

**The U.S.  
National Drug Reform  
— NDR —  
Proposal**

**ADDRESSED TO MY  
FELLOW CITIZENS  
OF  
A M E R I C A**

by  
**A. J. Wildman**

# **The U.S. National Drug Reform Proposal**

by  
**A. J. Wildman**

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## **About this Publication — A Point in Time**

As you will read the development of this publicly acceptable solution to our nation's decades long alleged War on Drugs took this regular American many years to prepare. It has also proven to be a challenge to find an effective way in which to present it to the American public.

The majority of this proposal was completed in early 2003. It contains some statistical data as of that point in time that has not been updated for this publication. The reality is that the numbers are as bad or worse then they were three years ago. Further, we all have a personal sense of the damaged caused by the drug related crime in our neighborhoods, as well as the **well-lobbied failure of our National Drug Policy that allows it to continue!**

There are some date references in the NDR Proposal that have been moved forward to represent a current frame of reference.

## Dedication

This publication is dedicated to You.

Yes, to you, the individual American citizen.

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The U.S. National Drug Reform (NDR) Proposal was developed  
with the intent of making life in America,  
And, therefore, your life and the lives of those you know and love, better.

It is presented for your review of the concepts and approaches provided herein.  
It is written to help you to understand and hopefully to embrace,  
the bold proposals contained herein.

Further, is presented with the hope that after personal consideration of these contents,  
you would decide to take action to show your support.

To in some way assist in making these solutions part of your daily life,  
and the lives of some 300 million of

Our fellow American citizens.

# Introduction

## National Problem Solving – A Case Study

Herein we will review the process of problem solving of a major and complex public issue. This proposal provides a direct, yet practical approach to solving one of our nation's major problems or challenges – the War on Drugs in America. And it is a solution!

Presented is a practical case study using the decades old War on Drugs as a centerpiece. To be presented is the National Drug Reform (NDR) Proposal that I personally developed for the purpose of ending the problems relating to “hard” drug use in America. This entire presentation on national problem solving is framed around the War on Drugs, an issue that **every** American has awareness of and an opinion on.

It should prove to be both informative about the illegal drug business and provide perspective on the complexities of problem solving at the national level – that being to change the National System – the way America really works on a day-to-day basis — in order to realistically **confront and resolve** a chronic national problem.

The NDR Proposal will be presented in the following sections:

- The Problem with Solving National Problems
- The Initial Assignment – End the War on Drugs
- A Brief History of the Marijuana and Our Failed Drug Policy
- The U.S. National Drug Reform Proposal
- The Big Question – How Would You Vote
- The U.S. National Drug Reform Proposal Recap
- Observations and Insights on Public Opinion

My writing is intended to feel as though we were sitting and talking with each other about the War on Drugs and how we could bring a practical end to it in the very near future. And we have it within our collective power to do just that.

## The Problem with Solving National Problems

*“Society’s most complex problems are made and solved at the unit level,  
one person at a time”*

This is the basic analogy I like to use to describe what is involved in solving complex problems:

It is like being asked to untangle a plate of spaghetti and tomato sauce! Your mission, should you choose to accept it, is to untangle a full plate of spaghetti without snapping a single strand of pasta and always keeping the remaining pile on the plate.

At first you might think, no problem, a nice plate of warm spaghetti with plenty of sauce, they will all slide right out. And maybe the first few strands you select do come out easily. However, as you keep pulling one strand will inevitably become entangled, knotted up with some others and won’t come along quietly.

You may decide to keep pulling without first taking the time to carefully separate more of the strands, thus making your mission less prone to failure – the breakage of a single strand.

You have two basic choices. One is to ignore the complications presented by the other strands and run the real risk of not satisfactorily completing your mission. The other is to take time to carefully dig into the tangle and separate more of the strands so they are freed without snapping; and repeating the same process as many times as it takes to deal with all of the knots.

Of course, since (or if?) you want to succeed in your mission, you select the second approach.

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In solving big problems there are always “other strands” that get involved and make the problem solving process more complicated. And the complications presented by those other strands must be addressed at some practical level, in order to arrive at a comprehensive and successful conclusion or result. Otherwise, those problems could very well continue, and cause your incomplete solution to be rejected or fail upon implementation.

This scenario describes the primary difficulty in solving more complex problems, which is dealing with the complications some that were totally unanticipated at first look. All too often these involve more tedious issues than the original problem itself! Of course, if the solution development process were easy, we would have far fewer problems! The inter-connected problems I encountered while developing the NDR solution to our hard drug problem taught me why more of our public problems are not yet solved. It is simply – difficult!

However, they are difficult to solve, not impossible to solve! Our elected leaders are not working independently, creatively or aggressively enough to resolve our public and economic problems.

Over my career I had the opportunity to work and sometimes struggle through many complex business problems and situations, but I was challenged by the absolute complexity of this assignment. That complexity offers some small comfort and rationale for the lack of success on the part of our elected leadership in ending the War on Drugs. However, it is no longer an excuse for their collective inaction!

## It is Easier to Study a Problem

Yes, the simple fact is that it is far easier to study a problem, than to solve it! Just do another study on the topic, maybe even set-up a commission, and update the related statistics, rather than developing a concept and approach aimed at resolving it through constructive change. It requires far less creativity and political risk! Unfortunately, that scenario fits more than a few of our national problems.

The following is an unfortunately long list of the major areas of concern that Congress and the White House are not taking care of. The public's primary concerns taken from national and independent polling include the following issues:

- Crime involving personal and financial assault
- Crimes against minors
- Drug related crime
- Employment/Income (viable and legal)
- Ending illegal immigration with repatriation
- Ending the Drug War in our streets
- Ending the Iraq War
- Gangs in our communities
- Global Warming
- Homelessness
- Housing costs
- Medical insurance for all American citizens
- Oil and Gas Industries – out of control energy industries
- Over weight children, teenagers, and adults
- Poverty – an unacceptable condition
- Public education
- Pre-meditated murder
- Pre-meditated rape
- Prescription medicine costs
- Social Security
- War on Terror

Way too many issues that our leadership is ignoring and therefore accepting as the “status quo” for day-to-day life for American society.

The continued existence of these and other public problems are no longer acceptable or tolerable to the American electorate.

For more on many of national issues please go to [CICRU.org](http://CICRU.org).

## **The Initial Assignment – End the War on Drugs**

### As a Concerned American

This is less of a theme, and more an explanation of the origin of this entire experience.

My working background was a 34 year career in the Information Technology (IT) business, first as a computer operator, then a programmer, systems analysts, system designer, project manager, and manager. More than anything else my skills are in problem analysis, solution development, and project coordination. I have had experience in both corporate and federal government environments. One day in the early 1980s, I gave myself a personal challenge or assignment that became a hobby. I had wondered why it was so difficult for the government to develop a solution to our nation's War on Drugs, which President Richard M. Nixon had officially kicked-off in 1972.

All these years later, the NDR Proposal is ready for presentation to the American electorate.

### **A Personal Assignment**

#### **“Solve the National Drug Problem”**

I originally conceived of and gave myself this assignment around 1980! Yes, a long time ago. Even then many of us were getting frustrated with government's inability to deal with the growing hard drug problem – via the so-called “War on Drugs.” That was the name given to the newly, organized national drug fighting effort initiated in 1972 by then President Richard M. Nixon, over 30 years ago. A period of time over twice as long as the 14 years (1919 to 1933) the national Prohibition of Alcohol was in force.

In 1980, I was a systems analyst and had completed my first ten years in the still young computer or Information Technology (IT) industry. The way I look at it, my profession is solving business problems. My experience taught me that business problems could be solved either by designing and implementing a new computer-based system and/or by improvements to related policies and operational procedures. A new computer system is not always the right or best solution.

I left the IT business in December 2002 in order to devote full-time effort to the project of completing the book, *Common Interest*. At the end of my career I was in IT Management. I managed projects and people, but still got to develop and implement computer systems. Over my career I often took on assignments that required tedious coordination and the resolution of difficult project situations. It was often a difficult process, but the results are rewarding and the projects were challenging. I truly enjoy the process.

And it all prepared me for what I am doing now.

Around 1980, as a frustrated citizen, I had a conversation with myself about the drug problem. I thought to myself, what if Congress came to me and gave me the task of researching and developing a solution to the national drug problem? I am systems analyst. I solve business problems. Just how would I approach it?

From that point, ‘the assignment’ developed into a low-level hobby of sorts. I developed an initial approach to tackling the problem based on my own perspectives and convictions. I then began the perpetual series of informative one-on-one presentations, asking people for their feedback and opinions.

## The Initial Audience and Opinion Poll

Over the years I developed the National Drug Reform (NDR) proposal. The NDR proposal's design and approaches were refined based on the questions and feedback of the many hundreds of people of all ages, types, and attitudes. I believe they provided a real cross-section of the American public. Among the men and women I spoke with were those from the following groups and more:

Accountants

All classes – representing the lower, upper, and the masses in the middle.

All races

Auto Mechanics

Authors

Bicycle Repair Specialists

Blue-collar workers

Carpenters

Chiropractors

Church leadership of many faiths

Computer (IT) industry people of all job types

Conservatives, liberals, and moderates

Corporate executives – CEO's, CIO's, CFO', vice presidents, etc.

Co-workers (many of them)

County Assembly Members

Daycare Workers

Democrats, Independents, Libertarians, Republicans, and the Undecided

Dentists

Doctors – of many disciplines.

Drug counselors

Drug testing technicians

Electricians

Farmers

Firemen

Foreign workers from many countries

Foreign visitors

Former cocaine addicts

Grandparents and Great-Grandparents

Hair salon specialists

Housewives (work at home women)

Illegal Aliens

International travelers here on business and/or vacation

Lawyers of various specialties

Librarians

Little league parents

Massage Specialists

Medical Doctors and Nurses

Non-citizens

Orthodontists

Parents

People born in other countries

People representing all the world's major faiths

People that have been my boss and client

People that have worked for me

People without religious faith  
Physical Therapists  
Plumbers  
Policemen  
Poor people, rich people, and the masses in the middle  
Professional workers  
Recovered alcoholics  
Rescue Squad personnel  
Restaurant owners  
Roofers  
Secret Service  
School counselors  
Schoolteachers – pre-K thru 12, public and private  
Single parents  
“Soccer” Moms and Dads  
Small business owners  
Taxi cab drivers  
Teenagers  
The faithful and faithless  
U.S. Marshals  
Waiters and waitresses  
White-collar workers  
Voters and non-voters  
and others....

A diverse and interesting cross-section of the people and many great conversations!

Did you notice there were few politicians on the list? You can obtain the net results of their collective legislative opinion by watching the evening news and reading newspapers and magazines. And that regular news is not good for those being assaulted by the drug business and We the Taxpayers that keep paying larger bills for poor service.

#### The NDR One-on-Ones – A Real Public Survey

Have you ever been asked your opinion or polled like that? Most people had never been. Those that talked with me enjoyed the opportunity to be polled on this type of real issue, and to be sincerely asked for their questions and opinions.

The rate of activity on the project went up and down over the years as life has a way of getting in the way of these self-assigned projects. How many of us, me included, have known or even been a person trying to write a book on something? And there just never seems to be the spare time required to complete or even to work on it. Family, work, and life in general easily get in the way of such personal endeavors.

Over the years, it probably averaged over two presentations per week. I do not mind introducing myself to people I have never met. I am generally easy to talk with and encourage people’s comments. Basically, if I saw the opportunity to get somebody’s time for 10 or 15 minutes, I was on it! No mercy! I would simply state, “I am writing a book on national drug reform and I would appreciate it if you had the time hear it and give me your opinion.”

To the absolute credit of the nature of our people, I rarely got a ‘no’ in reply! Most of the time these folks were

complete strangers, acquaintances at best. They would at least hear the short version of the program. And very often these impromptu conversations went well beyond 10 or 15 minutes.

These real, ‘person-in-the-street’ opinion sessions were most informative and have made all the difference. In the talks, people told me what they liked and did not like, and they spoke about their frustrations with the current system. Weighing their comments, I continually refined the approaches, thereby increasing the probability of acceptance by the general public and the program’s likelihood of success when implemented.

Therefore, with extreme confidence I believe that the “net” of all their comments and concerns are accounted for in the NDR Proposal. This belief most importantly means to me, that the NDR proposal will be found acceptable to the vast majority of the American electorate.

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### My Sense of the Public's Attitude

I must note that I have had an interest in politics and world events since I was young child. Therefore, this self-assignment was not totally out of left field considering my personal interests and my lifelong curiosity in things political.

Having worked in and around Washington, DC most of my adult life, as a consultant in many different businesses I have had conversations with people from many states across our nation and a great many countries. I am a native born Washingtonian and frankly many of the people in the DC metropolitan area are from somewhere else.

I firmly believe that my direct conversations with so many different people over the years on the NDR Proposal, on other domestic and foreign policy issues, and the various world events as they have occurred, have taught me many things about the general public's heart and their mutual desire for a better world.

Those insights — my background in problem solving, my desire to be of good service to my country, and my faith, provide me with the confidence I need to take on this challenge that appears so great and the peace that I feel as it unfolds.

It is the challenge of a lifetime.

### My Bottom Line

Therefore, it is with extreme objectivity I believe that the “net” of all their comments and concerns are accounted for in the NDR proposal. This belief means most importantly to me, that after review and consideration the NDR proposal will be found acceptable to the “vast majority” of the American public.

The acknowledgement of its practicality by most Americans will be all but immediate. Objectively, some will need a little time, possibly a few months to overcome their initial concerns about drug legalization and/or use of the death penalty, but they will in time see the prudence of the plan.

I anticipate an overall in access of 80% of the American public and electorate. The U.S. Congress will need to take notice of this public acceptance factor.

The end of our prolonged War on Drugs is at hand and should be will on its way prior to the 2008 Presidential election.

## **How the NDR Proposal Developed**

I acknowledge that the initial framework of the NDR proposal was based around my personal perspectives and opinions. My habit as a systems analyst was to create a base concept and design that could be built upon.

From that initial design I began to refine and temper the proposal with the feedback received during the presentations. The insights, desires, and priorities of average Americans became the driving force. Therefore, I feel comfortable saying that over time the NDR proposal became much more, our common design.

In the course of the presentations, I observed people's reactions to the proposal they were hearing and to me:

- The most common reaction was that people were very open to my request for their time and to hear a proposal on ending the drug problem in America.
- They were surprised.
- They were curious.
- There was some nervous laughter.
- They were impressed that an average American (not unlike themselves) was giving the subject serious thought and solely upon their personal motivation.
- They were really listening to the details of the proposal.
- They took the topics and the discussion seriously.
- The vast majority asked at least a few questions and/or made comments.
- They shared their opinions for and against the various aspects of the proposal.

There were some wonderful and encouraging discussions. Of course the talks started with the drug issues, but then often wandered into many other political, social, and economic topics. A good level of free discourse can occur when you are talking with someone, as opposed to talking at them.

People appreciated and responded well to the open discussion approach, as opposed to a confrontational style. I was always in presentation mode, not in "I want to sell you on my idea" mode. Someone was actually asking for his or her opinion on a potential solution to a major public problem. They were initially curious that someone had a potential plan to end the drug problem. And many were impressed when the proposal made practical sense to them. Not that they loved all of the parts, but to most the overall approach sounded both fair and workable.

At the end of the presentation, I always ask the same question, "If this proposal as you have heard it were on the ballot the next election cycle, would you vote for it?" On average, easily 9 out of 10 people responded with a simple "Yes!"

Absolutely, some people had reservations on this point or that, but even some within that group gave it a yes all the same. This level of public acceptance speaks directly to the comprehensiveness of the NDR proposal's approach, as well as the people's growing frustration with the lack of progress against this major national problem.

### **So Let's Fix It!**

As we all know, our nation has drug problem and it will continue to drag us down until a solution is determined, found agreeable to the masses, and acted upon.

And frankly, we will continue to hear about how bad it is until, We the People, put our heads and votes together and do something about it!





**The End...**



**Did that get your attention?**

My purpose in that was not to be funny, rude or oddly entertaining! Rather the point is that this is where many of the books written on our national drug problems do end!

The Non-Starters

The writers tell us how terrible things are, what it is costing us in dollars, how it is wasting lives, and about the suffering of both adults and children. How the prisons are filling up with minor drug offenders, and so on... And they say that we must act and do something about it as soon as possible!

And then the book ends! No vision! No risks!

Some authors do make a proposal, but one that offers an approach to solving the drug problem that has absolutely no practical chance of winning the support of the American public. The best example being when they propose the legalization of all drugs in America as a practical solution, just as the Netherlands did in the 1970's.

Whether you believe in the viability of the total legalization model or not, the American public will never vote for that to happen. That option is dead at the starting gate!

In business problem solving you do not offer the client, who in this case is you – the American electorate, an option that will be instantly rejected. You run the real risk of looking foolish in front of the client and/or possibly insulting them.

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However, it is from this normal point of public frustration with national problem solving, that this project for America really begins.

You may be surprised to find out how straightforward and ‘technically’ simple the solution of our war on drugs is. And even more surprised at the strong approaches that our fellow Americans are comfortable supporting in order to end this thing. I know I was impressed by their resolve.

We, the people have the real opportunity to not only end, but also win the national War on Drugs.

We, the people could live with that!

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## **A Brief History of Marijuana (M) and Our Failed Drug Policy**

How Marijuana (M) Became Illegal in America and  
How Our 'Failed' National Drug Policy Evolved

### Purpose

This section will provide the reader with an understanding of the history of the naturally growing plant Marijuana (M), from its first known use in ancient China and India — to its 'regular' use by over 20 million people in every town in America today. It is the world's most popular substance.

Tied into this account is the origin and development of our failed national drug policy. It describes how M became illegal in the 1930's (along with far more dangerous substances) which has resulted in the arrest, conviction, and incarceration of well over 20 million of our fellow Americans. Many of which were only drug users with absolutely no involvement in the trafficking, growth or distribution of this God-given plant.

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Over the next 'several' pages, you will read how M was originally used in the world, how its use spread throughout the world and eventually to the American colonies. You will also learn how, like all other primary drugs in question today, M became illegal in our country.

This national drug chronology is primarily built around M, although some references will be made other substances. You will be informed and possibly angered by what you read. Legislative history and the politics that drives it is not always pretty.

In order for us to address the drug problem, it is important for us all to have a basic understanding of this history and content of our nation's federal drug policy. To have a perspective on how it started and evolved to where it is today. That includes the primary organizations charged with enforcing the policies, as well as, the national control drug policies as currently written and managed.

Also, inter-woven herein are some of the building blocks of our National Drug Policy (NDP) explaining how it went from non-existent in 1900 to the multi-billion governmental programs that it is today.

That background and knowledge are of particular importance since our existing NDP and its enforcement at the federal, state, and local levels are contributing to the drug problem! That may sound a bit harsh, but it is an accurate assessment.

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To be clear – Law Enforcement from your local sheriff’s office to the FBI and the DEA are absolutely not the problem. These public servants are only charged with trying to enforce the laws passed by legislators, at all levels of government. And some of the laws they struggle with are 70 years old. Those that have to fight the drug war are at the mercy of failed, ineffective, and unrealistic laws.

Certainly, some abuses have occurred during the enforcement of drug laws against those in the drug business. Frankly, even the finest and well intentioned of our officers have their limits of tolerance. Consider that if you were constantly dealing with mean, unruly dogs — occasionally you will need to kick some of them. Their conduct cannot be condoned, but it is just another reason why this ridiculous, counter-productive public policy that is killing and locking up more people than it is saving must be ended. And NOW.

We are dealing with interests that are a part the National System – the way America really works on a day-to-day basis —that continues to allow the creation of more users, addicts, and drug dealers, but does not accept responsibility for the situation. Law enforcement is not the problem.

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This common base of understanding is critical for us to have as we decide our future national drug policy. And the modification of our current NDP, to a more realistic definition and charter are absolutely key and required ingredients to the final victory over our nation’s drug problems.

## Think of This as a Layman's Guide

For a moment consider the following:

- All of the drugs considered illegal today were in fact legal, and quite available to and used by the general American public until the early 1930's.
- M was legal and available to the general public until 1937, when it was first made illegal by federal law.
- Since that time, over twenty (20) million Americans have been arrested, convicted, and incarcerated for having the world's oldest and still most popular, naturally growing form of medicine.

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My original intent for this section was provide you with a brief but informative on all the primary drugs – marijuana (M), cocaine, opium (and its derivatives heroin and morphine), and amphetamines. How each originated in the world and over the years came to use and at times abuse in our country, and was eventually made illegal.

However, the focus of the Drug Legalization component of the NDR is restricted M and I do not want ask you to read a book five (5) inches thick (just on drug reform)! Therefore, I have provided a reasonable historical perspective on M, only. I do make references to some of the primary hard drugs when appropriate. M is by far the weak cousin of the other drugs involved.

The history of M is at once interesting, discouraging, and in some ways depressing. You will see in some cases where good, well-intentioned people conceived and implemented, what could be observed in today's light, as narrow-minded, shortsighted public laws and programs.

I believe the common understanding of this specific slice of history will help guide us as we rethink the programs implemented by those preceding us by not so many years. Hopefully, this knowledge will help us decide to restructure our failed national approach to drug policy for the betterment of our society.

It is absolutely accurate to say all of the drugs that viewed today as problems, had well-intentioned origins. Most of them have some truly beneficial medical uses. And today they technically can still provide genuine medical benefit, if administered appropriately (consider the use of morphine, derived form opium, that is used for severe pain in hospitals). However, with the exception of M (yes, the exception), all possess incredibly destructive properties when used improperly or abusively.

## **History Channel Acknowledgement**

For those of you that want a well-documented world history and analysis of drugs and their journey in America, I refer you to an excellent documentary presented by the History Channel. The series entitled, “*Hooked – Illegal Drugs and How They Got That Way,*” was produced as a two (2) part series, those being:

Part I Marijuana – Opium, Morphine and Heroin

Part II Cocaine – LSD, Ecstasy, and the Raves

You may find out more than you may want to know about the past. A past filled with good intentions (that did not always go so well), abuse, fear, greed, prejudice, and the bending of laws. The History Channel should run that program once a month!

I strongly recommend that you watch that series, and possibly consider obtaining the set for yourself, a school or any other group to promote better understanding of the path taken to where we are today. I thank the History Channel for presenting such an excellent historical reference.

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### **My Primary Reference Source**

I want to acknowledge that the History Channel’s document history mentioned above served as a primary source on history of M and part of the background on the evolution of our country’s drug policy. After watching that presentation I knew there was more history there than I had already put together or cared to spend the time researching. Please forgive me for that indulgence, but re-inventing the wheel and too historical research are my not favorite things to do. And it saved me a lot of valuable time.

Thanks again to the creative people at Public Television, and of course, their generous sponsors.

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## History Can be Such a Surprising Thing

Interestingly, all the drugs that so torment us today were available, legal, and in common use by the American public as recently as 1930. That's right, legal access to the general public!

These drugs 'began' the transition to illegal status in the United States in the 1930's when the first federal level legislation making M illegal was implemented on October 1, 1937. Herein you will follow the trail M from its origin in ancient China and India, to that date, and up to today.

Here is a reality check!

The average person in America in the 1800's and early 1900's could obtain opium, morphine, and heroin from numerous mail order companies, including the standard Sears and Roebuck mail order catalog (no slam intended to Sears, that is simply the way things developed; they were not alone). The person's order was delivered right to their front in a plain paper wrapping. Heroin for example came a metal-hinged travel style container. It contained one syringe, two needles and two doses of **morphine** for \$1.50. It was commonly used by housewives in mid-America – the Heartland.

I am not for a moment saying that common availability was good, but that it was the normal state of affairs in day-to-day America just 70 years ago.

## You Could Watch Some Serious Movies?

If you would to get a perspective via film and want something with reasonable dose of reality to it, I suggest you checkout the movies *Traffic*, *Blow*, and *Training Day*. And in that order, please. To be certain, these are not Disney movies.

The first film, *Traffic*, follows a group of people through a period of less than a week. It is a dark, reality oriented drama. And it should, but probably would not be allowed, to be required viewing in every 7<sup>th</sup> grade in the country. And it should be parents first, then the kids without the parents, and then group discussion. Some of your kids have already seen it and if you have not it will open your eyes.

The second film, *Blow*, is a romanticized, but true story about the 'enterprising' young American that almost single-handedly started the mass importation of M from Mexico in the Sixties, and in the Seventies did the same for cocaine from Columbia. A real entrepreneur. It is grim viewing, but very educational.

The third film, *Training Day*, is dark, brutal movie providing some hard insights into the realities of the daily drug business in the streets. It is probably the next best thing to being somewhere most of us do not ever want to be.

Hollywood did a fine job with these films, which are real enough to make an impact.

## The History of Marijuana (M)

### Background

Marijuana or M, is a naturally growing wild plant. It is technically a ‘weed’ (hence, one of its nicknames). As previously noted, it can and does grow anywhere in the world, with the exception of the Arctic Circle!

M is used in its natural form meaning it does not require any additives (as we know is commonly done with cigarettes). It is commonly grown to maturity, harvested, dried (just like tobacco), and may be smoked via pipe or in cigarette forms. It also used as an active ingredient in food, cookies, and candies. Its common effects are experienced from either inhaling or eating the substance.

