The Nat Turner Revolution: Reform the Criminalization of Drugs in the United States

A Thesis

By

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ABSTRACT

The purpose of this thesis is to prove in federal court in a class action lawsuit against every member of US Congress that criminalization of drugs use is based on racism and unscientific principles which make the existence of the DEA and policing of drug laws immoral and unconstitutional.

Since the instatement of the Harrison Narcotics Tax Act over 100 years ago, the effects of its codes have caused devastating repercussions in communities all over America. Instead of building a prosperous nation with proper drug control, this racially driven act actually transfers the power to control narcotic usage from licensed physicians to criminal drug cartels. As a result, physicians are prevented from providing adequate medical care to their patients, and vicious drug cartels are compelled to encourage opiate dependence.

As American society has grown more reliant on opiates without guidance from trained physicians, homelessness has escalated, ineffective incarceration has overcrowded the prison system, and race discrimination has yet to be eradicated. This is the kind of environment that criminalization of drug use has created for American children—an environment that will continue to exposed them to drugs—unless legal action is taken to resolve permanently.

Therefore, it is time to reform the criminalization and establish a new war on drugs. This thesis shall present the historical prejudices used in the development of the Harrison Act, proven evidence shall be present to exhibit its negative impact on American communities, and, last but not least, powerful arguments from past federal court cases shall be identified as supporting disposition to revolutionize drug control in America.

DISCLAIMER ON SOURCES

The attorneys mentioned in this thesis will be sources or expert witnesses once they agree to accept and testify for the case. All facts are supported by existing physical or verbal evidence, including documentation. I, Walter Terry, am also able to disclose sources for any fact presented. Moreover, Dr. Thomas Kline possesses most of the critical medical evidence and will participate in court once the case is filed.

BACKGROUND

The Groundless Creation of the Harrison Narcotic Tax Act

Galvanized by fearful media coverage about drugged African-Americans terrorizing white communities, US Congress added codes to the Harrison Narcotics Tax Act[1] to prohibit licensed physicians from prescribing heroin to ambulatory patients, thus criminalizing drug use, in the 1920's after the act was signed into law by President Woodrow Wilson in 1914. Although the act stopped the availability of heroin and cocaine in retail environments, these additional codes were never submitted for review to Congress before passing.

One of these code proceeded to immediately charge at least 25,000 physicians with the felony of illegal drug distribution despite rigorously judging and carefully diagnosing proper treatments for their patients. Understanding the importance of stature for a physician, the authorities coerced for either payments or guilty pleas as a method for the doctors to avoid prosecution. This led Dr. Henry Smith Williams to call this the *Blackmail Code.*[2]

On October 27, 1970, U.S. Congress passed the Comprehensive Drug Abuse Prevention and Control Act of 1970. With controlled substances now categorized according to their medicinal use and addiction potential, military troops battling Vietnam War began to become heroin addicts, thus prompting President Richard Nixon to officially declare the War of Drug in 1971.[3]

The Morality of Providing Schedule I Narcotics

In 1938, Dr. Henry Smith Williams published *Drug Addicts are Human Beings: The Story of Our Billion-Dollar Drug Racket*. The fundamental concepts presented there align with those from the present-day harm reduction health care community. According to the book, clinics at that time focused on opioids addiction and charged a nominal fee based on the intrinsic value for a dose of opioid.[4] In today's environment, most of the cost managing patients who consume prohibited narcotics are human resources. The cost street-grade opioids depressants, stimulants, and hallucinogenic are inconsequential in providing treatment because production of street grade drugs are similar to synthesizing aspirin, which is a derivative of tree bark and simple compounds in plants.

1. Harrison Narotics Tax Act of 1914. https://govtrackus.s3.amazonaws.com/legislink/pdf/stat/38/STATUTE-38-Pg785.pdf
2. Williams, Henry Smith. *Drug Addicts are Human Beings: The Story of Our Billion-Dollar Drug Racket*. Washington, DC: Shaw Publishing Company, 1938.
3. https://en.wikipedia.org/wiki/War_on_drugs
4. Williams, Henry Smith. *Drug Addicts are Human Beings: The Story of Our Billion-Dollar Drug Racket*. Washington, DC: Shaw Publishing Company, 1938.

Today, the wholesale price of aspirin is less than 3 cents a dose. By contrast, in 2011, the non-profit organization, Partnership for Drug-Free Kids, reported that one oxycodone tablet has a street value ranging from $50.00 to $80.00 per tablet.[5] Subsequently, the September 2016 issue of *Esquire Magazine* claimed that the clandestine production cost of a kilogram of heroin was $2500, which translated to a street value of over $275,000.[6] Likewise, U.S. produced acetylsalicylic acids has a value of $5-$10 per kilogram in 2020.[7] In a sanction production environment, the current price of illicit narcotics reflects these numbers. The difference in intrinsic value and the street price of narcotics for non-functioning drug users has caused great harm to society in loss of life and property. When a non-functioning, chemically dependent person gains access to narcotics through criminal activities, the community at-large suffers the consequences as a result. To put into perspective, the Department of Justice has actually reported that 39% of property crimes were direct results of chemically dependent patients who needed to buy Schedule I narcotics in 2011.[8]

The primary function of the government is to protect the lives and property of citizens. Instead, the prohibition of drugs has birthed criminal organizations and fueled criminal activities that would be eliminated if demand for street-grade narcotics were met in a clinical environment. Morality must be measured in outcomes as opposed to the dogma of deontology[9] which governs the morality posture of those who support criminalization of drug use. This attitude is based simply on lies from individuals in positions of authority had stated to be true when they can be proven wrong in a court of law.

