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In Drug-Policy Debates, a Center at Columbia U. Takes a Hard Line

Institute's studies grab headlines, but critics call its approach oversimplified

By *CHRISTOPHER SHEA*

Whatever else you say about Columbia University's National Center on Addiction and Substance Abuse -- and drug-policy researchers have a lot to say about it, some of it unprintable -- it knows how to work the news media.

Take an August press conference in Washington, led by the center's president, Joseph A. Califano, a former heavyweight Washington lawyer and Cabinet member who has now devoted his clout, charisma, and workaholic habits to the goal of a "drug-free America."

Ten television crews showed up on that Wednesday morning, along with dozens of reporters. The president of the University of Notre Dame, the Rev. Edward A. Malloy -- as irreproachable a figure as you can imagine to endorse a study -- introduced Mr. Califano by summarizing some of the headlines CASA has generated: "Binge" drinking among women tripled from 1977 to 1992. Anyone who makes it to the age of 21 without trying alcohol, cigarettes, or pot is unlikely ever to become a smoker or abuser.

Then Mr. Califano, tanned and resplendent in a dark pinstriped suit, stepped up to the microphone, his raspy voice booming through the room. "American children are smoking daily, drinking, and using hallucinogens at the youngest years ever in our history," he said. "We now have almost a million kids who play

with the fire of cigarettes, increasing the risk of being burned by heroin, acid, and cocaine."

CASA, he announced, had nailed down its "gateway drug" theory: Teen-agers who try marijuana are 85 times more likely to try cocaine than teens who don't. New studies on rats prove that pot triggers a craving for more drugs because marijuana activates the same neurotransmitter in their brains that cocaine does -- dopamine. "The days of marijuana as a safe drug are over," he said. "This research has crowned marijuana a 'hard drug.'"

Reporters scribbled this down, and there were few skeptical questions. A typical one came from the ABC reporter on the scene. "I don't want to oversimplify this," he said, "but is the war on drugs being won or lost?"

ABC's lead story that night relayed CASA's findings without quoting a single critic of the group. Nor did dozens of articles in newspapers across the country. But as one young reporter left the press conference, she turned to a colleague and said, "The rhetoric they use is unbelievable. I mean, we all know people who tried marijuana a few times in high school, or even smoked it regularly, then gave it up and went on to good schools, and went on to lead normal lives."

More than a few drug-policy experts share the reporter's skepticism about CASA. From its start five years ago, the center has been one of the loudest voices in the drug-policy debates. It has substantial backing from the nation's blue-chip companies, and makes headlines whenever it issues a report.

Some drug-policy experts have nothing but praise for the center's hammering home of the cost to America of tobacco, alcohol, and illicit drugs, and its pleas for more money for treatment and research. At the press conference, Mr. Califano called drug-abuse research "the area of greatest neglect" in American public policy

and proposed pumping up federal expenditures by \$1-billion a year. He wins plaudits for taking on not only shadowy drug kingpins, but also alcohol companies and Big Tobacco. He has, for example, proposed a \$2-a-pack tax on cigarettes.

But CASA has also been accused of playing fast and loose with statistics, skirting the academic peer-review process in favor of grandstanding, and acting as an unskeptical cheerleader for the war on drugs. It gets criticism both for what it says and what it doesn't say. Mr. Califano, for example, has railed against proponents of medical marijuana as charlatans who are trying to sneak full-scale drug "legalization" in through the back door -- even though advocates of loosening restrictions on marijuana for cancer and AIDS patients have included such respected scholars as the editor of *The New England Journal of Medicine*.

And although he is a frequent author of muscular op-ed pieces for various newspapers, he has been conspicuously quiet about needle-exchange programs, which many experts believe to be the most important drug-policy issue on the table today.

Several federal commissions have said such programs could save thousands of lives by reducing the spread of AIDS among users of injected drugs. But because needle-exchange programs would not necessarily reduce drug use, hard-core drug warriors say they "send the wrong message."

"Califano is essentially a reincarnation of the old temperance warriors," says Ethan A. Nadelman, director of the Lindesmith Center in New York, one of CASA's harshest critics. "It's 'demon alcohol,' 'demon cigarettes,' 'demon drugs.' It's Carry Nation and the old anti-alcohol warriors, given a gloss by his association with Columbia University and this 'sophisticated' research center."