In human history, M and its more potent cousin opium, are the world’s oldest medicines. M, is now and has always been the world’s most popular drug providing the user with relaxation and euphoric sensations. It also has minor negative side effects. M has never caused a death by overdose, not even in the Netherlands were it became fully legalized in the Seventies. The “hard drugs” along with alcohol and cigarettes cannot make that claim!

The common physical benefits of M are reduced physical pain, stimulation of the appetite, and normally creating a feeling of euphoria. In a few cases, dependent upon a given person’s attitude toward M or their general mental state, it can create feelings of paranoia. This is not the normal reaction, but it does happen. It does not cause a person to become aggressive, as domestic propagandists have told the public for years.

### In Its Beginning

The historical references to the use of M originate in ancient China and India. The ancient Chinese utilized its medicinal properties to relieve the effects of stomach pain, menstrual cramps, malaria, and consumption (an old term for cancer).

From the lands of its origin, M began its eventual spread to the rest of the world. It was next seen in use in Greece. In time, Arab traders brought it from the Ganges Valley to North Africa and Spain. From Spain the conquistadors brought it to the New World.

Besides utilizing the natural properties of M, the colonists made good use of M’s non-psychoactive cousin, Hemp. Yes, “non” psychoactive. You will hear details on this later, but for begin to understand that you could smoke or eat of pound of Hemp and you would not be feeling of euphoric! The joining of Hemp with M was orchestrated by politics and domestic propaganda in the 1930’s.

Hemp was valued raw material for its use in making strong rope, oil for lamps, and to make canvas sails for ships of the day.

Note that the word ‘canvas’ was derived from the Latin word cannabis!

## Guess Who Brought M To Europe

In 1804 the French Emperor Napoleon conquered Egypt. While there his soldiers were introduced to an intoxicant unknown in France – it was M. The French were used to drinking their intoxicants, like brandy. Instead this new substance was to be smoked. The troops liked the effects of M and that it did not cause hangovers, like their regular brandy would — no pain!

France's famed Napoleon took the simple plant back to Paris as a spoil of war where it was enjoyed by artists, authors, students, merchants, and courtesans — yes, all levels of society embraced this new experience. He innocently became Europe's first drug trafficker (our own Thomas Jefferson secretly smuggled the first Hemp seed into the American colonies).

From there it moved to London, where it was also used as a smoking substance and as an extract or liquid for medicine. High society ladies used hashish (a much more concentrated, solid form, but still all natural) as an ingredient in confections (candies). They also found M's medicinal uses of reducing fevers, relieving stomach pains and menstrual cramps, and various other body aches, as well as, insomnia.

Even Queen Victoria used it for relief of menstrual pain (no disrespect intended; it is just history). Additionally, it was used to help TB patients that had lost their appetite. It not only allowed them regain an appetite, but helped them keep down what they ate by keeping their stomach settled.

And, of course, it was used recreationally, and was most often smoked.

## To New York

Next M appeared in the New York City, along with its stronger form, hashish. Both soon became new ingredients in the then thriving, unregulated "Patent Medicine" industry.

"Patent" medicine was popular in the 1800's and early 1900's. These were "medicines" (some of which were referred to as snake oils) with secret formulas and did not list ingredients for the consumer to see. This began to change in late 1800's when Congress passed the Pure Food and Drug Act, the first federal legislation over drug production. For the first time producers were required to print the ingredients of their products and the public realized what they were consuming.

In America of the 19<sup>th</sup> century, medicine was primarily consumed rather than smoked as in the Eastern World. Until the latter 1800's, Americans primarily used M for medicinal purposes. Most did not think to use for recreational purposes. It was rarely smoked. However, that would change.

In 1876, the World Exhibition was held in Philadelphia to celebrate the 100<sup>th</sup> anniversary of Declaration of Independence. The Sultan of Turkey's present to America took the form of Hashish (the concentrated form of M) as a rare and exotic treat to be smoked in the Turkish Pavilion (no disrespect intended here either, just history). Smoking pipes were made available and the curious public smoked Hashish inside the Turkish Pavilion. Many fairgoers enjoyed the experience. Since then that event has been called the largest "pot party" in the US until Wood Stock 93 years later! Isn't history entertaining sometimes?

American entrepreneurs saw this as opportunity to providing the public with yet another self-indulgence. They quickly opened Turkish smoking parlors in the North. High society matrons, businessmen — all classes, openly or in secret used these parlors to smoke hashish and/or enjoy hashish-laced candies.

The raise of these parlors, coincided in time with the growing American Temperance movement against alcohol. However, the public did not switch its allegiance to hashish parlors. People maintained their preference and love for alcohol. Eventually, the hashish parlors lost their popularity and closed (maybe a point to remember regarding the legalization of M).

The decreased public interest in M continued until the Temperance Movement succeeded with the passage of the 18<sup>th</sup> Amendment to the US Constitution — the US Prohibition on Alcohol that was enacted in 1919. As a result, a “thirsting” nation re-discovered M...

### The National Prohibition on Alcohol – A Failed Public Policy Experiment

Alcohol under Prohibition was illegal from 1919 to 1933. However, due to the increasing crime related to bootlegging of alcohol the public demanded action and reality. What a concept! The 21st Amendment to the US Constitution repealed Prohibition after a fourteen (14) year failed national experiment. It is the only Constitutional Amendment ever to be repealed.

Prohibition is a *classic* example of the well-intentioned few, trying to dictate the behavior of the masses, by ignoring the basic demands of the many.

### 1920s

New Orleans was an international city, the second largest seaport, and the #1 party city in the US. It may still be! So with alcohol now illegal and the need to keep it out of public view, the natural, totally legal intoxicant M came into popular use. The mixing bowl influences of French Cajuns, Blacks, Spanish, Americans, Europeans, and Chinese helped develop the jazz movement. The sounds jazz and the effects of M formed a natural bond. A bond quite similar to that formed between rock n’ roll and M in the late 1950’s and 60’s.

Into New Orleans, M was shipped from Mexico, the Caribbean, and South America. It was legal, cheap, and popular — sold in jazz clubs, pharmacies, and markets just like cigarettes.

### Public Fears in that Era

The general public was capable of developing negative feelings and fear, if they felt that “some among them” were unable to use a substance and appropriately control of their actions. People that were viewed as “not in control of their minds” could frighten the general public. The newspaper articles were sometimes intentionally aimed at promoting those fears — more to help sales than to provide accurate reporting. And sometimes to promote specific political objectives. Not too pretty.

The concept put forth was that if you limit access to a particular substance, in this case M, the negative behavior would be reduced or at least controlled. At times regional groups and politicians used these fears to scapegoat minorities. In this case, state lawmakers sited it as the cause of black violence in New Orleans.

## Domestic Problems Surface

New Orleans in the twenties was in the midst of a crime wave, partially driven by alcohol bootleggers under Prohibition with their territorial battles. Doesn't that sound familiar?

## Domestic Propaganda

The famous and influential newspaper publisher William Randolph Hearst was looking for a big story to stimulate paper sales and he saw an opportunity with the turmoil in New Orleans.

Hearst began publishing "lurid" articles telling the public that M use was contributing to violence, murder, and even rapes (this is not a big secret, it is just not discussed very much). Thereby, helping make the initial connection was made between M and civil crime. Mainly driven by creative journalism, the grocery store checkout newspaper stories of the times.

Hearst personally used the phrase "*Marijuana Menace*" in his creative writing to excite the public fears and generate newspaper sales.

## As it was with Cocaine

This domestic propaganda campaign was similar to stories used a decade earlier about American-Blacks and the 'alleged' results of their cocaine use. It was successfully used to force New York lawmakers to initiate the first state level legislation on cocaine to control a drug that was linked to crime, murder, and rape against the American-White population.

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## 1924

Thus, in 1924 Louisiana joined 14 other states banning the distribution of M but for non-medical purposes, only. The ban on 'non-medical' use of M slowly expanded to other states for a variety of reasons. In spite of that movement, even in the early thirties, use M was still legal in many states in the US. There was still no federal level law.

## The Depression and More Domestic Drug Propaganda

In the Southwest, the reasons for a ban on M were in reality driven by local economics and political necessity, when viewed today the appearance would be viewed as prejudicial and racist in nature.

In 1929, the stock market crashed and the Great Depression began. As it wore on, all over the country local politicians (and national) out of necessity had to be more worried about Americans in unemployment and bread lines, than non-Americans.

In the Southwest, politicians were worried about the number of Mexicans that were still North of the border. The same group that had been a desirable, cheap work force prior to the Depression. For economic and political purposes the Mexicans were no longer wanted and in some manner they needed to be shown as undesirable. The approach developed was to stigmatize the Mexicans with the use of M and creative stories about uncontrolled violence. True news stories were exaggerated and others simply made up...

As a result, in 1931 the Mexican Repatriation Act became law, and was utilized to “encourage” Mexicans to leave the country. Any person from Mexico (or other country below the border) that did not go along peacefully was harassed in various ways. Some are arrested as jobless vagrants, others for violation of the new state laws regarding possession and use of M. New laws were implemented to serve as the vehicle to drive them out of the country.

In an extreme example, in Texas, it was “possible” to be caught with a joint and serve ‘life’ in prison. There were cases where people served many years, even decades for possession. Some people even campaigned for use of the death penalty, which was not successful.

### Looking Back at those Times

Looking back, it is too easy for us to talk about the prejudicial appearance of those laws and their intention. And the fact is that those motivations did play some part in what happened. However, we must also acknowledge the situation faced by the politicians of the day. Staggering numbers of Americans were unemployed. Our own citizens were out of work and hungry. Growing violence by citizens against non-citizens from any country over the competition for the few jobs available was inevitable. It still happens today, does it not?

It was a political necessity. And, it was (and still needs to be!) a politician’s duty to take care of our own people before worrying about non-citizens.

Today, we continue the struggle with controls over immigration. It periodically becomes an issue to the People and the press when the domestic unemployment rate goes up. Just as every other country in the world we must seek to take care of our own people first. The reality is that periodic tightening of immigration flow remains a prudent action and a practical necessity.

### The Push to Coordinate a Drug Policy

In the early thirties, M was still legal in the US except for several Southwestern states. It would remain so until the arrival of Harry J. Anslinger (HJA) as the nation’s top drug enforcement agent takes office at the new Federal Bureau of Narcotics.

Until his arrival as the head of the new drug fighting bureau, the government had been focusing their attention on heroin and cocaine. However, with the arrival of HJA the focus would be shifted toward M. It was a new focus born out of the problems in the Southwest with Mexican migrant workers.

The new bureau was charged with the unique role of enforcing the nation’s narcotics laws such as they were at the time. In the 1930s the FBN began a program aimed at stopping the use of M and distributed educational material trying to help keep youth away from it.

Up until 1937, there was still no federal law against possession or sale of drugs in the United States. It was legal in the US until that year when first Federal law was enacted. Since then over twenty (20) million Americans have been arrested, convicted, and incarcerated due to Federal and State laws. Today, drugs are a \$400 billion dollar a year business. How’s that for prevention!

What we should call Prohibition II, has also failed...

Now how we got from there to here

Again, it is 1930 and Harry J. Anslinger (HJA), a 38 year old federal bureaucrat with no previous background dealing with the drug issue, let alone M. However, he was a good bureaucrat and so was concerned with protect- ing his agency and seeing to it that the budget was preserved, if not increased annually.

Further, HJA did not personally care that much about M as a political issue. He had trouble thinking of a career trying to exterminate a “weed” that at the time grew wild and literally all over the country. However, he appreci- ated the political reality that powerful people, like the publisher William Randolph Hearst, did! So, HJA modified his position and priorities to address an important political issue of the day. Politically Correct!

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I have condensed this history as much as possible. However, that era and what occurred then due to political pressures is responsible for setting in motion much of the mess we are dealing with today. With a fresh view of what has happened over the last seventy (70) years, will enable us to better determine what should be corrected today. Correcting the errors of the past.

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Building the Federal Case Against Marijuana

HJA also realized the public had no particular issue with M. It was available and there were generally no prob- lems being experienced with its use. It grew everywhere and he could imagine how it could possibly be con- trolled. It even grew wild along the Potomac River in Virginia, DC, and Maryland.

He preferred that it would be left to the states to resolve, instead of making it federal action. However, heavy Congressional pressure from Western and Southwestern states, primarily Texas, Colorado, Arizona, and California forced him to develop a way to make M illegal. They pushed hard for federal legislation and controls.

HJA did not have adequate funding or people resources to control it. He started with an agency of 300 people and a total budget of 1.5 million dollars to address all drug programs worldwide.

The hard reality was that the unemployment problems along the Southwestern border were politically connected to the Mexican immigration issue. And making M illegal was the approach developed to help force the Mexicans out of the country. So HJA, being the good bureaucrat went after the issue with everything he had!

HJA initiated an over-the-top domestic propaganda campaign against M use, using a newsprint and movie media with exaggerated claims about the negative effects of the drug. The use of M was blamed for violence, insanity, beastly perversion, immorality, sex crimes, suicide, theft, and murders – simple domestic propaganda.

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In defense of Harry Anslinger, whatever person would have been placed in that office at that moment in history would have done what he did, or else, the government would simply have found someone else to do the job. So we should not blame HJA, it was the “System” that keeps coming up.

## How Our Government Made a ‘Weed’ Illegal

Now HJA had to figure out how to make M, a naturally growing weed illegal.

### The Model that was Used

What follows equates to legislatively putting a square peg into a round whole! Try to follow the logic of this:

- During an earlier high crime period, the federal government decided it needed a way to control the possession of machine guns.
- To that end Congress developed and had passed a law called, The National Firearms Act. It required that a person could not give, borrow or transfer a machine gun without a ‘machine transfer stamp’ in their possession. The catch was that the government would not print any of those stamps.
- The legal fight against the law went right up to the US Supreme Court with the argument that the stamps were not a legitimate taxing vehicle because the government was not collecting any taxes. It was purely to prevent the distribution of machine guns.
- Regardless of the logic of that argument, the Court ruled that the National Firearms Act was legal. And the Machine Transfer Stamp requirement, even though they were purposely not available, became the law.

There is no logic in that, but again, it was a well-intentioned action on the part of the government to protect the American public. The nation required a legal way to try and keep guns away from the bad guys! That has not worked very well, either.

### And Now HJA had the Means

HJA and the state lobbies now had the legislative model they needed to put controls M distribution. And they did. His campaign unfolded as follows:

- Anyone involved in the use, sale, distribution or transfer of M would be required to have a “Marijuana Tax Stamp.” Of course government would only print a token number of these stamps.
- HJA now had to convince Congress that M was just as dangerous to society as a machine gun. The Congressional hearings on the first federal law to control M, began on April 27, 1937. The objective was to show Congress that M was a horrible and dangerous drug, worse than cocaine or heroin. That it caused the user to become insane and capable of performing terrible acts including murder when under its terrible influence.
- HJA also gets credit for telling the US Congress that M was the assassin of youth, a stepping-stone, **and as Anslinger actually created the term ‘gateway drug’** to harder drugs like heroin and cocaine.

**And the *myth* of M being a gateway to hard drugs was born.** It was simply, self-serving domestic propaganda, that never went away then became imbedded in policy and is still promoted by our government and others today. Voodoo politics!

I hope the Screamers are listening.

- HJA told Congress that school children were being harmed using M. Just one (1) brave, solitary doctor came forward to dispute that claim in the only positive testimony about M during the hearings. The doctor said there was no evidence that M was affecting children in that manner. The members of the Congressional panel verbally attacked the doctor and his testimony was ignored.
- The publisher, William Randolph Hearst covered those hearings in his newspapers and continued to aggressively pile on the negative propaganda about M usage, adding extra newspaper printings with headlines proclaiming its evils.
- Again, other newspapers and movies of the time were promoting the negative image.

The movies included the classic drug propaganda movie, *Reefer Madness*. You should really try to watch this movie. It will give you an interesting look at the times and people. I found a copy of it on DVD! Viewed today it is a simple comedy. At that time it served as blatant scare tactics, filled with exaggerations and outright lies to increase the public's fears. The movie actually portrayed M having worst effects on people than cocaine!

Today, M, heroin, and morphine are all listed on the Schedule I of the DEA's Drug Control Schedules, while cocaine and opium are on the lower Schedule II. The beat goes on.

- After just five (5) days of the Congressional hearings, the committee passes the Marijuana Tax Law, the first federal law against M. After several weeks of debate Congress passes the bill.
- President Franklin Roosevelt signed the bill into law on August 2 and it went effect on October 1, 1937. HJA had successfully demonized M. HJA proved an effective bureaucrat and domestic propagandist.
- The group of Western and Southwestern states got the legislation they wanted. The law required that anyone wishing to buy, distribute or sell M have a Marijuana Tax Stamp. However, the government only, ever made a token few of the special stamps available (just as they had with machine gun stamps).
- The established penalties for anyone violating the new law were a \$2,000 fine and/or five (5) years in jail. And, again, the stamps were not available for purchase.

To be clear — the Marijuana Tax Law actually stipulated that the person had to have the M physically in their possession when requesting the stamp. **However, if they had the M in their physical possession, without the stamp, they were already in violation of the law!**

## The First Arrest for Possession of M

Just two (2) days after the law takes effect (October 1937), a man in Colorado is arrested and jailed for possession of M. Four (4) days later, he gets four (4) years in jail and a \$1,000 fine. The federal battle against M, **users**, not just the providers had begun.

And with all that has been done to fight the drug trade, educate the public, and discourage drug use since October 1, 1937:

- Over twenty (20) million Americans have been arrested, tried, **and incarcerated** due to federal and state laws – just due to M use. An incredibly sad and cruel statistic.
- Today M is America's #1 domestic cash crop! So much for control.
- Drugs (all of them together) have become a \$400-plus **billion** dollar a year business.

Just think of all the things people could be spending their money on (retail purchases) if they were not spending their money on all those drugs. And over priced drugs at that. And that is \$400 billion, annually. Even at half the rate, think of what another \$200 billion a year pumped into the legitimate economy could do for us. Are you retailers getting this?

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And just a 180-Degree Different View from New York City

One (1) year HJA got the M law enacted, he received a challenge of a sort from the respected and powerful Mayor of New York City, Theorelo J. LaGuardia. The mayor commissioned a medical study by doctors from the New York Academy of Medicine to review his city's M problem. This Blue Ribbon group of professionals visited schoolyards, interviewed principles, tested adults. After a four (4) year study the commission presented the following official findings:

From the foregoing study the following conclusions are drawn:

1. Marihuana is used extensively in the Borough of Manhattan but the problem is not as acute as it is reported to be in other sections of the United States.
2. The introduction of marihuana into this area is recent as compared to other localities.
3. The cost of marihuana is low and therefore within the purchasing power of most persons.
4. The distribution and use of marihuana is centered in Harlem.
5. The majority of marihuana smokers are Negroes and Latin-Americans.
6. The consensus among marihuana smokers is that the use of the drug creates a definite feeling of ad-equacy.
7. The practice of smoking marihuana does not lead to addiction in the medical sense of the word.
8. The sale and distribution of marihuana is not under the control of any single organized group.
9. The use of marihuana does not lead to morphine or heroin or cocaine addiction and no effort is made to create a market for these narcotics by stimulating the practice of marihuana smoking.
10. Marihuana is not the determining factor in the commission of major crimes.
11. Marihuana smoking is not widespread among school children.
12. Juvenile delinquency is not associated with the practice of smoking marihuana.
13. The publicity concerning the catastrophic effects of marihuana smoking in New York City is unfounded.

End of report text

The findings offer an interesting insight into the times and lack of prudence in the law even then.

However, in the end regardless of the scientific proof from his study, Mayor LaGuardia was pressured and subsequently followed the party line on M. The report along with the truth **was buried**...by the power of politics!

Thus, in spite of the concerned mayor's efforts, M remained illegal in the New York City and everywhere else. And that was over 69 years ago!

It is curious to note that the Mayor's commission obtained the M for their study from HJA!

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## And the Drug Saga Continues

### 1940's and 1950's

From the late 1930's through World War II, M use and arrests dropped. However, HJA did not stop 'pushing' his programs. He targeted visible music and movie celebrities to get headlines in the press. In some notable examples, the famous drummer Gene Krupa was jailed for nearly three (3) months for possession, and the young actor Robert Mitchum was busted at a pot party and his fine career was almost ruined before it began.

### 1960's

Despite the potentially harsh penalties, M made a strong comeback in the late Fifties and Sixties with the Baby Boomer Generation. My generation! Its effects appealed to intelligent people that wanted to be taken beyond the limits of normal thought and behavior. Some key thoughts at the time were:

- M does not produce a physical **dependency**.
- It does not cause **overdose** (OD) deaths.
- It appears not to be **addictive** (or the least of all, which is still the case).

### 1970's

#### **The U.S. Supreme Court Reverses the 1937 Marijuana Tax Law!**

In 1970, the legality of the 1937 Marijuana Tax Law was challenged in the US Supreme Court. The challenge was led in part by the Timothy Leary, the famous LSD guru.

He successfully argued that, in order to get the license (tax stamp) you had to first break the law. In order to request the Marijuana Tax Stamp you had to have the M in-hand, and were technically already breaking the law. Therefore, attempting to get a proper license was self-incrimination.

The US Supreme Court agreed! And overturned the federal law. Technically, M was legal once again.

The politics of the times had changed, as had the Court's opinion of the law's prudence.

### But It Would Not Last Long

However, the actual powers within the Congress (you remember our friends the lobbyists) did not agree with the Court on legalized public access to M. The "well-lobbied" Congress still did not view recreational drug consumption as guaranteed by the Constitution. Therefore, the Congress once again acted to criminalize drugs under the Comprehensive Drug Abuse Prevention and Control Act of 1970.

#### **A situation where the power of lobbyists over-ruled the Supreme Court?**

M was placed on the Schedule I of the DEA's Drug Control Schedules where it is still found today along with much harder substances like heroin and morphine. Schedule I drugs is the category of drugs that are stated to have no medical benefit "in the United States." And the king has no clothes!

Possession and use of M after the 1970 Controlled Substance Act continued to be illegal. Of course did not go away, just moving farther underground, and its use peaked during the Seventies. The failed Prohibition-style

approach to stopping the use of M, and other drugs that continue to trouble us today, was again in operation.

And those driving the drug business had to be pleased.

And the prisons continued to fill up. And jailing not just with the providers of these drugs, but the users as well — an absolute disgrace. The government cannot stop the import and distribution of drugs, and so they punish the victims of its availability. This terribly flawed situation will be ended under the initial stage of the NDR approach.

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### 1972 — The National War on Drugs

In 1972, then President Richard M. Nixon officially started what we then called “The National War on Drugs.” He appointed the first Drug Czar to be in charge of coordinating the nation’s battle against drugs. Today some 30 years later the entity is referred to as the Office of Drug Policy Management. It could be viewed as the nation’s longest war, and a domestic war at that. And there is no end in sight under our current unrealistic battle plan.

Nixon’s primary motivations in taking these actions were practical and prudent:

- The high number of the military in Vietnam that were using drugs, **mainly M and heroin.**
- It was a politically good thing to do at home.

Closing Out the 20<sup>th</sup> Century

As the 20<sup>th</sup> Century ends, M is being used ‘somewhat’ legally in a few states. It helps those with Aids and cancer patients in stimulating their appetite. It also helps people cope with nausea after chemotherapy.

However, those medicinal users are under random pressure from the federal government, which is promoting bad feelings and less cooperation between state and federal officials, as well as strained relations with the involved public.

2000 and Beyond

As the new century begins, some eleven (11) states have decriminalized possession of small amounts of M. They have determined that legal side effects are more harmful to the population than the drug itself. And they too come under random pressure from the federal government that does not approve of their actions.

Today, M remains America’s largest domestic cash crop and an estimated 20+ million Americans smoke pot on a regular basis. Based on a total population of 281 million in 2000, that is about 1 in 14 Americans.

By comparison, in 2000 about eleven (11) million Americans were cocaine users. Of those 11 million users, it is estimated that 1.5 million are addicts, with the rest only using the drug ‘recreationally.’

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This ends the mini-history

**Wasn’t that a fascinating, yet grim look at a piece of American history?**

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**Again, many thanks to the producers of the History Channel documentary on the History of Drugs and How They Came to be Illegal in the U.S. The material provided both me and the reader with quality data and saved me considerable research time.**

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## Introduction to the National Drug Reform (NDR) Proposal

### A Sincere Message to the Critics of the NDR Proposal

I reasonably expect not only criticism, but also the outright opposition to parts or all of this proposal. To expect anything else would be foolish at best. You cannot please everyone and not everyone can be pleased.

However, I need to make one thing perfectly clear to the critics, including those individuals, agencies, companies, and other professionals currently involved in any segment of the drug industry. To those that will come forward to say, among other things, that I do not have the proper educational background or professional experience to make such recommendations. To those, I simply reply:

The development of the NDR proposal contained herein was quite necessary. The simple fact is, that the combination of collective knowledge, intellect, imagination, creativity, legislative power, as well as, the many billions of our tax dollars spent over the last 30 years, have been a collective failure!

The net results have left us in a situation that could best be described as a holding action at the front lines of the conflict, in the very streets of America.

And it is no longer good enough!

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### It is Easier to Study a Problem

Yes, the simple fact is that it is far easier to study a problem, than to solve it! Just do another study on the problem and update the related statistics, rather than developing a concept and approach aimed at resolving it through constructive change. It requires far less creativity and little risk! Unfortunately, this scenario applies to more of our problems than just the War on Drugs.