Since the very beginning, false delusional narratives about non-white Americans planted fear in the public and the U.S. Congress. Statements were made in court about the ridiculously callous effects of cocaine, opium, and marijuana on African-Americans, Chinese, and Mexicans, respectively, against White communities. Racist tactics used to argue government position are detailed in Johann Hari's *Chasing the Scream: the First and Last Days of the War on Drugs*.[10] This book can be submitted as evidence in court in addition to news article of the day and witness testimonies to prove the criminalization of drugs in the U.S is based on racism and not on scientific data. This would pressure the government to prove that whether prohibiting narcotics through law enforcement has truly reduced in drug use and benefited society in federal court.

For the past 100 years of prohibition, the percentage of American drug addiction has not change.[11] The mortality rate is lower for those who are in treatment than not in treatment regardless of absolute abstinence according to the April 2011 issue of the American Journal of Public Health.[12]

5. Partnership for Drug-Free Kids
6. Last Name, First Name. "Article Title." *Esquire Magazine*, September 2016: n pag.
7. https://www.pharmacompass.com/price/acetylsalicylic-acid
8. Department of Justice
9. Deontology is an ethical theory that the morality of an action should be based on whether that action itself is right or wrong under a series of rules, rather than based on the consequences of the action. https://www.yourdictionary.com/deontology
10. Hari, Johann. *Chasing the Scream: the First and Last Days of the War on Drugs*. London: Bloomsbury, 2015.
11. Thomas Kline, personal communication, DATE
12. Last Name, First Name. "Article Title." *American Journal of Pubic Health*, April 2011: 737-744

The most abhorrent and immoral effects of the government's restrictive response to drug use is the widespread exposure to children caused by it. Prohibition allows drugs to be readily available in schools, parks, and homes, magnifying a chemically dependent population for the future.

The Importance of Free Distribution

Free distribution of Schedule I drugs offers a powerful psychological advantages. It stems from the philosophy of metaphysics, which declares that once a goal is achieved, the goal no longer exists. For indigent chemically dependent patients, the daily focus is the pursuit of getting high so they can forget the pain in their lives. To accomplish this goal, majority of them is devoting most of their time and energy to committing petty crimes or panhandling for funds to purchase drugs. They might work menial jobs at best. Note that once this goal is achieved, the goal disappears. Alternatively, free clinical distribution presents a better method in achieving that same goal by eliminating the need to find money in order to purchase drugs from drug dealers. The minds and energy of the patients would be redirected towards the Self-Actualization stage of Maslow's Hierarchy of Needs. Their need to satisfy the lower stages is found in obtaining drugs, secured shelter, and nourishment. The more this method is implemented, more patients would function at a legal capacity improving the chance of a complete recovery from chemical dependency.

Another psychological advantage of free distribution is erasing monetary value from dangerous street drugs such as cocaine, opioids, and ecstasy and rebranding them to the minds of the next generation as a mental health deficiency. As adults can take advantage of free distribution, the illegal market will recess and eventually disappear for lack of demand. This will force the next generation of adults to get diagnosed as a chemically dependent patient in order to acquire street grade narcotics. Combining the stigma of mental health disorders with knowledge of narcotics' negative effect on one's life will make narcotic use less socially acceptable. Moreover, nonprescription use of narcotics in the United States will be rebranded in a manner that mirrors how heroin is branded in the Netherlands. In May 2014, VICE Media Group reported that the Netherlands provided free heroin to heroin addicts, and stated, "Heroin is so thoroughly feared that it scares people under 40, who were not even around to see the heroin epidemic of the 1980s."[13] It found that, with an age demographics that was equal to that of the U.S., the Netherlands recorded less than 0.002% of its population under the age of 40 used heroin; the U.S. was 260% higher.[14]

In less developed countries, profits from inhalant sales is one of many examples that can be presented in court to illustrate how drug profits motivates the spread of drug dependency as opposed to the reduction of consumption in a free distribution model. The November 2009 issue of Voice of America has reported that Kenyan children have bought glue for 7.5 cents a hit. Their dealers have been mostly women who have purchased wholesale glue from shoe manufacturers.[15] These impoverished women support their families with these sales. The Kenyan government estimates that 50% to 90% of impoverished children had been effective, totaling over 300,000.[16] This crisis only exists at these levels because the clandestine price of

13. Last Name, First Name. *VICE Media Group*, May 2014.
14. Last Name, First Name. *VICE Media Group*, May 2014.
15. Last Name, First Name. "Article Title." *Voice of America*, November 2009: n. pag.
16. Last Name, First Name. "Article Title." *Voice of America*, November 2009: n. pag.

cocaine and opium is out of reach for the impoverished populations in these countries. Although inhalants are a significant problem in developing nations, the percentage of use in Kenya and other least developed countries is still considerably more than in the U.S. The November/December 2012 issue of Druglink Magazine reported that 0.2% of people from16 to 69 years of age used inhalants and 3.5% between 10 and 15-years-old experimented.[17] In comparison, Inhalants use in the U.S. is ten times higher than heroin use in the Netherlands.[18]

Glue and other intoxicating compounds have moved through developing countries at a much lower rate because no one can make a profit from selling them since they are obtainable for free. Any products or services, including illegal drugs, with no profit margins will not move through a marketplace. On the streets of the U.S., the prestige or influence of glue is nowhere near that of cocaine and ecstasy. Once the value is removed from street grade narcotics, the perception and the reality of cocaine, ecstasy, and heroin will change to those of glue, causing marketing efforts to cease and consumption to decrease.

