THE ANTI-POT LOBBY’S BIG BANKROLL

by LEE FANG

THE OPPONENTS OF MARIJUANA-LAW REFORM INSIST THAT LEGALIZATION IS DANGEROUS—BUT THE BIGGEST THREAT IS TO THEIR OWN BOTTOM LINE.
PATRICK KENNEDY, SON OF THE LATE SENATOR TED KENNEDY, DID SEVERAL STINTS IN REHAB after crashing his car into a barricade on Capitol Hill in 2006, a headline-making event that revealed the then–US congressman for Rhode Island had been abusing prescription drugs, including the painkiller OxyContin. Kennedy went on to make mental health—including substance abuse—a cornerstone of his political agenda, and he is reportedly at work on a memoir about his struggles with addiction and mental illness. In 2013, he also helped found an advocacy group, Project SAM (Smart Approaches to Marijuana), which has barnstormed the country opposing the growing state and federal efforts to legalize pot.

Taking the stage to rousing applause last February, Kennedy joined more than 2,000 opponents of marijuana legalization a few miles south of Washington, DC, at the annual convention of the Community Anti-Drug Coalition of America (CADCA), one of the largest such organizations in the country.

“Let me tell you, there is nothing more inconsistent with trying to improve mental health and reduce substance-abuse disorders in this country than to legalize a third drug,” Kennedy boomed. The former congressman also praised his fellow speakers for standing up to the “extremist responses” from legalization advocates.

Given that CADCA is dedicated to protecting society from dangerous drugs, the event that day had a curious sponsor: Purdue Pharma, the manufacturer of OxyContin, the highly addictive painkiller that nearly ruined Kennedy’s congressional career and has been linked to thousands of overdose deaths nationwide.

Prescription opioids, a line of pain-relieving medications derived from the opium poppy or produced synthetically, are the most dangerous drugs abused in America, with more than 16,000 deaths annually linked to opioid addiction and overdose. The Centers for Disease Control and Prevention report that more Americans now die from painkillers than from heroin and cocaine combined. The recent uptick in heroin use around the country has been closely linked to the availability of prescription opioids, which give their users a similar high and can trigger a heroin craving in recovering addicts. (Notably, there are no known deaths related to marijuana, although there have been instances of impaired driving.)

People in the United States, a country in which painkillers are routinely overprescribed, now consume more than 84 percent of the entire worldwide supply of oxycodone and almost 100 percent of hydrocodone opioids. In Kentucky, to take just one example, about one in fourteen people is misusing prescription painkillers, and nearly 1,000 Kentucky residents are dying every year.

So it’s more than a little odd that CADCA and the other groups leading the fight against relaxing marijuana laws, including the Partnership for Drug-Free Kids (formerly the Partnership for a Drug-Free America), derive a significant portion of their budget from opioid manufacturers and other pharmaceutical companies. According to critics, this funding has shaped the organization’s policy goals: CADCA takes a softer approach toward prescription-drug abuse, limiting its advocacy to a call for more educational programs, and has failed to join the efforts to change prescription guidelines in order to curb abuse. In contrast, CADCA and the Partnership for Drug-Free Kids have adopted a hard-line approach to marijuana, opposing even limited legalization and supporting increased police powers.

A close look at the broader political coalition lobbying against marijuana-law reform reveals many such conflicts of interest. In fact, the CADCA event was attended by representatives of a familiar confederation of anti-pot interests, many of whom have a financial stake in the status quo, including law enforcement agencies, pharmaceutical firms, and nonprofits funded by federal drug-prevention grants.

The anti-pot lobby’s efforts run counter to a nationwide tide of liberalization when it comes to marijuana law. In 2012, voters legalized pot in Colorado and Washington State; this year, voters in Alaska appear poised to do likewise. Since 1996, twenty-two states and the District of Columbia have legalized medical marijuana or effectively decriminalized it, and a contentious ballot initiative in Florida may result in the South’s first medical marijuana law. Meanwhile, legislatures across the country are debating a variety of bills that would continue to ease marijuana restrictions or penalties. On the federal level, a bipartisan coalition of lawmakers has challenged the Drug Enforcement Administration in testy hearings, and many have called for removing marijuana as a Schedule I drug under the Controlled Substances Act, which puts it in the same class as heroin and LSD.

The opponents of marijuana-law reform argue that such measures pose significant dangers, from increased crime and juvenile delinquency to addiction and death. But legalization’s biggest threat is to the bottom line of these same special interests, which reap significant monetary advantages from pot prohibition that are rarely acknowledged in the public debate.
baseball to our movement today,” asserted Sue Thau, a CADCA consultant. “We need to always keep swinging!”

