CHAPTER NINE

EXPLAINING DRUG POLICIES:

A PRELIMINARY MODEL

Studies of illegal drugs, when they are not sensationalist journalism, usually take an epidemiological, psychological, or law enforcement approach and are aimed at informing current day law enforcement, educational, or therapeutic policies. By contrast, this book has utilized a comparative-historical perspective in order to theorize "drug issues" without presuming in advance any necessary policy orientation. This research has explored the relationship between politics and economics surrounding the restriction or legalization of mind and mood altering substances.

One way to illustrate this relationship is to examine two viewpoints of law enforcement practice. In one perspective, public policies concerning pharmaceuticals, heroin, or alcohol are seen as calculated to yield an optimal public good. According to this view, the role of research is to provide a rational basis for determining what works best. In contrast, another view holds that drug law enforcement is essentially based on money and power; if research findings are invoked in policy debates at all, they are used merely as covers for what already has been decided according to political and economic considerations. Thus the question emerges: are laws and enforcement that forbid certain substances the outcome of political and economic conflicts between various groups, or are they the result of a rational analysis of scientific facts? And to what extent does each play a role?

On the one hand, then, we have the scientific or "rational" paradigm of drug policy, and on the other hand there is the "political" paradigm. The utility of each of these models may be evaluated by comparing the degree of danger with the degree of regulation of various drugs in the Untied States. In the table below, the degree of danger is indicated by the number of deaths attributed to each drug, as well as the tendency towards chemical addiction associated with it.

One could also compare physical impairments resulting from continued use, as with lung cancer or cirrhosis, and the availability of antidotes for negative side-effects, but generally these concerns are subsumed within the measures chosen below. "Degree of Regulation" indicates whether there are criminal or civil laws governing each substance, whether the substance is entirely prohibited or available by prescription only, whether the laws are enforced, and whether penalties are light or severe.

Commodity	**Deaths per Year**	**Deaths per 100,000 Users**	**Tendency to Addiction**	**Degree of Regulation**
Tobacco	435,000	614	High	Low
Alcohol	85,000	71	Moderate/ High	Low
Illicit Drugs	17,000	87	Varied	High

Sources: Mokdad et al, 2004; SAMHSA 2004

According to the table, there would appear to be a contradiction in our law enforcement policies with respect to these commodities: tobacco is the most dangerous drug, killing more people and a larger percentage of users than any other, and yet it is the least restricted. Alcohol, which is almost as likely to result in death as the illicit drugs and which kills many more people overall, is also much less restricted than illicit drugs. Furthermore, although some illicit drugs like heroin are very addictive and dangerous, others such as marijuana are much less addictive and result in very few deaths, yet they are still heavily restricted. Of course, one justification for these contradictions is that illegal drugs are more likely to cause death to younger people,

whereas diseases associated with tobacco and alcohol, such as cancer and cirrhosis, usually take hold much later in life, and are therefore less dangerous. Nevertheless, if drug restrictions were based only on scientific findings about the danger and tendency to addiction of substances, the above chart would surely look much different. How can this be explained? Some of this anomaly is accounted for when one considers the "political" factor—for example, the relative power of the constituency for each commodity. In the following table, we use three different indicators of this political factor: sheer number of users, relative status of users, and the strength, size and degree of concentration and lobbying pressure of that commodity's industry. As follows:

Commodity	**Degree of Regulation**	**POLITICAL FACTOR**		
		Number of Users	**Status of Users**	**Strength of Industry**
Tobacco	Low	70.8 Million	General	High
Alcohol	Low	119 Million	General	High
Heroin	High	119,000	Low	Low
Cocaine	High	2.3 Million	Mixed	Low
Cannabis	High	14.6 Million	Mixed	Low

Sources: SAMHSA 2004; see Kagan and Nelson 2001 on tobacco industry lobbying strength and Weiner 1981 on alcohol industry lobbying strength

Though the table is impressionistic, in its expanded form the political factor seems partially to account for the degree of regulation of the substances in question. Alcohol and tobacco, for example, have had enormous negative impacts on the health of U.S. citizens, leading to hundreds of thousands of deaths each year. But because of politics, and economics, as well as history, custom, and tradition, alcohol and tobacco are legal. By an equally "non-rational" standard, other drugs, especially marijuana and the opiates, have been declared illegal. "In effect,

the U.S. legal structure declares that two of the world's most harmful and widely used drugs are acceptable whereas other drugs of varying potency and danger are impermissible" (Smith, Evans and Berent 1992:3).

