

Film Screening and Q&A—The Grass Is Greener

A conversation with Kojo Koram, Kassandra Frederique, and Jessica Souto

Moderator: Mame Bougouma Diene

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ANNOUNCER:

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MAME BOUGOUMA DIENE:

If I have to take one thing from this movie-- it-- it's-- it's really the power of fear, right-- how if you can make people fear something, you have them in the palm of your hand, and especially fear of the other-- fear of the foreign, fear of, you know, black people, Mexican people, you name it. And, you know, it's-- the United States is not the only country where this has happened.

If you look at drug laws in Brazil, the first drug laws in Brazil started in 1830, and were associated in Rio de Janeiro to-- former slaves who were organizing a street gangs, because they couldn't make much more money-- and who were practicing capoeira, and-- smoking marijuana. When slavery was abolished in 1888, and there was a massive rural exodus towards those same urban areas, former slaves coming in, consuming marijuana, and, you know, increasing the stigma-- against dark and minority populations.

In South Africa, the same-- pattern that followed the establishment of apartheid-- served to establish the first drug laws-- essentially protection of whiteness. And, you know, the same ways in the United States, the association of white women with all these colored men, and the drugs that they're consuming and, "What is it gonna do to our societies?" Next thing you know, in 1923, South Africa's law being the League of Nations to make cannabis a schedule 1 drug, or what we call a schedule 1 drug now.

Why are people so scared of weed and black people? I have no idea. Maybe our panelists-- can help us figure that out a little bit. I'd like to welcome to the table, Miss Cassandra Frederique-- Mr. Kojo Koram, and Mrs. Jessica Souto. If you would please. (CLAPPING)
We are going to start the discussion with-- Miss Cassandra Frederique.



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You saw Cassandra in the movie-- several times. She is the director of the New York State Office for the Drug Policy Alliance, and is also instrumental in-- reducing the number of arrests related to cannabis and-- racial discrimination in the city of New York-- which is no small feat. So. (CLAPPING) Absolutely. Cassandra, maybe you could tell us a bit more

about-- the history behind it, but also putting in perspective the-- legal or not legal changes that happened in Albany last week-- around cannabis l-- legalization.

KASSANDRA FREDERIQUE:

So good morn-- oh, good afternoon, everyone. (LAUGHTER) You can see where my mind is. (LAUGHTER) So-- like I said-- like he said, I'm with Drug Policy Alliance. We're a national organization working to end the criminalization associated with drug possession and sales in-- the world.

Mostly we focus on the U.S., and really starting to really articulate the role that U.S. policy has done to foreign countries-- in exporting our terrible (LAUGH) drug laws. So I direct our New York work. And I think when we're having conversations around cannabis, I think it's important for us to really recognize the role that New York has played, which I think was very much-- highlighted in this film, the role cannabis prohibition has played in New York based in our history.

I think when we're having conversations about cannabis and the role of race in the United States, we know that these-- this conversation actually isn't about cannabis. Right? This is about, "How do we create a substance-- how do we use a substance as a way to criminalize certain communities?" And this really goes to that-- the major thesis of what the drug war is about, which is that our la-- drug laws are not based on the pharmacology of the drug, but based on the face of the perceived dominant user population, which is a major thesis that-- Dr. Troy Duster put forward in his book, *Legislation of Morality*, which was published in 1969, 1970.

And I often start my talks with that point, because I think it's important to recognize that that thesis was laid out before Richard Nixon declared the war on drugs in 1971. So it's-- it's to disabuse people of the idea that everything that has happened has been a mistake, or has been a coincidence, and recognizing that everything that has (NOISE) happened was the purpose of our drug laws, that the conversation isn't that our drug laws are broken, or that the system is broken.

The w-- the system is working exactly the way that it's supposed to. And our continued feigned surprise or idea that this is-- this was not supposed to happen-- is disrespectful to the communities that have been most impacted, that have been most criminalized. We know what drug policies can be-- because we can look at things like the rhetoric around the current opioid overdose crisis in the United States, which is very much like, "This is a health issue.

This is not a criminal justice issue. We have to support communities. We have to have a gentler war on drugs."

And what that recognizing s-- and is attested mission is that the war on drugs that we currently have has been too brutal, too-- invasive, too destructive for the communities that it has already impacted. And so I think when we're having conversations about cannabis, it's important for us to recognize the role that cannabis has played.

And oftentimes people think that cannabis is a issue or a drug that doesn't have great consequences. And I think what people consistently miss, and one of the conversations that we consistently center in the United States is the role that cannabis arrests have had in this country, and how they are one of the top arrests in this country. And so what does that mean?