Consequently, you will not find at the library or on the Internet, is a single comprehensive proposal to end the nation's War on Drugs that the American electorate will support. If such a proposal had been written and presented to the general public for consideration, you would have heard about it. Right?

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That is, not until now.

The NDR Proposal developed, to provide the nation with a real, hardball, but fair solution to the War on Drugs. It has not been an easy solution to develop and a few aspects of the proposal can be difficult at first hearing.

However, after all the tough things we have already faced as a nation and conquered together over the last 230 years, we can do this, too. And we will be an even greater nation by the accomplishment.

**It will work, if we take action and make it happen!**

## A Cut Unattended

What makes solving the hard drug problem more difficult is that it is both a problem and a symptom of other problems at the same time. I and many other people believe that today's drug problem actually grew as a result other problems in society. Some of those social and economic problems still exist today and are worse than before.

And, since those other problems were not properly addressed early on in the 70's or 80's, drug use was allowed to grow into a problem all its own. Just like a minor cut that goes unattended and becomes severely infected. Again, the difficulty in developing a solution to our nation's drug problem demonstrated to me why more of our larger problems are not yet solved. However, they are hard to solve, not impossible to solve!

The bottom line reality is that in order to fix such problems that are so imbedded in the national system, we must expect to make changes or adjustments to the system. These are not changes to our form of government. This proposal is in no way intended as an assault on our government.

These are changes to how America functions on a day-to-day basis. We will need to agree to change the way we look at some things and the way that some things work. Not for trivial reasons, but for prudent and practical ones.

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The implementation of the NDR proposal will be our next major step in realizing a better order of things in our day-to-day lives.

It is also critical for us to realize that forces within the current system will discount the potential success of the NDR, and attempt in both overt and covert ways to block potential changes to the way things currently work. Public systems, as well as some of the people that support them, do not like to see change coming. And do not forget about their lobbyists.

## In Their Partial Defense

Think of their resistance as a means of self-preservation. It is often just a person's, an agency's, or corporation's survival instinct kicking in. Many of us have known that feeling sometime in our lives, particularly if we thought our employment status could be negatively affected.

For corporate lobbyists it comes down to maintaining revenue, profits, earnings, and the holy grail of stock dividends.

It is Time for Action

So, critics beware! Do not come to criticize this proposal, unless you have equally effective and comprehensive plan in your hand. One that the American public will support.

Otherwise stand back out of the way – for the troops are coming with a new, winning plan of attack! Coming to the literal rescue of those with the drug problems and those brave souls currently fighting the war — the holding action. Bringing relief to the people on the front lines — our law enforcement, the DEA and ATF officers, and others. To provide added protection for our friends and loved ones threatened by the drug-providing enemy.

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With the presentation of the NDR proposal, the solution to our 30-plus year drug war is displayed for public review and debate, and the end of our national drug problems will finally be within our sight.

Future Americans will look back at this time and this issue, and grade us on our response to this challenge. Our children are watching us today.

The vision will be clear — a vision purely in the common interest of all Americans.

## It is Our Time

So guess what America? We are now, the people, and it is our time. We have the opportunity, if not the responsibility to seriously consider taking this step as a nation. In doing so, we will also be addressing some associated problems that ripple through the national system. It will be awkward at first, but will soon become part of our improved national system, the new way in which America works.

We can confidently state that if we continue our current course, approaching the War on Drugs as we have for over three decades, the results are very predictable. A whole lot more bad news.

An analogy I once heard seem to apply to our situation — the one about the frog and the pot of water.

If someone were to throw a poor frog into a pot of boiling water it will jump out immediately, if it can, to save itself.

However, if the frog is placed into a pot of cool water and the water that is then slowly heated to boiling, the frog will not jump out, and it will cook! Please do not try this at home!

The War on Drugs is the water and American society is the frog. I don't know about you, but I do like frogs. I just do not want to be one!

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Yes, America, we are the frogs and the drug business and with its associated problems continue to heat the water we are swimming in. We must stop allowing (yes, I said allowing) our common problems, like that of drugs, to continue heating things up around us! Slowly making our daily lives a little less than they could be, and actually once were.

We, the American public have the intelligence and the power, should we choose to exercise it resolve any of our national problems. In changing the system to fix these problems, there will be winners and losers, just as there has always been when some functioning part of a nation's system has changed.

We, the people, must unite our spirits and creativity as the Founders did when they considered their options – focusing on the Common Good, to do what needs to be done to improve and maintain the Life, Liberty, and the Pursuit of Happiness for all Americans. To accomplish this, the majority needs to continue to act responsibly and must rightfully demand that the minority (all those that would rather not) do the same.

We, the people must always be willing to help our people that are trying to better themselves. That quality is in our basic national character.

However, we must absolutely now be willing to get tough! To declare that those who will not in the future be responsible for their freewill actions, will surely know **the full fury of our disapproval**. By raising the bar and requiring that every American at least try to pull his or her own weight in our society. Their excuses will no longer matter. The free rides will be over.

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Remember, the NDR proposal and this book were developed by me for you. And in this case, you are the decision maker. You are the voter, the phone caller, the letter writer, and the email sender. *You* must weigh the pros

and cons of these contents for yourself – to see how they could benefit you and those you care about.

The NDR proposal components have been refined and are presented to you as a true compromise proposal, with a solution-driven approach.

Frankly, I will vote for it, but as written it is not exactly what I would personally prefer to see done in all cases. However, in a pure problem-solving mode, the sole objective is always to solve the problem at hand, to develop an approach without personal opinion affecting the design and absolute functionality of the solution. Also to create a solution that will most effectively address all the client issues and/or problems. In this case, you are the client. We, the people – all 290,000,000 and more of us are the clients. Drug use and its associated public ills are the problems we need to work together to solve. And we need to start solving them now!

We will have a few tough things to do to bring this part of our national house to order. However, it pales when compared to what those brave men and women that preceded us had to face.

Now our national ancestors are watching us, waiting to see if we, *in our time*, will have the vision, the courage, and strength to face this test and overcome one of our national challenges.

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Therefore, I challenge you to objectively read this proposal and to see what is right about it.

For, while it will not be a perfect solution in all eyes,  
it will most certainly get the job done for America.

Further, I challenge you stand in support of this proposal.  
In doing so, you will become involved in changing our nation's direction,  
thereby positively altering the course of our national voyage for the  
Common Good of all Americans...

And now I present for your review,

## **The U.S. National Drug Reform Proposal**

# The U. S. National Drug Reform (NDR) Proposal

## “The One-on-One Presentation”

Imagine that you and I are talking with each other. It could be anywhere — at home, work, lunch, on a break, on a bus or an airplane, on vacation, at youth soccer or little league. I have just told you I am writing a book on national drug reform and asked if you would listen to an overview of my proposal give me your feedback. You have graciously accepted and we begin our conversation. These are always interactive talks. Some people talked more than others, but everyone had comments and/or questions.

Please note that my writing style somewhat mirrors my spoken delivery. I will inject a certain amount of light humor and/or sarcastic comments. Some may think it inappropriate since these are such serious topics, but I feel it releases some of the tension that may arise, and it is my style.

Since you are now reading this, you obviously cannot make comments or ask questions. I will reference some comments made by people during the one-on-one presentations. Again, this proposal is the product of literally a 1000+ such conversations, and has been refined addressing their feedback.

At the end of this presentation, you will have a 90% understanding of the proposed solution to our national drug problem. You should have adequate knowledge to draw your own conclusions.

As with those that have set through a presentation, you will know whether or not you could support this proposal — a simple Yes or No decision. Not necessarily love it, but with all things considered, whether you believe it could work for America. And, whether if given the opportunity, that you could support the implementation of the NDR proposal. That is my goal.

As you will see the NDR proposal with its straightforward approach leaves relatively little to be worked out. It is only realistic to acknowledge there will be details to be worked through, as we would move forward with the implementation of the NDR program. However, those types of technical items and legislative details are a requirement of any public problem solution. There are no hidden surprises or agendas. You will find this presentation to be somewhat blunt and to the point! We have already heard all the chatter we ever need to hear on these issues.

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## Three Critical Assumptions

I begin each of the presentations by reviewing three (3) critical assumptions. My early research determined that these issues must be acknowledged if we were to objectively approach solving the drug problem. Think of these as basic ground rules for developing a workable solution. Without these assumptions as a given, there cannot be a realistic framework within which to develop our solution. This must be an exercise based solely in reality.

### First Assumption

**We must acknowledge there is now and will be an on-going demand and need for drugs by our citizens.**

Drugs have always been used in America. Most of us today have a limited knowledge of the history of drugs in America. To most of our memories, drug use by masses became somewhat socially acceptable in the late 60's, peaking during the 70's. However, historically, many of our hardest drugs were in common use by the American public up until the 1930's!

Since the end of the 70's, the political acceptability of drug use has declined considerably, but the demand has not. At the same time, the criminal penalties have increased not only for those that provide the drugs, but also for those that use the drugs.

The arrests of drug users is another ineffective and misguided part of a failed national drug policy, and has resulted in hundreds of thousands of people being jailed for what should be a minor or no criminal offense; no more than a parking ticket.

Most people I have spoken with had no idea that we were arresting drug users. They often did not appreciate or see the rationale for such action on the part of the government.

In 2000 alone, some 700,000 people (granted a few hundred thousand more than the average year) were arrested for Marijuana, only offenses, the vast majority of which were for possession only — not for the intent to sell.

Regardless of all efforts, the negative impacts of the continuing drug trade on the population and on our society have remained pretty much unchanged. Our national drug policy, which is unfortunately modeled after the failed Prohibition of Alcohol strategy and penalties, is failing American society all over again.

Whatever the case, with the on-going level of demand for drugs, it is fair to say that a significant portion of the American public has a desire and/or an unfortunate need for drugs of some kind. For modern day America, the Pandora's box of drug use was really blown open in the 60's and 70's. We must now take realistic steps if we ever intend get it under control.

## **Second Assumption**

**We must acknowledge the absolute failure of our National Drug Policy and replace it.**

Simply stated, if we cannot eliminate or severely decrease the demand for cocaine, opium, heroin, and other hard drugs, we will never stop (let alone control) the drug business!

This could be referred to as the dark side of capitalism – the basic business model. The hard reality is, if someone is willing to pay the going price (demand); there will be someone that will run the risk to provide the product (supply).

Currently the risk to the hard drug provider network (from the traffickers through to the local pushers) is outweighed by the amount of money to be made, whether for income and/or the need for money to buy drugs to support their own drug addiction. And the provider will continue to supply it until the risk to them is increased beyond the point they personally find acceptable.

Today the downside risk to the provider network includes possible physical injury or death working in the drug business, criminal punishment in the form of imprisonment, and the loss of their (family) personal property.

Within this group, are the addicts selling to support their drug habit, and those with little, if any material possessions or social status to maintain — those with seemingly few other options and very little to lose.

The alleged War on Drugs we have been waging for over three decades since it was officially declared by President Richard M. Nixon in 1972 is based upon the same failed, useless approach used to fight the illegal manufacture and distribution of alcohol during Prohibition, the national War on Alcohol.

It is quite simple to explain. During alcohol Prohibition, the continued public demand for alcohol created enough profit motivation that the sellers saw it as worth their risk to provide it. The entire justice system, local to federal, was unable to stop the flow of product to market. People at all levels of American society wanted and obtained illegal products. There was a deadly war in the streets of America among the bootleggers. Does that sound familiar?

The personal access to and use of alcohol by individual Americans was made illegal. However, the masses — the people — would have alcohol, regardless of the dictate of a well-intentioned minority and federal laws. Therefore, the purpose of the amendment could not be accomplished in real day-to-day American life. The laws were practically unacceptable to the desired lifestyle of the masses.

Thus, after fourteen years of fighting it, the government, driven by the public outcry for safety and peace in the streets, ended Prohibition. The 18<sup>th</sup> Amendment to the Constitution — Prohibition of Alcohol, enacted in 1919, was then repealed by the 21<sup>st</sup> Amendment to the Constitution in 1933. The only Constitutional Amendment ever to be repealed.

Based upon the ongoing drug use levels and related crime present today, the combined efforts U.S. Congress and the Office of National Drug Control Policy (ONDCP) obviously do not work now either. And why is this, you may be asking?

“Those who do not learn the lessons of history are doomed to repeat them.”

George Santayana

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To put it another way, in 1919, after the country had been on its national voyage about 138 years, the federal government driven by a “vocal minority” made a mistake! However, the majority would not allow the impractical laws to be forced upon them and American society to remain in force.

The then Silent Majority spoke and the politicians heard them! So, in 1933, under the proper functioning of our Constitution allowed the public policy error to be corrected.

Our original attempt to control the drug alcohol, under Prohibition failed. In the end the politicians realized the program did not serve the will or needs of the American public. Therefore, it was repealed. Today, controlled alcohol products are sold by locality, with federal and state laws in oversight. It raises taxes – a sin tax, as some prefer to call them.

Here was a perfect example of how our Constitution and form of government allows us as a nation not only to improve our society from its original structure, but to correct errors made along the way. The national decision to repeal (correct) Prohibition and its related laws is very similar to what we will need to do today with our existing drug laws as we implement the NDR programs.

With the repeal of Prohibition, the government needed a way to control and monitor the legal and illegal production and sale of alcoholic products. The Treasury Department assumed responsibility for controlling the legal production and distribution of alcoholic products. Since 1933, these responsibilities moved around in the department, but eventually fell to the Bureau of Alcohol, Tobacco, and Firearms (ATF). Whether going after moon shiners or monitoring legal distilleries, the ATF has provided a very effective oversight role.

Now we are faced with a struggle against a group of products that can be additive and destructive to the user, and to make things worse are also far more lucrative to the providers. And to further complicate the matter, the drug trade is often driven by individuals that reside outside our borders. The current protocol between nations makes their apprehension difficult at best. Consequently, there is little or no threat to them of prosecution or risk to their lives. So there is little motivation for the drug barons to stop the flow of drugs into our and other countries that they target.

Those external drug barons are supported by their organizations located within our borders. These are Americans promoting the ongoing use of drugs, and constantly seeking to entice more of their fellow Americans to use drugs. This treason will be stopped.

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### **Third Assumption**

**We must dramatically increase the penalty to those persons choosing of their “own free will” to stay in the drug-providing business.**

For *anyone* within our borders, citizen or not, that decides of their own free will to remain in the drug trade, we will severely increase the personal risks. Any proposed solution developed to finally end the War on Drugs to be found acceptable to the majority of the American public, must be viewed as both fair and workable.

Under this component of the NDR proposal, we will establish straightforward and severe penalties for those individuals that, once again, freely choose to stay in the drug trade. From the drug barons to the local dealers we will up the stakes. Simply stated, there must be an end game strategy, if we are ever to end this game!

**“We the People, must be absolutely united and crystal clear on that.”**

## What Drugs Do You Mean

“What drugs do you mean?” is a frequently asked question when people hear the subject of the presentation book. The NDR proposal is focused on eliminating the availability and use of what are considered herein to be hard drugs in America.

I will begin by clarifying what “drugs” are from the perspective of the NDR Proposal.

The NDR Drug Groupings are presented on the following pages. It is intended to provide an objective and informative overview for your review.

### The NDR Drug Groupings

Group 1 — Drugs Requiring Import to the U.S.

Group 2 – Synthetically Produced Recreational Drugs

Group 3 – Abused Prescription Drugs

Group 4 – Accepted Drug Products – Produced Domestically and Imported

Group 5 – Soft Drug Products – Produced Domestically and Imported

Group 6 – Non-Active, Non-Drug Products

It is acknowledged that the contents and order of these is very intentional as will be evident to the reader. And it is obvious that the book format allows far more detail to be presented on this and the other topics, versus the one-on-one presentation format.

## NDR Drug Grouping Overviews

### Group 1 – Drugs Requiring Import to the U.S.

Group 1 drugs, are sourced from naturally growing plants that are not native to the U.S. Therefore, they must be imported to this country, entering by air from all over the world; by land primarily over the Mexican border and to a lesser extent over the Canadian border; and by sea using our open coastline and major seaports —East, West, and Gulf of Mexico.

Is there any wonder why believing that we could possibly stop the flow of illegal drugs into America is nothing more than a bureaucrats daydream?

Drug Groups 1 and 2 are by far the most damaging and potentially addictive to the user. Surprisingly many of these drugs are used more for recreational purposes. For example, only about one out of nine powdered cocaine users are addicts — a curious fact.

Drug substances in this group:

- Cocaine, in its two varieties:
  - In powdered form
  - Processed into rock form, called Crack. The far more addictive form of cocaine.
- Opium and the two other hard drugs that are produced using it as a base:
  - Morphine – A good pain killer, routinely used today to help patients.
  - Heroin – A “great” pain, currently available to patients due to our drug laws on a very controlled basis. This availability needs to be increased through doctors.

Many are not aware that both heroin and morphine are derived from the base substance opium. Meaning these two drugs could produced and then shipped into the U.S. — or the opium could first be shipped in, and then the heroin and morphine is produced.

Some of the drug barons have shortened their supply chain by growing the opium poppy in Central and South America, versus Asia. You know, right under the noses of the government’s of those countries, our “partners” in the war on drugs?

### General NDR Approach

This drug group is the main focus under the NDR Proposal. Since these drugs require importation, the persons making up the drug trafficking and distribution network will be the primary targets. The secondary targets will be those persons making up local dealer networks in all 50 states.

## **Group 2 – Synthetically Produced Recreational Drugs**

Group 2 drugs, are chemically manufactured substances that are sometimes referred to as designer drugs. These drugs are both imported from various parts of the world, as well as being produced domestically. They are manufactured by combining various other chemicals.

These drugs can also be very damaging and are potentially addictive. However, these too are often used just for recreational purposes, meaning the user may never become addicted to them.

The following are only a few examples of the drug substances in this group:

Considered to be club drugs:

- Lysergic acid diethylamide, aka, LSD
- MDMA — Ecstasy
- Met amphetamine or just “meth” is currently a raging problem nationwide.

Considered to be primary date rape drugs:

- GHB
- Ketamine
- Rohypnol

In some cases Group 2 drugs do possess valid medicinal purposes and are regularly (and legally) prescribed by doctors for their patients, so the placement of a given substance in Group 2 or 3 (Abused Prescription Drugs) could be debated.

The synthetic chemicals in these drugs can be very destructive and have the potential to cause severe physical and/or mental damage to the user, even death, even when used on a very limited basis.

### **General NDR Approach**

Group 2 drugs could be the hardest to remove from access by the public. This is due to the fact that they can be manufactured with chemicals available within our borders. However, significant progress will be made against this group as well.

The effective tracking of the basic chemicals required to produce these drugs is the tool currently used by law enforcement to identify domestic producers and laboratories.

### **Group 3 – Abused Prescription Drugs**

Group 3 drugs are produced and distributed legally by the U.S. and international pharmaceutical industry. These are drugs properly produced to help people deal with various conditions. Many are tranquilizers, anti-depressants, and ‘diet’ medications.

The following are only a few of the prescription drugs in this group:

- Valium
- Prozac
- Ritalin
- Methadone

Some perspective on the prescription drug problem, is taken from the website of the National Institute on Drug Abuse (NIDA):

“Most people who take prescription medications take them responsibly; however, the non-medical use or abuse of prescription drugs remains a serious public health concern. Certain prescription drugs - central nervous system (CNS) depressants, and stimulants - when abused, can alter the brain’s activity and lead to dependence and possibly addiction.

An estimated 9 million people aged 12 and older used prescription drugs for non-medical reasons in 1999; more than a quarter of that number reported using prescription drugs non-medically for the first time in the previous year. We would like to reverse this trend by increasing awareness and promoting additional research on this topic.”

Whether a given drug is simply over prescribed to a person or is somehow illegally obtained and sold to them, the results are the same — abuse by overmedication or for strict recreational purposes. The improper use of these drugs can create a dependency on the part of the user, and is potentially damaging and addictive.

#### **General NDR Approach**

Under the NDR approach, law enforcement will continue its current methodology in identifying and prosecuting offenders of illegal prescription drug distribution (not the users). The expectation is that in time the successes in fighting drug Groups 1 and 2 will free-up existing law enforcement resources at all levels for re-assignment into this and other crime areas.

## **Group 4 – Accepted Drug Products – Produced Domestically and Imported**

Group 4 drugs are what I refer to in the one-on-one presentations as our nationally accepted addictions! People tended to think about this for just a moment and soon saw the point.

The short list of substances in this group includes:

- Alcohol
- Nicotine – mostly found in tobacco products, such as cigarettes.
- Caffeine – found in coffee, tea, chocolate, beer, wine, most dark sodas, and other popular products.
- Cocoa – found in chocolate candies, desserts, and other popular products.

Needless to say, these are socially acceptable and legal substances. The NDR Proposal has no involvement with these items.

### Alcohol

Most of us are aware of the potentially abusive properties of alcohol when used in excess. In a typical year, alcohol, alcohol-related diseases, and injuries kill approximately 110,000 people in our country.

### Nicotine

Most of us are aware of the potentially abusive properties of tobacco products when used in excess. The U.S. Surgeon Generals, and a host of public health conscious groups and individuals constantly warn fellow Americans about the dangers of cigarette smoking, and have done so for decades.

In a typical year, tobacco products kill approximately 430,000 Americans.

In a typical year, secondhand tobacco products kill approximately 50,000 Americans.

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### Caffeine

This is the third and a weaker member of this group. Consumed primarily in the form of regular coffee and tea, it provides most adults and many teens with a firsthand example of a lighter drug's use in their own daily life. Use runs from those consuming the occasional cup a few times a week, to the few cups every day — to the non-stop, all day, “cannot live without it” consumers that can be considered dependent!

I will relate a caffeine example from my experience:

Some years ago, I was working in the IT department of large corporation. One day I happened to look down one of the aisles in the department and observed a foot (with shoe) sticking out on the floor. Someone was obviously flat on their back. Needless to say, the ambulance came and took him away. He was a very hard working guy, in a job with a good bit of pressure. We were concerned he had been hit with the big one, but thankfully soon received word that was not the case and he was doing fine. I talked with him a few days later and found out what had happened.

He was taken the hospital, checked over, given fluids, and was released that evening. He saw his own doctor the following day. The doctor checked him over and said, “Let me guess. You drink coffee all day and then go home and down more coffee and/or sodas in the evening and on weekends, right?” He answered with a simple, yes. His doctor then told him that he had passed out due to basic physical dehy-

dration. His routine and excessive intake of the caffeine contained in coffee and sodas had drained him of necessary fluids. His body had reached a point of excessive lack of fluids — water. And when the body reaches such a threshold it simply shuts down and goes to sleep!

Of course the doctor recommended less of both and more plain water. The doctor also said for example, that when a person notices their lips are dry or feeling chapped in the afternoon, the body is already running a bit dry. Drink more water!

### Cocoa

Or should I just say **chocolate**? I really do mention this issue in most of the presentations. It may seem a bit much throwing this world-class favorite into the mix, but cocoa is a drug. It does have definite physical side effects on adults, as well as children. In both groups, it can be a stimulant (upper) or produce a very calming effect (downer). It depends solely on the person.

For fun and reflection, I like to pose the question of what would happen if some reason, our country was suddenly, totally deprived of all chocolate products? I volunteer the answer that we would probably be **attacking some country** in very short period of time, a few weeks at the most! Funny yes, but all too true. Is that dependency?

### General NDR Approach

In general, the national management of these four substances will not be addressed. It will serve some positive benefits just to raise the public's awareness.

There are currently numerous programs to assist those with alcohol and nicotine (smoking) abuse problems. The NDR proposal will bring improvements to the existing Drug and Alcohol Treatment system in America. Those changes will be reviewed later.

**Group 5 — Soft Drug Products – Grown Domestically and Imported**

Group 5 is contains only one substance or drug:

- Tetrahydrocannabois, aka, THC.

THC is the active ingredient in Cannabis, which is more commonly called marijuana (M). Please pardon my use of the abbreviation M when referencing marijuana or cannabis throughout this book. Just think of it as the author’s preference.

Today, Marijuana or ‘M’ as I refer to it herein, is used regularly by an estimated 20-plus million Americans, give or take several million depending on whose numbers you like!

The following chart will be describes later, but is inserted here for perspective.

<u>Annual Count</u>	<u>Substance(s) Involved</u>
430,700	Tobacco kills about
110,000	Alcohol and alcohol-related diseases and injuries kill about
50,000	Secondhand tobacco smoke kills about
32,000	Adverse reactions to prescription drugs total
7,600	Aspirin and other anti-inflammatory drugs kill
500	Cocaine alone kills about
2,500	Cocaine in combination with another drug kills
400	Heroin alone kills about
2,500	Heroin in combination with another drug kills
0	Marijuana kills

In a typical year, and every year M, marijuana, cannabis — kills ZERO (0) people in the U.S. and the rest of the world. That total includes the Netherlands where it has been fully legalized since the 1970’s.

Zero deaths.....

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While it is absolutely acknowledged that M does have both negative and positive effects on those that use it, the NDR does not categorize M with the destructive substances in Groups 1 or 2, due to its overall softer properties. It is also less harmful than most prescription drugs in Group 3, as well as alcohol and tobacco in Group 4.