The free heroin distribution model employed in the Netherlands in conjunction with the Kenyan inhalant crises case study can be presented as evidence in court. Profits motivate the increase in narcotic consumption. Removing the codes from the Harrison Act would finally allow licensed physicians in a clinical environment to distribute street grade narcotics for free, eliminate the profit motive, reduce consumption, and decrease the mortality rate, giving individual patients a greater chance at recovery from chemical dependency disorder. Furthermore, Schedule I drugs cannot be traded without a tax permit. Free distribution avoids this legal conflict, and only the codes added after Congress passed the act would need to be overturn in federal court.

Removing Marijuana From Schedule I

Marijuana must be removed from Schedule I. No scientific data supports the belief that the mental and physical harm from other Schedule I drugs applies to marijuana. However, when the Pew Research Center analyzed FBI statistical data from 2018, it found that 40% of all U.S. arrests were for marijuana offenses.[19] There is no record of any individual dying from smoking cannabis. Even the CDC declares death by marijuana overdose is unlikely. The reason it is included in Schedule I is because the DEA's budget is based on over 50% of drug seizures in 2016, albeit 66% of Americans have access to medical marijuana.[20] Therefore, it can be proven in court there is no medical justification to include cannabis as a Schedule I narcotic.

A Health Care-Social Services Only Response To Drug Abuse

Once marijuana is removed from Schedule I classification, clinics directed by physicians and mental health professionals would be authorized to distribute controlled substances for free to individuals over 21-years-old who previously did not care about obtaining a prescription from a licensed professional. The primary function of these clinics is to decrease drug consumption and reduce the mortality rate of their patients. Free market principles would select and replicate the clinics that achieve these goals. Individual health care providers and drug counselors' salaries and promotions depend on their ability to use psychological therapy to achieve stated goals. Investors who successfully manage clinics would receive more government contracts to

17. Last Name, First Name. "Article Title." *Druglink Magazine*, November/December 2012: n. pag.
18. Last Name, First Name. "Article Title." *Druglink Magazine*, November/December 2012: n. pag.
19. Retrieved from https://www.pewresearch.org
20. https://dataunodc.un.org/drugs/seizures

duplicate their success and to grow their wealth independently. This model is based on the privatization of prison system Investor go to wall street to raise capital base on the 50k BOP annually paid contractors to incarcerated drug offenders Instead of using tax dollars to incarcerated drugs user spend 50k to rehabilitated chemical dependent patients.

For those who are doubtful of how effective these methods may be, documented evidence exists to demonstrate how clinics provided opioid prescriptions to chemically dependent patients throughout the United States prior to the enforcement of prohibition laws in the 1920's. In *Drug Addicts Are Human Being*, Williams chronicles times when government officials deceive the federal court in order to add codes to the Harrison Act by employing racist propaganda and unscientific data.[21] Lower courts would later uphold the justification of these codes with perjured witness testimonials declaring their recovery from drug addiction as a result of their incarceration.[22] In reality, clinics at that time were more successful in rehabilitating patients than the treatments and therapies of today. It was Harry Anslinger, the first commissioner of the Federal Bureau of Narcotics, who led the oligarchy of power-hungry government officials with funding from organized criminals to exploit racist statements that slandered African-Americans and Mexicans. (Somehow, cocaine and marijuana made black people arrogant and forget their place in society.) The addition of these unconstitutional codes eventually expanded enforcement from forbidding only the retail sales of narcotics to disallowing opioid prescriptions written by licensed physicians to treat of chemically dependent patients.

Four concepts of harm reduction ideology support a health-care-only response to drug use:

1) The qualities of life and well-being for an individual and a community does not necessarily improve with the cessation of all drug use as dictated by the criteria for successful interventions and polices.[23]
2) Forced abstinence through incarceration dose not cure or rehabilitate a patient from chemical dependency disorder. Recidivism rate is over 80% for drug offender who have been incarcerated.[24]
3) The availability of an addictive substance has no correlation to the effectiveness of recovery of a chemically dependent individual.[25] Besides, *The Lancet Medical Journal* states that Nicotine ranks 3rd and Alcohol ranks 7th on the list of the most addictive drugs, ahead of cocaine and amphetamines.[26] Even so, cigarette per capita consumption has been reduced by 66% in the U.S from the peak in 1960, and millions of people have recovered from addiction to nicotine and alcohol without a single arrest despite their availability. Only heroin and crack cocaine are more difficult to recover from addiction than nicotine.
4) Seventy-five percent (75%) of individuals who consume Schedule I narcotics satisfy the legal definition of a functioning individual which states, "A person who is not on any government subsidy, pays his federal and state taxes, and has no criminal or civil charges

21. Williams, Henry Smith. *Drug Addicts are Human Beings: The Story of Our Billion-Dollar Drug Racket*. Washington, DC: Shaw Publishing Company, 1938.
22. Hari, Johann. *Chasing the Scream: the First and Last Days of the War on Drugs*. London: Bloomsbury, 2015.
23. https://harmreduction.org/about-us/principles-of-harm-reduction
24. Bureau of Justice Statistics. U.S. Department of Justice, May 2018.
25. Government-sponsored research publications are available according to drug counselors at the SeaTac Detention Center.
26. Last Name, First Name. "Article Title." *The Lancet*: Vol. 369, March 24, 2007.