Is that this-- hey. This (LAUGHTER)-- this moment is about how do we have conversations about the thing that is most being use to criminalize us, and how do we disrupt that? Not only disrupt it but un-root it. And how do we expand the idea of what is happening? What is cannabis used for? Oftentimes people f-- frequently talk about arrests. But they often miss the role that cannabis plays in other forms of our lives.

So the things around employment, the drug testing that happens, the things around parole and probation, the way that cannabis drug testing gets people re-incarcerated and recidivated, the fact that people are losing custody of their kids-- in child welfare, which continues the conversation of disrupting families, particularly families of color, or you have black and brown families that are losing custody of their kids in family court, yet you have white moms on the cover of-- high society fashion magazines talking about being stiletto stoners, and how weed impacts their-- positively impacts their parenting. Right?

So you have all these parties about CBD lattes. And you have thousands of black and Latino moms in family courts in the Bronx and Brooklyn who are fighting for their families to be able to stay together. And so in this conversation-- that we are having nationally about the caging of families, and the caging of young people, p-- primarily of color, we have to recognize and connect the dots that the drug war does the same thing domestically.

We are caging young people either through incarceration or through family separation with a lot of the same dil-- deleterious effects. In New York we are fighting a campaign to regulate cannabis that is not based on the idea of whether we regulate cannabis or not, but based on the idea of how do we regulate cannabis. How do we have a conversation about removing cannabis as a way to criminalize communities, and move it into a space where we can have

conversations about how we reinvest, and also the very real conversation of as people that are in this room around drug policy, right, talking about cannabis reform, recognizing that our work to end criminalization is creating space for another exploitative structure to-- to disempower and exploit the same communities? And that is capitalism.

And what does it mean for our movement to finally really tangle with capitalism in a way that is also a campaign? Because we've had those conversations, especially when it's come to-- the conversations about drug pricing, and HIV/AIDS, and-- or, you know, the cost of Naloxone. But we haven't fully figured out how to take that on. And I think cannabis forces our movement to figure out what does it mean for capitalism to be the main engine that is coming into this space?

'Cause we've talked about capitalism in the conversation about private prisons, and incarceration, on all the money they use to spend. But we have created space for people who are not invested in the humanity and dignity of people to come in, and exploit our victories around drug policy reform. There are people that are in that space that are exploiting the op-- the-- the space that we have created.

This is one of the major theseses (SIC) of Michelle Alexander's book. When we end the drug war, what will come in its place? And we have to be very careful and accountable to what we see right now in cannabis reform. What are we creating the space for? And what is our accountability as responsible policymakers to what we have created the room for? In New York, the conversation and the fight that we are in is, as I said, is less so about whether we legalize cannabis, and more so how we legalize cannabis.

But it's also about who do we prioritize in legalizing cannabis? And last week we lost the conversation about regulating cannabis in New York. Not on the merits of whether we should legalize cannabis, but who should cannabis regulation be based on. Should it be based on communities most impacted, or should it be based on abetting the fears of law enforcement?

Should it be based on abetting the fears of whiteness? 'Cause what we did have, what did show up in the opposition were white elected officials saying that they were hearing pushback from white parents saying that they feared for their children if we legalize cannabis, and that until we allayed those fears, it was okay for us to continue the criminalization associated-- the criminalization that is targeted in communities of color and poor people.

That is what we were fighting against, the idea that whiteness, again, was centered in a movement that is so honestly structurally, strategically, ethically supposed to be structured

and centered on the communities most impacted, and to be very explicit, black and brown New Yorkers. What is the-- the takeaway of that? How do we have that conversation? We have a governor who is very clearly committed to the idea that the money cannot be controlled by communities, that he should be controlling it.

What we are doing around marijuana legalization in New York is less about marijuana, and more about socializing the idea that harm was done, and that harm needs to be repaired, and there has to be a commitment to this never happening again, and that the money that is created must be reinvested in the communities that have been divested from, and that the economic capitalist actors that are in this space are not accountable to their shareholders, but are accountable to the communities that have had their blood shed.

That is the conversation that we are socializing in this moment around this campaign, and recognizing that this campaign around regulating cannabis in New York, which was the marijuana arrest capital in this country, that this campaign is more than about a plant. It is about socializing the idea that drug war harms were done, and that drug war harms need to be accounted for, that the communities need to be the first to be-- reinvested in, and that the people that are benefitting from our advocacy, that are now set up to exploit our same communities are not accountable to their shareholders, but are accountable to the communities.