If your response to that evaluation is “yeah, right,” just try to keep your mind open, and bear with me for a while!

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I had at many friends and acquaintances read and edit book drafts. They could write anything on it – good, bad, and ugly. Their feedback was absorbed into the manuscript. Read what one of my editors offered, and I quote from the actual written notes:

“It would be very helpful and informative for you to avail yourself of readily available hard scientific research on the effect of long-term marijuana use on the human body and brain function.”

There were also strong comments of the exact opposite opinion. So much for thinking that I only asked people to edit this book and the NDR proposal that would be agreeable! They all have strong personalities and their own opinions.

However, herein M is not counted under any hard drug grouping.

### General NDR Approach

Under the NDR Proposal M be will fully legalized in America. This will include both medical and personal use without fear of any criminal penalties. The details on that legalization process and rationale for the approach will be presented.

### Group 6 — Non-Active, Non-Drug Products

Group 6 also contains only one item — that being the much maligned **Hemp** plant.

The truth about hemp, speaks volumes on the issue of false and intentionally misleading domestic propaganda.

It is absolutely true that the naturally growing hemp plant contains THC, just as its kissing cousin plant – cannabis (marijuana). However, the THC content in hemp is less than one-half of a percent. Meaning that a person could smoke hemp non-stop for an hour and could not get a buzz, or whatever you would care to call the physical reaction normally received from just a few inhalations of naturally growing M.

While there will be more on this later, in the interest of dispelling some of the myths perpetuated about this harmless plant and giving the public the truth for a change, I present the following points:

- Regardless of the domestic propaganda that has been pushed upon the American public by our government since the 1930's, the naturally growing Hemp plant is not a drug!
- Hemp was made illegal in the 1930's along with M as part of a domestic propaganda campaign designed to remove foreign workers, mainly Mexican nationals, from the Southwestern states. This campaign was initiated during the still early years of the Great Depression in America when too many American citizens were looking for non-existent jobs, making foreign workers an economic and political liability.
- The commercial legalization of the hemp plant is a potential boom for American farmers that have been unsuccessfully lobbying for the right to grow it for years.

### A Potentially Big One

- Diesel fuel for trucks and cars can be produced from the hemp plant! This is similar to what is currently being done on a very limited basis with the soybean plant.

Yes, folks we could actually grow diesel fuel right here in the U.S. I have not researched the numbers of this approach, such as one acre of hemp equals x-gallons of diesel grade fuel at x-dollars per gallon. That will come soon. It does at least hold up the possibility of helping us decrease our dependence on foreign oil!

General NDR Approach

The NDR Proposal will remove Hemp from its illegal status in America.

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This ends the NDR Drug Groupings Overview

## Our Government's Drug Control Groupings

### The DEA Drug Control Substance Schedules

And exactly how does the government categorize these same drugs and many others.

### Federal Authority and Charter

The nation's federal drug control policy is administered by the U.S. Department of Justice and the sub-ordinate agency, the Drug Enforcement Administration or DEA.

These primary drug fighting agencies and their affiliates, are currently working under the provisions of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, and the related Federal Controlled Substances Act. The Controlled Substances Act established the Federal Drug Control Substance Schedules I to V, which are maintained by the Drug Enforcement Agency (DEA). And finally the DEA is the agency charged with the responsibility for enforcing the laws pertaining to substances found on those Drug Control Substance Schedules.

The DEA Drug Control Substance Schedules when printed off the DEA's very informative website is over seven pages in length. It lists all controlled substances broken into the five (5) schedules, with Schedule 1 containing those "currently" designated as the most harmful substances.

### What are the Contents of the DEA Drug Schedules

For common understanding, please read the following definitions of the Drug Control Substance Schedules. These definitions were copied directed from the following website address dealing with Federal Pharmacy Laws:  
<http://www.continuingeducation.com/pharmacy/fpl-overview/ch2-1.html>

The five DEA schedules are differentiated by variances in three key attributes, which are:

- (A) The potential for abuse.
- (B) The recognition of a medical use in the United States, only.
- (C) The possibility of physical or psychological dependence.

For ease of reader comparison, I have inserted a few of the drugs listed under the six NDR Drug Groups, as they currently appear on the DEA Drug Control Substance Schedules. They appear as bulleted items and I have also included a few other substances found on the DEA Schedules that have some public name recognition.

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The following was copied directly from the DEA site as of 1/28/2003:

Start of copied text

The findings required for each of the schedules are as follows:

**SCHEDULE I**

- (A) The drug or other substance has a high potential for abuse.
- (B) The drug or other substance has no currently accepted medical use in treatment in the United States.
- (C) There is a lack of accepted safety for use of the drug or other substance under medical supervision.

- Gama Hydroxybutyric Acid, aka, GHB – the “date rape” drug
- Heroin
- Lysergic Acid Diethylamide, aka, LSD
- Marihuana, aka, Cannabis, Marijuana
- Morphine — three (3) Morphine derivative substances
- Tetrahydrocannabois, aka, THC (**active substance in Cannabis**)

**SCHEDULE II**

- (A) The drug or other substance has a high potential for abuse.
- (B) The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.
- (C) Abuse of the drug or other substances may lead to severe psychological or physical dependence.

- Coca Leaves
- Cocaine, aka, Crack
- Methadone
- Met amphetamine, aka, ICE, Crank, Speed, among others
- Methylphenidate, aka, Ritalin
- Morphine
- Opium Extracts
- Opium Fluid Extracts
- Opium Poppy
- Opium Tincture
- Opium, granulated
- Opium, powdered
- Opium, raw
- Phencyclidine, aka, PCP

**SCHEDULE III**

- (A) The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I and II.
- (B) The drug or other substance has a currently accepted medical use in treatment in the United States.
- (C) Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.

- Ketamine

**SCHEDULE IV**

(A) The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule III.

(B) The drug or other substance has a currently accepted medical use in treatment in the United States.

(C) Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule III.

- Xanax
- Valium

#### **SCHEDULE V**

(A) The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule IV.

(B) The drug or other substance has a currently accepted medical use in treatment in the United States.

(C) Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule IV.

- Buprenorphine
- Codeine cough preparation

*End of copied text*

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#### **Some Odd Bedfellows**

As you saw, THC and marijuana or cannabis is listed on Schedule 1 along with heroin, morphine, and LSD! Doesn't that strike even the casual observer as a bit over the top? Whether you are opposed to or in favor of legalization of M, I believe it is fair to say that M is absolutely misplaced on Schedule 1. Thus, a part of the political farce is exposed.

Also, the phrase, "substance has no currently accepted medical use in treatment in the United States" is a problem relative to M. The active medical uses of M are well documented from thousands of years of human experience. There will be more on this issue later. However, the vocal minority and the pharmaceutical industry (just to name only two of adversarial lobbies) combine to keep M on the DEA Schedule and illegal.

Morphine is also misplaced on Schedule 1, since it is used to help hospital patients deal with pain everyday.

The contents and maintenance of the DEA schedules will need to be reviewed and corrected during the implementation of the NDR Proposal.

#### **How to View DEA Controlled Substance Schedules via the Internet**

There are numerous places on the Internet where the detailed schedules may be viewed. However, the DEA's very informative website, maintains the "Diversion Control Program" that presents the information on the Controlled Substance Schedules, located at:

<http://www.deadiversion.usdoj.gov/schedules/schedules.htm>

## **The NDR Components Overview**

From the very beginning of this complex, public problem-solving assignment, three core issues that came into focus. Those core issues evolved into the high-level components of the NDR. My experience told me that these components had to be satisfactorily addressed if a realistic solution to our national drug problem was to be developed. Those components are:

- I        How to Deal With Drug Legalization
- II       How to Help Existing Drug Addicts
- III      How to Shut Down the Drug Business in America

The following pages will provide you with an overview of the functional components of the NDR Proposal – the socially acceptable solution to our nations 30+ years old “alleged” War on Drugs.

## NDR Component I

### How to Deal With Drug Legalization

#### First, On A Personal Note To Other Parents

As a parent, I had to come to grips with drug legalization relative to what I could I accept for my own son to have access to. I know that alcohol and cigarettes will always be legally available to him. He has not seen the use of cigarettes in the home, and has observed some use of alcohol, but never in excess.

Further, he is aware that my mother died at age 57 of smoking related cancers after trying repeatedly for decades to break what was rightly called a cigarette addiction. She passed away five years before he was born. The last year of her life she could not cough, sneeze or yawn without pain. I still cannot stand to see a pack of Winstons.

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Personally, I can personally accept the full legalization of M as defined under the comprehensive NDR proposal. However, we must vigorously attack the U.S. availability of the hard drugs previously discussed. And that is quite possible if we are willing to get very hard on the hard drug business.

We all understand that if our kids cannot get something – that it cannot kill them or otherwise waste their lives. And if that alone is not an adequate rationale for action in both our personal and common interest, nothing is!

I firmly believe the vast majority of Americans will support this component of the program. The majority of the people that I had my one-on-ones with were parents and/or grandparents. They emotionally and mentally had to consider their children and grandchildren when deciding if they could support the NDR proposal.

And an incredible majority of them just said, “Yes!”

Enough said.

## Drug Legalization — American Style

I always begin the one-on-one presentations with the legalization component. Some of the early book draft reviewers suggested that I not start out with this one, but I stayed with the format to which I was accustomed. Two of the three components of the NDR solution can be controversial, so I use them as bookends!

Strangely enough, the legalization issue, what and how much legalization, was the issue that most people really needed to feel comfortable with. And very few had any issues with what they heard.

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Under this proposal, marijuana, and only marijuana, will be fully legalized in America. This prudent and practical level of legalization has been suggested many times over the last few decades, but has always been squashed — and rather easily squashed for two basic reasons.

*First*, is that the well-intentioned vocal minority stands up and *screams*. This action has caused all but a few brave politicians run and hide. Our political leadership will never take the heat to promote of such a program without far more of the American public demanding they just do it!

*Second*, the well-informed and hard working advocates of the legalization of M (and hemp) have never understood that the stand-alone legalization of M is simply never going to happen. Why you ask? Simply because, while it appears that the masses view the concept of M legalization as far less of a problem than alcohol, many of them are simply not comfortable with that legalization approach by itself. The public does not see the stand-alone approach as part of a solution to the overall drug problem. They mostly feel that it would only make matters worse with the other drugs. They could actually be correct in that assumption, but it is all speculation.

Again, the legalization of M as a stand-alone program falls as an easy victim of those I call “*the screamers*” (more on them later). In order to gain popular acceptance, a proposal to legalize M needs to be part of an overall plan to end the drug problem and that is what the NDR proposal offers.

The national prohibition on M is viewed by most as a failure just like the Prohibition on Alcohol. And that includes people who never have and never intend to use M in their life. In trying for the last three decades to suppress the public use of M, we are attempting to restrict access to something that does not need to be imported. It is a weed and easier to grow than alcohol is to make. It can be grown anywhere in the world except the Arctic Circle – no dirt!

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In general, the vast majority of the masses separate M from the hard drugs. Most people accept for the screamers, certain domestic industries, and the bad guys! These groups sure seem to be odd-bedfellows, don’t they? It would serve for good people in those groups to reflect on the following (I will use variations of this theme several times):

When well-intentioned good guys find themselves,  
on the same side of such an issue with the bad guys,  
the good guys need to wakeup and review on their position.  
To evaluate the “real” success of their efforts,  
for they are indeed unintentionally helping the bad guys.

AJW

### To Summarize

Out of nothing less than prudent and practical public necessity, we as a nation will fully legalize M and make the hard drugs illegal. And this time for a change, we will be strong enough to back up that illegal status with fair, yet very deliberate force against the hard drug providers – those I call the *predators*.

## **NDR Component II**

### **How to Help Existing Drug Addicts**

The second component of the NDR proposal addresses the two areas that are critical to the short and long term success of a person's overall rehabilitation, which are:

- Critical Area 1 — Drug Rehabilitation
- Critical Area 2 – Civil Rehabilitation

Of course, the first thing we think about is the person's drug detoxification – getting them as clean as possible from the drug dependency – their “Drug Rehabilitation.”

However, the second critical area of rehabilitation addresses the person's current educational level, vocational abilities, and social skills competencies – their “Civil Rehabilitation.” This area is not being adequately addressed today, but not due to a lack of interest or best efforts on the part of those currently providing the services.

Our national network of local Drug and Alcohol Rehabilitation Centers (DARC) currently supports the drug and alcohol rehabilitation functions. Under the NDR Proposal the DARC operations will be somewhat restructured with a common set of services offered and standardization of administrative procedures. Further, the DARC facilities will come to be known as Community Centers (CC).

My original renaming for the called the DARC centers, Community ‘Clinics’. However, the functionality of these facilities expanded to the extent that the term community center was more descriptive. Also, using the Center instead of Clinic I felt would be easier for the public to get comfortable with.

The benefits of this restructuring will be to make the staff of healers in those centers more successful.

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The general services coordinated in the CCs to support a person's rehabilitation under the NDR are presented below:

#### **Critical Area 1 — Drug Rehabilitation**

##### **Drug Rehabilitation**

- Medical Evaluation
- Drug Counseling
- Drug Detoxification – via detoxification facilities and residential treatment housing.
- Individual and group support services, modeled after Alcoholics Anonymous (AA)
- Prescription and/or drug administration and control

## **Critical Area 2 — Civil Rehabilitation**

### Educational Status

- Learning disability evaluation and corrective training
- High School GED preparation and testing

### Employability Development

- Vocational assessment of current job skills
- Computer literacy training
- Vocational training coordination
- Job placement coordination through local and state agencies
- Relocation support, if needed

### Socialization Skills Development

- Social interaction training
- Personal health and hygiene maintenance
- Personal housekeeping
- Personal financial management

This is the process of helping put people's lives back together again. And in too many cases putting them together for the first time in their life.

Note: Some of this is a Liberals dream come true, while some Conservative's stomachs could be retching. Moderates are thinking about it. Please continue for there is something in here to please everyone.

While not all of the services offered will be required by a given person, some services will not be optional, either. It will always depend on the individual's circumstance and needs. The satisfactory completion of certain training options will be required for any person to graduate the program.

The desired end result of someone going through the NDR's rehabilitation programs is to help people become a drug-free, responsible, and employable member of society — an individual that is more self-confident and self-assured, with higher self-esteem. And isn't that exactly what we have expected all along?

Those are the goals. Again, we must not kid ourselves expecting 100% success. However, we will get far closer to that mark, by utilizing the NDR approach to rehabilitate the existing hard drug users to the greatest extent possible. Yes, I said to the "greatest extent possible." To say or think that all of the existing hard drug addicts will become totally clean, to ignore the fact that some small percentage of them will require on-going medication, possibly until they die, is foolishness - is unrealistic. And we must demand realism for a change.

As time passes, fewer will remain to be helped, meaning more DARC resources available to focus on those remaining — a basic process of elimination. And so it will go until we have a small residual percentage, hopefully well under 10% of today's addict population, to work with and treat – again, some until their death.

Further, with the benefits and effectiveness of the overall NDR program, we will not see the "traditional" volume of new addicts created. Progress will be made where the nation needs it, at the unit level – at the human being level.

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## **NDR Component II**

### **Critical Area 1 — Drug Rehabilitation**

#### The Local Community Centers or CCs

##### Existing Facilities

The newly renamed CC rehabilitation facilities will require a general overhauling and national standardization of the administrative policies and procedures that direct the existing DARC network. Referencing the two charts that follow, in the year 2000 the existing network of over 13,400 clinics serving over 1,000,800 clients focusing on drug, alcohol, and mental health problems, operate in all cities and many towns all over America, since that is where these problems exist — everywhere.

The questions that almost always come at this point in the discussion are:

- Who is going to pay for this?
- How are we going to pay for this?

They are a little reassured when the simple answer is that we are already paying for the cleanup — we have been, we are, and we will continue to pay an ever-growing price for it, until we correct our national drug policy and quit creating more addicts! In effect, we will mobilize and finally commit to ending the War on Drugs.

The following are some high level U.S. DARC Facility statistics:

Year	Facilities	Clients
1995	10,746	1,009,127
1996	10,641	940,141
1997	10,860	929,086
1998	13,455	1,038,378
1999	15,239	n/a
<b>2000</b>	<b>13,428</b>	<b>1,000,896</b>

Primary focus in 2000

Substance abuse treatment	8,147	668,835
Mental Health	1,260	54,936
General health care	381	32,273
Both substance abuse and mental health	3,303	226,326
Other	337	18,526

The following are some high level U.S. DARC Client statistics:

Type of Care	Clients
<b>Year 2000 Total</b>	<b>1,000,896</b>
Outpatient Rehab	877,298
Outpatient Detoxification	14,249
24-hour rehab	94,710
24-hour detoxification	14,639

Type of Problem

Drug, only	287,008
Alcohol, only	222,193
Both alcohol & drug	475,096

Most of today's actual DARCs are outpatient facilities and their configurations differ depending upon the locality, user volume, and annual funding. Unfortunately they all seem share one common feature, which is a 'conveyor belt' running in the front door, with a steady stream of new addicts on it.

The existing facilities have a lesser success rate, than the society requires or that we taxpayers want to continue supporting. I intend no negative statement toward the fine people working within the existing system. The staff

of these centers is definitely saving some of the addicts they support, by utilizing the existing rehabilitation services and procedures currently at their disposal.

It is fair, if not obvious to say that the existing clinic process could help even more people — IF ONLY — someone would quit putting more people on that conveyor belt coming in their front door! And that someone is the local group of drug providers.

The existing DARC network also administers local residential treatment and detoxification facilities. Today, people find their way to these facilities either through the public services or through court order. These extended housing facilities are full-time (24x7) residences with the objective of speeding up the detoxification process, whether the issue is drugs and/or alcohol.

When initially admitted to these facilities, the person is not be allowed to leave for weeks, if not months at a time. They are only released from full-time status after they have reached a certain level of personal control and drug “independence.” The NDR program will make use of this basic process, with a few changes.

The primary objectives of the restructuring of these clinics are to help them better serve their clients and dramatically improve their success rates. Remember that the clinics are already being paid for by our taxes, at the federal, state, and local levels. Through an improved drug and alcohol rehabilitation system we will realize better results for our tax dollars spent. And fewer tax dollars required as each year passes!

#### Re-Vitalizing the Drug and Alcohol Rehabilitation Center (DARC) System

The newly configured CCs will continue to be outpatient facilities with links to the residential treatment and detoxification network. They will coordinate and be the strict control authority over all services for the patients during the rehabilitation process. For the hardcore addicts (and there are many to be helped) the existing residential treatment and detoxification facilities will need to be utilized. In addition, some temporary facilities will probably be necessary to support the initial, one-time flow of addicts, as the NDR-based programs go into full operation.

## Drug Addiction Versus Recreational Use

A fairly recent statistic estimates (come on now, for who really knows the exact numbers) that there are around eleven million cocaine ‘users’ in America. And of that total, only (if it is possible to use the word ‘only’ in this context), 1.5 million cocaine addicts! I personally was shocked when I first heard this ratio.

### What? Only One in Eight Cocaine Users are Addicts?

For the sake of conversation, let’s say that those statistics on cocaine addiction and recreational use are close to reality. If so, it clearly demonstrates that not all users, just 1 out of 7 or 8 of them that are currently using cocaine, are addicted to the substance. I love the absolute reality of these numbers. If they are even close to being valid, it shows that over 80% of cocaine usage is of a recreational level, not an addict level.

This means that far more people are ‘only’ recreational users of cocaine. They are able to use it occasionally, like drinking hard liquor, without becoming dependent or addicted. It is acknowledged at the same time that such use is still a very risky way to live and places the recreational user at a higher risk of eventually becoming addicted. They are walking on a potentially slippery slope.

That will mean that when the NDR program is implemented, some 9.5 million people will need to find some other way to get their occasional buzz!

Enough said.

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## The Initial Volume

While we could expect the existing DARC facilities could be somewhat overburdened at the start. However, we must recognize that a good portion of the subject population is already in the DARC system. Each state government in conjunction with their respective major cities, counties, and towns, will need to coordinate their cleanup demands. The states could work more cooperatively with each other to get over the initial volume and the federal government will need to provide supplemental funding.

An underlying theme of the NDR Proposal is that the regular population in the cities and towns of America need to be responsible for pressuring their own people to clean up. Unfortunately, the existing public expectation in many communities is that “some of our people will have a drug problem and that is the way it is.” This unintentional public attitude of co-dependence at the community level will need to change.

A primary goal of the NDR program is that local expectations will be raised to “no one in our community will be a drug addict.” **The invisible bar of community expectation will be raised.** Similar to the way that public drunkenness is no longer tolerated, as it once was.

The CCs, under very controlled procedures, will coordinate to the greatest extent possible, the individual drug and civil rehabilitation of our fellow Americans that find themselves under the grip of drug and alcohol addiction.

## NDR Component II

### Critical Area 2 — Civil Rehabilitation

The second and very critical part of a person's overall rehabilitation deals with their current educational, vocational, and social skills status. What I refer to as their "Civil Rehabilitation." The plan is to determine their current status in these key areas and facilitate any services required to help them become a more functional member of American society.

#### For Example

If a person with a drug problem is employed, they may not need to utilize these services, but rather they need to concentrate on getting themselves clean! However, if the person has a less than desirable educational and/or employability status, appropriate services will be provided. And the services will not be optional! The details of those support services will be described later.

The term "social skills" is a generic heading for such fundamental things as how to dress for work, clean the place where they live, keeping themselves clean, keeping a check book, inter-personal communication, etc.

Yes, it is basic stuff that most Americans take for granted. And the reason most of us take those day-to-day functions for granted is because we were raised doing them. Most of us had the benefit of better role models growing up than the rest did. Realistically, not everyone was brought up under positive conditions.

In case you did not know it, many of these very programs are available and in operation today all over the country. However, as stated above, under the NDR policies when these programs shown to be appropriate for a given individual, they will not be optional!

The bar must be raised — and raised now!

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## NDR Component III — How to Shut Down the Drug Business in America

### *“Dealing with the Predators”*

I came up with the term *predators* to describe those persons that of their own free will actively work the hard drug trade. The label still seems absolutely appropriate. We as a group must consider the predators nothing more than traitors in our midst. That is how they are dealt with under NDR Proposal.

Selling out our citizens — adults and children — for financial gain and/or to feed their own drug habit. For the most part they are domestic representatives for their internationally based sponsors, which could easily be categorized as treason! Selling known poisons to our citizens.

Please let me make one point very clear, because some people initially misinterpret this designation. The group called the *predators* does not include the drug users those that we will be rehabilitating in the CCs.

It is acknowledged that some people are in the drug providing business to support a habit they cannot break on their own. We will absolutely provide them help as well, but they will be required to stop doing the drug business and get into the CC-based program.

#### The Hierarchy of the *Predators* Group

- The *drug barons* - They direct the drug trade usually, but not always, from outside our borders. They produce and/or obtain the base crop and process it some extent. They then prepare it for illegal shipment into the U.S. and other countries.
- The *drug traffickers* – They are the individuals that physically transport the drug products across our country’s border by land, sea, and air.
- The *drug distributors* – They obtain the product from the traffickers and help it find its way to every town and city in America. Those local delivery points unfortunately include your town and my town, too. Sometimes the traffickers also perform the local distribution function.
- The *local drug dealers* – These individuals and/or their own dealer hierarchy perform any final processing or preparation as required, and then distribute the final product to the buyers, both hardcore addicts and recreational users.
- The *local drug pushers* – These individuals distribute the final product to the buyers, both hardcore addicts and recreational users. Sometimes these last two functions are actually the same person(s).

Further it is these last two groups that are constantly looking for more men, women, and children to entice into becoming new drug users — new victims, some that will eventually wind up on the conveyor belt into the CCs.

These last two groups are also constantly looking for more men, women, and children to be new members for their organizations, especially as their crews are depleted by murders, being imprisoned, and overdosing. It happens everyday.

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To adequately deal with the *predators*, the NDR proposal lays down a simple-to-understand, but very hard line

approach to finally dealing with these freewill individuals.

The use of the Death Penalty (DP) in dealing with these *predators* is a necessary facility in making this component of the NDR effective. The exact process will be presented later in this volume.

The fair and prudent use of the DP as punishment for those, who decide of their freewill to continue their involvement in the drug providing business, will seal the deal!

## **Stopping Hard Drugs — Requires Hard Action**

### **The ACLU Relationship**

This seems a good place for a comment on the role of the American Civil Liberties Union or ACLU, regarding to the NDR Proposal. The ACLU and the American public have what I would describe as a real love/hate relationship. The ACLU in many ways has served as a national oversight group for the individual's liberties.

I fully anticipate that the ACLU will be all over this proposal and I encourage it. I do not expect the ACLU to love it all, but do anticipate them support several parts of the program from the start. They will of course analyze the NDR program and raise issues they may have from their organization's perspective. We could then review any issues they have and reach some initial conclusions, not expecting total acceptance. Remember not to expect perfect solutions — you cannot please everyone.

To be very clear I am not seeking ACLU's approval. I only seek such approval from the majority of the American public. However, a good working relationship would, I believe be very beneficial and help promote the change process for the Common Good.

The ACLU would be a welcome support group for the program. We want the ACLU to help insure that a person's liberties are respected in these programs, which is the absolute intent. However, at the same time, the ACLU also needs to confront the issue that the same people must be expected to maintain a certain level of civil conduct and responsibility as American citizens, as well.