Dr. Nadelman, a former assistant professor of politics at Princeton University, was lured to the Lindesmith Center, a drug-policy

research institute on the same city block as CASA, by the philanthropist George Soros, who is using his fortune to broaden the debate about drugs.

CASA says the success of the war on drugs can be measured by the number of Americans who use marijuana and other illicit substances, which dropped roughly by half in the 1980s. Dr. Nadelman looks at the war through a different prism: As the federal budget on the war on drugs rose from \$1-billion to \$16-billion from 1980 to 1990, AIDS became pandemic among injected-drug users, and crack addiction and violence took over major cities. The number of hard-core drug addicts has not decreased, and courtrooms are overwhelmed by people accused of drug crimes.

Dr. Nadelman's focus is on "harm reduction" -- acknowledging that a "drug free" America is a fantasy, treating addicts rather than incarcerating them, and persuading those who can't quit to stop sharing needles. Because he has argued for the regulated decriminalizing of even hard drugs, Dr. Nadelman is considered far to the "left" in the drug-policy debate. But many scholars who balk at legalization agree with much of what he says about harm reduction.

Some 70 million Americans have tried marijuana -- including many of those leading the war on drugs -- so part of CASA's agenda is to convince baby boomers that the drug is not as innocuous as they remember.

The argument that marijuana is a "gateway drug" is key to that goal. Some scholars say the gateway theory -- a "risk ratio," in technical terms -- is a Statistics 101 kind of mistake. Sure, they say, most cocaine users have tried marijuana. But look at it another way: For every 100 people who have tried pot, 28 have tried cocaine, and only one uses cocaine weekly. "It's a hard job to convince people that marijuana is a hard, dangerous, highly

addictive, gateway drug," says Lynn Zimmer, a professor of sociology at Queens College, the City University of New York, and co-author of *Marijuana Myths, Marijuana Facts* (the Lindesmith Center, 1997). "They are asking people to deny their own experiences."

CASA's medical director, Herbert D. Kleber, responds that the risk that a marijuana smoker will try cocaine is no different from -- and even greater than -- the risk that a smoker will get lung cancer. "The people who say most marijuana smokers don't try cocaine either don't understand risk ratios, or disingenuously pretend not to," he says. He is convinced that there is a biochemical trigger that leads marijuana users to seek other drugs. "We just haven't found it yet."

The Columbia center is an odd half-breed, trading on Columbia's prestige while remaining mostly independent. Located 50 blocks downtown from Columbia's main campus, in a vaguely postmodern skyscraper next door to Carnegie Hall, it has 50 staff members, only one of whom -- Dr. Kleber -- has tenure on the Columbia faculty. Its annual budget is \$7.3-million, with the "core" financing coming from the Robert Wood Johnson Foundation, one of the nation's largest health-care philanthropies. It also gets checks from Mobil, CBS, Chrysler, Walt Disney, and dozens of other corporations. Nancy Reagan and Betty Ford serve on its board of directors alongside Columbia's president, George Rupp.

Sitting in his office 12 floors above 57th Street in New York, Joseph Califano explains how combating drug and alcohol abuse came to be his calling. "Basically, I think substance abuse and addiction is one of the greatest threats to this country," he says. "You know, Toynbee said of the great civilizations -- he studied 16 civilizations -- the only thing that ever happened from an enemy without is that they gave the *coup de grace* to an expiring suicide. Substance abuse is an internal problem for the United States. It's an

enormous threat to our young people, and it's a threat to our political system because of the corruption issues."

A plaque reading "This is a smoke-free workplace" sits front-and-center on his desk. On the wall over his left shoulder is a framed statement announcing his appointment as a domestic-policy adviser to President Johnson. He takes special pride in a more modest memento, a letter Johnson wrote him when he resigned to re-enter private life. "You were the captain I wanted," it reads, "and you steered the course well."

Mr. Califano's story is a case study in how much American cultural attitudes toward alcohol, tobacco, and drugs have shifted in the past 30 years. In his years with L.B.J., he was the kind of smoker that is hard to imagine today. He smoked four packs a day, carrying two packs of Kents in one pocket, two packs of mentholated Salems in the other, "for when my throat got sore." Under Johnson, he helped push through the first Drug Rehabilitation Act, which set aside \$15-million for treatment and research.