That is the conversation. And if there is conversations happening in this country around cannabis reform that are not centering those things, then they're not talking about cannabis ref-- cannabis reform, they are trying to build a structure for a giveaway. And what they are giving away again and again is our community lives, humanity, and dignity. (CHEERS)
(APPLAUSE)

MAME BOUGOUMA DIENE:

Thank you very much for that, Kassandra. Our next speaker is Mr. Kojo Koram. Kojo is a-- lecturer and a writer. He lectures at the-- berg-- Birkbeck-- School of Law at the University of London. And he is also the editor of-- *The War on Drugs and the Global Color Line* that you can purchase-- right outside this room. Kojo, it's save to say that you have both a global perspective and a British perspective. Maybe you can tell us a little bit more about that, and how it relates to what we've seen in the ongoing discourse.

KOJO KORAM:

Absolutely. First of all, thank you to everyone from Open Society-- for inviting me over, and facilitating this trip. Yeah, when I got an invitation to come to New York at the time of Gay Pride for an evening on drugs, I got very excited. But-- (LAUGHTER) not to be a lecturer. But that's still-- still very-- still, you know, really wonderful to be here, and be able to, yeah, discuss this really crucial issue with yourselves.

And so I do wanna talk a little bit about the international perspective, but not to minimize the-- my own kind of entry into thinking about the relationship between drugs and race that actually began in the U.S. itself in New Orleans in Louisiana-- the kind of center point of the film we just watched.

I came to New Orleans to work as-- to work for a capital defense firm in 2012. And-- and a lotta my work was up in, you know, Angola Prison, and the parish prisons around. And, you know, to go to Angola, and to see, you know, a prison that is larger than the island of Manhattan, where we live right now, that is-- that is called, colloquially, and kind of semi-officially, Angola-- based on the fact that it was a former slave plantation, and most of the slaves came from Angola and sub-Saharan Africa.

And the-- it's no surprise to go onto that-- prison and to see 12, 15 black and brown men tied together, working the field, with one white guard on horseback. You know, that's a real visceral explanation of Michelle Alexander's thesis on the new Jim Crow, the idea of the drug war and mass incarceration is the later cycle in-- a history of racial violence that brings in plantation slavery, Jim Crow, and now the war on drugs.

You know, like upka-- I was in 19-- in 2012. I walked in there, I thought I was in 1812. It's really quite a shocking scene. But then returning back to the U.K., and working for an organization called Release, which is kind of the U.K.'s equivalent of the (COUGH) Drug Policy Alliance, I started to see that a lot of those issues that are identified in the United States are not simply contained within the United States.

And why should they be? You know, if we think about the issues that we're discussing, we're talking about the relationship between drugs, race, and law, none of those are confined within a single jurisdiction. You know, drugs is a global commodity. Race is obviously a global system of social control. And even the laws that prohibit drugs aren't simply domestic, they're international. They're enshrined in international law, in multiple UN treaties.

And so in the U.K., there is also a huge amount of disproportionality in terms of who's arrested, and who's then convicted once they're arrested for drugs charges that's led to a situation that, I think a lot of Americans will be surprised to hear this, but in the U.K., as a proportion of the entire black population of the country, there's actually a higher proportion of them in prison in-- in the U.K. than there is in the United States.

This is not a larger in terms of the overall. U.K. doesn't have the same amount of black people as the United States does. But as a proportion of who is actually in the country, more of them are currently incarcerated than the proportion of African Americans who are incarcerated. And further research, I would see colleagues who work in South Africa, as been mentioned.

Brazil, Colombia, all of these areas discussing the racial and ethnic division that is facilitated by the prohibition of drugs. And I kind of put those all together in the edited collection that's outside. And I think there is also a global asymmetry as well that we need to think about when we think about the war on drugs. I guess a simple way to try and describe is the-- the war on drugs internationally is what people call supply side focused.

Which means that the heavy enforcement is visited upon the areas that are supposed to produce, grow, and supply these drugs, and the communities that are associated, you know, within the United States and within the west for supplying those drugs. It's not focused in terms of the demand, because if it was whoever likes taking drugs, there'd be a lot more people being punished for their drug use than there currently is.

It's based on where it's produced, and who is seen as the supplier of these substances. And so when we think about the devastation that the 100 year war on drugs has visited, we need to look at areas like Cali, Colombia, you know, where (UNINTEL) Colombia let a huge amount of deforestation, crop eradication, you know, aerial fumigation policies, populations being displaced. We need to think about areas like Juarez, Mexico, you know, where the actual rate of civilian murder was higher than places like Afghanistan in the start of the 21st century.