### ***Liberty Without Responsibility is No Longer Acceptable***

A Civil Agreement

From the viewpoint of the NDR proposal and I believe the overwhelming majority of American citizens will agree:

Since every American citizen can expect and **demand** certain individual **civil liberties** within our society, it must then follow that for the Common Good, American society can expect and **demand** a certain level of **civil responsibilities** from every citizen.

Any questions? And the same applies to the business community.

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It must cut both ways, if a given citizen is to be considered as a responsible and acceptable member of the American family. No more free rides, no special exceptions.

This goes back to that point on raising the bar of acceptable civil behavior within our society.

Personally, I look forward to working with the ACLU to help raise the bar of civil responsibilities and improving the quality of life for all Americans.

Perspective on Facing Change

To help frame our perspective on the situation that presents itself to us, I will again defer to the words of Thomas Paine.

With the opening words of *Common Sense*, he addressed the American colonists acknowledging that what they were about to read was not in accordance with the current order of things. That what followed was different and would not necessarily find initial favor with all people. They were about to read about real change.

Thomas Paine wrote these words regarding the acceptance of change:

“Perhaps the sentiments contained in the following pages, are not yet sufficiently fashionable to procure them general favor; a long habit of not thinking a thing wrong, gives it the superficial appearance of being right, and raises at first the formidable outcry in the defense of custom. But the tumult soon subsides. **Time makes more converts than reason.**”

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Yes, time often makes more converts than reason. **However, the Reason must first be Presented!**

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It is my expectation that the NDR proposal, with the issues it frankly addresses will experience this type of public reaction. The majority will find it rational, fair, and generally acceptable – a necessary evil. Some folks will only warm to the NDR approach after they have had some time (months) to fully consider it. The smallest group will never accept it.

I absolutely believe that the NDR Proposal, if implemented as written, will enable us to end our country's battle with these terrible drugs.

For example, let's say We the People 'encourage' our elected representatives to begin a phased implementation of these changes to our National System in late 2007. If so, we will begin to realize improvements during that very year, and could very well be approaching the absolute end of our national War on Drugs by the years 2009 and 2010! This can happen, but only if We the People decide to take action.

#### Consider the Following

Our current National Drug Policy and its administrators in the Office of National Drug Control Policy (ONDCP), never seem to mention even the possibility of ending the war.

Our elected officials never mention it either. Isn't that what we elect for and are paying them to figure out?

Only, We can make this happen. In this situation, the People must lead and then the leaders will follow.

## How Will the NDR Program Work

In the remainder of this volume, you will be presented the basic workings of the NDR program's three functional components. It is presented in sufficient detail to describe for the reader what the approaches are and generally how they will work upon implementation. The write-ups will go into varying degrees of detail.

I will be providing little in the way of perspective and/or justifications for these approaches unless it is required to help define a given process because most of it is obvious.

Of course there are still details to be worked out as the NDR is prepared for implementation, with existing laws to adjust, new laws to pass, policies to change, federal/state, state-to-state agreements, etc. Do not be alarmed at the sound of that, this is not rocket science! All previous changes we have made to the national system have demanded the same legislative reconciliation against the way things had been.

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### The Challenge of Change

In our U.S. Democracy, in a country with over 281 million citizens according to the 2000 census, all voices are permitted by Right of Citizenship to speak. And so, there will come voices of for and against, of good and bad intent, to express their views on the NDR proposal. And we would not want it any other way. Some will take issue with some portion of the proposal. Some will just reject the whole thing without discussion. These reactions are as certain as the sun rising and setting.

Challenges to the NDR proposal will certainly come. And obviously the initial and loudest opposition (the screamers) will target the legalization of M and use of the DP. Virtually no one has an issue with addict rehabilitation. That is as long as people are required to participate and actively work to better themselves.

A national debate must happen as a natural part of the problem solving process, and we want it to. After all, we are talking about changes that will directly or indirectly affect every single person in this country, citizens and visitors alike.

I am very encouraged from the positive feedback continually received during my talks with people, that the vast majority of Americans will view these as very positive changes and be in favor of the overall NDR proposal.

There will be many winners as a result of this program — individuals and businesses, as well. However, we must acknowledge that there will also be some losers – some companies will experience a reduction in business volume. The reality of winners and losers is a natural part of change in the public problem-solving arena.

And there is the real expectation that those fearing they shall be negatively impacted, will work (lobby) overtly and often covertly against implementation of parts or all of the NDR. That is the simple explanation of how the political system works and why change is so difficult. Unfortunately for our society, it explains why the War on Drugs is 30+ years old, and provides us with little hope for the future.

We, and our elected officials must join together to effectively deal with these lobbies, but not bend to them this time.

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To those good, well-intentioned Americans, and again this discussion is only to involve our citizens, that will

initially react in opposition to a particular part or parts of the NDR program, I will repeat for you these sincere words of caution:

**When the good guys find themselves on the same side of an issue as the bad guys,  
it is time for the good guys to wake-up, look reality in the face,  
and cease to be the unintentional partners with the bad guys –  
Drug barons,  
Drug traffickers,  
Drug distributors,  
Drug dealers, and  
Drug pushers...**

**Think about that very seriously.**

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**Let us determine to make a prudent compromise for America  
and move ahead for the Common Good.**

**That is what the NDR Proposal is all about.**

*AJW*

## NDR Proposal Component 1 – Drug Legalization

### A Nation's Use of Drugs

Whether we like it or not, there exists today in our country a *desire*, if not the need for drugs by significant numbers of our population. Users include all types of people from all levels of society and in every type of vocation. This has always been the case and it always will be.

Our issue now is how to deal realistically, once and for all, with that on-going public requirement. Yes, the on-going public requirement.

The popular demand for products that will at least temporarily relieve of some of the pressures and tensions of life, a basic human need to consume something that simply make us feel good and/or relaxed! A human and societal need as old as civilization itself. Typical products used to fill that need include various types of alcohol, tobacco products, caffeine, prescription drugs (tranquilizers, sleep aids, etc.), and a variety of illegal drugs for domestic and foreign sources.

A minority of folks having read those sentences will think to themselves that people should be able to deal with life without using such things. They are thinking, people should find something other than those types of things to deal with life's pressures. They should find God (always a good idea), seek counseling, do anything, but why use those things?

You could write an entire book in response to their comments. In theory they are absolutely correct, but that is not the reality shared by most of the world.

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### From Use to Dependency to Addiction

A person's problems with dependency begin to surface when a product — legal or not — becomes *required* on a more and more frequent basis in order to cope or to just exist. This is product abuse that may eventually lead to addiction — the constant need for the product simply to survive.

There is a very debatable and fine line between to the use and abuse of a legal prescription drugs, versus the use and abuse of an illegal drug.

Today, as a nation we socially “accept” the use of certain products that we know can lead to over use and/or addiction; the primary culprits being alcohol in various forms and strengths, and cigarettes. While both alcohol and tobacco are major tax revenue generators, these products also head the list of public killers.

Read on.

## Drug Deaths in the U.S. in a Typical Year

Note: The following is presented for public perspective and is provided without any business consideration or commitment involved, whatsoever. It is just informative material that the reader may consider for them self.

The information is taken from the book, “Why Marijuana Should Be Legal” by one of the real crusaders of the pro-marijuana movement, Ed Rosenthal, together with Steve Kubby. It is the updated 2003, second edition of the book by the same name that was originally published in 1996, by Thunders Mouth Press.

The following statistics (found on page 41 of the book) were reformatted for this presentation. The numbers speak for themselves.

<u>Annual Count</u>	<u>Substance(s) Involved</u>
430,700	Tobacco kills about
110,000	Alcohol and alcohol-related diseases and injuries kill about
50,000	Secondhand tobacco smoke kills about
32,000	Adverse reactions to prescription drugs total
7,600	Asprin and other anti-inflammatory drugs kill
500	Cocaine alone kills about
2,500	Cocaine in combination with another drug kills
400	Heroin alone kills about
2,500	Heroin in combination with another drug kills
0	Marijuana kills

If it was a perfect world, or some people had their way, those products would not be available to the public, at all. We all know how successful those “some people” were eighty years ago with a national ban on the use of alcohol – Prohibition 1919 to 1933.

However, having already seen what a failure the Prohibition of Alcohol was, we must finally acknowledge that ignoring the basic requirements of human beings, only gets us more problems.

Today, we have at our disposal numerous socially acceptable prescription and natural medications that may be obtained to help people deal with the pressures of day-to-day living and/or experiences in their past. And technically, it is totally permissible for someone to go to work every day floating on some prescription drug, since it is under a doctor’s supervision. They could be taking the medication while at work or are still under its lingering after-affects from the previous night or day.

That scenario applies to alcoholics that quietly get their fix during the regular workday!

The use and abuse of socially acceptable prescription drugs is also a nasty reality. Whether or not you are aware of it, under today’s laws employers cannot even ask what legal medication someone is using without the fear of being sued. And they are constrained from doing anything about related productivity or behavioral issues that arise. Ask your company’s HR department.

## **Only One Drug Will be Fully Legalized Under the NDR**

As previously mentioned, under the NDR program the naturally growing plant cannabis, usually referred to as marijuana, will be fully legalized in America, and **only** marijuana (M). Full legalization of M is simply defined as follows:

### For Medical Use

It will be openly available for use by those with various illnesses, those suffering the effects of medical treatments such as chemotherapy, to create an appetite in people and/or to enable them to keep food and medications down, just to name a few. Also, doctors will no longer be threatened with the loss of their license to practice medicine for prescribing M to patients.

### Decriminalized

Possession of M for personal use will no longer involve any type of a criminal offense or penalty.

Possession with the intent to sell will follow the same guidelines as used for alcohol. Improper use will also follow the same guidelines as alcohol, e.g., driving under the influence.

### Personal Use

Possession of M for personal use will be fully legal.

And it will be legal and available at the age of eighteen (18) and older — which will be further restricted to post-high school graduation. This age may surprise some, but again the NDR is taking a realistic approach to things. Both college students and those working after high school will have legal access.

Canada, after much national debate, is on the verge of the 18 year old access and making simple possession a parking ticket level offense or less.

Our government has pressured and pleaded with both Canada and England not to make these changes to their own marijuana laws.

The longer we keep ignoring reality of hard issues like this, the longer they will continue to bite us!

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## M – The Gateway Drug – The Myth and Domestic Propaganda

The term “gateway drug” is often used when someone is suggesting that if a person uses M, they will inevitably move on to stronger substances and become an addict. This is a favorite scare tactic of the *screamers*.

The domestic propagandists use the term in their rhetoric, **implying** that to use M *automatically* leads to the use of harder drugs. Which is a joke. That is like saying that drinking beer inevitably leads to drinking whiskey.

Again, it is simply a scare tactic and an untruth. It is just like saying that beer is a gateway drug to whiskey. Or maybe beer and wine are gateway drugs to M? It simply is not so. What about those that start their drug experience with cocaine or heroin? Do they say, “Oh, forgive me, I forgot I was supposed to use M before this?”

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The fact is that M is grown today in all fifty states, and the District of Columbia, too! Up until the early 1930’s, M grew wild and in large amounts along the Potomac River that runs between Maryland, Virginia, and Washington, D.C.! The only place in the world that M cannot be grown (outdoors) is the Arctic Circle.

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### What Drugs are Not Legalized Under the NDR?

Under the guidelines of the NDR program, absolutely no other substance will be legalized for public use. Those other substances include but are not limited to the list of products listed below.

- Cocaine in powder form
- Cocaine processed into a hard rock form, called “crack” – the highly addictive form of cocaine.
- Heroin
- Opium
- Met amphetamine
- MDMA — Ecstasy
- GHB

Again, only a partial list.

This absolute ban will be written into the law and will be enforced.

To those, most often the Screamers and lobbyists, that will automatically cry out saying, “If we legalize M, what’s next, cocaine?” we will bluntly respond that this is the process of progress by realistic compromise. And that it is both a prudent and practical necessity. For those people worried about further legalization, they may sit as watchdogs and guardians to insure that this compact is not broken. And it will not be. To debate them on the issue beyond this point is useless, just wasting of more of our precious time.

Frankly, the screamers and the lobbies have had their way since the 1930’s and today we deal as a nation with the bitter fruits of their labors.

Now is the time for reality and practical compromise. Action must be demanded by the people — us.

Making M legally available to the public, and keeping all else terminally illegal, addresses the drug legalization portion of the NDR proposal. This establishes a clear line that will not be crossed.

### How Will Legalized M be Distributed?

Initially, M will be sold by localities (town/city/county/state) under the same laws and regulations that currently control the distribution for “hard liquor.” Distribution of M to the general public will be under the control of the individual states and their respective localities, again just as with hard liquor.

### The Start-up Process

This would necessarily be a one-time, nationally coordinated federally mandated change to existing laws in the various jurisdictions. Remember this is a war! Federal action will be required to override the potentially endless string of useless lawsuits that will otherwise be filed to block these and other changes.

M would not be sold as beer and wine are sold, unless the given locality allows hard liquor, beer, and wine to be sold via the same outlets.

In Virginia where I live, hard liquor is sold at state-operated Alcohol Bureau of Control (ABC) stores. In the future, M products would be dispensed in those stores, as well. Virginia distributes beer and wine through grocery and convenience stores.

Distribution procedures for M will mirror existing federal oversight and state controls on alcohol products, specifically hard liquor. The Federal Bureau of Alcohol, Tobacco, and Firearms, or ATF, will have its charter expanded. It will become the Bureau of Alcohol, Tobacco, Firearms, and Cannabis or ATFC. This is not intended to be funny, though initially it does sound a bit that way. And it will need to happen.

The ATFC will perform the same level of oversight of domestic M production as they currently do for alcohol, and no more.

### One Hard Exception

Again, M will to be available to those eighteen (18) years of age **and are beyond high school**. Using the Virginia example, the ABC stores that now sell hard liquor products to those 21 years and older, will in the future sell M products to those 18 years and older (post high school graduation). This will take some getting used to, but it is very much a part of a realistic approach.

**We do not live in Fantasyland. So why keep making laws as though we were?**

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## What Will We Tell Our Kids About M Legalization

I know that a number of you are ready to scream. You could be thinking about the potential conversation to explain to your children/grandchildren how something that has been illegal has now becoming legal. And I do sympathize with your situation and concerns.

I, too, am the parent of a teenager in high school. My strongest, personal motivations in recent years, that helped me to continue with this project, is my desire to provide him and his future children with a safer and better America. And the road to that improved condition for America runs directly through our country's drug problem and the related negative social and economic conditions the NDR proposal addresses.

I know, "what about all the anti-drug commercials," telling our kids not to smoke M or do other drugs? After years of preaching to them that it is bad, how can we now say it is good? You may very well be surprised that it was obvious to them all along!

In any case, hopefully to help you, here are some points for the discussion:

- First admit the nation's policy seventy years old policy was ineffective and in practice wrong. They will probably respect you just for saying it, since most of them already know it. And, so do you!
- A very significant fact is that **no one has ever overdosed – died – from M only use! Zero.** And that includes the Netherlands where it has been in full legal use by the public since the 1970's.

The same cannot be said for alcohol and tobacco products that together cause over 500,000 deaths every year. That equates to over 1,369 deaths every day of the year. And all in the name of profit.

- The Prohibition on Alcohol was enacted in 1919 by Constitutional amendment and lasted for fourteen years, until it was repealed in 1933 by another Constitutional amendment. What did those parents tell their kids?

How many kids and young adults of that era had only ever known it was against the law to possess and consume alcohol? The parents of that day had some explaining to do, also. However, then as today most people knew that the Prohibition laws were not practical, not working, and a virtual joke.

- The prohibition on M today, is a much greater failure then the Prohibition on Alcohol. Today some 20 to 25 million Americans regularly use it in spite of the laws.
- The nation's leadership must take an objective and realistic look at the situation. I have always found that facing reality is a 'necessity' when trying to solve difficult problems! That is, if you really want to solve them.
- We are talking about legalization of M, only.
- We are not legalizing the harder, far more destructive drugs that are addictive and potentially lethal.
- Kids are aware that many of their parents and grandparents used M when they were younger. Kids also know that many parents and grandparents do not view M as any more harmful than alcohol, if not less. However, M is still illegal.

### Today as in 1933

- We are finally facing the facts. The government has been trying to suppress the use of certain products that previous to 1930, were in wide use at all levels of American society.
- Both M and alcohol are easily produced inside our own borders. M really does grow as easily as a weed!
- Anyone of college age and older, and most high school kids know that the illegal status of M is an odd joke. While it is illegal, it is also quite available. Prosecution for sale and/or use is selective and not uniformly applied.

Kids have seen their schoolmates arrested for having it and their young lives severely affected. It causes disrespect for the law, school administrators, and the police that are only following blind procedures and legislation. I am not saying that it should be allowed in schools. Absolutely not, but the way it is handled must be appropriate and not seen as an over-reaction. At the same time, the presence of hard drugs cannot be allowed. There will be more on that later.

- If everyone using M today were caught and imprisoned, over 25 million more Americans would be in jail (the companies that build prisons would just love that to happen).
- Today, too many good people are in jail for what should be categorized as a very minor offense, such as a parking ticket.
- The bad guys like M and all other drugs to be illegal. It keeps them in business.
- Some people are dying trying to provide M to buyers under current laws.
- Relieving our law enforcement at all levels of M enforcement duties will allow them to better align their limited resources and talents on the hard drug providers. And after 9-11 they have ever more critical things for them to do with their time than before.

Those are a some suggestions for your discussion.

Of course I have already had many discussions with my son about this possibility and it went well.

Kids today are a lot more tuned in on this issue and many other issues than we were at their ages. Good luck, with your talk when the time comes. Better yet, have them read this book first. They actually may beat you to it and then offer it to you.

## **How We Will Produce the Product**

Under the NDR, M, would be grown for domestic sale and consumption using the following three (3) methods:

1. Grown by state Certified Micro Growers (CMGs), under controlled policies and procedures mirroring those currently used with Micro Brewers of beer.
2. Grown for personal use, only.
3. Grown by the individual states – We would be able to grow all the M needed, within our own borders. Any legal imports will have tariffs on them just like any other commercial product.

Some of the details and perspectives on these approaches are presented for your consideration.

### Grown by Certified Micro Growers (CMG)

This option may at first sound odd, however in reality there will be quite a few individuals — some small business entrepreneurs, and as I understand it even some small towns that will want to obtain a CMG authorization. Frankly because some towns already do it with a wink to local law enforcement.

In some states the CMGs could actually be the only farming entities required, as some could become large farms. Each state will need to determine what works best for them.

### Grown for Personal Use, only

U.S. citizens would be allowed to grow M for personal consumption. Some people will only use M that they have personally grown! However, most people would not want to be bothered or have the space to grow it, just as most people do not make their own alcohol products.

However, people being people, some will inevitably grow enough to sell some to their friends and acquaintances. It would probably be a small number and it is not worth wasting taxpayer money looking for them. However, if someone does get carried away they would eventually come to the attention of the police and courts, which would properly deal with them. Again, this would follow the same course as those individuals caught with a little too much moonshine, and are selling it for fun and profit!

As mentioned before, the federal agency now called the Bureau of Alcohol, Tobacco, Firearms and Cannabis (the ATFCC) will prudently have their charter amended and expanded. This is a practical change that will need to be made.

### Grown by the Individual States

In some number of the states, this will be the primary method of crop production for distribution to the American public. The states will authorize certain farmers to grow the crop under the proper controls.

Today, M is the nation's #1 cash crop. Any questions?

## How We Will Distribute the Product

The retail availability of these products would follow similar controlled procedures currently used in the production and distribution of alcohol, specifically hard liquor. Key points are:

### Distribution

- As stated before, production and distribution would be controlled by the individual states, with appropriate federal oversight. The overall process would follow a standard federal program that will be jointly developed by the federal and state legislators.

Be assured that this will not be rocket science and therefore will be quick to develop and put in place. We are talking about growing a (controlled) crop, and the packaging and distribution of a product similar in nature to cigarettes. We have vast experience in both areas.

- It will be sold by localities (city/county/state) under the same laws and regulations as currently written for hard liquor. However, the national age for use will be 18 years of age – post-high school graduation.
- It would not be sold as beer and wine are sold unless the given locality allows hard liquor, beer, and wine to be distributed via the same outlets.
- Some states have separate distribution approaches for hard liquor as opposed to beer and wine, which allows for better control over who gets what. There are many more outlets for beer and wine than the hard liquor.
- States that currently allow all three general types to be sold via the same outlets may decide to separate them for control purposes. Then hard liquor and M would flow through the same outlets, as in Virginia.
- There could be consumer outlets similar to the restaurants that exist today in the Netherlands. States may determine it is more cost effective to use that approach rather than create more state jobs and incur the related overhead costs.

### Production

- The majority of the M crop will be domestically grown, see above. This will be a real boost to the farming industry, providing a new significant new ‘legal’ crop, jobs, income, buying power, etc.
- Each state would produce their own crop, thus helping their own independent farmers. It could also create packaging and distribution jobs, although to cut overhead some states may determine to work cooperative programs with neighboring states in preparation, packaging, and possibly distribution.
- The American tobacco industry could provide practical support during the start-up period. They could assist the states in establishing the packaging and distribution functions. If so, it would only be while the states were coming up to speed.

HOWEVER, the American tobacco companies will not be allowed to own, run, control or directly profit from the new M farm industry. Although they will do everything in their power to make that happen — absolutely not!

- M will be distributed in various forms, much the same as cigarettes and pipe tobacco. Primarily in a loose form as is pipe tobacco and in the cigarette form, although probably smaller in unit size.

### Quality Control – Health Issues

- The quality and purity of the M crops would be strictly controlled. Existing users of imported, illegal marijuana suffer from whatever insecticides and/or miscellaneous debris is harvested along with the crop in other countries.

Also, it is known that some dealers like to lace M with trace amounts of cocaine or other substances in an attempt to hook their unsuspecting clients on stronger drugs. This danger will be avoided under the NDR.

### Pricing and Taxes

- The M industry will have a minimum or non-profit structure. Adding corporate profit margins on top would unnecessarily increase overall costs, increase the market price to the consumer, and decrease the net funds available for better public uses.
- It will be produced in various grades or strengths just as with beer and hard liquor. And it would be priced accordingly.

Note: Product pricing must be reasonable. It will not be overpriced in a covert attempt (by the screamers and various lobbies) to price it out of reach of the general public. Overpricing would only promote an under-market, which is part of the problem we are trying to solve in the first place.

- Pricing would include normal considerations for cost of production and distribution, taxes, and profit for the retail seller, as applicable.
- Each state will control and benefit from their portion of the business from the production, sale, and state taxes generated.
- Federal taxes generated would go to a specific fund to be tracked and used for designated purposes, only.
- The taxes derived from sale would be shared with the appropriate federal and state entities. The tax would go to pay for other parts of the program at the local, state, and national levels.
- Some farmers in tobacco states would be able to switch to cannabis farming to reduce dependency on tobacco income. The tobacco companies would only get planting contracts with the individual states, if no state farmers were available or interested. And isn't that possibility hard to imagine?

### Other Items

- There will be no public advertising of M to the public, much like hard liquor, with the exception of specialty magazines that exist today. This approach will also help keep overhead costs down and satisfy some lobbyists. Word of mouth and the internet will be sufficient.
- M related products e.g., pipes, etc., would be manufactured in America, by private companies. They would be sold in retail stores, and by mail order as they already are!

## Other Legalization Related Items

### Freeing up Our Police and Courts

Moving M from its current illegal status into social acceptability, will free up police and the justice system to focus on what may be termed real crimes and criminals. And it will stop making criminals out of otherwise law-abiding citizens.

### Who Gets Addicted – Who Gets Clean

The basic facts:

- Addiction to anything is strictly an individual condition. What substance(s) a person may become addicted to totally dependent upon the individual, what they have ready access to, and what they personally decide to take into their body.

How much of a particular substance or how many uses may be required for a given person to become addicted to it also depends upon the individual. That is why ‘only’ 1 in 7 or 8 powdered cocaine users are addicted, the rest are recreational users, only.

- There is no standard, cookbook track to addiction. Everyone is different. It varies among siblings in the same family.
- It also then follows, that the path to getting clean from an addiction is also an individual situation.

“Going clean” is an act of personal behavior modification that only the individual can decide to make happen. It is only done for their personal benefit. The familiar example is the person that after decades of a 2-pack-a-day cigarette habit, one day just decides to stop. They go cold turkey and just do it!

## The Medical Availability of M

The NDR implementation will also make M easily available to those with various illnesses. They will be helped by Ms various natural medicinal properties well known and accepted outside our borders, but ignored and suppressed within them.

The withholding of M for those that are sick is without a doubt one of the worst results of the domestic propaganda promoted by the screamers and self-interested lobbies — the pharmaceutical industry in particular.

Many states and the District of Columbia (my hometown) have voted to allow the medical use of M, only to have the federal government come in, threaten them, and squash the will of the electorate! The Fed sends the DEA to harass and/or shut down public clinics that dispense M to those that are sick; they especially like to beat up on those in California.

I must say that whenever I see an sick person being wheeled around the halls of our U.S. Congress seeking support for the legal medicinal use of M it makes me sick! And then to have our (gutless) elected politicians stand there before the cameras and state that M has absolutely no medicinal properties and if they use it they will be prosecuted.

