

Common Sense for Drug Policy Legislative Group

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John Ashcroft

A Closed Mind and a Closed Door for Women Seeking Drug-Free Lives

Senator John Ashcroft's extreme views on drug control – speaking out for reduced funding for prevention and treatment in order to increase funding for law enforcementⁱ -- coupled with his extreme opposition to women's reproductive choice – will slam the doors of opportunity for women who want to begin drug-free lives. Under the kinds of policies that he has historically supported, the harm caused by drug abuse to women will be compounded dramatically and unnecessarily. And more women will die.

- As Attorney General, John Ashcroft will advocate for cutting drug education and prevention to pay for law enforcement – to continue the escalation of “war on drugs” policies that have failed to reduce drug use in our country. Without resources for effective drug education and prevention, we will continue to see drug abuse increasing among women and girls.ⁱⁱ
- As Attorney General, John Ashcroft will promote drug policies that will leave even more women with no access to drug treatment. Studies consistently show that less than half of the women who need drug abuse treatment are able to access it. For pregnant women, drug treatment is even harder to find – with research suggesting only one in ten pregnant women can get drug treatment. Ashcroft refuses to see the facts: research by the RAND Corporation shows treatment is ten times more cost effective than interdiction in reducing the use of cocaine in the United States.ⁱⁱⁱ Yet Ashcroft advocates for cutting treatment funding to pay for law enforcement.^{iv}
- As Attorney General, John Ashcroft will promote “war on drugs” policies that continue to fill our prisons with non-violent, low-level women drug offenders at shocking rates.^v He supports the “war on drugs” most blunt weapons – including “drug conspiracy” laws that hold women guilty of their partner's illegal drug dealings -- and mandatory minimum sentences that create unjustifiable harsh sentences without regard to the individual circumstances of women's lives.^{vi} It tears devoted mothers away from their children. And it impacts low income women disproportionately as their reliance on public programs and their lack of resources to bring to their own defense leaves them most vulnerable to attack.^{vii}

- As Attorney General, John Ashcroft will further punish women struggling with drug abuse by denying them access to welfare benefits, Medicaid, food stamps, public housing and student financial aid. Senator Ashcroft – once again turning his back on low income women – championed federal welfare policies that systematically drive women to illegal drug activity to support themselves and their families, including drug testing of all women who might seek help through these safety net programs to overcome their drug abuse.
- As Attorney General, John Ashcroft will drive pregnant women who want prenatal care and drug treatment away from the doctor’s office. The result of his combined anti-choice/anti-woman ideology and his extreme “war on drugs” ideology will result in further prosecutions of pregnant women who use drugs -- by defining fetus as child under existing criminal child abuse and drug laws – thus serving the anti-choice political agenda and ignoring sound public health policy.^{viii} The American Medical Association, the American Academy of Pediatrics, the March of Dimes, and many other groups agree that these punitive policies are driving women who use drugs from prenatal care, drug treatment, and social support systems that are crucial to women’s health and healthy pregnancy outcomes.^{ix}
- As Attorney General, John Ashcroft will turn a blind eye to prevention of HIV/AIDS in women. 60 percent of AIDS cases in women can be attributed to dirty needles according to the Centers for Disease Control.^x His continued refusal to acknowledge the science that proves that needle exchange can save thousands of women from HIV/AIDS is a death sentence for many women – who use drugs or who are in relationships with drug users and cannot risk physical abuse or loss of economic support if they try to insist on safer sex or leave their partners. The opposition to needle and syringe exchange programs in the name of the “war on drugs” has had a greater negative impact on women’s health and lives than any other single aspect of the current drug war hysteria.^{xi} Senator Ashcroft has refused to acknowledge the science that proves that needle exchange would cut the spread of HIV/AIDS by up to 50 percent, not increase drug use, and increase use of drug treatment services by drug abusers.^{xii} His views are so extreme that he has attempted to stop local political leaders in Washington, D.C. from funding needle exchange in our own community with our own tax dollars.

John Ashcroft is an ideologue who will put his political agenda before the lives of women. His mind is closed to the scientific research and facts that call on the U.S. Department of Justice and the Bush Administration to re-examine how we address drug abuse in this nation.

ⁱ In a debate on CNN on July 9, 1998 Senator Ashcroft advocated for cutting the budget for prevention and putting it into interdiction. He said, “if you were to take the money that’s been allocated or is projected for this you could double the amount of interdiction that we’re doing along the border, double the amount of drug effort by the INS.” The federal drug control budget is already out of balance in this regard – favoring

interdiction and law enforcement by two to one over prevention, education, treatment and research. Rather than correcting this imbalance, Senator Ashcroft favors building on it.

ⁱⁱ From 1995 to 1998, drug abuse deaths among women rose 20 percent according to the Substance Abuse and Mental Health Services Administration data published in April 2000. The published data on adolescent drug use from the annual SAMHSA National Household Survey on Drug Abuse does not include cross-tabulation for age and gender (or race), however, drug use among all young teens more than doubled from 1992 to 1997; the 1997 Survey reported that illicit drug use in the past year among children ages 12 to 17 increased by almost two-thirds. Rates of use are increasing more rapidly among young girls according to a 1998 analysis of unpublished National Institute on Drug Abuse data by Drug Strategies.