You know, these are areas that have really been devastated by the war of drugs. And when we think about the question of reparations, which has to come when we talk about the transition of the end of the war on drugs, of repairing the harm that's been done, we need to think about that on an international level as well, I think. We need to think about how do we repair, you know, the Amerindian and Afro-Colombian communities, in places like Cali, Colombia, that have been driven off their land due to an association with coca leaf farmin'.

We need to think about, you know, how do we-- invest in those global communities, and ensure that they transition of these substances into legal commodities doesn't simply facilitate more western, neoliberal exploitation of these communities. 'Cause it's not like-- it's not like, you know, oh, kind of western capitalism requires commodities to be illegal for them to exploit and devastate--

KASSANDRA FREDERIQUE:

That's right. That's right.

KOJO KORAM:

--communities in the global south. A lot-- you know, think about oil, think about gold, and a lot of these drugs that were encountered at the same time of other substances that are now legal commodities, that have been normalized in our culture. You know? The thing which is really interesting, I think, historically, when we talk about the war on drugs is how recent it often is.

You know, over 100 years ago, the European empires, Britain, Holland, France had hugely profitable international drug trades. (UNINTEL) even fought a war with the Qing Dynasty in-- in-- in China in order to protect their lucrative opium trade.

KASSANDRA FREDERIQUE:

That's right.

KOJO KORAM:

And, you know, so alongside the trade in coffee, in sugar, was also the trade in opium and in coca leaf. And it's really with the entrance in-- of the United States into the international arena, and the transition from the kind of former colonial relations into a more-- into a more kind of, yeah, universal idea of humanity that you start to see drug prohibition acting as a division between peoples of the world once those kind of formal divisions were started to-- started to disintegrate.

And so I think that's a crucial thing to try and hold onto when we try and understand why the war on drugs emerged over the 21st century. It's no surprise that in places where there was that proximity between the races, where there was that proximity between these supposedly categorized divisions between human beings, that-- that substances that are supposed to facilitate the dropping of white people into the category of savages, or supposed to make savage populations come above their station, that starts to be criminalized.

That starts to be feared in way that it wasn't over the 17th and 18th centuries. And so as we move into the 21st century, I think that we really wanna think about, as that system of drug prohibition comes to a close, how are we gonna stop a new system of global exploitation replacin' it. How are we gonna repair those harms that are occurring not just to communities of color in the United States, but to communities in the global south that have really carried heavy, heavy burdens for trying to protect European and American whiteness from the fear of a drug that could make them savage? Thank you. (APPLAUSE)

MAME BOUGOUMA DIENE:

That you very much, Kojo. Our last speaker is-- Miss Jessica Souto-- who is a filmmaker and an activist for Rio de Janeiro in Brazil, and the cofounder of Movimentos (?)-- which is a collective-- working in the favelas-- to reduce the harms of the war of drugs and reform drug policy. Jessica-- as a filmmaker and an artist, how do you see the role of the arts in-- drug policy reform? And given where you live and work-- what can you tell us about the recent policy changes-- of the newly elected Brazilian president?

(FOREIGN LANGUAGE NOT TRANSCRIBED)

MAME BOUGOUMA DIENE:

What she could tell us about the new reality, given that Jair Bolsonaro is now president of Brazil?

(FOREIGN LANGUAGE NOT TRANSCRIBED)

TRANSLATOR FOR JESSICA SOUTO:

Good-- good evening, everybody. I'm sorry I don't speak English. But-- this is part of so-- of a political-- agenda.

(FOREIGN LANGUAGE NOT TRANSCRIBED)

TRANSLATOR FOR JESSICA SOUTO:

Well-- taking in account-- me, myself, and-- all of my colleagues-- that are also-- from the favelas-- and activists.

(FOREIGN LANGUAGE NOT TRANSCRIBED)

TRANSLATOR FOR JESSICA SOUTO:

We work-- focus-- on the-- war on drugs, and especially the stigmatizing of-- people of color.

(FOREIGN LANGUAGE NOT TRANSCRIBED)

TRANSLATOR FOR JESSICA SOUTO:

I was born-- in the favela complex (FOREIGN LANGUAGE). This is a complex of-- 14 favelas-- that's-- bigger than the borough of Harlem here, New York.