> or conviction."[27] Individuals whose only convictions are drug offenses must extrapolate from other criminal convictions in order to be classified under this category. They generally do not want help from the health care community or social services and do not need to be involved in the criminal justice system. Dr. Thomas Kline MD, PhD, the former chief of Hospital in Home Services of Harvard Medical, has published papers that can attest to these statements in federal court.[28]

There are approximately 3.3 million federally controlled substance users in the U.S. [29] Of those, twenty-five percent (25%) do not function. In addition, ninety percent (90%) of the estimated 550,000 chronically homeless people in the U.S. have a chemical dependency disorder.[30] Individuals in these two populations usually get incarcerated several times in their lives and consume 14% of local law enforcement and court financial resources.[31] According to a 2013 *LA Times* report, fifty percent (50%) of the money spent on homelessness in the city of Los Angeles was used to arrest homeless people.[32] If the $50k plus spent annually on incarcerating this population is dedicated to housing and treatment, a greater number of these individuals will recover to functioning status than the present criminal justice systems have been able to accomplish. Harm reduction advocates can testify in court that a Housing First model has better outcome than incarceration. In addition, it can be argued that a significant percentage of those who do not function became this way after their first drug conviction.[33] This is particularly true for people of color and low incomes. One drug offense convection prevents them from attending college, getting an apartment, and working wage jobs, thus perpetuating the cycle of poverty, drug use, and crime. Inmates at the SeaTac Detention Center have said in a direct interview that this is their tragic reality, and Dr. Harry Edwards as well as other sociologists have published papers[34] that can support this argument in federal court.

INDICTMENTS

Hindrance On Physician And Patient Rights

When the Harrison act passed, Congress had deemed the professional judgment of physicians worthy and never intended to forbid them from providing medical treatment to patients. In fact, several federal courts afterward affirmed physicians' right to prescribe appropriate narcotics as medication as their professional judgment dictated, as stated under Patient's Bill of Rights for Quality Medical Care in the *Journal of the Michigan State Medical Society* in July 1965[35] :

> *The patient's physician must be free of controls and restriction that interfere with providing the highest quality medical care. The freedom we believe necessary for patients and physicians should apply to all aspects of medical care.*

27. Dr. Thomas Kline MD, PhD. Phone: 919-561-0144.
28. Dr. Thomas Kline MD, PhD. Phone: 919-561-0144.
29. NCDSA (NIH cGVHD Diagnosis and Staging Criteria) 2020 excluding marijuana
30. "Substance Abuse and Homelessness." *National Coalition for the Homeless*, June 2017.
31. Last Name, First Name. "Article Title." *Los Angeles Times*, 2013.
32. Last Name, First Name. "Article Title." *Los Angeles Times*, 2013.
33. Dr. Harry Edwards.
34. Dr. Harry Edwards.
35. *Journal of the Michigan State Medical Society* Volume 64, Number 7 (1965): n. pag. https://archive.org/stream/michiganmedicine642unse/michiganmedicine642unse_djvu.txt

Appallingly, those principles have been discounted by the addition of the codes in the Harrison Act, bearing sole responsibility for pain and suffering of millions of patients in spite of licensed physician care. Embodied in the pain and suffering includes unnecessary overdoses, murders, and suicides of millions of Americans who were disallowed from treatments focused on patient mortality that have been statistically proven to be effective. As a matter fact, it has been quantitatively proven that prescribed opiates is more effective than absolute abstinence in the recovery of chemically dependent patients.[36]

On a personal note, my physician has completed medical records of my pain and suffering directly caused by the federal prohibition of marijuana, which contradicts A retired federal attorney has informed me that the physician's right to recommend the best course of action takes precedence regardless of FDA approval.[37] Therefore, the codes that criminalize drug use and that restrict the health care community from prescribing or recommending the most effective treatment are unconstitutional. These following 8 indictments can be presented to the western district federal court.

Indictment #1: Negligent Homicide By Prohibition of Proper Physician Care

The malfeasance of the codes added to the Harrison Act has contributed to the deaths of millions of Americans by prohibiting physicians from prescribing or recommending best course of medical treatments, which may involve opiates, for patients. This causes chaos and anxiety for patients who must then be stabilized with whatever solution possible. As is currently enforced by the Harrison Act, the resulting solution to this is absolute abstinence, which has been debunked by numerous harm reduction physicians and social service providers who will testify that the patient's quality of life and the well-being of the community are even more critical to recovery from substance abuse.