They are bowing to the lobbyists — their campaign contributors, but not to the truth. Our politicians need to return to serving the Common Good of the People!

It makes me feel embarrassed and disgusted as an American for our highest elected officials to talk such complete nonsense and expect that we believe it. Everybody in the room (with a brain) knows the truth, including the speaker, but will not dare say it.

Remember the story about the king that had no clothes!

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## Closing Thoughts on Legalization

I can easily accept that concept that once a person is unfortunate enough to become a hard drug user that they run a great risk of drifting into dependency and/or addiction.

The bottom line is that becoming a hard drug user and possibly becoming an addict depends on only two things:

1. The individual's mental and physical abilities to resist becoming dependent on any given substance.
2. The physical availability of a given substance to be consumed.

It may sound too obvious, but if a person cannot get a given substance they cannot become or stay addicted to it. It is that simple. It is common sense.

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Depending on a person's values this legalization approach could be described as straightforward, radical, controversial, prudent, and maybe even realistic? In a perfect world no form of drug legalization would not be necessary; this is far from a perfect world.

This approach includes a necessary evil at best, the legalization of the most popular naturally growing drug in the history of the world. However, this legalization in particular is a practical necessity all the same.

Perspective: Some years ago after hearing the NDR proposal, a fundamentalist Christian pastor (I told you I talk to everyone) told me that in general he did not approve of the legalization of M. However, he went on to say that if the overall program could finally rid our people and country of hard drug use, he would be in favor of the program. He viewed M no better or worse than alcohol. He also had no problem with the way in which the NDR program utilized the death penalty.

That speaks volumes on both issues. He was not the only church leader to respond that way. They know what the families in their congregations struggle with in the real world.

As mentioned before, the stand-alone attempts to legalize M have never succeeded, for both good and bad reasons. The inclusion of this level of drug legalization in the NDR plan I view as a practical necessity. It clearly separates this lower impact drug from the destructive types.

It has frankly amazed me how small an issue legalization of M this been in the overwhelming majority of those one-on-one presentations and subsequent discussions, and with all types of people. Of course, the average liberal or moderate is less inclined to oppose this level of legalization than the typical conservative, but to my surprise even most conservatives regardless of age did not even blink at the idea. Many of these people said they had never used M, and would not use it even if it were legal. When I ask them why they could accept legalization, they too said they viewed the effects of M no worse, if not less harmful than alcohol.

However, all these people had strong opposition to any legalization of hard drugs. As do I.

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The crime rate in every small town and big city in the country will go down. Under the NDR, addicts will no longer need to steal, rob, injure, kill, car-jack, or prostitute themselves to support their habit.

Most significantly, due to other parts of the program new addicts will not be created! The conveyor belts coming in the front door of the CCs would begin to have fewer and fewer new addicts on them. In order to promote public awareness and oversight, appropriate statistics will be tracked and routinely published in the newspapers and on the Internet for public observation. The exact numbers of addicts today is not actually known; only ranges. The CC system will provide a watching nation with real-time statistics on the progress of the program.

## NDR Proposal Component 2 – Helping the Users Get Clean

The second component of the NDR program addresses the ongoing task of administering the rehabilitation our nation's hard drug addicts (and alcoholics).

As previously overviewed, this NDR program component addresses the two areas that are critical to the short and long term success of a person's overall rehabilitation, which are:

- Drug Rehabilitation
- Civil Rehabilitation

No doubt this is already a sizeable national effort. The NDR program will initially force some additional number of addicts into the existing Drug and Alcohol Rehabilitation Center (DARC) system. **In 2000 there were over 13,400 DARC facilities in operation nationwide, serving over 1,000,800 clients**, with various drug, alcohol, and mental health issues.

Revisions and enhancements to the DARC system will focus on standardizing the administrative aspects of the system to include client identification, tracking, and drug detoxification functions. It will also administer the social rehabilitation, educational development, and the vocational development of America's hard drug and alcohol abusers.

The existing national network of publicly funded DARCs will continue to process individuals with drug, alcohol, and mental health issues. The physical configuration of these facilities takes a multitude of different forms depending upon locality, volume of being treated, and budget. An unfortunate constant is that the facilities are everywhere, because that is where our drug problems are located — in your town and my town, too.

Note: The NDR proposal does not specifically talk about the issue of alcohol rehabilitation. That issue is not the focus of this project. However, that group of our neighbors will also benefit from the overall approach to recovery since under the NDR programs they will be working through the same enhanced procedures.

The local administration and staff of the Community Centers (CCs, the new name for the DARCs) will continue their good work and remain responsible for helping to rehabilitate the hard drug and alcohol users of their respective communities. Again, that includes all our communities.

An important objective of the revised CC structure is to help this group become more effective in their efforts. These hard working people need our support to realize their goal of successfully rehabbing one person at a time.

### A Couple of the Usual Questions/Comments

- How are we going to pay for this?

By now you are beginning to see and understand the stock answer to the NDR program funding questions. We are already paying and we will continue to pay until we are working under a new and real, end-game strategy.

As the existing drug population is cleaned up, and most importantly as fewer new addicts are created due to the impact of the NDR programs, more dollars will be available for other good purposes. The NDR approach will eventually allow redirection of drug related funding of government to more socially beneficial programs.

- Others are saying, I am sick and tired of us spending money year after year for decades on this junk. We are just throwing good money after bad. And where is the progress?

That is because we have followed a Prohibition-style approach to stopping drug use. And if we continue the Prohibition-style approach, there is no end in sight! More billions of public tax and insurance industry dollars down the drain, and so many more lives ruined and lost, and families destroyed.

Under the NDR program we will have an end game strategy. And if we are bold enough, there is no doubt that we will see the end of drugs on our streets and in our people in fewer years than you have fingers on one hand. And all the tax money we would continue wasting on the current drug war approach will then be available for other, far more positive public needs.

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Once the nation takes control of drug use and eliminates the *illegitimate* demand, we will remove the profitability of the drug business. Remember the Basic Assumption of requiring the reduction in the demand for drugs. It will reduce the profitability of the drug business? Once the profitability is reduced, the drug business itself will begin to dry up. We the People can do this.

America is the finest, most creative, most powerful, and least vengeful country this world has ever seen. We can once and for all determine to fix the drug problem we have. In so doing America will become an even greater country, and better model for the world that also struggles against the worldwide illegal drug business.

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## **The First Half of the Rehabilitation Process**

### **Drug Rehabilitation**

The following approach was developed to address the second major component of the NDR program, called, “Helping the Users Get Clean.”

The NDR approach requires that three specific “operational functions” be addressed. The three (3) operational functions are:

1. Establishment of the Civil Support System (CSS)
2. Establishment of the new Community Center (CC) Program
3. Obtaining the Base Crops

Those functions working together form the day-to-day operational support system for the Community Centers (CCs) and will promote the comprehensive rehabilitation of our existing hard drug and alcohol abusers.

The three (3) operating sub-functions will need to be structured and implemented simultaneously. Operationally, they work will compliment each other.

## **Drug Rehabilitation**

### **Function 1 of 3 — Establishment of the Civil Support System (CSS)**

Under the NDR Program, we will create a new “entity” or system to support and coordinate the CC facilities and their current and future clients that is called Civil Support System (CSS). This is offered due to the proposed changing functions of the DARC facilities within their respective communities and to improve their public name recognition.

The CSS includes the existing drug rehabilitation administrative and operational procedures and a new centralized national database system to support the nation’s drug and alcohol addict rehabilitation process. It will be centralized computer system that will support the existing nationwide network of CCs. The staff in the local CCs the CSS to directly update and maintain their client’s files.

With today’s rapid development and software deployment technologies, it does not need to take long time to create and implement a new computer-based system. And I would expect that much of this data is already being tracked at some level and current systems would only need to be enhanced to add the functionality being discussed here. However, be aware that if the proper priority and pressure is not applied, it could take forever. I think you understand what I mean.

#### **What’s in a Name**

During most of this project and therefore in a large percentage of the one-on-one presentations of the NDR Proposal, the CSS was referred to as the Medical Probation System or MPS. This somewhat harsh sounding title did not appear to bother the listeners, however I determined that it was too negative a sounding label for all the good that the CSS would be doing. Also, the CC program expanded beyond drug detoxification to include vocational and other socially services. The system needed a more positive name that the public would grow comfortable with and embrace over time.

We all have at least a general understanding of how Criminal Probation (CP) works within our Criminal Justice system. The CSS will have some of the same ‘binding’ characteristics as the familiar CP system. However, a person’s involvement in the CSS is not a criminal condition, and therefore, does not result in a criminal record of any type!

In the future, under the NDR guidelines, in order for a person to receive any of the services provided through the CCs, they must have completed all enrollment requirements and been registered in the CS Data Base (CSDB) – a centralized national database.

The CSS enrollment process will necessarily begin with the existing CC client population around the country. They will be added into the system when it is being implemented. This type of loading or conversion process is standard procedure when implementing a new system that replaces existing functions.

The CSDB’s client population will also include those with alcohol abuse (and mental health issue) problems.

The centralized CSS will provide CC local, state, and national management with excellent daily statistics on the number of people being helped, their rehabilitation status, and the overall success of the program. This will help keep everyone on the same page regarding client progress, with local to national oversight. The results will be improved client services and individual progress, as well as happier taxpayers. Enrollment in the Civil Support

## System (CSS)

A person's access to rehabilitation services and entry into the local Community Center (CC) requires official enrollment. That enrollment may only be obtained in one of two ways:

- Voluntary Enrollment
- Involuntary Enrollment

### Voluntary Enrollment

In this case, the individual knows they have a drug (and/or alcohol) problem that is more than they can handle alone or walk away from. Their habit(s) may be wasting their health, destroying their family, finances, job, etc., or all the above. Due to guaranteed widespread publicity, the drug user community will be very aware that the NDR program is being implemented, as well as its potential impact upon their own situation. The NDR program implementation will mean that their drug sources will for the first time ever be in real danger of drying up! They will have a personal and practical motivation to deal with their drug habit(s) and really attempt to get clean. They will also know due to public awareness campaigns within the community/county, where the local CCs are located – as if they do not already know.

They may voluntarily go to their local CC and enroll themselves into the CSS.

Since the CC process is confidential, people could work through the complete CSS program without it being known by friends or business contacts. However, that will of course depend on the severity of their drug problem. The CCs and other social services will need to work with employers to help keep people working whenever possible. It can be a very win-win situation, but the primary goal is for the person to win.

Also, a concerned other party (family, friend, physician) may help bring them to the local CC for voluntary enrollment. In any case, voluntary enrollment will only be with the individual's freewill consent. The standard laws applying to guardian responsibilities will be honored.

After the on-site enrollment is completed, the person will be eligible to receive the support services provided under the control and supervision of staff at their local CC.

### Involuntary Enrollment

This means that another entity or party, usually the local courts, will have directed the person's enrollment in their local CC.

A person could very well be in the CSS and on Criminal Probation (CP) at the same time. A person's CP obligations could be completed and end, long before the person's need for CSS support services is satisfied. And that would be fine.

### In General

A person's committed involvement with the local CC rehabilitation programs will decrease the risk of them going back to doing the wrong things again.

Under the NDR, coordination between the local CCs, the courts, and CP systems will become more efficient yielding better results for those being helped, and for our tax dollars.

## CCs in Prisons – Federal and State

Every prison and long-term jail facility in the country will be a logical candidate to have an in-house CC facility. Many have already some form of these functions, but they need to be upgraded and standardized to become more productive and reliable. These facilities will also be required to support the standardized rehabilitation services to deal with drug and/or alcohol problems of their clients.

People will no longer leave prison with a drug problem that they did not have when they entered it. What a concept! Isn't it just amazing how that happens?

People have contracted HIV/Aids from dirty needles, while in prison! We will put an end this stupidity and abuse.

The prison's general population will be evaluated as in the local CCs. They will receive required services to improve social skills, education level, and vocational ability, all aimed at developing the individual into a better member of society. This training will not be optional — after all it is a captive audience!

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In a relatively short period of time (my guess is 12 to 18 months), the vast majority of the problem hard drug users will be in the CSS system. The speed at which this will move in the beginning could be constrained while additional detoxification facilities are identified, and prepared for the hardcore addict group.

However, one way or the other they will all eventually come under the support and control of their local CC and the CSS program.

- They will find it increasing difficult to obtain their drugs on the street. The supply will be drying up due to actions we are taking in other areas.
- They will no longer need to get their drugs on the street.

## **Drug Rehabilitation**

### **Function 2 of 3**

#### **Establishment of the New Community Center (CC) Programs**

As stated above, access to the services provided by the local Community Center (CC) will **only** be accessible to those individuals enrolled in the CSS Program. No exceptions will be permitted.

It must be understood from the start, that the restructured CC facilities are absolutely critical to the short and long-term success of the drug and alcohol rehabilitation and other programs under the NDR Proposal.

The actual local CCs will continue to be outpatient facilities, only. They are part of an existing structure of local, state, and federal agencies and groups that provide and control short and/or long-term rehabilitation services to their local clients. However, the local CCs are the controlling entity with regard to any services provided those under their treatment. This is because the local CC is responsible for their clients' overall progress and wellness. Again, the existing drug and alcohol clinics structure in the country will be revised, re-structured, and standardized, as required.

The policies and procedures established around for the CSS will become the controlling structure over the entire drug and alcohol rehabilitation system in America. The governors and state legislatures of the fifty states will need to work as a group with the related federal and state agencies to *rapidly* define and adopt a standardized process for the CCs and the CSS system.

Please be somewhat comforted that all this talk of restructuring is strictly operational improvement and standardization of the existing network of DARC facilities. We are not starting over again. There is no need.

This will be a nationally standardized program, developed in conjunction with the local and county agencies. Administered by the local and county agencies, with state and federal funding provided, and oversight to protect quality assurance and the client's treatment.

No funds will be expended to help rehabilitate any person that is not properly registered in the CSS system. This restructuring of the existing DARC system is critical to ensure that the entire program is made more productive than it is today, thus making the CCs more effective for each person receiving services, as well as making it more cost-effective for the expenditure of our tax dollars.

## The Community Centers (CCs)

This write-up overviews how a given person will enter and flow through the CC facilities. Once enrolled the following scenario will apply whether they enter the program voluntarily or involuntarily. Remember a given person will probably not require all of the services offered in the CCs.

### Check-in and Orientation

- The person requiring services will go to their local center at a pre-arranged appointment time. If the appointment time is missed they will be required to reschedule.
- The person will be required to complete most if not all of the registration process during their initial visit. Some pre-registration work will probably be an option.
- The first thing they will do is to attend an orientation session that will explain the center's services and procedures. This may be a group session if more than one person is starting that day. Only orientation may be done in groups. All other initial activities and assessments will be private sessions with the appropriate CC staff.

### Civil Support System (CSS) Registration

Next, the person will be registered with the centralized, national Civil Support Database (CSDB). Their personal profile information will be entered and maintained in the CSDB. A short list of the standard, required information to be collected includes:

- Name
- Picture – the same procedure used at any state motor vehicle agency
- Fingerprints
- Current Address, plus multiple year history
- Phone numbers
- Emergency contact names and numbers
- Current Employer Information, if any
- Employment history – to assist in determining their employability status
- Social Security Number
- Data identifying drug dependency status – to be volunteered initially and medically verified later
- Whatever information or comments they would like recorded as part of their initial file.
- Other pertinent personal history information

The person's registration may be conducted with others present to provide support for the person registering. The person registering will determine who may attend this session. Some extra support may be helpful for someone enrolling and possibly headed for the residential treatment or drug detoxification facilities.

The CSDB is a centralized nationwide file. It will be a highly secure system with very restricted access controls for both view-only and file update authority levels.

The database will be updated by the local CCs on an on-going basis to track the person's progress in their comprehensive case file — their CSS history. If people need to relocate in the country for employment reasons, their file would be readily accessible by the new CC for use in continuing their support services without interruption.

### Medical Evaluation

The person will receive a general medical evaluation either directly at the center or through an associated hospital or other medical facility. The evaluation will include blood work and possibly a chest x-ray. The details of the evaluation and other information obtained during this process will be confidential. It will be maintained in the CSDB and would include:

- Typical detailed physical data, e.g., blood type and pressure, cholesterol levels, etc.
- Other important medical reference and history will be documented.
- The type of drug(s) currently used will be documented.
- Their current level of drug addiction(s) will be evaluated and documented.
- An initial prescription and/or drug stabilization regimen will be determined and documented, as needed.

Of course not all of this information will be available on the first day. However, the collection and availability of this data to the CSDB and so to the CC staff will be expedited so that it does not impede the case review and start of applicable service(s).

Note: No CC services will be provided until satisfactory completion of any appropriate pre-work and enrollment requirements. Each person must buy into the process. No games will be permitted with CC and CSS programs.

### Counseling and Support

They will then be introduced to their support network at the center.

- They will be assigned to a counselor.
- They will be assigned to support group(s) for regular weekly (or more frequent) meetings, as applicable.
- They will at the proper time be connected with a ‘buddy’ as used in the AA program.

## Drug Addict Detoxification – A Very Individual Matter

And it comes down to this — determining the appropriate detoxification procedure to be used for a given person. This determination is not a one size fits all situations. What it takes for someone to get on and get off the addiction train is an individual profile, but there are a few basic paths that may be followed.

The good news is, we already know how to do all this! The staff in the existing DARC network has been performing this function for decades. They have had many individual success stories with now former addicts. The two biggest (not the only) reasons they have not had far more successes are:

- When they are successful in bringing an individual to a state where they may go back to their community to continue with their lives, the drug(s) that sent them there in the first place are waiting for them. It makes it all too easy for them to fall back into old patterns or to be enticed by the bad guys.
- “Someone” keeps creating new addicts that eventually will appear at their front door looking for help, to date, a never-ending stream.

Using the NDR as our national stick, we will dry up the supply on the street and deal with the “someone’s” once and for all.

## Not a Significant Change but Stricter Controls

The remainder of this section overviews the basic detoxification approaches used.

Please understand that the NDR is not necessarily creating anything new here. I am a layman relative to the drug rehabilitation process just as most of you are. However, my career was that of analyzing and enhancing businesses and operations that were in need of improvements and which I normally had little knowledge of at the beginning of the project. This is just another case study. And at this point I have been studying at the overall drug problem for more than 20 years.

In this particular area, I would not presume to interfere with the workings of the drug rehabilitation system, but the NDR will promote their cause and provide improved administrative functions, standardized operating procedures, as well as aggressive operational management and oversight.

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This is high-level procedural information, and very important for common understanding among us layman. After all we are the taxpayers and we have multiple good reasons for wanting to see this process to be more successful.

Be clear that the NDR administrative reforms to this existing DARC operations and related procedures will standardize the system to make it easier to manage, track results, and help rehabilitate our fellow citizens.

Please read on for our common understanding.

## **The Three (3) Levels of Drug Addiction and Treatment**

There are three (3) distinct approaches to be selected from to best manage and facilitate the detoxification of a given drug abuser/addict, and they align well with the three (3) addiction levels that need to be addressed. The Drug Treatment Levels are:

- Level 1 — Outpatient
- Level 2 — Residential Treatment
- Level 3 — Drug Detoxification

Obviously, all of these people have a physical demand for some amount of drug(s) on a regular, usually daily basis. This demand is more than a casual or recreational usage level. It is a strong dependency usage level at least. The placement of the individual will be the determination of the CC staff with input directly from the person, their family, their doctor, and from other agencies, as applicable. The placement decision would be finalized after the medical evaluation(s) were completed. The CC staff will of course revise the level and/or the prescribed services whenever they deem it appropriate.

The general characteristics of candidates for the addiction levels are presented next. These are not absolute, but are representative of the needs of those with drug dependency and addiction.

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A person that requires help through the local CCs will be evaluated by their staff and categorized into one of the following Treatment Levels for support services:

### **Level 1 Treatment – Outpatient**

Many of this group could be voluntary entrants to the CSS, submitting themselves for rehabilitation support. The appropriate candidates for this level:

- Initially requires a minimal amount of prescription and/or drug to maintain their personal control and credibility with the local CC.
- Could be currently are employed and do not want to lose their job. If so, they could continue with their employment with the support of the local CC.
- Do not want to be placed in Level 2. The CC staff must be able to observe commitment and progress or the person may well go to Level 2, Residential Treatment.

### **Treatment Approach – Outpatient**

This is the outpatient level of treatment that will be monitored in the CCs. After they have been enrolled and evaluated the following process will be followed:

- The CC staff will conference and prepare their appointment schedule and initial drug regimen, as required.
- The person will then be counseled on their CC schedule and regimen procedures.

- The person will be placed on a substance stabilization level regimen to begin with. They will be given whatever medication they need to help stabilize their condition **and** get them off the streets as a means of getting their drugs.
- They will come to the clinic one or more times a week per the prescribed regimen. This means that most, if not all medication will only be administered on the CC premises – to insure proper use. The objective of course will be to reduce their need for medications of any type as quickly as possible.

No, we are not going to give a drug abuser a one-week supply of drugs, ask them to use it prudently at home, and come back to see us next week!

- There are a few details to be worked out in this process, but none of them are showstoppers. Between the existing rehabilitation community and a few good detoxification experts the CCs we will be able to refine all procedures required to help our fellow citizens get fully rehabilitated.

### **Level 2 Treatment – Residential Facility**

Not all, but the majority of this group will come to the CCs involuntarily through the courts and via private doctor referrals. The appropriate candidates for this level:

- Require access to drug(s) daily or almost daily.
- May be employable, or are barely holding a steady job.
- May be selling to support habit.
- May be involved in other crime to support habit.
- Do not want to be placed in Level 3, but may need to be placed there soon, anyway.

### **Treatment Approach – Residential Facility**

These are 24x7, mandatory full-time living quarters.

This group will need to be assigned to residential treatment facilities, at a minimum, preferably within their local area, but not a requirement. It depends on space availability and volume; counties within a given state may need to assist each other in this effort to balance the initial volume.

### Level 3 Treatment – Detoxification Facility

As with Level Two, not all, but vast majority of this group will also come to the CCs involuntarily through the courts and some via private doctor referrals. Contained in this group will be those people that we often think of as flat-on-their-face drug abusers.

The appropriate candidates for this level would:

- Could have a minimal job.
- Hardcore addict, totally dependent on access to drug(s) one or more times a day.
- May be selling to support habit.
- May be involved in other crime to support habit.
- The person could already have one (1) foot in jail.

### Treatment Approach – Detoxification Facility

These persons may be psychologically be the hardest group for us in American society to deal with. They will need to be placed in facilities more structured than the typical drug and alcohol residential treatment centers.

We may use military bases, hospitals, old farms or ranches, old schools, etc. We should not need to build any new facilities, because for one thing it would take too long. Many of these types of facilities are in operation today, and we may be able to expand some of them. They do tend to lean toward rather Spartan living conditions, in the nature of “tough love.” They are designed to produce real results!

### Drug Detoxification Approach Notes

Here are some points and perspectives for consideration:

- The Americans receiving support through the CCs will NOT be treated as criminals, regardless of how they got into the CSS. If they were serious criminals, they would be in a prison or jail full time and receiving the CC-type services there.
- The governing justice system entity that coordinates with the local CCs would be the courts in the town, county or major city. It is the locality in which the person was living or apprehended that will generally determine in which CC they will be enrolled.
- When practical, every attempt will be made to keep that person within reach of their family or an extended family unit. In some other cases, the family will not want to be bothered with or by the addict until they have made significant progress, if then. The family will not be forced to interact with the addict if that is their desire, and vice versa.
- It may be appropriate to relocate a person to a CC facility located elsewhere in the state or the nation. This would help facilitate their re-entry into American society.
- The addict detoxification approaches under the NDR proposal, may initially provide the people in the program with hard drug(s)! The initial, primary objective of this approach is to facilitate the stabilization of the person entering the CC program. This will be a short-term necessity to facilitate the detoxification in Level 3; probable of use in Level 2; and possible for use in Level 1.

**Acknowledgement:** This is without a doubt one of the more difficult issues for the average America to conceive of us actually doing. At first it sounded strange to me, as well. However, this action more than anything else we may do, clearly demonstrates that we will do whatever is needed to help these people to help themselves.

Over time, the “medication regime” would be quickly modified. It would be decreased as rapidly as practical for the person involved. There is the probability of them being moved to medications aimed at helping them toward full drug rehabilitation. However, we must not facilitate their simply moving from one drug dependency to another, using prescription drugs. We absolutely do not want to create any methadone-type addicts.

- Some people will probably will become long-term users of legalized marijuana. Maybe not the best prospect, but realistic and definite progress for both the individual and society. At a minimum they will be off the hard drugs that were damaging to their life. And they would not a threat to themselves or to society. Again, absolute progress in the life of that person will have been made. Remember, there are no perfect solutions. And that we cannot continue as we have been doing for the last eight (8) decades.
- Sometimes regrettably, the person will need to be relocated away from their family or community in order to best facilitate their re-entry into the world. Authorities may determine that this relocation is the best course of action. An unfortunate, but realistic approach in some cases. A fresh start, with a support group, in a new town. A personal opportunity to be born again...