(FOREIGN LANGUAGE NOT TRANSCRIBED)

TRANSLATOR FOR JESSICA SOUTO:

Although the drugs-- the war on drugs-- is-- in-- increased-- around the-- the declaration, when-- Nixon did the declaration-- in the '70s-- the war on drugs is-- started much-- way before that. The br-- the first-- legislation-- in Brazil was-- date from-- 1831. And-- this-- has-- the-- aim to criminalize-- people of color, and was not only-- related to-- war-- to drugs, but also to capoeira, which is a dance-- and-- ceremonies of-- Candomble.

(FOREIGN LANGUAGE NOT TRANSCRIBED)

TRANSLATOR FOR JESSICA SOUTO:

Today I-- I-- I have a space to talk. But-- for a long time-- in-- I'm-- I feel privilege to have this space. But-- not-- our-- focus is to-- get as much is-- information-- as-- we can, and-- give back this information and research to the people of-- of favelas for them to have a better life, a better discernment.

(FOREIGN LANGUAGE NOT TRANSCRIBED)

TRANSLATOR FOR JESSICA SOUTO:

Today-- we talk much more about-- marijuana as-- magical-- medicine or recreation. But what we need to talk is-- in Brazil is about the genocide that's being-- happening-- in Brazil around the-- the marijuana and in the favelas-- that is-- related. They always try to-- combine the idea of-- marijuana users and-- black people of color and-- brown people, and young people.

(FOREIGN LANGUAGE NOT TRANSCRIBED)

TRANSLATOR FOR JESSICA SOUTO:

And to-- this year-- and to this date-- the average-- people, number of people that were-- was killed by police is-- in Rio de Janeiro is seven a day.

(FOREIGN LANGUAGE NOT TRANSCRIBED)

TRANSLATOR FOR JESSICA SOUTO:

We see-- our-- sources-- very discriminated now. And-- they-- people-- don't believe on-- our agenda-- anymore, because-- we have a president now-- facist-- that-- he was elected based in false-- researches. And-- I'm sorry. False researches-- against-- a war on-- drugs.

(FOREIGN LANGUAGE NOT TRANSCRIBED)

TRANSLATOR FOR JESSICA SOUTO:

We have-- besides the-- the problem of incarceration, like-- you have here in United States-- we have also the problem of genocide. We have this problem everyday. It's part of-- ev-- life-- everyday life. And-- not only the-- the-- snipers and the-- police-- shooting directly-- to the favelas, but also-- the-- what they call lost-- bullet. That's-- was a bullet that it wa-- they say is not-- intended to-- to us. But-- I-- we know that it is.

(FOREIGN LANGUAGE NOT TRANSCRIBED)

TRANSLATOR FOR JESSICA SOUTO:

Thank you. (CLAPPING)

MAME BOUGOUMA DIENE:

Thank you very, very much, Jessica. We have the floor for another ten minutes for questions from the audience. I suggest we take-- maybe two or three questions first, and-- then go for another round. Who is going first? Yes. If you could just please tell us your name.

MALE VOICE (UNIDENTIFIED):

Sure. Bruce Tragen (PH), New York City. Thank you so much. Great discussion. The state of-- Illinois became the first state through-- legislation-- through their legislature to legalize. But I haven't heard how they addressed the issues of reparations, and-- and-- and-- fairness to the communities that have been most affected. Because that seemed to be what blocked New Jersey and New York. So-- I assume you-- you can-- please enlighten us on that.

KASSANDRA FREDERIQUE:

Yeah. So--

(OFF-MIC CONVERSATION)

MAME BOUGOUMA DIENE:

Yes, no. She has roughly the same question, and she wants to see how Cassandra's gonna respond. Is there anybody else with another question for one of the panelists? No? All right. Cassandra, the floor is yours.

KASSANDRA FREDERIQUE:

So you're-- you're right-- Illinois did pass-- legalization through the legislature. And they actually signed it today. And we actually had some of the legislators come out to New York last week-- to talk to us about some of the work that they've done. And their initiative, all 500 pages of it, was very-- yeah, w-- they really got into the details around the regulation.

And they did include, like, 20% of their funding to go to some sort of community reinvestment. I was working on the New York campaign. So they did include expungement. They did include-- some kind of making sure that the industry was as diverse. I've heard

different opinions of what-- if-- if what they put in was strong enough to really make sure that the industry was diverse.

And we know that they did put 20% of their money to go towards some sort of reinvestment in communities. And so we're still digging deeply into what their proposal was. Because one of the things with them is that they put in a structure that was kind of like a skeleton. And then they published the bill. And then they passed it.