Evidence 1:

"There has not been a single overdose death in any of these programs over many years of operation and many thousands supervised of injections."[38] In a clinical environment, health care and social service providers can assess their patients' living condition, determine exactly what type of drugs and how much can be consumed, and most importantly, identify the convincing circumstances in patients' world that suggest taking dangerous substances would improve their lives.

Evidence 2:

Research papers and anecdotal evidence[39] state that the availability of an addictive substance has extraordinarily little correlation with the effectiveness to a patient's recovery from addiction.

36. Hari, Johann. *Chasing the Scream: the First and Last Days of the War on Drugs*. London: Bloomsbury, 2015.
37. Retired federal attorney
38. Daniel Raymond, Policy Director, Harm Reduction Coalition 212-377-9121 / raymond@harmreduction.org
39. Sources

Indictment #2: Cause of Pain and Suffering

Under current law, DEA prosecutors and the courts are given complete authority over patients' medical decisions despite having zero medical training. As such, the codes in the Harrison Act outlaw physicians' full discretion over the usage of heroin, thus interfering with the physician patient relationship, preventing the highest quality of treatment from being administered, and resulting in the pain and suffering of thousands of ambulatory patients. Yet, properly authorized physicians are the ones who have the capability to observe, evaluate, and treat patients throughout recovery in a quantitative and qualitative manner. Restrictions to this violate the 10th Amendment of the US Constitution which states, "The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people."[40] Accordingly, the practice of medicine is controlled by the individual state's medical board, meaning the federal government has no jurisdiction over states to regulate physician rights to prescribe drugs or recommending medical treatment. In addition, medical insurance providers and civil courts ensure overall patient satisfaction with medical malpractice protection and resolution. Therefore, the codes in the Harrison Act that prohibit physicians from prescribing heroin to ambulatory patients are unconstitutional.

Children/Community

Children would be shielded from dangerous street narcotics if chemically dependent patients could be treated with those narcotics in a clinical environment.

Indictment #3: Child Endangerment

The DEA policy of forcing chemically dependent patients to purchase from drug dealers has created unnecessary access to American children and young adults. Prohibition has spawned an illegal market in which drug dealers are motivated by profits from their addiction to selling drugs. If demand for dangerous drug were met in a clinic, no drug dealers would be able to sell drugs to children on the streets. Consequently, children would not be exposed to drugs in the first place, which would prevent them from emulating and becoming drug dealers or addicts themselves. Dealers will also not be able to attract poor, marginalized, and socially disconnected children to falsified glamor and profits from the illegal drug trade. Moreover, health care providers could better control dangerous drugs within a clinical environment if not for impediment placed upon them from the criminal justice system.

Another benefit of clinical distribution of dangerous drugs is reallocating law enforcement's focus toward efforts on preventing minor consumption. When a minor is found in possession or tested positive for a controlled substance, all adults with relations to that minor should be accountable for negligence.

40. US Const. Amend. X

Evidence 1:

Since the legalization of recreational marijuana in Washington State in 2012, a recent University of Washington study strongly suggests a decrease in teenage usage.[41] One reason is that illegal street dealers cannot compete with legal cannabis retailers, causing dealers to leave for locations where marijuana is still illegal. Teenagers who live in these areas would, therefore, have no one to buy from on the streets. Besides, illegal growers would rather ship to states where marijuana is still prohibited and where prices can be marked up to as high as 200%.

Organized Crime

Financially backed by organized criminals, certain government agents have arranged witnesses who willingly perjure themselves with false claims that abstinence resulting from incarceration will cure drug addiction.[42] This can statistically be proven inaccurate.[43]

Forty percent of crimes committed in America is directly related to criminalizing drug use.[44] It forces impoverished, chemically dependent patients into a life of criminal activity involving purchasing drugs that have negligible intrinsic value, costing the American public billions of dollars in lost property and higher insurance premiums. In addition, drug cartels and street gangs enrich themselves with profits made from drug sales to purchase guns to terrorize communities where they live. If the criminalization of drug use were eliminated, it would appropriately defund and repurpose policing in America.

Indictment #4: Accessory to Illegal Gun Trafficking

An overwhelming amount of scientific data published in articles by the FBI shows that illegal gun trafficking, street-level drug dealing, and gun violence correlate amongst one another. In short, profits from illegal drug sales fuel illegal guns purchase. The means and the motives on the street to buy guns will be greatly diminished when dangerous drugs are administered in a clinical environment.

Indictment #5: Aid and Abetment to Terrorism

Prohibition of drugs immorally corrupts capitalism into providing enormous income to terrorists, drugs cartels and street gangs. Those funds could have been directed toward therapists, social service providers, and physicians to reduce the consumption of dangerous drugs through suitable counseling, housing, education, and job training.

41. Newman, Katelyn. "Study: Teen Use of Marijuana Drops in States Where It Is Legal." *U.S. News*, July 8, 2019.
42. Hari, Johann. *Chasing the Scream: the First and Last Days of the War on Drugs*. London: Bloomsbury, 2015.
43. Bureau of Justice Statistics. U.S. Department of Justice, May 2018.
44. Source

In Afghanistan, the Taliban is producing and selling heroin to U.S. citizen suffering from chemical dependency disorder. The codes in the Harrison Act encourage the Taliban to exploits demands in order to support its radical fundamentalist Islamic goals. The Taliban uses profits to destabilize the Afghanistan government, which is backed by the United States, by training terrorists to terrorize innocent civilians around the world.

