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EMPTY SLOGANS, REAL PROBLEMS

Carl L. Hart

- *Looking at how the US and Brazil treat crack addiction reveals responsibilities in perpetuating myths and discrimination.* •

ABSTRACT

The so-called “war on drugs” has been an epic failure, based on ill-informed evidence and has had disastrous consequences, not least in perpetuating racial discrimination and maintaining economic and social deprivation. A recent trip to Brazil prompted the author to question the US’s role in perpetuating drug myths and the “war on drugs” and the impact this is having on the human rights of US citizens and those in other countries whose governments continue to follow the US example. In doing so, he addresses some of the main misconceptions surrounding drugs and sets out the damaging effects the misguided policy has on the most vulnerable in society.

KEYWORDS

Brazil | Drug policy | War on drugs | Reform | United States | Crack | Cocaine

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“Why are governments so enamoured with empty slogans and all too willing to spend loads of money promoting them?” That thought raced through my mind as I sat in a traffic jam in one of the most congested city in the Americas. A bumper sticker caught my eye as I reflected on where I had been and where I was headed. It read in Portuguese, Crack, É Possível Vencer (Crack, It’s Possible to Win) and was prominently display on the back of a Rio de Janeiro city police vehicle, when I visited the city in May 2014. The slogan may sound aspirational, but it is emblematic for how thoughtlessly some countries have chosen to deal with illegal drug use, especially use by the poor.

In Brazil, many people are convinced that the “cracolândias” (and by extension, the people who inhabit them, although this is almost never stated explicitly) are some of the country’s most pressing problems. “Cracolândia,” literally translated as “crack land,” is a pejorative Brazilian term commonly used to describe places where so-called crack cocaine addicts gather to use the drug. And their crack use is believed to have led to a host of problems including unprecedented rates of addiction, crime and unemployment.¹

As a neuroscientist with 20-plus years of drug education and research on psychoactive drugs, I find this description eerily similar to depictions of Miami in 1986. I grew up materially poor in one of Miami’s exclusively black neighbourhoods around that same time and decided to study neuroscience specifically because I wanted to fix the drug addiction problem. I believed the poverty and crime that my community faced was a direct result of crack cocaine. I reasoned that if I could cure drug addiction, I could fix the poverty and crime in my community.

We were told, and I whole-heartedly believed, that crack was so addictive that a user only needed one hit and they were hooked; we blamed crack for the apparent lawlessness and widespread joblessness that surrounded us; we referred to women crack users as “crack whores” and accused them of abandoning their children in pursuit of the drug, even though little evidence supported this view; we promoted slogans proclaiming a “war on drugs” and our desire for a “drug-free America.”

Then, the United States Congress passed and President Ronald Regan signed the now infamous Anti-Drug Abuse Acts of 1986 and 1988. These laws set penalties that were 100 times harsher for crack than for powder cocaine violations. Specifically, they required a minimum prison sentence of at least 5 years for people caught with even small amounts of crack, but not so with powder cocaine. This legislation also dramatically increased hiring of police officers and enhanced their role in dealing with drug-related issues. As a result, complex economic and social issues were reduced to criminal justice problems; even more resources were directed toward law enforcement rather than neighbourhoods’ real needs, such as school improvement and job creation.

What is worse is that crack was steeped in a narrative of race and pathology. While powder cocaine came to be regarded as a symbol of luxury and associated with whites, crack was portrayed as producing uniquely addictive, unpredictable and deadly effects and, importantly, was associated with blacks. By the 1980s, of course, references to race in such a context were no longer acceptable. So problems related to crack were described as being prevalent in “poor,” “urban” or “troubled” neighbourhoods, “inner cities” and “ghettos,” terms that were codes for “blacks” and other undesired people.

The racialised discourse on crack was reflected in the enforcement of the Anti-Drug Abuse laws. An astonishing 85 per cent of those sentenced for crack offenses were black, even though the majority of users of the drug were, and are, white. This kind of selective targeting and racial discrimination contributes to the horrifying statistic that one in three black boys born in the US is projected to spend time in prison. By comparison, only one in 20 white boys face this damning prospect.²

I sat in the Rio traffic and a battle was waging in my mind, as we made our way to visit a *cracolândia* in one of the favelas of the Complexo da Maré. I thought about how I had given thousands of doses of drugs to people as a part of my research, how I had carefully studied their immediate and delayed responses, how I now know that the addictive potential of even the most vilified drugs such as crack or methamphetamine is not extraordinary. The fact is nearly 80 per cent of all illegal drug users use drugs without problems such as addiction.³ In other words, the effects of crack were greatly exaggerated; crack is no more harmful than powder cocaine. They are, in fact, the same drug.⁴

I recognise, of course, that some people struggle to control their consumption of various substances, including crack cocaine, which may disrupt their ability to meet important obligations, such as childcare, employment, social interactions, etc. It would be a mistake, however, to conclude that the substance itself is the problem and, as a result, wage a war on it. People become addicted for a variety of reasons ranging from psychiatric disorders to economic desperation to underdeveloped responsibility skills. Empty slogans obfuscate this fact. That is why firstly it is critically important to determine the reasons underlying each person’s addiction before perpetuating myths about the cause and before intervening with half-baked solutions. For example, if a person is abusing alcohol or heroin to deal with anxiety or trauma, effective treatment of the psychiatric illness should lessen the abuse of either drug. Likewise, providing destitute addicts with employable skills and viable economic opportunities goes a long way in helping them to overcome their addiction.⁵

The above evidence helped change my views on addiction and its role in causing chaos in communities, certainly in the US context. But now, I had arrived at Maré in Rio and had to remind myself to keep an open-mind because the situation in Brazil may differ from that in the US. I had been warned that the “*cracolândias*” here would be replete with unpredictable “zombies” driven primarily by their desire for another hit. My mind was open.