So it was one of those things where they were very strategic behind the scenes to work everything through. Their governor was working with them. So there was never a doubt that the governor was working to get the votes, and also working to make sure that it passed. And he signed it today-- which is a very different scenario than where we are here in New York.

FEMALE VOICE (UNIDENTIFIED):

Thank you. Hi. I'm-- Marian (PH). I wanted to ask the gentleman-- about Angola. Were the men that are incarcerated, incarcerated for drug related crimes, or other nature crimes? Because that makes a huge difference. I've-- I've been to Africa a number of times. And-- there's a harsher notion of punishment than-- than perhaps-- need be, and then is current in the United States. But I wanted to know the nature of the-- crimes that put people in such circumstances. Thank you.

MAME BOUGOUMA DIENE:

Just before Kojo speaks-- the name might be a bit confusing. 'Cause he was referring to Angola Prison in Louisiana-- that is named because a lot of the slaves were imported from Angola to that region. So it's not a comment on African-- detention. But maybe you could tell us more about Angola.

KOJO KORAM:

Yeah. Yup, so the-- that's correct, yes, I was referring to Angola Prison in Louisiana. In relationship to were they there for-- for drug offenses, a lot of them, as that-- that film showed, were there because of multiple offenses. And multiple offenses can escalate in the state of Louisiana.

Louisiana's the highest incarcerating state in the United States, which is also the highest incarcerated country in the world. And, you know, the way a lot of that is produced is by the use of multiple convictions leading to the kind of life imprisonment that would end up in-- in-- in-- in a state penitentiary like Louisiana, or to spend in, like, Angola, or to spend a lotta time in a lot of the parish prisons.

In relationship to the impact of the war on drugs on sub-Saharan Africa, if that's also something you're interested in-- you might wanna look at a lot of the-- consequences of the emergence of, west Africa particularly, as a significant transit route for drugs from Latin America into the European market. And so countries like Guinea-Bissau particularly have been-- impacted by the rise of the illegal drugs trade, and also the rise of the funding of the attempt to have a counter narcotics program, so similar to what happened in Latin America.

You know, everyone's seen *Narcos*, (LAUGH) haven't they? (UNINTEL) idea of the rising of a drugs trade being matched by investment disproportionately funded often by the United States of America in counter not-- narcotics programs, under the direction of the DEA that lead to more weaponry for local law enforcement, harsher prison sentences, and lead to that escalating violence.

And so that's happened in places like Nigeria, places like Ghana, where my family's from, but particularly in countries like Guinea-Bissau. So the war on drugs has had a massive impact even on sub Saharan Africa and-- yeah, communities as well.

MAME BOUGOUMA DIENE:

Thank you for that, Kojo. Yes.

MALE VOICE (UNIDENTIFIED):

Hi. Ooh. Thank you for-- all of that-- what you started explaining. I was thinking-- I've been doing work in New York for the last ten years in immigrant services, and then domestic violence. And seeing how those two worlds have been very silo-ed at times, and that the DB service system is very carceral. So I was gonna ask if any of you-- have you found-- 'cause the underlying aspects of-- fixation on incarceration as a solution (LAUGH) is in everything we've seen and heard. Have you found success trying to integrate an anti carceral prison reform movements or not? And sort of what has that been like as you try to advance people-- against a war on drugs? Thank you.

KASSANDRA FREDERIQUE:

Me? Okay. So I think-- your point is exactly right. I think one of the things that we are trying to better articulate and actually focus more on is what is an alternative system to people that need care. So one of the biggest treatment providers in this country is the correctional facility.

So as people have conversations about no new jails, closing jails, we also have to have the conversation about where do people go if they need help-- and the conversation about the-- there is-- also the conversation where people are like, "Jails but treatment," but don't specify the fact that we don't want treatment to be coercive, right, and that the treatment that is most effective is one that's voluntarily based. Right?

And so the conversation that we're having around the role of-- carceral politics and the drug war is one that we actually have to navigate. So as we see conversation around the drug war, and policing in particular, people are having the conversation of, "Should we be investing in diversion programs?"

And there are some people in the space that's like, "Actually we should not be investing in diversion programs, because law enforcement and police officers in particular should be nowhere near-- people who use drugs. And we should be having conversations about who are alternative actors that we think have the capacity to f-- to ack-- acknowledge the full humanity and dignity of people who are struggling."

And so I think there is a conversation, because I think our movement is limited, and does a disservice to the kind of work and the kind of world we wanna see when we concede the idea that-- carceral politics is essential for us to actually deal with problematic drug use. And so for us to have the conversations, we need to-- for us to really move to a place where we are moving away from punishment-- we-- need to have the conversation about what are active alternatives.