Anthropological, historical, and cross-international research also suggests that tolerance or prohibition of mind and mood altering substances is closely related to customary, political, and economic factors. Virtually all indigenous peoples make extensive use of 'vision-producing' drugs in sacred and communal contexts (Inglis 1975, Dobkin de Rios 1973). "Drug-induced transcendental experience helps both to affirm social solidarity and to legitimate the personal-charismatic authority of religious leaders" (Himmelstein 1978:45). However, as states and institutionalized religions emerge from groups based on clan and lineage, authority tends to shift from charismatic shamans to bureaucratic priests and the importance of communal rituals for social solidarity decline. Drug-induced experience becomes irrelevant or even subversive to maintaining authority and the dominant social order, and its ritualized use may even become subversive. "As a sign of both personal power and personal religious insight, drug-induced experience can legitimate charismatic opponents of established political and religious authority and can organize rituals affirming social solidarity within dissident groups" (Himmelstein 1978:45). This was the case, for example, in the linking of marijuana use and social protest in many Western countries during the 1960s.

Even if such drugs do not actually foster dissidence and rebellion, elites often believe that they may, since control of the senses is the embodied exercise of power (Foucault 1978). Hence, elites in complex societies typically seek to control or suppress such substances. Again and again we find that elites try to control drug use because they link it to subversion, and that drugs

actually are important elements in many oppositional movements. Egyptian pharaohs (c. 2500 B.C.) fought a continual battle against beer and wine use in the temples at Memphis, which were centers of political unrest. The coffee house was seen as a center of subversion in the seventeenth century both in England and in the Ottoman Empire. Tobacco use was punishable by ex-communication until the Papacy monopolized its traffic in the seventeenth century Italian Papal States. Peyote among Native Americans, marihuana in the Jamaican Rastafari movement and in 1960's student movements in the West, and alcohol among Afro-Brazilians all have served as foci for movements of cultural and political resistance (Blum 1969: 11, 25-26, Stauffer 1971, Brecher 1972: 196-197, Himmelstein 1978:45). In the United States in the early 1900s, opium smoking (largely by Chinese), was banned while opium drinking (largely by whites) was permitted, indicating that at least on some level drug regulation was used as a form of minority repression.

The repression of indigenous substances also has followed in the wake of Western colonization. Thus, the British tried to suppress kava use in Tahiti in the 18th and 19th centuries, the Russians prohibited the use of agaric among reindeer herdsmen as they colonized Siberia in the late sixteenth century, and the early Dutch settlers of South Africa suppressed ganja and dagga—drugs similar to marijuana (Lewin 1964, Dobkin de Rios 1973, Inglis 1975, Himmelstein 1978:45). In each of these cases, the socially regulated indigenous substance was replaced by a drug chosen and controlled by the conquerors.

The colonial suppression or regulation of such indigenous drugs also has been a part of the effort to impose a new political order. The Spanish banned the native coca leaves used by the Incans in 1551 and only permitted its use later once they had established a state monopoly over

the substance, though they continued to prohibit the use of the cocoa-leaf in indigenous ceremonies (Himmelstein 1978:46). Similarly, after the British had conquered most of India, they took over the state monopoly of opium.

While the imperialist powers opposed the use of indigenous substances outside their control, they also fostered the native use of drugs in which they themselves trafficked. Thus the British took alcohol wherever they went and, in the nineteenth century, were the world's major purveyor of opium. Conquered peoples bought and used the drugs imported by their conquerors and imitated their individualistic (rather than sacred or communal) mode of use. Hence, such drugs and their users were thoroughly commodified in both production and consumption, and were thus not a threat to imperialist capitalist hegemony, however deleterious the drugs otherwise might be in their effects.