Mr. Califano quit smoking in 1975 as a birthday present to his son, Joe, now an ear, nose, and throat doctor at the Johns Hopkins University. He still drinks, slightly undercutting the Carry Nation analogy. ("Sure I drink. Yeah, every day I drink. I usually have a scotch at night, one or two scotches all the time.") President Carter called him back from legal work to head the Department of Health, Education, and Welfare, where he became intrigued by studies showing that few people start smoking after age 21. He set in motion what *The Washington Post* called in 1978 "the most energetic anti-smoking blitz ever," ferociously attacking ads aimed at children. This earned him the hatred of politicians from tobacco-growing regions, and planted the seeds for the federal regulation of cigarettes, a movement that gains momentum every day. "The passion is real," even Dr. Nadelman concedes. Mr. Califano's outspokenness did him in, politically: President Carter

fired him in 1979, and he went back to law.

Later, serving on the board of the Chrysler Corporation, which was trying to cut its health-care costs, Mr. Califano was unable to make a dent in the company's losses from alcoholism and drug abuse. "I began to see, you know, it's everywhere," he says. "This problem is just affecting everything." He needed little prodding when James Burke, the chairman of the Partnership for a Drug-Free America, approached him to found a research center. At CASA, Mr. Califano says, his goal was to assemble "the brightest group of people who have every been put under one roof on this planet" to deal with the problem.

By consensus, the brightest academic star at CASA is Dr. Kleber. Mild-mannered and self-effacing -- in an interview in his office he comes off, at first, like a kindly family doctor -- Dr. Kleber spent most of his career in Yale University's psychiatry department, studying the biophysiology of addiction, before he went to work for William Bennett, the first U.S. "drug czar," in 1989. He spends half his time at CASA, half in Columbia's psychiatry department. He is courtly, polite, uncondescending, with unruly graying hair and rimless glasses framing a pale face. Bring up criticism of CASA, however, and you see another side: He's got the debating chops of William F. Buckley, and will follow you out the door to shoot down the arguments of the harm-reduction camp.

Public policy, he says, should concentrate on keeping drugs as expensive and difficult to obtain as possible, while social opprobrium and criminal sanctions are necessary to combat the "psychological" lure of drugs. Criminal penalties can also persuade abusers to seek treatment -- which is why both he and Mr. Califano oppose mandatory sentences, which reduce the leverage judges can exert on drug offenders.

CASA has devoted much of its work to documenting the cost to the American economy of drug use. In a 1994 report, it announced

that smoking, alcoholism, and illicit drug use would cost the Medicare system \$1-trillion over the next 20 years -- most of it from smoking. In spring 1996, it announced that substance abuse was costing the city of New York \$20-billion a year.

In the summer of 1994, CASA took on the subject of drinking on college campuses. "What was once regarded as a harmless 'rite of passage,'" the report said, "has in the 1990s reached epidemic proportions." The news that binge drinking among women had tripled made news nationwide. But the report also caused trouble for the center when *Forbes MediaCritic*, a now-defunct journal, said the rhetoric of the report was wildly overblown, its statistics were all drawn from other people's work, and some of its numbers were fudged.

The report, *MediaCritic* noted, buried the inconvenient fact that, over all, binge drinking at colleges had remained steady for decades. The journal also caught CASA out on a few statistics. One federal study, for example, had found that 55 per cent of female rape victims on campuses, and 74 per cent of male rapists, said they were under the influence of drugs or alcohol during the assaults. CASA translated that to say that 90 per cent of all rapes involved alcohol, a strange bit of math.

"I wasn't inclined to leap to their defense," says William DeJong, a lecturer on health communications at the Harvard School of Public Health. The *MediaCritic* charges, he says, were "pretty serious allegations, and in my view gave the alcohol industry an opportunity to undermine their overall effort, which I think has been very constructive." Henry Wechsler, also at Harvard's public-health school, on whose work the CASA report was largely based, says that "the gist of CASA's report was absolutely accurate."