Evidence 1:

According to declassified CIA reports, profits from U.S. heroin sales have supported the formation of the Taliban. The terrorist organization is currently using those funds to terrorize Afghanistan citizens as a method to destabilize the U.S. backed government.

Evidence 2:

Osama Bin Laden used profits from heroin sales to construct training facilities.

Indictment #6: Causation of Imminent Threat to National Security

Prohibiting physicians from controlling dangerous drugs in a clinical setting directs drug revenues to the drug cartels and criminal gangs south of U.S. borders. These foreign cartels pay local criminals to smuggle dangerous drugs into the U.S. Revenues from these drug sales is used to entice criminals to threaten innocent civilians with murders, kidnappings, and rapes. In addition to these horrific transgressions, the drug cartels use revenues to undermine local governments, which exacerbates poverty in local communities. This trickling effect stemming from DEA policies inadvertently forces millions of innocent people to seek refuge from violence and poverty at U.S.-Mexico border. The combination of refugees and drug smugglers has overwhelmed the U.S. border patrol, hampering its ability to prevent criminals and potential terrorists from entering the U.S. and, thus, causing imminent threat to national security. If demand for dangerous drugs were satisfied in a clinic, drug cartels and gangs would be denied the revenue used to terrorize governments and civilian populations. Drug smuggling will cease to exist because they will have no customers to sell to in the United States.

Evidence 1:

United Nations and other academically reviewed papers confirm that a stable free market democratic government is the best way to lift people and nation states out of poverty.

Evidence 2:

President Trump has asked Congress to fund a border wall to prevent drug smugglers, criminals, and potential terrorists from entering the U.S.

Racism And Incarceration

Since the inception of the Harrison Act, lower federal courts have ruled in favor of restrictions against patients' rights based on unsubstantiated racist fears.[45] For instance, it was believed that when blacks consumed cocaine, the drug would toughen their skin so much that police bullets could not penetrate.[46]

The conflict between law enforcement and the African-American community started with the criminalization of drugs, which has escalated to the current deadly confrontation and the mass incarceration of millions of marginalized people of color.

Indictment #7: Cause of Mass Incarceration and Unintentional Spread of Drug Addiction

The intrinsic value of drugs is absurdly inflated and generates enormous profits that attracted marginalized and desperate people—particularly poor people of color—to be involved with the drug trade. This is the fundamental cause of mass incarceration. If dangerous drugs were allowed to be administered in a clinical environment, the situation would completely shift the perception of drug use on the streets of America. With no monetary value, dangerous drugs would lose their street credibility (aka "Cred"). Instead, they would be view in their true light as worthless, life-destroying substances.

In this capitalistic society, prestige and influence are granted to those who achieve high net worth. Because prohibition creates such high monetary value to street drugs, it produces an attractive nuisance to poor marginalized populations and equates drugs to money for youths and street culture.

Furthermore, illegal marketers have the same objective as legitimate marketing professionals: to increase sales through product exposure. Allowing drugs dealers to exist is spreading the disease of drug addiction.

Evidence 1:

The Netherlands provides heroin addicts with access to free heroin, which has evidently eliminated street-level drug dealing. Virtually no Dutch person under the age of 40 has consumed heroin.[47]

Evidence 2:

There is an academic scholarly reviewed paper in which the author testifies that neglected infants are predisposed to suffering from the need of instant gratification. This happens when an infant's cry is ignored, especially when crying of hunger. It is not until the child grows older when the ability to delay gratification is suppressed. With this reasoning, it follows that the monetary value and the temporary euphoria of drugs is extremely attractive and is almost impossible to avoid. In fact, gratification gained from drugs is amplified when peers of users and drug dealers are informed of how profitable

45. [illegible] 2015.
46. Hari, Johann. *Chasing the Scream: the First and Last Days of the War on Drugs*. London: Bloomsbury, 2015.
47. Kasia Malinowska, Director of Global Drug Policy Program at Open Society Foundation.

selling drugs is and how great users feel by consuming drugs. Conversely, when dangerous drugs are only available in a clinical environment, the only voices from physicians and therapists would be heard, telling them how dangerous the behavior is.

Homelessness

Criminalizing drug use exacerbates homelessness. It is tragic that this issue could virtually be eliminated if the trillions of dollars spent on the War on Drugs over the past 50 years were diverted to housing and mental health for the people who have fallen into this detriment.

Indictment #8: Depraved Indifference to Homelessness

Over 90 percent of the chronic homeless population suffers from a chemical dependence disorder. The codes in the Harrison Act prohibits health care and social service providers from treating ambulatory homeless patients because the codes mandate them to remain abstained from drugs while being housed when it has been proven that abstinence is not effective. In actuality, absolute abstinence should not be of main concern and, therefore, should not be enforced for a patient to secure housing. The element that should be imposed is to ensure the patients are indeed receiving treatment for their drug addiction while in housing, particularly in the Housing First Program. Countless harm reduction advocates, therapists, and social service providers stand ready to testify that engagement in therapy should be the primary goal of treatment. Housing First Programs advocate that studies have found a Housing-First model to be effective in giving patients a sense of autonomy and enabling them to be more receptive to therapy and eventual recovery from substance abuse disorder.