Historical studies of different drugs in specific countries and periods reveal something similar. For example, the so-called Gin Epidemic in eighteenth century England, and the British opium trade in nineteenth century China both suggest an important role for political and especially economic processes in shaping drug policies. Gin was first introduced to England from Holland by William of Orange, whose reign (1689-1706) was marked by intermittent strife with France. In order to restrict outflows of British sterling to France, William of Orange placed prohibitive tariffs on French wine and brandy. He encouraged the local manufacture of cheap, easy-to-make gin. Within forty years, gin production in England rose from half a million gallons a year to twenty million. Eventually the use of gin reached "epidemic" proportions. Contemporary observers declared that the lower classes had sunk into degradation through their addiction to gin. London itself was known on the continent as a city made unsafe by gin-

maddened addicts, much as New York City has at times been viewed as unsafe because of heroin or cocaine-crazed muggers. Finally, the Crown intervened by revoking the distilling permits that the excise bureau had licensed fifty years before. The Gin Tax Acts of 1731 and 1756, backed up by extreme police measures, were used to force the nobility to relinquish their control of distilling. In sum, in order to keep control of alcohol revenues, the Crown prohibited French wine and brandy and encouraged a domestic industry. Though the result appears to have been disastrous in terms of the social order, the main point for our purposes is that the key decisions that created and then ended the Gin Epidemic were made over several decades at the highest political and economic levels. This example also suggests that policy changes concerning drugs are made over a long historical cycle—decades not years. Furthermore, it suggests that the introduction of new drugs—ones that come with few traditional cultural controls on usage—can be socially disruptive, or at least come to symbolize social disorder or dissent.

A related example is the British opium business, which involved the imposition of commerce by a powerful state on a weak one. During the nineteenth century, the British East India Company conducted a triangular trade between England, India and China under a Royal Charter. India was the source of fibers and China the source of spices, precious metals, and fine finished goods. English mills turned Indian raw materials into cloth, establishing a reciprocity between those two countries. But the British had few goods that the Chinese wished to purchase. Thus the British sailed to China in empty bottoms and had to pay for Chinese goods in silver specie, which was a violation of their mercantilist economic policies. Moreover, the Emperor was used to tribute relations with other states, and <u>not</u> relations of trade. In response, and in opposition to the pleas and decrees of the Emperor, the British offered opium grown in India for

illicit sale in China, which soon became the most lucrative item in British India's foreign trade. The Queen of England denied her involvement as well as knowledge of this commerce, which was conducted in Chinese waters by "independent privateers," who were in fact commissioned by the British East India Company and, indirectly, by the Queen. Consequently, when the Chinese Emperor's fleet attempted to intervene against the privateers, they were interdicted by the British Navy, as in the Opium Wars of 1839-42 and 1856-57. Thus the opium trade was an organized international traffic in an illicit commodity, involving two state-sponsored wars to protect this commerce. Policies concerning opium were formed and conducted at the highest levels of government, and the resulting profits represented a significant proportion of colonial revenues.

A final example of the political economic perspective is the international system of drug controls, which was fostered by the United States as part of its overseas expansion and backed by the international pharmaceutical cartel. The Shanghai Commission of 1909, in which the Americans led a campaign against the British opium trade in China, provided a precedent for the world's earliest attempt at systematic drug control, the Hague Convention of 1912. Again at the instigation of the United States, this agreement instituted wide-ranging controls over cocaine—to the chagrin of Germany, whose chemists had first synthesized the drug and whose pharmaceutical industry, under multiple bilateral agreements, led in its international traffic. The internationalization of drug regulation became more fully institutionalized under the League of Nations in the early 1930s and, later, under the World Health Organization of the United Nations and the Organization of American States. The lobbying for this regulation, and much of the direction and staff work of the resulting regulatory entities, has come from the pharmaceutical

industries of the core industrial states. The drugs that were regulated—indeed, outlawed and violently suppressed—have been indigenous substances, chiefly opium, marijuana, and coca leaves. Repression of such "non-medical" substances largely reflects the interests of the oligopolized international pharmaceutical industry.

In contrast, international controls on alcohol have been proposed since 1884 (Pan 1975) but never approved except in such instances as a prohibition against selling alcohol to natives in what were then the African colonies of European powers. Controls on synthetic drugs, which are produced largely in the West, were first formulated only in 1971 and still are relatively minimal. Although various domestic agencies, such as the U.S. Drug Enforcement Agency, are concerned about drug use in the core states and not the periphery of the world economy, they believe that the source of the problem lies in weaker countries that also are the source of supply. This also is true of international agencies such as the Commission on Narcotic Drugs of the World Health Organization, which has focused much of its regional policy-making efforts on underdeveloped countries (Bruun et al. 1975). As such, the focus and major monetary investment of America's War on Drugs has been in Latin America rather than the United States. In this and all of the other cases mentioned, the suppressed drug is stigmatized as dangerous, unhealthy, producing insanity, an agent of the devil, and the like. Its users, or the group of people who are thought by others to be users, are also thereby stigmatized.