Buses were scheduled to ferry the participants to Congress for meetings, and Thau coached the assembled activists to emphasize the potential risks for young people, something that “everybody on Capitol Hill can agree on.” In addition to lobbying against marijuana-law reform, she encouraged everyone to preserve key federal funding streams, to “make sure all the programs that fund our field, every one of them,” are protected in the appropriations process for the coming fiscal year.

Ironically, both CADCA and the Partnership for Drug-Free Kids are heavily reliant on a combination of federal drug-prevention education grants and funding from pharmaceutical companies. Founded in 1992, CADCA has lobbied aggressively for a range of federal grants for groups dedicated to the “war on drugs.” The Drug-Free Communities Act of 1997, a program directed by the White House Office of National Drug Control Policy, was created through CADCA’s advocacy. That law now allocates over $90 million a year to community organizations dedicated to reducing drug abuse. Records show that CADCA has received more than $2.5 million in annual federal funding in recent years. The former Partnership for a Drug-Free America, founded in 1985 and best known for its dramatic “This is your brain on drugs” public service announcements, has received similarly hefty taxpayer support while advocating for increased anti-drug grant programs.

The Nation obtained a confidential financial disclosure from the Partnership for Drug-Free Kids showing that the group’s largest donors include Purdue Pharma, the manufacturer of OxyContin, and Abbott Laboratories, maker of the opioid Vicodin. CADCA also counts Purdue Pharma as a major supporter, as well as Alkermes, the maker of a powerful and extremely controversial new painkiller called Zohydro. The drug, which was released to the public in March, has sparked a nationwide protest, since Zohydro is reportedly ten times stronger than OxyContin. Janssen Pharmaceutical, a Johnson & Johnson subsidiary that produces the painkiller Nucynta, and Pfizer, which manufactures several opioid products, are also CADCA sponsors. For corporate donors, CADCA offers a raft of partnership opportunities, including authorized use of the “CADCA logo for your company’s marketing, website, and advertising materials, etc.”

The groups’ approach to marijuana contrasts sharply with their attitude toward prescription-drug abuse. In March of this year, the heads of CADCA and the Partnership for Drug-Free Kids sent a letter to Attorney General Eric Holder and other government officials urging them to keep marijuana listed as Schedule I, a designation indicating that it has no recognized medical use and is among society’s most dangerous drugs. “We are aware of a small chorus in the United States Congress (copied on this letter) who are calling for the rescheduling of marijuana,” wrote Arthur Dean, a retired general and the president of CADCA, and Stephen Pasierb, head of the Partnership. “[O]ur groups agree with the most recent Health and Human Services (HHS) determination that marijuana should remain a Schedule I drug.”

CADCA’s website makes it clear that the organization—dedicated to a “world of safe, healthy and drug-free communities”—has adopted marijuana as its primary concern. The group’s stated policy priorities are to preserve and expand two federal drug-prevention grant programs and to oppose marijuana-law reform. CADCA has hosted training seminars to instruct community organizations in the best tactics for opposing efforts to legalize even medical marijuana. The group also offers template letters to the editor, sample opinion columns, talking points and other tips for pushing back against reform efforts.

Prescription drugs are another story. In this realm, both CADCA and the Partnership favor educational campaigns and limited pill-monitoring programs—measures that experts on painkiller addiction say are insufficient to deal with the burgeoning problem. CADCA’s site mentions prescription-drug abuse primarily in the context of expanding outreach programs funded through the Drug-Free Communities Act.

In February, the same month that CADCA held its convention, forty-two leading drug-prevention groups sent a letter to the Food and Drug Administration to protest the recent approval of Zohydro. Notably absent from the signatories: CADCA and the Partnership for Drug-Free Kids. A policy paper posted by CADCA regarding prescription drugs doesn’t call for a shift in how the FDA regulates painkillers, arguing instead that federal drug-prevention grant programs should be expanded.

Asked about CADCA’s efforts to combat prescription-drug abuse, Thau replied that the group supports educational programs and drug-monitoring efforts, and also recently signed on to a bill—sponsored by Senator Ed Markey—that offers a civil-liability exemption to those who provide preventative medications to individuals experiencing an overdose. CADCA has also promoted voluntary drug “take-back” events that encourage people to bring their unused pharmaceuticals to a central location for disposal.