And part of the reason why that is so important is because we will have a situation where we say, you know, social workers, not police officers, should be dealing with drugs. And then you have social workers acting as carceral actors. Right? You have social workers taking on a law enforcement conversation. And we see this especially in DB situations, right, where you have actors that are not law enforcement acting in a punitive or coercive way when they're trying to disrupt-- relationships that can be problematic.

And that-- what that also does is disempower and destabilize autonomy of the people that are getting services. And one of the things that is-- is a pillar of drug policy reform, and should remain a pillar, is maintaining the autonomy of the person that we are engaging with. And I think it's very hard for us to maintain autonomy when we're using law enforcement as an actor to navigate that autonomy.

And so I think our conversations not just about-- what does drug war-- what-- what is the role of drug war policing in our space? Right? Like, actually having the conversation about not what is the role of law enforcement, but is there a role for law enforcement, and should there be a role for law enforcement? These are very difficult conversations.

If we are saying we wanna decriminalize all drug possession, right, we're moving with a decrim model, and some people are moving towards a regulation model, then how do we have the conversation about incarceration? The other thing is if we are so focused on a carceral way of politics that is limited to the criminal legal system, and the detainment of people, we miss the carceral politics that affect people in housing, in child welfare, in immigration.

Like, there are so many other systems that the drug war is invested in. And the drug war is so pervasive. And one of the best things that the drug war is successful at is people not being able to identify that the drug war is at play when they're dealing with different systems that they're encountering.

And so having the conversation about what does it mean that people have to pee in a cup to access to food stamps? What does it mean for the fact that people can be out of incarceration for years, be on-- community supervision, parole, or probation, and then recidivate because they smoked weed? Like, why are we sending people back in to a system that we know is problematic?

And so I think there is this conversation. I don't wanna put us in this conversation around an either/or, around, like, abolition or not. But if we are talking about ending prohibition, are we talking about abolition? And if we are talking about abolition, or we're not talking about abolition, there has to be a clear politic about that. And I don't think it's a either/or. I think it's-- I think it's both/and. And I think there's a spectrum. And I think more people have to be working at multiple intersections, so that we build up that muscle, and the capacity, and theory of change of how we get to a place that builds a broader vision of justice.

MAME BOUGOUMA DIENE:

Thank you, Cassandra. We have time for one more question. Anybody? No? Yes, in the front. Okay.

MALE VOICE (UNIDENTIFIED):

Hi. Thank you-- for everyone today. It's really great. I-- in September of 2008, I applied to get a medical marijuana card in the state of New York. There were multiple reasons for it, one being I was gonna be getting a job at a hospital within the city, and they were gonna make me take a test.

And I was concerned that I wasn't gonna pass-- because I use marijuana for-- my pain. And on top of that, I was like, "Let me check this out. Let me see how this process goes." I was floored at what I went through to get the medical marijuana card. I couldn't believe that not only did it cost me over \$1,000-- to get a medical marijuana card, knowing that a doctor signed off on it, and so on, and so forth.

And I looked at that, and I said to myself, "If this is costing me \$1,000, and I'm a student, and I'm an, you know, older white person, what does this mean for everybody else?" So on the very bare bones of where we have established ourselves right now as far as, like, where we are at in New York state, and it's only to my knowledge for medical purposes only that you can get a license. I don't know where one goes from that point.

Like, where do we s-- 'cause that's not even right. You know what I'm saying? And so, to me, I said, "We need to go back to the drawing board." What are your thoughts about that since that seems-- it's a huge racket. I mean, mat-- Med Men, this-- I won't even go in there. Because it's like going into, like-- you feel like you're a criminal. I mean, it's, like, ridiculous the way they set it up in the city. And-- and considering not even renewing it because of not only the cost, but of how ridiculous they've set it up. So if you could just shed a little ni-- information.

KASSANDRA FREDERIQUE:

So in 2014-- New York passed medical-- marijuana. I think this is one of the-- the biggest lessons learned about responsible policymaking. We were in a situation where we worked to pass the bill. And at the last minute, Governor Cuomo redid the bill. And it wasn't patient access.

It was based on the idea of how do we prevent diversion? So it was never a medical program. It was essentially his version of doing a public safety program around medical cannabis. It-- you know, oftentimes people talk about that campaign, and talk about how moving it was, because we had-- young kids with epilepsy-- white moms and grandmas with cancer who were coming up to the capital.