Of course, in developing a more general theoretical orientation to embrace such specific cases, we should remember that each society has its own set of cultural myths and practices by which members define their moral and political order, and which color and influence that society's laws and institutions. Hence it is not surprising that the political economy of mind-

altering substances will differ from one society to another, even though no particular case will be entirely unique. Indeed, it is exactly in this space between the universal and the unique that more general social theory can be created. With these caveats in mind, and on the basis of our discussions of drug policies in particular countries, we may now suggest several generalizations. The first of these is that economic life in most countries has been characterized by high concentration of control over basic commodities. Especially since world trade began to accelerate dramatically around 1500, there have emerged state monopolies, corporate oligopolies, and international cartels. This concentrated control is vested largely within an upper class, which historically has used its economic power to obtain hegemonic influence in government. Conversely, the political power of elites in government has been used to secure economic privileges and market advantages.

Monopolies depend on barriers to entry such as high start-up costs, technology, and so on. Yet few natural barriers to entry apply to drugs. For example, alcohol, cannabis and opium are easy to produce, insofar as they require little capital, know-how or technology. Such "feel-good staples," as we have seen, are nonetheless characterized by high concentrations of control. Monopolistic or oligopolistic control of mind-altering staples historically appears to be normal rather than exceptional in statist and capitalist societies. In the U.S. liquor industry, for example, since Prohibition was repealed, the "big four" alcohol companies are estimated to account for 85 to 92 percent of spirits consumed.

The establishment of such oligopolistic control of drugs has required the imposition of artificial barriers to entry, namely criminalization and violence. That is to say, scarcities are created and prices are inflated by threatening, arresting, maiming, or killing competitors. Efforts

at criminalization are often directed by those who control one substance at merchants of another. For example, Spaniards in the New World suppressed cannabis and promoted alcohol, as did early Dutch settlers in Southern Africa. More recently, pharmaceutical companies have lobbied for both stricter international control of illicit drugs and stronger enforcement of their own patents against small companies in the developing world.

The control of a drug monopoly may be of high strategic value for domestic or international affairs, as was the British opium trade in the nineteenth century, or the pharmaceutical trade today. As such, drug monopolies often are run by states or franchised to agents. The operation of the monopoly may involve illicit or criminal activities, as with the tobacco cartel, or itself be a criminal activity. Further, States may impose a drug on another people through war or commercial penetration, as the popular use of opium was propagated in China by the British through the two Opium Wars. Conversely, states, separately or in unison, may seek to suppress one or another drug in their own countries or in others. These principles are exemplified by the increasing suppression of indigenous, mainly non-western substances, such as opiates and marijuana, and the concurrent rise and expansion of the western pharmaceutical industry.

One important aspect of the political economic influence of states and elites on drug policies is the hegemonic control they may exercise over public perceptions of drug use. In order to mobilize public support for drug policies that enrich their own agendas and bank accounts, powerful interests have long sought to mold public opinion and have manufactured much moral outrage and many public health panics to those ends. And while the specific political and economic reasons behind those efforts may disappear, the discourse behind them often takes on a

life of its own. Thus, anti-drug sentiment often cements itself in the public mind for decades to come, informing public policy long after the political economic motivations behind it have faded and the substance of its claims has been debunked.

Though drugs as a whole can be thought of as staples (all societies use them and the total demand is somewhat constant), specific drugs tend to compete with each other. As a marker of group identity or social status, drug use is subject to fads or style changes. Moreover, the imposition of restrictions or taxes on one drug may yield increased use of alternative drugs. The competition between the coffee and beer industries in seventeenth century Prussia, or the relationship between cocaine and amphetamine use in the twentieth century United States, are examples. The definition of what constitutes a drug (as opposed to a medicine or a food) also is highly variable, and may be contested in public discourses as part of ethnic, class or industrial competition. As examples, the legal suppression of opium, alcohol, marijuana, and cocaine in the United States have been associated with the political repression, respectively, of Chinese, non-Protestants immigrants, Mexicans, and blacks. Similarly, wine is sold as a food in supermarkets in California, which has a powerful wine industry and lobby. The moral meaning of drug use is also highly malleable, derived more often from the status of the user than from the properties of the substance itself. Likewise, the apparently neutral distinction between "medicinal" and "recreational" uses of drugs emerged only with the rise of the pharmaceutical industry, which fostered this distinction as part of the suppression of competing traditional substances and, eventually, smaller patent medicine manufacturers.