## **Drug Rehabilitation**

### **Function 3 of 3**

#### **Obtaining the Drugs for Use in Detoxification**

In order to supply the CC facilities with the required hard drug products, the federal government be required to go to the governments of the drug crop producing countries in Central and South America to obtain the base crops and/or products needed.

The demand for these crops or products will of course be highest at the beginning of the NDR driven process. It will decline as the number of hard addicts in rehabilitation decreases. .

At this point in the presentation, many people ask, “But what if those governments do not want to allow us access to the growers to buy the cash crops directly, or local drug barons do not want to give up their base crops without a fight?” My response is always to tell them the following scenario:

Well, if that is the way they want it? Under the NDR plan, America will finally decide to be at **war on drugs**. The traditional shield and hiding place, the political Sovereignty of a nation will be suspended South of the U.S. and Mexican border. No longer will it protect countries like Mexico, Columbia, and others so deeply involved in the drug trade. For more than three decades some of these countries have grown and/or trafficked drugs that wind up on our streets and in our people.

Our military response to any armed resistance will be simple and direct. That is why since the founding of our nation, America has always had an excellent fighting force called the United States Marine Corps! End of problem! We are not talking about a large operation here.

And we must be absolutely united and serious about that approach.

And, in Mexico’s case in particular, if they do not cooperate, they can just forget how to spell NAFTA!

After three decades of ignoring reality – We — cannot allow the War on Drugs to extend through a forth, shall we say ‘wasted’ decade! Any questions?

#### **Preparing the Drug Products for Use**

Once obtained, from whatever source, the raw drug crop will be turned over to our own pharmaceutical companies. They will in turn process it and produce whatever forms and grades are required support the detoxification process. The prepared products would then be distributed to local pharmacies via the strictly controlled distribution network for prescription drugs that already exists from the pharmaceutical companies to local pharmacies.

The local CCs would obtain their product from local pharmacies. Of course, we will establish adequate controls over the safe storage and distribution of product at the detoxification facilities, in residential treatment housing, and the CCs, as required.

Of course there are policies and procedures to be worked out. However, the approach to be followed is simple and workable. Again, we are not talking about rocket science here, folks. The operational methodology will need to be refined over the initial months of operation of the NDR proposal driven implementation.

## The Second Half of the Rehabilitation Process

### Civil Rehabilitation

As mentioned above, the CC program will not only work on the drug detoxification a person, but will as needed address other key issues aimed at helping people become viable members of society. This has to do with non-addiction aspects of a person's life, such as educational level, social skills, and employability status in the job market.

In the one-on-one's, I pick on stockbrokers as my example! So, if a person is a stockbroker with an out-of-control cocaine habit, they probably have most of these issues under control (I did not say all of them), but they need support dealing with their cocaine problem. However, many others that find their way into the CC facilities do not have all of these bases properly covered, which can be contributing factors why they came to drugs in the first place.

Therefore, the second major function in the CC's two-pronged rehabilitation offensive is to help the addict to confront and successfully deal with basic life issues. This coordinated process addresses the person's **Civil Rehabilitation**, helping them become a productive and more responsible member of society.

Listed here as mentioned earlier are the high-level items under each of the three key areas to be evaluated for a person when they come to their local CC program. Again, not everyone will require these all services, but all clients will be evaluated against a standard checklist.

#### Educational Status

- Learning disability evaluation and corrective training
- High School GED preparation and testing
- Higher education counseling

#### Employability Development

- Vocational assessment of current job skills
- Computer literacy training
- Vocational training coordination
- Job placement coordination through local and state agencies
- Relocation support, if needed

#### Socialization Skills Development

- Social interaction training
- Personal health and hygiene maintenance
- Personal housekeeping
- Personal financial management (checkbook, etc.)

The requirements for each person will be to be evaluated against each of the three areas and a detailed plan established for them.

The local CC may not actually perform all of these evaluations, and will be equipped to conduct many of the related services. They will be responsible to monitor and oversee the evaluation process and all services, with the progress maintained by the CC staff in the Civil Support Database (CSDB). Again, building the person's individual case file.

Each person will need to successfully satisfy their plan's requirements or obtain a waiver from the CC staff

signifying that they already have the given skill based upon their current proven abilities.

### Some Thoughts

- Individual counseling, and support services will be obtained through these centers, that could be partially staffed by volunteers made up of local people, former addicts, and church and civic groups. This will help reduce the operating costs and more importantly provide better support to those trying to kick addiction. I am sure that this is done at some level today, but may not be standard in all places.

Further, active community involvement will promote local support and help to nurture what used to be called “community pressure and/or expectations” — when someone knows that it is not socially appropriate to do certain things because the community (and society in general) actively discourages such behavior – as with public drunkenness.

- Under the comprehensive NDR program, these people will be much less likely to go back to their old habits and drugs. This due to the fact that as more time passes, the availability of drugs on the street will decrease severely.
- It is fair to say that people could kick cigarettes if they not available everywhere.

Today, in America, all the hard drugs are available everywhere. Just consider this sad, but real scenario:

Today, if someone knows what they are doing, they can walk out the front door of any state capital building and return in one hour with street purchased cocaine, heroin and met amphetamines.

This grim reality absolutely also applies to the U.S. Capitol building in Washington, DC. Anyone who believes we are winning the War on Drugs is just not paying attention! They have reality turned off.

- With the passage of time, meaning several years, the vast majority of these users will become clean. No one can say how many and how soon. But the number of users will surely be significantly reduced due to this more realistic and comprehensive NDR approach.

Have you ever talked with someone that was once a cocaine addict and they were now clean? I have and they are very happy folks.

- We must acknowledge up front that some percentage of the current drug users will *never* get clean. It is the same situation as someone you may know or have heard about that continues smoking cigarettes even after learning they have lung cancer or emphysema. They continue to smoke as long as they possibly can and/or until they die. That is nicotine addiction, which is just as gripping as cocaine addiction.

### The Simple Benefits of a DARC System Re-structuring

The administratively re-structured DARCs into the new CCs, will be available in every locality in the country since that is where the DARCs are located today along with our existing drug problems. Everywhere!

In time, the number of our fellow citizens requiring these services will begin to drop off as people are rehabilitated.

Gradually, the center's functionality with regard to drug rehab will be reduced and free-up CC staff to perform other positive services for their local community. Some of the CCs will be closed as overall demand goes down and not as many centers are needed in a given community. This will free up long-term public funds for use in other areas. Everybody except the bad guys – wins!

### **Leaving the CSS Program**

Once a person has been enrolled with their local CC (via the voluntary or involuntary method), and in the CSS, they will remain functionally connected to it until their overall rehabilitation program is successfully completed. Leaving the CSS program will only be accomplished through progress and performance.

As with the successful Alcoholics Anonymous (AA), the CCs will promote a partner or buddy program for a person's support while in the system and after it is completed. It will be part of the on-going follow-up program that will provide regular group meetings, as needed, for the person.

When a person is certified by their CC's staff as having successfully completed all of the rehabilitation services established under their individual plan, they will be formally released from the CSS program.

They will have personally succeeded!

### **And the person will graduate!**

## NDR Proposal Component 3 – Dealing with the Predators

And now we address the third component of this comprehensive proposal. This is where we can truly, “Just Say No” as a nation. And are prepared to once and for all, back it up!

But we are not just saying no to the drugs, we are saying a terminal no to the entire drug business. Here we deal with the group I call the “*Predators*.”

They are the persons that buy the crops, traffic, distribute, and deal the drugs to the local users. They supply the current buyers and are always looking for new buyers – for new victims. *Predator*, is a most fitting term for those who work the hard drug business. From the drug barons to the local pushers they are nothing but predators.

The functional breakdown of this group is presented as follows:

### The Hierarchy of the *Predators* Group

- The ***drug barons*** - They direct the drug trade usually, but not always, from outside our borders. They produce and/or obtain the base crop and process it some extent. They then prepare it for illegal shipment into the U.S. and other countries.
- The ***drug traffickers*** – They are the individuals that physically transport the drug products across our country’s border by land, sea, and air.
- The ***drug distributors*** – They obtain the product from the traffickers and help it find its way to every town and city in America. Those local delivery points unfortunately include your town and my town, too. Sometimes the traffickers also perform the local distribution function.
- The ***local drug dealers*** – These individuals and/or their own dealer hierarchy perform any final processing or preparation that is required, and then distribute the final product to the buyers, both hardcore addicts and recreational users.
- The ***local drug pushers*** – These individuals distribute the final product to the buyers, both hardcore addicts and recreational users. Sometimes these last two functions are actually the same person(s).

Further it is these last two groups that are always looking for more men, women, and children to entice into becoming new drug users — new victims, some that will eventually wind up on the conveyor belt into the local Community Centers for rehabilitation.

These last two groups are also constantly looking for more men, women, and children to be new members for their organizations, especially as their crews are depleted by murders, being imprisoned, and overdosing. It happens all the time in our neighborhoods.

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The *Predators*, at all levels are acting in and of, *their own free will*. They are helping to perpetuate the use of drugs among current users and are always looking for new candidates/victims.

Among their group are some poor souls that are only in the drug trade because it is all they are capable of doing to support their own drug habit(s). These people are in the worst of all possible worlds. The NDR program in general and the local CCs specifically, will be our lifeline to help this group of poor souls.

The drug trade is made up of persons that are making their money, and/or are feeding their own drug habit, off America's demand for various illegal substances. It is a demand for substances other than alcohol or legal prescription drugs, to relax, to get a buzz, or in order to temporarily escape from the tension and reality of day-to-day life in America.

This third and final part of the NDR is key to ultimately winning the War on Drugs and is built upon the sobering fact that no war has never been fought and won that did not involve taking out some of the enemy.

Clearly, the enemy in this war is the *Predators*.

And sadly, much of the enemy is made up of our fellow American citizens.

It is therefore in our common interest to deal with these people and prevent more of our citizens, often the youth of America from joining their ranks.

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**And now, We the People, will finally deal with the *Predators*.**

**How We Will Deal With the Predators**

**Fair, Simple, and Effective Justice**

**Determined by a Person's Own Free Will**

The following as presented and is to be taken with absolute seriousness.

By Executive, Congressional, and state action the existing criminal laws would be rapidly modified as required to support the procedure described below. The Supreme Court may need to review parts of this program, as well and if so **they will need to do it fast!**

Let us say that this component of the proposal was ready for implementation on January 1, 2008 – which it can be.

To provide a clear example of how the process will function, we will follow one person (he or she) through to the end of the program.

The following is the exact scenario I have used in a thousand plus one-on-one presentations of the NDR proposal to people just like you.

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1. Two days after the start date 1-3-2008, the person is caught with twenty-seven (27) kilos of cocaine in the back of their vehicle.
  - They were caught with the goods. So there is no question about possession and with intent to distribute or sell.
  - They received a quick, but fair trial and are convicted.
  - No plea-bargaining. No appeals. No deals. They are guilty.

- They do not go to jail! That's right. We will stop clogging up our jails and prisons with these people.
- Instead they are placed on Criminal Probation (CP), with the local court.
- As applicable, they will be placed in the Civil Support System (CSS) in their local Community Center (CC), to help them with any drug habit(s) they may have. This is involuntary registration into the CSS.
- If the person is making honest living, they may not need the CSS in their local CC to help them with social, educational, and/or employability issues. Otherwise, they will be placed in the appropriate CSS support services, which will be mandatory.

If the person were determined to be a Level 2 or Level 3 drug user, they would immediately be placed in a residential or detoxification facility, respectively.

And they have earned one strike on their permanent record, in the CP system with the court system.

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2. Continuing the scenario: Let's say it is three months later, that same person is caught with a backpack with multiple bags of crack cocaine of a quantity suitable for distribution or sale. And, once again:
- They were caught with the goods. So there is no question about possession and intent to distribute or sell.
  - Again, they receive a quick, but fair trial and are convicted.
  - No plea-bargaining. No appeals. No deals. They are guilty.
  - They still do not go to jail.
  - Instead they are re-placed on Criminal Probation.
  - As applicable, they will continue in the CSS in their local CC, to help them with any drug habit(s) they may have.
  - As applicable, they will continue in the CSS in their local CC, to help them with their social, educational, and/or employability needs.

If the person were determined to be a Level 2 or Level 3 drug user, they would immediately be placed in a residential or detoxification facility, respectively.

And now they have earned **two strikes** on their permanent record, in the CP system with the court system.

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3. And now it is x-days or weeks or months or a year later. And that person is found to possess crystal-meth or some other type of manufactured drug of quantity clearly intended for distribution or sale. Therefore, once again and finally:
- They were again caught with the goods.
  - They receive a quick, but fair trial and are convicted.
  - **No plea-bargaining. No appeals. No deals.** They are guilty, and for the last time!

This particular person has now, by and of *their own free will*, earned **three strikes** on their permanent record, in the CP system with the court system

The literal end of their particular road has reached. They have personally driven themselves all the way there and *of their own free will...*

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## **“And in the End” – Closing the Circle**

Within no more than ninety (90) days of their third conviction they will receive the only sentence the court will be permitted to decree in this situation — that being the Death Penalty (DP) by lethal injection.

No more of society’s value time or taxpayer money will be wasted on this individual, either in the courts with endless appeals and/or for years/decades in prison.

**Three strikes,**

**Earned by their own free-will decisions,**

**and the predator is self-terminated.**

**One less merchant of death on our streets.**

**someone that will never have the opportunity to prey on anyone again.**

This feature of the proposal is not intended to be a barbaric or entertaining. It is intended however to be the cement that seals the deal. The approach is deadly serious just like the hard drugs they help provide. The rules of the game will have been changed forever.

Make no mistake:

- The criminals always know the rules.
- They know just how far they may push the rules before really getting burned.

However:

- We are about to move that line a lot closer to them.
- We will see if some dare cross our line of their own free will.

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**Note 1:** There is an accelerator on the three strikes process that was not mentioned before. If, at any time the person kills anyone in the act of such a crime (and is proven guilty), no matter what occurrence it is, the third strike will have be earned.

**Note 2:** This will require Federal level implementation. Some states do not use the DP. This would need to be a national override in all states and DC. It would be implemented as an exception and as a permanent set of laws.

## Closing Thoughts on the NDR Proposal

You can well imagine that while this program is being prepared for implementation, there will be the significant public debate. There would be more than a little talk about the coming end of the drug trade. Given the legalization of marijuana, restructuring of the DARC's into CCs for addicts to be fully rehabilitated, and the special implementation and use of the death penalty (DP) for anyone deciding to continue working the drug trade.

There will be no excuse for anyone to continue working the drug business. Because, by our national acceptance and implementation of this three part proposal, We the People, will finally say "ENOUGH" to the drug business as a nation, once and for all.

The real threat and intent of the public to use DP as described above, is the necessary facility required to close the trap. It is mandatory to make it stick. Of course, there will be the natural temptation on the part a few in the drug business to try and continue with an under market against this program, thus challenging our resolve.

The DP is hard justice, but it is justice. And in this case the Americas public is ready to use it. Those in the drug business will have full awareness of this program and its absolute punishment well in advance.

They would be exercising their own free will decision to continue providing illegal drugs, thus challenging this strict and unforgiving law. And if they choose to test our resolve — they will lose.

## **The End of the U.S. National Drug Reform Proposal**

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**I believe that my personal assignment to develop and present  
a socially acceptable solution to America's hard drug problem  
has been satisfactorily completed.**

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## The Big Question – How Would You Vote

At this point in the presentation, I always ask the same question, “So, if this proposal as you have just heard it were on the ballot the next election, would you vote for it?”

### Your Opinion

Right now you pretty much know how you feel about the proposal! What would you do?

- Would vote for it — yes.
- Would not vote for it —no.
- Not yet certain for whatever reason(s) — maybe.

Anything that is said beyond this point will most likely not change the opinion of the average person unless it presents them with a perspective they had not previously considered. And enough has been presented herein.

### Their Responses to the NDR Proposal

The following is how others have generally reacted to the NDR Proposal presentation after the average 10 to 20 minute interactive presentation with yours truly.

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The vast majority of people respond saying, “Yes I would” and with no stated reservations. I do mean 90+ out of 100, and remember they heard far less detail than you have had the opportunity to read and consider.

This (admittedly non-scientific analysis) is a breakdown of my typical 100 people and the less than 10% that did not simply say “yes” right away:

- One or two may had a real issue with legalization of M. That is their right. They responded no for that reason. They are single-issue people. This was often a parent trying to imagine M being available to their young child. A natural, protective reaction.
- A few people no matter what were opposed to the DP. That is also their absolute right. They voted no for that reason. They, too, were single-issue people.
- And a few folks choose not to respond at that time. They could not give it a yes or no. They had their own thoughts and needed to sort them out. I never pressed people for reasons.
- No one is against helping the drug users to get cleaned up. They appreciated the practicality of the Community Center and Civil Support System concepts. People want to help the addicts overcome their sickness.

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## **The U.S. National Drug Reform Proposal Recap**

At the beginning of the NDR Proposal, three (3) critical Assumptions were cited. I stated that the three had to be acknowledged and practically dealt with in order to develop a workable solution to our national drug problem. The Assumptions cited were:

### **First**

**We must acknowledge there is now and will be an on-going demand and need for drugs by our citizens.**

### **Second**

**We must acknowledge the failure of our National Drug Policy and replace it.**

### **Third**

**We must dramatically increase the penalty to those persons freely choosing “of their own free will” to stay in the hard drug business.**

These were not small challenges. However, the NDR Proposal as presented, practically and prudently addresses all three.

Do remember that the NDR Proposal contained herein was developed in the hard, light of day-to-day reality. It will not be music to the ears of some good citizens. However, as already acknowledged, a perfect solution to such complex national problems that would find acceptance with all 280-plus million Americans cannot be developed — that would be impossible!

In public policy issues of this magnitude, it is not possible to please all of the people or to leave the existing structure American business and government untouched. Many will benefit from these changes, and some percentage will be negatively affected as well. That is the way it has always worked! Those people and business entities that have prospered from the “problem conditions,” will need to deal with the changes, and society will need to acknowledge their sacrifice for the Common Good and help them as appropriate.

We may philosophically say we want to confront reality, that we desire for our elected leaders to layout the hard choices and then help us travel down the proper path. However, when it is laid out before us, it can feel uncomfortable and we can be hesitant. It is only human. However, in order to resolve a major social issue like the hard drug problem, and all it touches in our National System, we must resolve to take a deliberate, compassionate, yet determined action. Nothing less than that is required to deal with the tough issues, and people involved with them.

The small portion of us with civil responsibility “issues,” give the majority of us problems that diminish day-to-day life in our neighborhoods and waste our taxes on avoidable public expenses.

It is now, way beyond the time for us to be moving forward with a unified national resolve to help those that need help and are willing to respond appropriately to that support. Pulling for the underdog is one of our finest national characteristics.

And for any of those that to date have caused “a drag” on our society and quality of life, we must for the Common Good resolve to call them to task and personal responsibility for their future actions. We will help these, our fellow Americans, and hold them accountable with a very firm hand, as required, to make them better citizens.

## **Only Two Things Can Change a Person's Behavior**

Personal behavior modification is the most difficult thing for any of us to do, whether we are trying to start a good habit or stop a bad one. Sometimes the change it is an easy change to accomplish, but too often the habit is extremely difficult to confront. It is not accomplished without several failed attempts, and sometimes it is never accomplished. Again, that applies to stopping a bad habit, as well as starting a good one.

Only the individual can determine to change their behavior. And as an absolute rule, they will only do it for one or both of the following two reasons:

### **Personal Benefit**

They see something to be gained of absolute value to them. The change(s) will improve their personal life-style or stop degrading it.

### **Fear of Loss**

The do not want to lose something of value to them. The change(s) will prevent them from losing something of absolute importance to them personally without regard or care for anyone else!

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**Basically, what is in it for me and/or what do I not want to lose?**

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## Addressing the First Assumption

**We must acknowledge there is now and will be an on-going demand and need for drugs by our citizens.**

The **1<sup>st</sup> Assumption** is a given. This demand is true of people the world over, just as it has been throughout all of human history. However, we are only talking about Americans, and we are talking about today!

The necessity for a new and realistic approach to the drug legalization issue is mainly based upon the plain fact that what we have been doing for the past three to seven decades, depending on how far back you care to go, is a practical failure. And more of a failure as the Prohibition of Alcohol that only lasted fourteen years.

Therefore, We the people, not the well lobbied few needed to review what level of legalization is most practical for our nation and reach a much-needed compromise, and move on.

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As presented, under the NDR proposal Marijuana will be fully legalized in America. It will once again be legally available for both medical and personal use, just as it was up until the 1930's. Thus, the millions of Americans currently use it on a regular basis will no longer be in violation of the law. And all those that could benefit from its natural medicinal properties will have access. It is a case of Common Sense.

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This legalization action will undoubtedly have negative impact on the annual sales volume and revenues of the pharmaceutical and alcohol industries, among others. This is a forgone conclusion and is why they have lobbied overtly and covertly for years against this legalization, as they will when the NDR proposal is initially made public.

We can either tell them that such is life in business and they will just need to adjust to the competition, or the Congress may offer them some sort of tax break or consideration as they transition through the change. And believe me they will jump if the latter is offered!

### The Potential for Dependency on M

The answer to this question is of course wide-open. And frankly my dear, We the People, don't care anymore!

The answer you get quite often depends on whom you ask and what camp they are in, because logic, reason, and science cannot override simple emotion at times.

The bottom line to me is that M, just as with alcohol, tobacco, and some prescription drugs are available to people today. And some minor portion of the population can and will overdose, not overdose on the use of it. It follows that in some small percentage of that group, the use will develop from a regular craving, into a potential dependency. That is just the way people are. It is a result of their lifestyle and personal choices that they will become dependent on something.

The hard fact is that if the dependency is on M instead of something harder, they and society may be better off – simply a lesser evil – if nothing else. Odd progress, but progress all the same.

So in my personal opinion is that dependency on M is possible in some small percentage of users. However, that does not mean that M should remain illegal, while both alcohol and tobacco which are far more harmful and absolutely addictive to the individual, remain legal. Those two categories of products combine to take American lives everyday, while M has never taken a single life.

#### What about Overdose?

For one thing, a person may sit in an evening and drink them self literally to death. This is not a rare event. You cannot do that by smoking M. They would just fall asleep and wake up sometime later very rested and without a hangover!

Frankly, the fact that use of M alone has never caused what the experts call an “overdose” death. This is true even in the Netherlands where M has been legally available to the general public for 30 years! And that must be the absolute, ultimate in social and clinical drug trails.

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## From the Very Beginning

The following is a very brief history lesson. It is probably the first example of power of bad politics over the reality, science, and the public good relative to M Prohibition.

President Franklin Roosevelt signed the bill putting the Marijuana Tax Law into law on August 2, 1937 and it went effect on October 1, 1937. Thus, for the first time in American history M was illegal by federal law.

One (1) year later, the rationale of the law was challenged by the respected and powerful Mayor of New York City, Theorelo J. LaGuardia. The mayor commissioned a medical study by doctors from the New York Academy of Medicine to review his city's M problem. This Blue Ribbon group of professionals visited schoolyards, interviewed principles, tested adults.

After a four (4) year study the commission presented the following official findings (from the actual text):

## **The LaGuardia Committee Report**

### **The Marihuana Problem in the City of New York Mayor's Committee on Marihuana, by the New York Academy of Medicine City of New York , 1944.**

From the foregoing study the following conclusions are drawn:

1. Marihuana is used extensively in the Borough of Manhattan but the problem is not as acute as it is reported to be in other sections of the United States.
2. The introduction of marihuana into this area is recent as compared to other localities.
3. The cost of marihuana is low and therefore within the purchasing power of most persons.
4. The distribution and use of marihuana is centered in Harlem.
5. The majority of marihuana smokers are Negroes and Latin-Americans.
6. The consensus among marihuana smokers is that the use of the drug creates a definite feeling of adequacy.
7. The practice of smoking marihuana does not lead to addiction in the medical sense of the word.
8. The sale and distribution of marihuana is not under the control of any single organized group.
9. The use of marihuana does not lead to morphine or heroin or cocaine addiction and no effort is made to create a market for these narcotics by stimulating the practice of marihuana smoking.
10. Marihuana is not the determining factor in the commission of major crimes.
11. Marihuana smoking is not widespread among school children.
12. Juvenile delinquency is not associated with the practice of smoking marihuana.
- 13. The publicity concerning the catastrophic effects of marihuana smoking in New York City is unfounded.**

End of report text

The findings offer an interesting insight into the times and lack of prudence in the law even then. However, in the end regardless of the scientific proof from his study, Mayor LaGuardia was pressured and subsequently followed the party line on M.

The report along with the truth was buried...by the power of politics! Thus, in spite of the concerned mayor's efforts, M remained illegal in the New York City and everywhere else.

And that was over 60 years ago!

## Addressing the Second Assumption

**We must acknowledge the failure of our National Drug Policy and replace it.**

This approach to **2<sup>nd</sup> Assumption** is a bit trickier. In order to conquer this one, the following must all work together:

- We must all decide and agree as a united people, which the substances on the DEA Controlled Substance Schedules (or lists) are absolutely **not** permissible for our citizens to have access to for ‘recreational purposes.’ Primarily due to the high risk of physical and/or mental damage by the over use of those substances.

Practically, some of those substances and their derivatives will continue to be consumed under through proper medical care and prescription distribution.