In 1995, CASA issued a "white paper" on drug legalization, which took on the arguments of such groups as the American Civil Liberties Union. The A.C.L.U. has pointed out that the drug war

has turned the United States into the nation with the highest incarceration rate in the world, and that widespread urine testing and seizure of "drug-related" property represent a drastic curtailment of basic rights.

CASA dismissed civil-rights concerns by quoting John Stuart Mill, a favorite of libertarians who oppose drug laws. Mill said individuals did not have the right to enslave themselves. "Clearly," CASA's report said, "drug addiction is a form of enslavement."

"Very thin," is the verdict of Peter Reuter, a professor of public affairs at the University of Maryland at College Park who studies drug policy. "It was hard to distinguish that paper from something put out by the Drug Enforcement Administration."

He and others say that CASA's estimates of the costs of drug use are pretty good guesses, but not much more than that. "They've released a number of studies that ought to have been peer-reviewed," Dr. Reuter says.

As hard-hitting as the CASA reports can be, Mr. Califano turns up the volume in his op-ed pieces. In December 1996, he said that voters in Arizona and California who had voted to give doctors the right to prescribe marijuana had not exercised informed judgment on the topic, but were "bamboozled" by "a moneyed, out-of-state-elite" that paid for advertising promoting the referenda. He described George Soros, the philanthropist who gave \$550,000 to the cause in California, as "the Daddy Warbucks of drug legalization." Mr. Soros has since said he does not favor legalization, although he thinks penalties for marijuana possession are too severe.

Last February, in another opinion piece, Mr. Califano compared medical marijuana to laetrile, a quack cure for cancer in the 1970s. Hundreds of people were taking laetrile, despite no evidence that it worked. The government reluctantly tested it and, to no one's

surprise, found it to be ineffective. "As with laetrile, we should count to 10" on medical marijuana, Mr. Califano wrote.

William London, the director of public health for the American Council of Science and Health, based in New York, says he was "outraged" by the analogy. Laetrile didn't work at all, he notes, but as early as 1982, the National Academy of Sciences said marijuana "has shown promise in the treatment of a variety of disorders." The only question is whether medical marijuana works *better* than existing drugs.

"I think CASA does some impressive presentations," he says. "They collect data that are important to consider. But my bottom-line concern is that this is a group that is interested in painting the most alarming picture possible about the drug menace, and I don't think that's the most constructive approach to dealing with the problems of drug abuse."

Mr. Califano has also come down hard on those who propose that the United States try some of the experiments of Western European countries, such as the Netherlands's allowing the sale of cannabis in coffee shops, under tight restrictions, to separate it from the "hard" drug trade. CASA notes that marijuana use by teens has risen in Amsterdam -- a statistic that others dispute. Its critics counter that, whether or not there's been a rise in Amsterdam, many more American than Dutch teen-agers smoke pot. "They go around attacking people with other points of view," says Craig Reinerman, a professor of sociology at the University of California at Santa Cruz. "As if we don't need a more pluralistic debate about drug policy! The reason we need a more robust debate is that we've had the most punitive form of drug prohibition in the industrialized world for most of the 20th century, and levels of drug abuse don't go away."

Last month, 36 drug experts and policy makers made a plea for just such an open-ended discussion. "The current drug-policy debate,"

they wrote, "is marked by polarization into two positions stereotyped as 'drug warrior' and 'legalizer.'" The statement calls for a drug policy, rooted in science, that weighs the risks of drug use against the equally real risks of overzealous law enforcement.

CASA, which most scholars would place firmly in the warrior camp, complains that calling it a polarizing force is unfair. Much of CASA's work is in the field, not on opinion pages. Dr. Kleber, for example, is overseeing a comparison of 200 treatment centers, drawn from a nationwide sample of 5,000, ranging from long-term residential programs like Phoenix House to outpatient programs that counsel patients only a few hours each week. CASA is also evaluating the efficacy of acupuncture in curbing addiction, a popular treatment that has sketchy scientific support.

The University of Maryland's Dr. Reuter credits Dr. Kleber with building up a credible research program. "The combination of Califano's fund-raising ability and Kleber's competence is a powerful one," he says. "Whether this justifies the lavish institution and a simplified message, I'm not sure."

"There's a lot of noise that comes out of there that seems unrelated to any research activity."