The use of a substance may serve to symbolize political dissent, and its repression may in fact be an effort by one group to control another obstreperous group. The mingling of race

politics and drug policies illustrates this in the United States, as noted, but so does the early suppression of coffee respectively in Arabia, Egypt, the Ottoman Empire, and England. As preference and use of particular drugs is differentially distributed between competing social groups, the drug of choice for dissident groups may be viewed as immoral by elites and as a symbol of resistance by insurgents or subordinates. If the drug is criminalized, immorality becomes illegality and law enforcement is used as an instrument both to establish secret market advantages and to suppress dissenting minorities.

It is important to note, however, that the definitions of substances and their users that emanate from elites are always resisted and often change over time. People have always defied drug laws, nurtured underground drug cultures, and formed their own symbolizations of the meaning of drug use that stood in contrast to the discourse coming from mainstream channels. Though total control over drugs is rarely the goal of drug policy, even keeping use to manageable levels has proven troublesome for many governments throughout history. Societies cannot stop drug use, or even adequately contain it, and neither can they establish complete control over the rhetoric and ideas surrounding it.

To restate and elaborate, all societies regulate, prohibit or otherwise draw moral boundaries around the consumption, distribution and possession of mood or mind altering substances. Hence, references to the toxicity, or any other inherent properties of a substance, are insufficient explanations of drug policies. The moral rationales provided for such controls vary culturally and historically, as do the cultural definitions of the effects and consequences of using such substances. Thus, peoples' understandings of the "nature" or "effects" or drugs, as well as the justifications and methods for controlling them, are highly variable. Since drugs have been

traded on a large scale, internationally, as commodities since about 1500, and especially in market-oriented nations, a sustaining motivation for control of these substances has been the accumulation of profit.

Economist have established that high and inflexible demand tends to create conditions in which a small number of firms come to dominate the production and distribution of that commodity. Through consolidation, vertical integration of production and marketing, tacit price fixing, high start-up costs, long production runs, and other barriers to entry, larger firms tend to exclude smaller ones and to form monopolistic or oligopolistic structures. This pattern of differentiation and integration leading to market control by a few firms occurs frequently with mood-inducing commodities in industrial nations, most notably in the legal pharmaceutical industry, as well as in many illegal drug trafficking networks.

Virtually all cultures known to anthropologists and historians have some preferred staple commodity that acts to alter ordinary states of consciousness. This fact makes such commodities potentially very profitable, at least in market-oriented societies. Moreover, unless there are sacred controls on their use and distribution, such as were employed by the Incas in controlling the use of coca, Indians in controlling cannabis, Polynesians in controlling kava, or Native Americans controlling peyote, we expect the control of drugs to be subject to secular political and economic competition. In modern societies few sacred controls remain, unless one considers the market itself as sacred.

This pattern of competitive struggle for economic control is also due in part to the fact that, except for pharmaceuticals, drugs are largely available in the natural environment. Tobacco, coca and marijuana can be readily picked and ingested. Alcohol is easily made. And even

though cocaine and heroin require some specialized knowledge and technology to manufacture, that knowledge and technology is fairly accessible. Thus, because there are few natural barriers to competition in drug markets, would-be monopolists must establish artificial barriers to entry into markets that they wish to control. These artificial barriers are chiefly prohibition and, with that, legal and illegal violence.

To this list of barriers, however, should be added the stigma of using a reviled substance and the fear engendered by harsh anti-drug rhetoric. Political and economic efforts at restricting or criminalizing a substance are generally accompanied by discursive efforts at defining that substance and its users as immoral or evil. Drugs are socially constructed through the interaction of these political-economic concerns and the rhetorics and symbolizations mobilized to support or contradict them. In most cases, elites have been successful at establishing their preferred conception of a substance as the dominant view on the subject, though coffee in ___ century Arabia, alcohol in England of ____, and marijuana in the United States during the 1960s provide examples of substances with broad popular support in direct contrast to official government positions.