It’s important to keep in mind, however, that industry groups haven’t opposed any of these measures. But they do oppose those restrictions that could eat into the industry’s profits. In 2012, for example, a group of doctors and drug-prevention advocates petitioned the Food and Drug Administration to change the prescription labeling of opioids so that they could be prescribed only for “severe pain,” rather than the “moderate to severe pain” stipulated under the current guidelines. Purdue Pharma opposed the plan, calling on the FDA to “maintain that the current indications for long-acting opioids are appropriate.” According to advocates who spoke to The Nation on condition of anonymity, the Partnership refused to join the push for new prescription guidelines. CADCA didn’t sign on either.

CADCA and the Partnership have also failed to call for action on current bills in Congress to crack down ag-
gressively on painkillers, including the Stop Oxy Abuse Act, which would—in keeping with the suggestion of the doctors’ advocates who petitioned the FDA—allow OxyContin to be prescribed only for severe pain. The two anti-drug groups have not signed on to support the Safe Prescribing Act, which would move hydrocodone products like Vicodin and Lortab from Schedule III to Schedule II, making the product more difficult to prescribe. Nor, for that matter, have they endorsed any of the bills introduced by Representative Hal Rogers or Senator Joe Manchin to block the approval of new, stronger painkiller drugs such as Zohydro.

“I think it’s hypocritical to remain silent with regard to the scheduling of hydrocodone products, while investing energy in maintaining marijuana as a Schedule I drug,” says Dr. Andrew Kolodny, a New York psychiatrist who heads Physicians for Responsible Opioid Prescribing. Kolodny notes that there are legitimate concerns regarding marijuana legalization, particularly how the drug may be marketed and its effect on adolescents, so “I don’t think it’s inappropriate for them to be advocating on marijuana.

“But,” he adds, “when we have a severe epidemic in America—one the CDC says is the worst drug epidemic in US history—it makes you wonder whether or not they’ve been influenced by their funding.”

In some cases, both CADCA and the Partnership have directly promoted certain opioids. In 2010, Marcia Lee Taylor, the Partnership’s chief lobbyist, signed on to a letter with Will Rowe of the American Pain Foundation asking the Office of National Drug Control Policy to continue Medicaid reimbursements for so-called “tamper-proof” opioids, which cannot be crushed or snorted but can still be abused to deadly effect. (The American Pain Foundation has since shut down, following an investigation by ProPublica showing that the group relied heavily on money from opioid manufacturers and played “down the risks associated with…painkillers while exaggerating the benefits.”) In 2012, CADCA joined with Purdue Pharma and other opioid makers in signing a similar letter to the Centers for Medicare and Medicaid Services.

Prescription-drug manufacturers like Purdue Pharma, which made more than $27 billion in revenues from OxyContin alone since 1996, have faced ethical problems in the past. In 2007, Purdue Pharma and its top executives paid $634.5 million in fines for deceptive marketing that played down the addictive properties of OxyContin. Also that same year, the company agreed to pay $19.5 million to twenty-six states and the District of Columbia to settle claims that it illegally encouraged doctors to overprescribe the drug. But the company’s influence over anti-drug advocacy is less known.

Erik Altieri, a spokesman for the National Organization for the Reform of Marijuana Laws, argues that marijuana can provide a “great alternative for treating chronic pain and other types of ailments.” Pharmaceutical companies “don’t want to see another vendor on the market.”

In a written response to queries, retired general Arthur Dean, CADCA’s chair and CEO, said: “The funding CADCA receives in no way impacts CADCA’s policy efforts or strategic direction. Prescription drugs are legal medicines that serve a legitimate and often life-saving purpose in our society. CADCA has utilized some discretionary grants from industry sources, such as Purdue Pharma and several other companies, to develop programs and tools to help community coalitions prevent and reduce youth prescription drug abuse and the abuse of over-the-counter cough medicine.” Asked about current proposals in Congress to rein in the way painkillers are prescribed, Dean replied: “CADCA has not taken a position on the proposed legislations.”

The Partnership for Drug-Free Kids did not respond to a request for comment. Neither did Purdue Pharma and other opioid makers, including Abbott Laboratories, Pfizer and Alkermes. A spokesperson with Janssen told The Nation that the company funds CADCA to support “educational programs about the safe and responsible use of pain medicines.”

In May, CADCA sent out an action alert to its members, asking them to contact Congress and oppose an amendment in the House of Representatives that would block the DEA from targeting medical marijuana operations that are legal under state law. The measure passed later that month with bipartisan support.

Patrick Kennedy’s Project SAM is arguably the most visible group opposing marijuana-law reform, with the former congressman making the rounds on HBO’s Real Time With Bill Maher and Comedy Central’s The Colbert Report, among other cable and news programs. And yet this group, too, is rife with potential conflicts of interest.