Indeed, I saw people smoking crack out of makeshift pipes as well as drinking alcohol out of plastic cups. I witnessed heated and animated discussions. But, these were a minority of behaviours that I noticed during several visits and meetings with the residents. I also saw people talking, laughing, and tending lovingly to their children and pets

The most conspicuous observation, however, was the widespread abject poverty. A large number of people lived in poorly constructed wooden shacks, devoid of basic services and surrounded by piles of rubbish. It seemed that the local government had not removed the rubbish in some of these communities for months. I grew up in a housing project and was still absolutely shocked and disturbed by these conditions. Yet, I tried not to show my dismay, because I was happy to be there with the people. They were extremely warm and welcoming. So-called drug users and traffickers were eager to share their stories with me. Some told stories of male loved ones being rounded up by the police for suspected drug trafficking and were never seen alive again. Others presented astute observations about the forces that worked to perpetuate the horrid conditions under which they live. In addition, residents were acutely aware that widespread poverty, inferior education, high unemployment and violence plagued their communities long before the appearance of crack, less than a decade ago.

The popular rhetoric is that drug gangs are largely responsible for the violence and social instability in Brazilian urban centres such as Rio. It is true that Brazil's homicide rates are among the highest in the world. In 2012, the rate was 25.2 per 100,000 residents. Note, however, that this is well below the rates of 53.7 and 90.4 per 100,000 residents for its Latin American neighbours Venezuela and Honduras, respectively.⁶ Another point often stressed in these discussions is the high number of police officers killed in cities such as Rio. In 2014, an estimated 106 Rio police officers were killed (18 while on duty).⁷ The number of people killed by the police, on the other hand, receives far less attention. From 2003 to 2013, on average Rio police killed 915 of its citizens each year (70 per cent of these individuals are of African descent. This number peaked in 2007 at 1,330.⁸ These figures suggest that rather than the drug gangs being responsible for the violence and social instability in urban centres in Brazil, it is in fact government policy, manifested by overly repressive law enforcement authorities.

The spread of crack has been blamed as a major contributor to these horrifying statistics, even though these numbers have remained almost unchanged since 1990. Crack did not appear until after 2005. The prominent role ascribed to crack in this mix is simply inconsistent with the evidence, just as was the case in the US 30 years earlier. Crack became widely available in the US in 1985 and it was blamed for rising murder and unemployment rates in the early 1990s. The problem is that per capita murder and unemployment rates were higher in 1980 and 1982, respectively, before the introduction of crack.⁹ But, this reality did not stop US officials and citizens from advocating for tougher penalties targeting crack offences.

Brazil seems to be going down this same path in response to their so-called crack problem. Recently, the country allocated R\$4 billion in this effort.¹⁰ Public awareness and education campaigns (e.g., the Crack, É Possível Vencer) are included, although what parades as education cannot be considered informative. Few people, for example, seem to be aware that crack and powder cocaine are the same drug. Drug education amounts to telling people not to take illegal drugs. Funding for drug treatment programmes is also included in this new initiative. In Brazil, drug treatment primarily consists of mandating users to facilities run by evangelical Christian organisations, where the focus is on prayer and manual labour. By any modern standard of medicine, this can hardly be considered treatment, let alone effective treatment. But, the bulk of the funds and focus of Brazil's crack efforts are geared towards law enforcement, just as was done in the US decades earlier.

In the US, crack is no longer considered the worst drug in the history of humans. Many acknowledge that exaggerations about crack-related effects led us to adapt inappropriate policies and this contributed to the further marginalisation of blacks. In fact, on August 3, 2010, President Barack Obama signed the Fair Sentencing Act that reduced the sentencing disparity between crack and powder cocaine from 100:1 to 18:1. This was an important acknowledgement, but, to be absolutely clear, any sentencing disparity in this case makes no sense.

Nearly 30 years after the US implemented draconian policies to deal with its so-called crack problems, Brazil is poised to pursue a similar path. This will undoubtedly contribute to African-Brazilians being pushed further to the margins of society. For instance, African-Brazilians make up about 50 per cent of the population¹¹ but represent less than 5 per cent of elected officials¹² and are virtually non-existent in middle-class positions.¹³

Empty slogans, with their easy-to-relate sound, are excellent for galvanising the uninformed, but they too often obscure the real problems and impede our ability to implement appropriate solutions. We no longer have the excuse

of ignorance for implementing policies based on catch phrases such as “drug-free America.” Besides, there never has been a drug-free America, there never will be, and you do not want to live in such a mythical place.

It is long past time for the US to acknowledge to the global community its drug policy missteps so that other nations do not have to make the same mistakes, especially when these mistakes have racist effects and increase human rights violations.

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