In the United States, since the consolidation of the business autocracy and the federal state during and after the Civil War, business elites have tended to exercise oligopolistic control over major markets including those for drugs, through both legal and illegal means—with crises such as Prohibition being axial turning points in their consolidation of the structures of control and the reduction of competition. Generally, prohibitions of all kinds lead to scarcities, increases in price, the driving out of illicit or weaker competitors, and increased control by legitimate and illegitimate economic elites. Once a substance is declared immoral and illegal, coercion becomes

the chief factor for controlling the market. This results in the illegal avoidance of legal coercion (corruption), the use of the law against illegal competitors (selective enforcement); and the illegal coercion of illegal competitors (criminal violence). This pattern can be seen with regard to the control of major drugs such as alcohol, marijuana, pharmaceuticals, opiates, and cocaine in a variety of historical, national, and international settings.

In other words, where the commodity is presently defined as legal, control tends to be in the hands of oligopolistic companies controlled by business elites. Criminalization of potentially competitive substances may be used to reduce competition and increase prices. For example, tobacco oligopolists sought the prohibition of cannabis, amphetamine manufacturers sought the suppression of cocaine, beer manufactures the suppression of coffee, and pharmaceutical firms the suppression of traditional drugs (all of which were used as medicinals). By limiting the availability of potentially competitive substances through legal repression, elites add a "risk cost" to the trade and use of competing drugs, thereby channeling demand into legitimate market outlets and enhancing their market shares and profits. Criminalization of competing substances thus can function to maintain control of and profits from those substances that remain legal.

And yet the illegal drug trade continues to flourish, and many supposedly competing substances (such as tobacco and marijuana) actually share users. Rather than eliminating actual use of competing substances, then, it seems that much of the competition described above revolves, in essence, around status. As the tables at the beginning of this chapter illustrate, the actual differences between legal and illegal substances in terms of toxicity and addictiveness are fairly moot. As such, purveyors of legal drugs and others who benefit from the continued sanction of forbidden substances (such as the massive government bureaucracy behind the

current U.S. “war on drugs”) need to exercise tight control over the definitions, rhetoric, and symbolic associations around competing substances. This is done not so much to suppress their use as to keep the lines between legal and illegal substances sharply drawn in the public consciousness, and thereby maintain the existing social order.

The political dimension of this process is, of course, important. Powerful groups within a given society can more easily stigmatize and restrict those drugs they have identified with weaker groups, and they often actively seek such identifications. As noted previously, in the United States anti-Chinese sentiments yielded the restriction of opium smoking, but not opium drinking, which was the preferred form of ingestion by whites. A similar disparity exists today in the United States for the use of cocaine, with extremely severe penalties against “crack” cocaine—which is used predominantly by blacks—and fairly lenient penalties against powder cocaine—a form favored by whites. This also occurs internationally, as stronger states and economies may more readily suppress those drugs produced in weaker economies and nations.

To summarize our basic model, then, markets for drugs have relatively inelastic demand and, therefore, are inherently immensely profitable—if monopolistic or oligopolistic control can be secured. This, in turn, ensures that drugs are also powerful political tools—if hegemonic control over the public perception of them can be achieved. In modern societies, neither sacred nor natural barriers exist to limit access to mood-altering substances, for these are no longer governed by religious customs nor do they require extensive capital or technology to produce. Therefore, the commerce in drugs tends to be governed by a variety of regulatory means in addition to restrictive economic practices. The predominant pattern of this kind of restriction involves the labeling of a substance as a drug, its subsequent designation as recreational rather

than medicinal, and finally its legal prohibition, made easier if the substance in question is identified with a weak and stigmatized culture or group. In effect, according to this model, drug law enforcement becomes monopoly price enforcement, and drug suppression becomes minority repression.

This reality is brought forth through a combination of economic domination, political will, and discursive hegemony. The transformation from substance to drug is, after all, a rhetorical or symbolic one, and as such the struggles surrounding many forbidden substances are as much over language and perception as over laws and economics. Though this book has, at times, focused more on the political economic motivations behind such transformations, it is important to acknowledge their discursive nature. After all, many ideas about drugs that were formed decades or even centuries ago continue to inform public perception and policy today, a fact which suggests that significant reform or rationalization of drug policies will not be easy.