Some legalization advocates have criticized Kennedy’s crusade against pot. Though the former congressman received many second chances in his struggle with alcohol and prescription drugs, he has opposed any move toward marijuana decriminalization that would afford similar leniency to others. After Project SAM began organizing opposition to Alaska’s legalization initiative this year, demonstrators in Anchorage paraded a giant check with the figure $9,015—the amount in campaign money that Kennedy received from the liquor and beer lobby while in office. Critics have also pointed out that Project SAM’s board and partners represent many of the interest groups that stand to profit from marijuana’s continued prohibition.

“Some of the folks active with Project SAM appear to have a financial interest in keeping marijuana illegal and promoting mandatory treatment for adult consumers,” says Mason Tvert, spokesman for the Marijuana Policy Project in Colorado. For example, Ben Cort, Project SAM’s spokesman, leads a drug-treatment program in Aurora, Colorado.

Tvert points out that marijuana convictions often result in court-ordered rehab, which can provide an obvious incentive for treatment centers to oppose reform. In filings with the Securities and Exchange Commission, the Geo Group—a company that manages several for-profit treatment and detention centers—states that “any changes with respect to the decriminalization of drugs and controlled substances could affect the number of persons arrested, convicted, sentenced and incarcerated, as resulting in decreased compensation to us from Treatment and Detention Centers.”
thereby potentially reducing demand for correctional facilities to house them.” In short, marijuana-law reform can cut into revenues.

Dr. Stuart Gitlow, president of the American Society of Addiction Medicine, sits on Project SAM’s board of directors and frequently speaks out against medical marijuana. In comments to USA Today in January, Gitlow disputed President Obama’s comment that marijuana is no more dangerous than alcohol. “There’s no benefit to marijuana,” he said. “It’s simply that people want the freedom to be stoned. That’s all it is. And there’s a great deal of risk.”

What the USA Today piece didn’t mention—and what Gitlow hasn’t disclosed during his appearances on HLN TV, Southern California Public Radio and other local media—is that he serves as the medical director for Orexo, a pharmaceutical company that recently produced a new drug called Zubsolv. The product is an opioid substitute along the lines of Suboxone that, while designed to treat opioid addiction, is often abused for recreational purposes. As The New York Times reported, Suboxone has been linked to more than 400 deaths in the United States since 2003.

Last December, Dr. Mark Willenbring, former director of treatment and recovery research at the National Institute on Alcohol Abuse and Alcoholism, raised concerns about Gitlow’s leadership of the American Society of Addiction Medicine, given his relationship with Orexo. “My concern is with the increasing public perception, especially in psychiatry and addiction treatment, that financial interests taint and discredit professional opinions,” Willenbring told the Alcokolism & Drug Abuse Weekly.

Peter Bensinger, a former DEA administrator, and Robert DuPont, a former White House drug czar, now manage a consulting firm that specializes in workplace drug testing. The two work closely with Project SAM and have spoken at events with its leaders. Last year, for example, Bensinger and DuPont signed on to a Project SAM letter pressing the Justice Department to reconsider its decision to defer the enforcement of federal drug laws in states that have legalized marijuana. For that stance, they’ve come under fire from marijuana-law reformers like Howard Wooldridge of Citizens Opposing Prohibition for promoting “policies that line their pocketbook.”

Marijuana-law reform has created deep divisions within police agencies. A recent poll of officers found that nearly two-thirds believed marijuana laws should be reformed—with 36 percent agreeing that marijuana should be legalized, regulated and taxed; 14 percent supporting relaxed penalties; 11 percent supporting legalized medical marijuana; and 4 percent supporting decriminalization.

Yet strong institutional forces have kept nearly every law enforcement professional association opposed to reform. Starting with the Reagan administration, police departments were encouraged to seize and sell property associated with drug busts, which significantly augmented their revenue. Between 2002 and 2012, law enforcement agencies collected about $1 billion from marijuana arrests, according to Justice Department data.

It was also during the 1980s that federal grant programs requiring police to engage in drug enforcement were expanded, including the Edward Byrne Memorial Justice Assistance Program, which funds multi-jurisdictional drug task forces. The Byrne grants, which cover a range of drug enforcement actions including marijuana, provided over $2.4 billion for law enforcement agencies this fiscal year.

“It’s money,” says retired Los Angeles Police Department Deputy Chief Stephen Downing, when asked why so many police organizations are lobbying against marijuana-law reform. “In many states, the city government expects police to make seizures, and they expect these seizures to supplement their budgets.” According to The Wall Street Journal, drug task forces in Washington State have predicted that asset-forfeiture revenues will decrease as a result of marijuana legalization.