As an informed public, the people need to keep an ever-watchful eye on the contents of the DEA Controlled Substance Schedules, so that it will no longer be used inappropriately for political and narrow-minded business reasons, but rather for the Common Good.

- We must acknowledge the fact that not everybody becomes addicted even to some of the hardest drugs. That some can “get away with” only using them recreationally. Not that even recreational use is good for them, since it makes it easier for them to slide into dependency or worse.

As previously mentioned, according to the statistics ‘only’ about one out of nine cocaine users are actually addicts.

Even though this is a shockingly low percentage of addiction to a very hard drug, common sense dictates that we would never legalize a substance like cocaine in America. Not that we would want to in first place.

Perspective: It may serve some people who to realize that there are numerous groups and individuals that have for decades worked to remove M from illegal status. And we’re not talking about a bunch of potheads. We are talking about average people all over America, from every income, educational, racial, and social grouping. However, it is not curious that we do not see the same significant interest and push for the legalization of cocaine, heroin, ecstasy, etc.

Think about that simple reality and it will tell you something about the substances and their practical differences. The average American would not be working to legalize a potentially dangerous substance – they know better.

That is the simple reason why the legalization of any hard drugs was ever considered as an option in the development of the NDR Proposal. The most legalization that people would consider from the very first of the one-on-one presentations was that of M, and only M. And so, that was where the entire issue of legalization was left.

- The potential for physical addiction and mental damage by drugs such as cocaine, crack cocaine, heroin, meth, and ecstasy, etc., is simply too great. The negative impacts of these substances on people and society in general are quite obvious and cannot be allowed to continue as it has for decades.

In the Netherlands, both M and hard drugs have been legally available to the general public since the 1970’s. Today, the Netherlands does struggle with some minor problems caused by hard drug addiction and must deal

with crime caused by hard drug addicts too wasted to hold a regular job, and so, turn to crime to obtain money to support themselves and their habit(s).

**This situation clearly demonstrates** that whether hard drugs are legal as in the Netherlands, or illegal under our failed national drug policy – some drug addicts are created and a certain level of crime can be expected.

- Many of the millions of recreational users of cocaine and other such drugs, many of whom are affluent people, but it touches all social levels. All recreational users will be required to end such use. They will need to find some form of replacement to fill their occasional wants, or they will eventually be introduced to the support groups at their local CC!

Of course the some will continue to take the occasional trip to the Netherlands to indulge their wants. Do not be shocked by that comment. The fact is that Americans and those from other drug-restricted countries all over the world have been doing just that for years.

In reality that ‘replacement’ will take the form of greater use of alcohol, M, prescription drugs (legally and illegally obtained), etc. This replacement action will not be a problem for the true recreational user. And for those that will not like the new restrictions on their choices, but they will just have to deal with it!

- As a united group, we must agree that people within our borders shall no longer **use** (we are not talking about providers of drugs here) the banned drugs after the **National Drug Use Cut-off Date has passed (as of July 1, 2008)**. A firm date that will go into effective in all 50 states and the District of Columbia (DC), at once. A historical date to be determined in collaboration with the Congress, the 50 Governors, and big city Mayors.

After that date, any person found using the banned drugs would be referred ‘involuntarily’ to their local CC and enrolled in Civil Support System services, as required. **Again, there will be absolutely no criminal punishment or criminal record for users**. All that grief and much more will only befall the ‘providers’ of the drugs.

To continue the example, during the initial NDR implementation, say the first six months ending in June 30, 2008, the ‘users’ will not be expected to “give up” their drug source or supplier. However, they may give law enforcement that information if they so choose.

The six months would act as a bit of a grace period for the drug providers, to get out of the business!

However, after a period of time, this option would change to a requirement to help law enforcement in shutting down the drug business. This type of citizen support will be critical in helping law enforcement dismantle the domestic distribution network and local drug hierarchies in communities all over America.

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## Addressing the Third Assumption

**We must dramatically increase the penalty to those persons freely choosing  
“of their own free will” to stay in the drug business.**

The approach to **3<sup>rd</sup> Assumption** is without a doubt the most difficult feature of the NDR for some Americans to get comfortable with and I do mean only some. My experience in the one-on-one presentations indicated less than 10%. The majority of Americans are quite in favor of using the Death Penalty (DP) for certain crimes, especially free will offenses against people.

And the prudent and well-publicized use of the DP, is the feature that will “seal the deal” in solving our nation’s War on Drugs!

This is the action that requires a united public commitment. It will absolutely demonstrate our absolute intention to close the noose around the drug business and those that – of their own free will — provide these addictive and destructive substances to our people.

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Enter the deliberate public use of the DP against the **hard core, hard drug provider network**.

Again, it is critical to remind the reader we will not include drug addicts or recreational users in this scenario, ever! The NDR program does not harm any users or addicts. It will only offer them a lifeline.

However, the DP will be used against the provider network that as is comprised of:

- Drug barons
- Drug traffickers
- Drug distributors
- Local drug dealers
- Local drug pushers

With the advanced publicity surrounding the NDR Proposal’s review and the preparation for its implementation all of these will have ample opportunity to discontinue their role and involvement in the drug business. The really big operators will have ample opportunity to just count their profits, cut their future losses (life), and walk away.

Some number of them will undoubtedly do just that, IF, the nation determines to aggressively move forward with implementation of the NDR Proposal. The drug providers that decide to continue facilitating the drug flow will reap what they sow. Their free will actions will be shown no mercy.

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Without the real threat of this absolute tool — fairly and properly administered, everything else is a wasted, futile exercise, and we would remain exactly where we are today! The hard stuff will continue to flow. We will continue living with a constant flow of drug related crimes and murders in every county and major city, along with additional hundreds of thousands of our people in prison.

It is sickening to realize that in 2000, some 700,000-plus people in America were arrested for M only related offenses. And the vast majority of those were for use, not sale. Most of the American public is unaware that for years we have been arresting and locking up “users” not just providers. This is a national atrocity against our own people and it must be stopped. Even under the more ‘liberal’ Clinton administration, the yearly average was 400,000!

And remember **most** those people now imprisoned are our people, not someone else’s people – they are fellow Americans.

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## About the Drug Business and the Providers

Here are some items regarding this enemy in our midst. And why the deliberate use of the DP is appropriate.

Above all, remember that the criminals always know the rules. They know how far to push the “criminal justice system” before it strikes back with enough force to be personally painful. The point at which it is painful to a given criminal varies widely by individual.

### Two Types of Sellers

In the first case the person has a reasonable job, but decide to take minor risks when they for example sell some cocaine or ecstasy to pay for their own supply, plus maybe a little extra spending money. They do definitely not expect or want to be caught ‘dealing’ and risk losing job, social status, etc.

However, in the second case the person is dealing for a living or worse to support their addiction and will take greater risks to do the business. They are in the business, for the business, and know they run a high daily risk of harsh criminal penalties. They are exposed to more threats to their well being for just being in the business. At the same time they pose a greater threat to those they come in contact with while working the business – in protecting their ‘territory’ for example.

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- We should have learned by now that to the local dealer leadership, the low level pushers are literally “a dime a dozen”. When one of the local pushers gets killed or goes to jail, another one is easily popped right in their place. The drug providing ‘managers’ have a never-ending supply of bottom-end pushers under our current system.

These are all too often our children, and until we remove the business that will not change. Too many of our youth are dying in this cycle.

People living in areas where drug gangs and organizations are prevalent and violent know all too well about the innocent dying. Parents with young children and those approaching adolescence should take a hard look at supporting the NDR Proposal. Your innocent children, your nieces and nephews are candidates to be pushers somewhere down the road and you know it could happen. These words are not scare tactics — they are the voice of reality. It happens every day!

- The American Judicial System, for some 70 years has been processing the criminals generated by the nation’s failed Prohibition style national drug control laws.
- The courts cannot keep up with the flow. Over 50% of all crimes committed are drug related.
- The national drug policy is generating more criminals than we have prisons and jails, so we keep building prisons. And we parole criminals before their terms are up just to make room for new ones. At times paroling those guilty of severe crimes, which is counter-productive on many fronts.

This is happening because we are not fixing the problem. We the People, have not yet said this behavior will not be tolerated, therefore the madness continues. It is just like a simple cut, that is not properly tended to will worsens and eventually become infected. It can spread to other parts of the body, threatening the person’s overall health. That latter stage is where we are today.

- Law enforcement, especially your local and state police spend so much time on the drug crime sector they cannot adequately address other crimes in need of their attention.

These brave people have it the worst in the drug war cycle. On one side they have the failed drug policy with its existing laws that allow perpetual flow of addicts, and on the other side are the drug criminals they must confront in the streets – and there is no let up.

It is as if our law officers were dogcatchers. They keep collecting the bad dogs and taking them to the Pound and are sometimes bitten. However, when they turn around some idiot has not only “let those dogs back out,” but has found more dogs to cause public disturbances.

- We need to consciously modify our view of what the Predators are actually doing. They are not just selling drugs, which now sounds so usual it is almost normal, the Predators are really selling time-released death and destruction to our people – children and adults.

Not that the average Predator consciously considers that when selling to someone. When selling to a new user, they are probably not considering what the downstream affects the drug they are introducing will have on that person. That same Predator will probably not be around, later, when that same person is on the downward slide into addiction or dead at the morgue.

Or when selling to some addict they have little or no prior knowledge of, feel no obligation – just an order to fill — even though the buyer looks like a few more doses just might finish them off.

By simple comparison, in recent years we have established laws that we punish bartenders for continuing to sell drinks to an obviously intoxicated person. Someone that often is not even an alcoholic.

- This may sound strange, but we could begin viewing the Predators as agents of foreign entities! Agents working within our borders deliberately causing harm to our citizens and our way of life. Which, by delivery of imported cocaine, crack, opium, heroin, morphine, etc. is exactly the net effect of their efforts.

If this is not really some form of **treason**, please tell me what it is. I doubt the Predators think of themselves that way. And it certainly has not been publicly discussed in the frame of reference, yet, but it will be.

And finally...

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### It is Out of Control

Our existing National Drug Control Policy laws have resulted in the revolving doors on our jails and prisons, the perpetual lack of prison space, and the increasing number of lawyers and judges to process the flow of criminals, and has contributed greatly in a few decades to produce an ever-growing legalistic entity (or empire) that I call the **Judicial/Legal Complex (JLC)** in America. Yes, a new term!

The Criminal Justice System as a general entity consumes vast amounts of our taxes every year at all levels of government and as an industry does not have much to show the taxpayers and society for the cost.

The California state budget problems were an issue in the news. California spends 8.9 billion dollars of its 98.9 billion annual revenue under the heading of “Criminal Justice.” Not pennies.

The JLC seems to consider itself to only be responsible for upholding the letter of “The Law” which they corporately worship. However, they evidently claim no corporate obligation to make the law a better vehicle by which to make the life of crime undesirable, or to better insure the General Good.

The JLC is a self-indulgent, self-preserving industry that is not technically accountable for the continuing decline of America’s public safety due to the drug business not to mention other crimes, and is content to rest on its law books and assist in the decline of our national standard of living while they are making their living!

I once heard someone say that the legal profession was a non-productive industry! This could be a little funny at first hearing and I am sure it does not apply to all facets of the profession. However, the JLC related to criminal justice appears far more concerned with perpetuating the existing process, than it is with decreasing overall criminal activity and providing positive results for society.

Not that they are consciously trying to do this, but that is the end result from society’s and this taxpayer’s point-of-view.

Some hard words, and unfortunately they are all too true.

## The Prudent Use of the DP

The DP issue was interesting, but not that controversial. All agreed it is tough justice. And there were those that said three chances were too many!

When developing the NDR this number moved between two and four. Three was confirmed to be the magic number when one day I made the NDR presentation to, in their own words, a true, hardcore liberal.

At the end of the talk I asked the big question, “If given the opportunity, would you vote for this proposal as you have just heard it?” I was expecting a somewhat qualified, **no**. Instead, I got a definite, **yes**!

I asked why? Stating that I anticipated no real issue with legalization or the CCs, but was expecting the DP to be the sticker. The rationale offered was exactly what I needed to hear from a strong, Liberal point-of-view:

The rationale was that the overall NDR program gave a person all the drug rehabilitation, job training, etc., support they could possibly want. Further, it provided for not one or two, but three chances regarding their own involvement in the hard drug business.

The issue of wrong person/wrong place was covered by the second and third occurrences. And the possibility that the person was being setup by someone was also taken into consideration.

Finally, if someone could not get it figured out with all the advanced knowledge of the revised rules, with that number of chances, and with all that support provided in between — then they were not worth worrying about anymore. This clearly demonstrates that even liberals have their limits!

To me the bottom line was identified. I felt I had real public validation and I have heard the same response many times since then.

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A Sense of the People’s Tolerance

After looking at the various aspects of this problem for so long and talking with so many people, I concluded that prudent application of the DP, implemented and administered in the manner prescribed under the NDR proposal, is absolutely required to close down the drug business, once and for all.

If there was ever an example of a necessary evil, this is it!

Everyone I have ever talked with about solving the national drug problem have some of the same basic desires. They do not want to see any more of our people to be physically or mentally harmed – or die – due to the drug business. People want to see the end of the death or harm that comes in forms, such as:

- Death by overdose
- Drug deals gone wrong
- Drug dealer turf battles
- Drive by shootings
- Innocent people catching stray bullets
- Crack babies and their deaths
- Crimes committed to obtain money to support habit
- Someone prostituting themselves to obtain money to support their drug habit
- HIV cases from the sharing of drug needles
- Hepatitis cases from the sharing of drug needles

These and more socially degenerate things are going on all the time – 24 x 7!

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In all cases, I never pushed people on their answer. My purpose in these one-on-ones was not to sell. Rather, it was to receive real feedback from real people and use the input to further refine the NDR Proposal’s design and approach. And believe me, I received it!

In general discussions after the presentation, the overall impression was that as a comprehensive set of overlapping programs, the three NDR Proposal components supported each other in providing a fair and workable solution to the nation’s drug problem – the 30-year old War on Drugs.

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## And Our “Final Answer” Is

Unfortunately we will absolutely need to put some number of our People to death under the provisions of the NDR program. It will be unavoidable. Some people would surely test the new system and our resolve to back it up. And if they do, they must lose. Some drug provider terminations will be absolutely necessary if the new program is ever to be taken more seriously than our current policy.

Yes, a few will be physically ‘eliminated’ in order to save many, many more in the future. I absolutely believe we as a nation can live with that. Especially, since we do not really want to keep living the way we are. And with the comprehensive NDR Proposal, we now have a map to lead us out of this place.

This is a real, living example of “the end justifies the means.” And it absolutely does in this case.

If we take this strong action, we will be saving countless future innocent victims, drugs users, and even future Predators, as well. They would not have the dangerous drug business as an occupational option.

The Ends will most certainly justify the Means. No apology offered.

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Granted, the NDR Proposal suggests a monumental philosophical change for us as a nation. It may be viewed as America maturing as a nation. That, We the People – have willfully confronted a most difficult national problem and had the Common Will to do what had to be done.

And, We the People, did it in a Democratic manner.

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### An International Leadership Opportunity

How long have other nations criticized us for our on-going dependency on drugs?

Shared problems and shared solutions. Obviously, the “hard” drug problem is an international in scope. Part of my vision for the NDR Proposal is that other countries will consider implementing aspects of the program. Most if not all of the developed countries are fighting hard drugs problems such as ours, including Canada, England, and many European nations. It infects the whole world with the issues of drug production, trafficking, and consumption. It is my personal prayer that the effort to end hard drug use in America will start a chain-reaction that will cause the worldwide drug war to take a hard turn in the right direction.

From my observations, Canada and the United Kingdom, to name just two, would have particular interest in the practical revision of America’s failed drug policy and the issue of marijuana legalization, in particular. Our Office of National Drug Control Policy (ONDCP) or the Drug Czar’s office and the administration are attempting to put pressure on both of our allies’ governments. Both nations are very seriously entertaining the legalization of marijuana (no other substances) – thus making possession of it no more of a penalty than a parking ticket, if that.

The Canadian government has performed a significant national study on the issue that is available on the Internet. The Canadians are tired of arresting their citizens for use and possession of this soft drug, just as our government should be! And the Canadians appropriately, do not appreciate the pressure from our government to maintain the

status quo.

America has the opportunity to show them how it can be accomplished in a civilized manner. Thus, providing a model that other nations may choose to follow.

It is a real opportunity for something called, Leadership.

**The NDR Proposal is Not Perfect**

The NDR Proposal designed to end America’s War on Drugs is of course not a perfect solution, but it is one that will certainly do the job! It is acknowledged that the approach presented includes a few somewhat controversial features. However, it has been designed to once and for all allow America to achieve final victory over hard drug use and the business that provides them. And if the program is implemented as written, it will do just that!

The fairness and intent of its approach offers America the most publicly acceptable and workable resolution to our nation’s War on Drugs ever presented.

I am very confident regarding the objectivity that drove the development of the NDR Proposal. Just as I am confident of the “public acceptability” of the comprehensive proposal, due to the many hundreds of one-on-one presentations and discussions with people like you, your neighbors and you co-workers. The NDR Proposal was not developed in an Ivory Tower, as an academic exercise, or by someone so involved in the “drug prevention” arena that they could not take a practical view. It was in fact developed by objectively looking at the “Big Picture” of what is going on in America and the world some extent, as well.

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In a broader sense, the NDR offers America a vision of a better tomorrow, that we have the political power to bring about. That tomorrow can happen and will only happen if We, the People – the quiet masses – become active and determine that it will be done.

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## **A Starting Point — Setting the Example**

There has been a significant amount of change discussed and suggested herein. You could be wondering just how is this going to happen – where would we start?

My response is that we ‘start by ending’ the War on Drugs, by taking action now to aggressively implement the U.S. National Drug Reform Proposal. In so doing, we will refuse to take “no” for an answer, from our elected officials or the lobbyists!

Only one of today’s evils is the worldwide Drug business. It causes pain, death, and waste in the countries that use the drugs, and causes massive corruption and death in the countries that produce and traffic them. The money from the sale of illegal drugs, among other things, helps to fund terrorist activities and supports failed governments.

We can now confront the drug providing domestic predators in our local communities, as well as determining to stand and deal with those that promote it from outside our borders.

We must determine to revise our failed National Drug Control Strategy and the required parts of our national system. In so doing, America will once again correct some errors made in our past. We can no longer allow or tolerate the mindlessly perpetuation of the drug business in our society. We only need to begin down the road. And it would be a pity if not a crime itself, to postpone or needlessly delay the start of that ball rolling in the right direction!

The deliberate implementation of this solution to our War on Drugs will not by itself straighten out the world. But! It will signal our national determination and that true change is at work. We Americans will clean up our house, and then deal with those outside our borders, as needed to get the job done! We will change our national expectations. We will raise the bar of Civil Responsibilities for those within our borders and outside them, as well.

We can, we must, and we will be the great People we are. We will determine to move forward with these change and others to make our nation better for ourselves and for children.

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As an unexpected by-product of this long-term problem solving effort, there are also suggestions for positive change and improvement regarding some inter-related problem areas, such as the crime in our streets. It must be clearly understood that the hard drug problem cannot be resolved without implementing the required changes in some other areas, too.

By determining to implement the NDR proposal, we will take a major step down the right fork in the road. We will make yet another critical course correction in our country’s voyage as a great nation. In so doing America will become an even greater nation. Americans will once again be leading by example, providing a model of how to deal with a major international problem that troubles those, our brothers and sisters, in other countries.

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## Observations and Insights on Public Opinion

### Personal Discussions with Thousands of Regular Americans

The old expression is that, “ you don’t talk to people about politics or religion”. As you probably observed in the fact that I successfully have had a few thousand discussions with people over the last 25 years about the NDR Proposal and various side issues, I am not shy about talking to people about normally sensitive if not a volatile issues.

The key to the fact that it was so easy for me to talk to with total strangers about politics and religion at times, was that I wanted to talk with them, I was asking for their opinion, I was not forcing my opinion on them, the what I was presenting to them while it could sound a bit radical it also seemed practical, fair, and workable.

And as you saw from the list the profiles of people with whom I spoke, I experienced a viable cross-section of the American public, comprised of citizens and non-citizens.

The following points described some of the prospective I gained over the years and in so many interesting one-on-one presentations around the NDR Proposal, and a host to related and unrelated public issues that came up during those discussions.

- Since the early 1990s people became more and more interested, as well as informed on the issues discussed. This told me that people were more concerned about the way things were running in the country, and people are generally only get concerned when they think things are not going well.

As time passed over the years, people ask more questions, add more opinions on the issues discussed, and added issues to the conversation — issues and our public problems that were bothering them. They wanted to voice their thoughts on issues and wanted to know if I had any opinion or prospective on them as well.

People enjoyed having an open, sometimes intense discussion on real issues without pressure or hostility of any kind involved in the interaction.

I was never in the mode of trying to convince someone to accept a proposal or proposal feature, only to gain their perspective and feedback on them.

- In the very beginning, with regard to the legalization of marijuana people very often said things like — they will never let that happen or they won’t let you do that. My response to them was that they were our elected officials being lobbied by interests of good and bad intent, and that if We the People came together and called for this change we could make it happen. As the eighties progressed however, that response vanished from a discussions and people were trying to figure out how it could happen.
- With regard to the full legalization of marijuana in particular (let alone the entire NDR Proposal), I was initially shocked, frankly, how few people regardless of their profile – age, gender, social status, occupation, religious position or anything — were opposed to it. And especially when it was a part of an overall approach to end the War on Drugs.

One situation in particular that occurred early on in my research, was meeting with a Fundamentalist Pastor and presenting NDR proposal. To my surprise he offered that while he did not like the idea of legalizing marijuana, that if that approach was part of the answer to removing hard drugs from America he could except it. Since he viewed marijuana to be of equal or less harm than alcohol to members of his congregation in the community at large.

Be held the same position on the use of the death penalty in the manner it was to be utilized under the comprehensive NDR proposal. The surprising feedback early in the process was a great encouragement to me that I was on the right track to developing a socially acceptable solution to the nation's drug problem.

- With regard to the use of the death penalty in the NDR proposal, even the majority of Liberals with whom I spoke, and some of course reluctantly, agreed with the three strikes and out component of the program. Of course only because of the advanced public notice the program would undoubtedly have, and the elimination of wrong person wrong place or someone being set up situations, and they drug and civil rehabilitation offered to offend these after the first and second strikes. Even Liberals have their limits when it comes to people being irresponsible and of their own freewill threatening the health and lives of other people.
- An of the unexpected form of feedback I received, which once it came to light made logical sense and immediately increased the scope of my thinking beyond just ending the War on Drugs. I would be describing the component on drug and civil rehabilitation, including helping were covered addicts with employment and other social services in order to help them to better in the workplace and society in general. People simply started saying that same structured approach should be made available to all Americans that required help with educational, vocational, and civil skills. And of course that makes a lot of sense for the public at large and the taxpayers.

The discussions that followed such comments caused me to expand the scope of my research into changes in the overall National System well beyond the nation's drug problems. It opened the door and I very willingly walk through it.

## Overall Sense of the Public

I learned that the American public:

- The average person (taxpayer) has real compassion for those among those that need help, but have great disdain for free loaders, and people that play with the system to get as much an of it as they can with this little effort is possible on their part. It makes us crazy.
- Although it is far from secret, Americans are greatly displeased with Congress and both parties therein. I believe this situation has increased yearly since Bill Clinton defeated George Bush, Sr., in 1992. The Republicans were surprised and enraged of lost power, and politics for the sake of politics became more important than politics for the purpose of helping the American public. In that environment, where getting and keeping control of the White House and Congress, made the members and party leadership made all the players much more susceptible the wishes of special-interest lobbies that provided them the fuel — the campaign funding — required to get work keep their offices. And so, the politicians and the parties became evermore the servants of self-interested and too often irresponsible entities, rather than We the People, and our Common Good. Does that pretty well some up the last 14 years?
- The public is far more tuned into reality in American and in politics of the world than they were 15 years ago. Further, the Baby Boomer generation and those that have followed are far less naïve and gullible about politicians and their motivations that our parents were. It all started with the phrase, “ don’t trust anybody over 30” back in the 1960s. And now as the front edge of we Baby Boomers is closing in on 60, and the world has become as worse place as it has been in our lifetime, people are getting fed up with the way our politicians are playing foolish games, ignoring our domestic issues, and allowing the international situation to be headed toward critical mass.

I happened to be reviewing this particular section on Wednesday February 22, 2006. I have been shocked to hear something three times in the last two weeks and I’ve never heard people say before in all my impromptu conversations with people. Without being prompted in any way, they have said that America feels as though it is ready for “a revolution” — and that because of the absolute frustration they felt themselves and sense from the people around them.

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### To Conclude

This brings to an end approximately 47,000 words about how the American public could resolve a major national problem with firm yet fair changes to and enforcement of our National Drug Policy.

My overall sense is that **We the People are desperate for leadership** from our elected officials, especially from the U.S. Congress and the Presidents office. Simply put, people are worried about the safety and quality of their life today and our growing more and more concerned about the quality of life in America tomorrow.

Our elected national leadership must change their present course of action and bring “**more common sense**” and actual concern about the peoples’ Common Good when they meet under the Capitol dome. They and we must remember that the Senate, the House of Representatives, the President of the United States, and his administration are to be about the people’s business and no one else’s.

**Now We the People need to make it happen.**

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