From the time of the Nixon administration, the U.S. government has spent over a trillion dollars in tax revenues to enforce the inept Harrison Act. Today, the annual expense wasted on prosecuting the war on drugs is over $50 billion. If these funds were instead spent on housing and mental health facilities, there would be virtually no homeless U.S. citizens.

Evidence 1:

Regulation in section 8 housing forbids use of controlled substance on premises.

Evidence 2:

Private landlords are unwilling to rent to people with felony drugs procession records.

Evidence 3:

Economic fact: Once residential housing units and metal health facilities are built, they become assets with over 100 years of utility.

LEGAL REMEDIES

Based on all indictments and arguments stated above, the following would be the appropriate remedies to this atrocity:

- Immediate release of all incarcerated nonviolent drug offenders.
- Expunge all nonviolent drug offenders' criminal records.
- All formally incarcerated nonviolent drug offenders and their children are eligible to receive $50,000 educational grant that can be used at any educational or job training institutions that receive public funds.
- All formally incarcerated nonviolent drug offenders are eligible to apply for a mortgage with similar benefits of a V.A. loan.
- All formally incarcerated nonviolent drug offenders are eligible to apply for an SBA loan.
- All patients that where prohibited from following the recommendations of their licensed health care providers by the DEA, BOP, federal court, or state court probation services are awarded $1,000 a day for each day they have suffered because of government restrictions.

STRATEGIES

When U.S. courts added these drug codes to the Harrison Act in the 1920's, majority of heterosexual Americans believed these laws were moral and constitutional. This could not be farther from the truth. Drug use is undoubtedly harmful to individuals, but it is a medical matter, not legal. In reality, criminalizing this unhealthy behavior offers zero benefits and inflicts even more harm to individuals and communities. Therefore, just like the racist and sexist decisions made against Dred Scott, against homosexuals, and during *Plessy v. Ferguson*, these drug codes are detrimental, immoral, and unconstitutional. When these codes are evaluated in retrospect, society will feel an enormous sense of remorse over the injustice that has been imposed for decades. Next generation of Americans will wonder how their ancestors could have had such malice against drug use in the say way African-Americans were treated by the case against Dred Scott.

The negative impacts can be demonstrated in the court of law with expert witness testimonies in conjunction with documented evidence to confirm that criminalizing drug use is just as immoral and unconstitutional as criminalizing homosexuality and slavery. Moreover, criminalizing drug use unlawfully perpetuates the discriminating doctrine, "Separate but Equal" as a moral social order.

1) The experiment used as evidence in the *Brown v. Board Education* with two white dolls and two black dolls demonstrated the cognitive dissonance in the law of "Separate but Equal". The demonstration educated the court and the American people about the

negative impact that "Separate but Equal" had on African-American children. This strategy can be utilized to prove the immortality of criminalizing drugs use by illustrating similar cognitive dissonance between perceived and actual impact generated from the criminalization of drugs use.

2) In *Stenberg v. Carhart*, the U.S. Supreme Court's first "partial-birth" abortion case, the Justices concluded that physician's judgment was best for the life and well-being of the patient. Consequently, the case against the criminalization of drugs can be utilized to file my case against the federal government in federal district court and literally put the war on drugs on trial.
3) Harm reduction advocates are prepared to testify with scientific data that the mortality rate for chemically dependent patients is lower when they self-medicate with federally controlled narcotics in a clinical environment.
4) It can be argued that the DEA causes pain and suffering, even death, on chronic pain patients (aka CPP) and chemically dependent patients. The laws that prohibit physician from using their best judgment as their education and training entitles is unconstitutional because the primary function of government is the protection of life of its citizens. The DEA enforcement of the codes added to the Harrison Act is causing great damages to other population in the U.S.

MOVING FORWARD

This proposed design on clinic operations is based on Dr. Henry Smith Williams' description of clinic operational procedures during the 1920's. It is also based on my forced involvement with the criminal justice system as well as my personal experience as a college graduate with a bachelor of arts degree in marketing, a five-year advertising account executive, a Marijuana user and seller, a volunteer at addiction rehabilitation facilities, and a board member of homeless shelters. It will be endorsed by Dr. Thomas Kline and other physicians plus millions harm reduction advocates of chronic pain patients.

The goals in this design is to authorize clinics—and subsequently, patients—the power to distribute controlled narcotics in a clinical scientific system, inform patients of the dangers of their drug use, reduce mortality rate of their patients, and prevent access of narcotics to minors. These goals would be reachable by applying free market principles to clinics. Individual compensations and promotions would be based on achievement of stated goals.

A patient seeking a Schedule I control substance must apply for a permit from a government-controlled distribution system. The first requirement for the authorization process shall start with a physical examination by a nurse practitioner and a conversation about the physical damage of recreational drug use on the human body. The patient shall sign a release form indicating their understanding of the risks of addiction including sudden death, loss of mental function, and body disfigurement. The signing of the release forms removes legal liability of the clinic and fulfills the government's moral obligation to protect citizens.

