that legalizers say will be eliminated would,

of necessity, exist to provide an additional avenue for obtaining that which is not available from "legitimate" sources.

Proponents of legalization also say that crime associated with drug trafficking will diminish once drugs become an acceptable commodity. They ignore history and the facts. We have only to look at Great Britain's desperate failure to relieve its heroin addiction problem through heroin distribution programs during the 1960s and 1970s to see that the opposite is closer to the truth.

Until 1970, heroin was freely prescribed in Britain by private doctors. But over-prescription led to a doubling of the addicted population between 1970 and 1980. Then cheap heroin from Pakistan began flooding the black market. More potent than what the government was handing out, this heroin came without bureaucratic restrictions and the number of addicts quadrupled in 5 years. By 1986, the British Home Office estimated that there were 50,000 to 60,000 heroin addicts in the country. Unofficial estimates were three times greater.

How was crime in Britain affected by legalization? One 1978 study (4) showed that 50% of the addicts in government programs were convicted of crimes in their first year of participation. Unemployment among addicts remained chronic, as did use of other kinds of drugs. Another facet of the crime problem is that a number of drugs, crack in particular, have been shown to have behavioral effects that result in violent criminal conduct not limited to theft. "Designer" drugs are emerging that are likely to have similar effects as the drug sellers search for a product that gives quicker and more intense highs. Should the government distribute or condone these crime-inducing drugs too?

The proponents of legalization also argue that it would be cheaper to provide drugs to addicts than to enforce the laws. But, as drug abuse and crime would increase with legalization, we would still need the police, courts, prosecutors, and jails to deal with drug-related crime. Our current enforcement strategies have not worked because a truly effective war on drugs has yet to be launched on a national scale.

A real war must include interdiction of illicit drugs by the armed forces at the borders, in the air and on the high seas. It must include more federal funding for education and treatment on demand. It must include "federalization" of drug prosecution and incarceration. I will continue to strive to see that these ideas become part of the arsenal in the war on drugs. It is time to raise the battle flag, not wave the white one.

EDWARD I. KOCH
Mayor, The City of New York,
New York, NY 10007

REFERENCES

1. *New York Times*, 15 September 1988, p. A23.
2. M. R. Chaiken and B. D. Johnson, *Characteristics of Different Types of Drug-Involved Offenders* (National Institute of Justice, Washington, DC, February 1988).
3. *Natl. Inst. Just. Rep.* 208, (March/April 1988), pp. 8-9.
4. J. S. Russell and Andrew McNicholl, *Summary: British Experience with Narcotics Dependency* (Alcohol and Drug Commission, Ministry of Health, Province of British Columbia, Victoria, BC, Canada 1978), p. 2.

South African Visa Refusal

The news item "South Africa blocks AAAS visit" (News & Comment, 29 Apr., p. 595) refers to the refusal by the South African government of travel visas to members of the AAAS and other U.S. scientific organizations on 5 April 1988.

The Medical School of the University of the Witwatersrand immediately protested the action of the government in a press statement. Together with some other South African universities, we have consistently protested the principle and practice of detention without trial and have opposed apartheid in all forms. Concerned doctors and other health professionals welcomed the opportunity to discuss the effects of apartheid on the provision of health services and other medical issues of mutual concern. The AAAS might well conclude from the refusal to admit the delegation that the South African government has something to hide. There is obviously room for improvement in our medical services, but there are also many positive features that would have been evident, including the training of more doctors of all races for the country's future health needs.

We would all have benefited from this type of contact at a time when there is an increasing and somewhat sanctimonious clamor in the United States for a boycott of South Africans of all races and political persuasions.

CLIVE ROSENDORFF
Dean, Faculty of Medicine,
University of the Witwatersrand
Medical School,
7 York Road, Parktown,
Johannesburg, 2193 South Africa

Support for IIASA

As Saunders Mac Lane notes in his 2 September letter (p. 1144) about the International Institute for Applied Systems Analysis (IIASA), he has raised the same concerns before in the councils of both the National Academy of Sciences and the