Oftentimes what people miss-- forget and mistake is that we also had people who had HIV/AIDS there that were homeless, that were formerly incarcerated-- that-- were-- had been diagnosed with HIV/AIDS. And groups like Vocal New York, and HousingWorks-- and different-- partners from the syringe exchanges around New York City that were also working with us. And none of them can afford the program currently.

And I think one of the things that I said before around how we move to adult use and building a program that is accountable is the fact that the-- the way that the medical program was built is not accountable to the people it was supposed to serve. It was accountable to the interests and to the fears of whiteness. And it was accountable to allay the concerns of law enforcement. And the patients were never centered. And so how do we build-- a medical program that is actually accountable to patients, and accessible to patients?

And so one of the things that we've done in the work around creating a regulatory market for adult use is recognizing that we actually do have to redo the medical program, and that we actually have to put forward a conversation based on the Berkeley model where, you know, insurance-- fed-- currently, federally, insurance it not gonna pay for medical cannabis. And that means that people that are-- have the least access to healthcare, and have the least access to resources are never going to be able to use medical grade cannabis to deal and manage with their pain.

And one of the things that I've been saying is that if you're gonna come here and make money on medical cannabis, 2% of your stock has to go to Medicaid patients, has to go to local

syringe exchanges, needs to go to community health clinics. And have the conversation that actually, again, you are not accountable to your shareholders.

You are accountable to our community. And the only reasons you are in this space is because these communities made it so. And so, therefore, they should not get low cost, they should get free medical cannabis. Right? Like, we just need to get to the conversation that we don't actually need to concede, because right now the-- the-- the-- the biggest thing that's in the forefront is how do we b-- certain people are getting rich.

And some people are not getting rich. The rich people that are in this space in New York-- some are making money, most of them are not making money. 'Cause the-- the current program is super limited. And so, for us, when we move to work on adult use, because we realized that the medical program was just not viable, we kinda walked away from that advocacy to really build out adult use. And I think what we've come back to is that if we're gonna do adult use, we need to fix medical.

And so that has been some of the work that we've been doing. It's super expensive to get access to medical cannabis. And the doctors that are working in the communities most impacted are the same doctors that don't prescribe opioids to people of color, therefore, won't prescribe medical cannabis to people of color. And so there is a huge necessity for there to be some sort of education in the healthcare space, but also a reckoning in the New York legislature that the way that they built this was not-- was not impactful.

And so, to your point-- part of the work that we're doing around the regulation of adult use is also taking on the medical cannabis program, and redoing-- and getting it to be more accessible, and more patient centered, so getting rid of the qualifying conditions incentivizing (SLUR) fuzz-- physicians for using medical cannabis, increasing ax-- geographic diversity. 'Cause they're not-- there's, like, one place in Brooklyn, one place in Queens. Doesn't make sense.

But also making sure that we don't give the bigger players like you act-- that you named-- the-- the ability to basically spread out, so that when adult use comes they're already lying in wait to cannibalize the space. And so how do we also make sure that other people that are not fully vested venture capitalists can also be providers in the medical cannabis space. Because the fact of the matter is, is that everyone owes everything on the medical cannabis space to HIV and gay activists that have-- that really pushed this space into a place, and really about making sure that we continue that history.

And so, to your question, that was one of the campaigns that we won, but we lost. Does that make sense? Like, you can win a campaign but lose. And so-- and being-- what does it mean for organizations like Drug Policy Alliance to have invested in these kinds of campaigns, to remain committed to the implementation and to the dignity and integrity of the work that we think is so important?

Because we did not create a medical marijuana-- well, we didn't create it, but we didn't fight for a medical cannabis program that didn't impact the people that need it the most. Because the fact of the matter is the people that have access-- a lot of the people that have access to medical cannabis right now always had access to cannabis. They didn't really need a medical cannabis program.

And so why we created a medical cannabis program was so that people that had least access to healthcare were able to access-- alternative models, so that they could-- prac-- be able to be in that space. And one of my favorite signs from our active-- our activists in our coalition is, "You can't spell-- healthcare without THC." (LAUGHTER) (CLAPPING)

MAME BOUGOUMA DIENE:

And on that note, thank you to our panelists. Thank you for-- Kojo, for making the trip from the U.K. Thank you, Jessica, for making the trip from Brazil. Thank you all for participating. And-- yes, let's take these words to heart, and remember that this is not just a fight for activists, but for all of us. Thank you. (APPLAUSE)

* * *END OF TRANSCRIPT* * *