ⁱⁱⁱ Rydell, C.P. & Everingham, S.S., *Controlling Cocaine*, Prepared for the Office of National Drug Control Policy and the United States Army, Santa Monica, CA: Drug Policy Research Center, RAND Corporation, 1994.

^{iv} Senator Ashcroft told a conservative think tank in 1997 “a government which takes the resources that we devote toward the interdiction of drugs and converts them to treatment resources, and instead of saying ‘just say no’ says ‘just say maybe’ or ‘just don’t inhale’... is a government that accommodates us at our lowest and least.” Anthony Lewis, “Out of Sight,” *New York Times*, January 6, 2001.

^v Since 1980, the number of women in federal and state prisons has increased over 500 percent – nearly double the rate for men – to about 84,400 at the end of 1998 – according to the Government Accounting Office. While women are the fastest growing segment of prison and jail populations, they are the least violent segment. The key factor contributing to this astonishing increase in incarceration of women in the 1980s and 1990s is the increase in drug arrests. We are incarcerating women for non-violent, low-level drug offenses who have never seen a single cent of profit from the enormously lucrative illegal drug market. While some pundits who wish to promote a backlash to feminist claim that the increasing population of women in prison reflects women’s greater role in aggressive criminal activities; in fact, it reflects the increasing punitive legal response to drug related behavior by women who are often driven by poverty, unemployment, and physical and sexual abuse. Indeed, the recent Executive Grants of Clemency for Kemba Smith and Dorothy Gaines by President Clinton reflect the kind of injustice that is widespread under mandatory minimum sentences and drug conspiracy laws.

^{vi} Criminal justice analysts from across the political spectrum conclude that mandatory minimum sentences fill our jails without reducing crime, are racially disparate and incarcerate large numbers of low-level drug possessors while allowing big-time dealers off relatively scot-free. Yet, no senator is more supportive of mandatory minimum drug sentencing than Senator Ashcroft. See S. 2390, S. 899 and S. 5. In fact, it is difficult to find a bill in the Senate which introduces new mandatory minimum sentences that was not co-sponsored by Senator Ashcroft.

^{vii} Poor women, unlike John Ashcroft’s nephew, are not always able to manipulate the judicial system to avoid harsh sentences. As reported by Daniel Forbes (see www.salon.com/politics/feature/2001/01/12/), Alex Ashcroft was arrested for growing 60 marijuana plants with intent to distribute in 1992. Despite his uncle’s crusade for tougher federal drug laws and mandatory prison sentences, he did not land in federal prison. Rather, he was tried in state court and avoided jail. Even after Alex Ashcroft tested positive for drugs during his first post-probation drug test, he remained free. Our judicial system is rarely so kind to low income women, even those with minimal involvement in drug trade and who often are only struggling to support their children. Alex Ashcroft’s case reflects the inherent class and race biases in enforcement of drug laws in our nation.

^{viii} John Ashcroft supports a Constitutional amendment to define a fetus as person. Failing this radical strategy to deny women reproductive choice and autonomy over their bodies, anti-choice advocates have been quick to utilize a deliberate strategy to capitalize on the media-generated drug hysteria (much focused on drug using mothers) to stretch penal laws by prosecuting pregnant women under existing criminal child abuse and drug laws, charging them for endangering a fetus (defined as child) or delivery of a controlled substance to a minor (the fetus again defined as person). This strategy is not driven by a concern for the health of the pregnancy – as it drives women from prenatal care. The best documented co-factor for fetal health and positive pregnancy outcome is access to prenatal care.

^{ix} For many women, pregnancy is an important motivation for entering treatment; however this window of opportunity is lost when most pregnant women cannot access treatment and those who can are afraid they will go to jail and see their children taken from them. See Nelson, L.J. & Marshall, M.F., Ethical and Legal Analyses of Three Coercive Policies Aimed at Substance Abuse by Pregnant Women, Funded by the Robert Wood Johnson Foundation and prepared by the Wake Forest University School of Medicine, Winston-Salem, N.C.

^x Personal injection drug use accounts for 43 percent of all AIDS cases in women and sex with an injection drug user accounts for another 17 percent.

^{xi} In fact, five of the nation's key health care groups – the National Association of Boards of Pharmacy, the American Medical Association, the American Pharmaceutical Association, the Association and State and Territorial AIDS Directors – support an end to the prohibition against federal funding of syringe and needle exchange programs.

^{xii} The National Institutes of Health issued a “NIH Consensus Statement on Interventions to Prevent HIV Risk Behaviors” in 1997 that stated: Of utmost importance is that HIV prevention policy be based, whenever possible, on scientific information. This occurs too little – the behavior placing the public health at greatest risk may be occurring in legislative and other decision making bodies. The Federal ban on funding for needle exchange programs as well as restrictions on selling injection equipment are absolutely contraindicated and erect formidable barriers to implementing what is known to be effective. Many thousands of unnecessary deaths will occur as a result (NIH, 1997).