Others dispute the notion. Bob Cooke, a former president of the California Narcotic Officers’ Association, asserts that “losing money from asset forfeiture is not why we believe [pot] should be regulated.” Instead, he argues, law enforcement agencies oppose legalizing marijuana because its use is inherently dangerous: “One try and it can ruin your life.”

But the fiscal impact on law enforcement has become part of the debate. Earlier this year, when Minnesota State Representative Carly Melin proposed a medical marijuana bill, she faced a backlash from police lobbyists. “There was a concern about losing federal grants tied to drug enforcement laws,” Melin says. “Asset forfeiture was briefly discussed as well.” She adds that law enforcement agencies approached her bill with “absolute opposition” but changed their position after widespread public pressure. Melin’s bill passed in May once patients and the parents of sick children began contacting lawmakers.

“It’s not hard to figure out that there’s a lot of money attached to enforcing marijuana laws,” Melin says. “Marijuana arrests still account for over 60 percent of drug arrests in Minnesota, so it’s still big business for law enforcement.” Minnesota’s numbers reflect the data compiled by the American Civil Liberties Union, which show that marijuana arrests account for more than half of all drug arrests nationwide.

Similar dynamics have played out elsewhere. When Californians debated a legalization initiative in 2010—which was ultimately unsuccessful—the lead organizer of the opposition was John Lovell, a longtime police lobbyist in Sacramento. Lovell has made a career of channeling federal “drug war” grants to law enforcement agencies in the state—including millions of dollars for the California Marijuana Suppression Program, grants for overtime pay for police, and money for additional officers dedicated to marijuana eradication.

In Florida, the state sheriffs’ association, led by Polk County Sheriff Grady Judd, has become the public face of opposition to a medical marijuana referendum on the ballot this fall. Judd has deployed a number of arguments
against the referendum, from the dangers of driving while high to increased workers’ compensation claims, to teenage addiction and increased respiratory illnesses.

But the annual strategic plan submitted to the Polk County Board of Commissioners by Judd’s office suggests another major concern. In it, Judd says that his force is “doing more with fewer resources” and that he’s had to cut seventeen deputy sheriff positions due to a lack of funds. Judd describes seizures from marijuana grow houses as a key revenue source for his department: seizing such property helps to “meet eligible equipment or other non-recurring needs that could not be met by local funding, thereby putting forfeited and unclaimed funds to work in crime prevention, for the taxpayer,” according to the document. Plus a Florida law enforcement newsletter describes the state’s marijuana eradication program—which brought in nearly $900,000 last year in forfeitures, and more than $1 million in previous years—as “an excellent return on investment.”

Downing, the retired LAPD deputy chief, notes: “The only difference now compared to the times of alcohol prohibition is that, in the times of alcohol prohibition, law enforcement—the police and judges—got their money in brown paper bags. Today, they get their money through legitimate, systematic programs run by the federal government. That’s why they’re using their lobbying organizations to fight every reform.”

Indeed, alcohol prohibition was ended partly through ethics reform. During Prohibition, the Eighteenth Amendment was enforced through a law called the Volstead Act, which exempted federal liquor enforcement agents from Progressive-era civil service exams. Without these exams, the Prohibition Unit became a vehicle for awarding patronage jobs to political allies. Almost immediately, these 18,000 federal jobs were marked by scandal and corruption. According to one Treasury agent, the “most extraordinary collection of political hacks, hangerson, and passing highwaymen got appointed as prohibition agents.” They set up illegal roadblocks, killed innocent civilians, and extorted money from bootleggers rather than arresting them. The wet lobby successfully pushed to re-establish civil service exams for the Prohibition Unit in the late 1920s—a shift that embarrassed dry-lobby supporters, because nearly two-thirds of all agents couldn’t pass the entrance exam. Further weakening support for Prohibition, the Supreme Court declared it illegal in 1927 for local judges to pay themselves with a share of the fines collected from Volstead Act cases.

While not a perfect analogy, some marijuana advocates see the fight against Prohibition as a guide, since so many interest groups working to maintain the status quo today are tied to cash flows—whether federal grants or forfeiture revenues—that depend on keeping the drug illegal.

Prohibition provides “an incentive for these interest groups to keep seeking federal money to continue the ‘war on drugs’ [and] their own salaries,” says Representative Steve Cohen, one of the most outspoken proponents of legalization in Congress. Cohen adds that some of the most vociferous opponents of reform appear to be influenced by the money flowing from pot prohibition. “It’s a vicious cycle.”
Copyright of Nation is the property of Nation Company, L. P. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.