The second requirements are a mental health evaluation and an inquiry into why the patient feels the need to take dangerous drugs. When supplements, caffeine, energy drinks, herbs, sleeping

aids, alcohol, nicotine, and even marijuana are already legally and openly available in American society, each individual patients must explain to mental health counselors and civilian authorities why these remedies still do not help them cope with their responsibilities in life. The patient's verbal response to the counselor's inquiries shall enable the counselor to demonstrate cognitive dissonance between the patient's answers and the reality of his or her life. The patient shall be forced to introspectively examine the negative impact of his or her decision to use narcotics; thus, this continuous interaction shall be considered behavioral therapy. The patient's desire to use controlled narcotics shall create opportunities for interaction between patient and therapist, possibly instigating the patient to have an epiphany and open him/her to more therapeutic interactions with the drug counselors throughout his/her lifetime. Harm reduction advocates can testify with scientific data to prove that therapy reduces the mortality rate of chemically dependent patients regardless of absolute abstinences. The primary function of the government is to protect the life of every American citizen. Government policies for criminalization of drug use force chemically dependent patients to purchase drugs of unknown purity from criminals, causing millions of overdoses that could have been prevented with scientifically researched treatment from a clinic. As stated in *Evidence 1* under *Indictment #1*, not one overdose death in any program has ever been recorded over the many years of clinical operation and supervised injections.[48] Once a patient undergoes therapy, the underline causes of his or her craving for narcotics shall be addressed and repressed. This model of treatment can be proven in court to have superior recovery outcome than that from the criminal justice system in reducing Schedule I drug use.

The final requirement is the development of a health care model for Schedule I drug use. A civilian authority that consists of drug counselors, probation officers, and social service providers shall give the final warning of health consequences and legal ramifications. Patient's decision to use federally controlled narcotics shall aggravate any criminal charges, especially violent criminal offenses. Civilian authorities shall have access to the patient's medical records, tax returns, employment records, living condition, marital status, and parental status. All can be legally collected because of the patient's desire to use dangerous controlled substances. Congress passed the Harrison Act to protect individuals from the retail purchase of cocaine and heroin because the public lacked understanding in addiction and the risks of consuming narcotics. With the signed release documents from the nurse and the mental health evaluation, the civilian authority shall determine how well a patient is functioning, enabling it to decide the frequency and amount of each distribution. For functioning patients, annually review shall be required to retain their permit to use controlled narcotics. Physical exams, mental health evaluations, financial and criminal background checks shall confirm the patient has not harmed the community or any children. Higher levels of treatment shall always be available and encouraged for this population. Frequency and amount of each distribution will be determined based on scientific records of patients' outcomes of mortality and of aggregate drug consumption. The civilian authority shall allow physicians and therapists to monitor patient's drug use without violating the Hippocratic Oath. Physicians and therapists can then prescribe or recommend controlled substances for non-medical or recreational purposes.

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In a free society, individuals must be held accountable for their health. the burden must not be place on the public through law enforcement. The reality of treating functioning narcotic user is they will get the drug they desire and live statically shorter lives. As President Ronald Reagan once said,

> *"When our forefathers declared independence from England, they sent a signal to the world that freedom and liberty are only possible when each person is allowed to determine how to live their life."*[49]

A civilian authority is critical in managing nonfunctional chemically dependent patients. This drug-consuming population puts a tremendous burden on society from crimes they committed. According to the 2011 DOJ report, thirty-nine percent (39%) of personal property crimes were a direct result of a chemically dependent person's efforts to obtain drugs.[50] The annual cost to the taxpayers is over $61 billion in criminal justice expenses.[51] Fifty to 90% of this population has complex mental health issues such as anxiety, depression, and schizophrenia. These illnesses are frequently caused by trauma stemming from sexual and physical abuse, child neglect, and incarceration from drug offenses.

Consequently, it is not surprising that the 25% nonfunctional patients do not experience love in their lives. The love that everyone deserves to receive from family is lost to them. That in itself reflects the Buddhist concept that the absence of love is suffering. They do not recognize the spiritual love. In addition, Christianity declares that if one does not accept the love of Christ, s/he would suffer internal damnation. Sadly, to fulfill their human need for love, these patients develop interpersonal relationships with other drug addicts and drug dealers, believing these people are friends. They do not realize that these "friends" are actually profiting off of them through forced prostitution and selling drugs to them.

In order to rectify that, patients need to be strongly encouraged to severe ties with drug dealers and sex traffickers. They then need to be urged to create new interpersonal relationships with civilian authority and mental health counselors who *can* provide the love they desperately want, who can show them that the world does care about them as human beings, not drug addicts. This is not something that the criminal justice system is capable of accomplishing.

The pain and suffering of daily life cause them to self-medicate with narcotics. The only real hope for most of these patients is mental health counseling and social services. The civilian authority and mental health counselors shall control their drug consumption and force them into counseling to receive the drugs. Outcomes in terms of housing, food, job training, and, most important, interpersonal relationships with loved ones would be considerably enhanced from the forced abstinence imposed by the criminal justice systems. The annual $60 billion spent by the criminal justice system on drug crimes shall pay for this program. This equates to $120,000 per person for the 550,000 chronic homeless, undoubtedly covering housing, food, mental health counseling, and job training expenses. This model defunds and changes how law enforcement

49. President Ronald Reagan, speech. DATE
50. Department of Justice Report, 2011.
51. The Gateway Foundation

interacts with the public. At a minimum, with additional training, present-day police officers could become Civilian Authorities.