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Before Our Young Are Wiped Out Completely, It's Time for an Actual War on Drugs

By Barbara Boyd May 14, 2022

On Tuesday, May 10, the Centers for Disease Control announced, provisionally, that 107,622 Americans died of drug overdoses in 2021—a 15% increase over 2020, and the highest total ever since records began to be kept. Tuesday was the same day that the mentally absent President of the United States provided his newest version of “Who, Not Me, is to Blame for Inflation”—an evolving fantastical cartoon. This episode involved loud lies about Vladimir Putin and something called the Ultra MAGA Republicans. Tuesday was also the day that the House passed a \$40 billion aid package for Ukraine. That comes on top of a previous \$13.6 billion dollars in Ukraine aid which passed back in March.

U.S. taxpayers are now in line to pay the government salaries for the captive vassal state we have set up to fight a proxy war to the final dead Ukrainian against nuclear-armed Russia. There is an open checkbook for more billions as needed. On May 11th, RINO Senator extraordinaire, the tortoise-jowled Mitch McConnell, announced that the Ukraine war was the most important issue facing the world. Meanwhile, lethal drugs flow freely over an open southern border with single-shipment seizures of Fentanyl often including enough of the drug to kill millions of people.

McConnell et al., will scandalize this situation as a campaign ploy, but have no plans to do a damn thing about it. The Democrats are moving both for

total decriminalization of all drugs¹ and for so-called harm reduction initiatives—policies which have already demonstrably failed in California where they have been in force for years. Under these initiatives, crack and meth pipes are being distributed to addicts in “safe-smoking kits.” Injections are being done in safe government sponsored injection “spaces.”² Abstinence is viewed as a “‘failed’ idea.”

In just two months, between the second week of March and the second week of May, more funding has been sent to Ukraine than the \$41 billion the Biden Administration and Congress budgeted to stem the drug tide of death in all of 2021. Like the war in Ukraine, which could easily result in the extinction of the human race, the money allocated to the drug crisis in 2021 has only resulted in more deaths and menticide—menticide based on deliberate policies aimed at population control, both in terms of raw numbers and in terms of thought. Their policies, rather than stemming the march of death, actually facilitate it. We are witnessing the activities of a death cult which has targeted an entire generation of the nation's young.

According to the CDC, Fentanyl was a major factor in 71,238 deaths—with methamphetamine

¹<https://engage.drugpolicy.org/secure/historic-drug-decriminalization-bill-congress>

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<https://nypost.com/2022/05/12/crack-pipes-given-to-addicts-in-safe-drug-sites-up-for-biden-report/>

implicated in 32,856. Cocaine featured in 24,538 deaths, and prescription pain pills factored in 13,503 deaths. Apparent discrepancies between the drugs involved and the total deaths are the result of drug mixing—a current practice of both the drug cartels (producing and distributing synthetic drugs), and substance abusers, who now use almost anything that comes their way.

Put simply, in 2021, an American died from a drug overdose every five minutes. There is no indication this trend is abating, despite the lifting of COVID restrictions which the CDC and other “experts” had blamed for the 30% spike in overdose deaths in 2020. This death toll particularly impacts the young despite the fact that drug use among the young is decreasing overall. Professional-looking counterfeit pills—sold or exchanged as prescription opioids or stimulant and study drugs, but actually containing fatal amounts of Fentanyl—are feeding a trend of “one and done” drug deaths in this population (“done” meaning dead). These murders are now the leading “accidental” cause of death in 18 to 45-year-olds—the prime working population of the nation.

Components of an Actual War on Drugs

Ever since the mid 1960s birth of the counterculture—a British intelligence import to the United States through the CIA’s Congress of Cultural Freedom³—the social fabric of the American nation has been under systemic attack. Remember the counterculture’s mantra: “tune in, turn on, drop out.” The American perspective of cultural optimism, engendered by continuous technologically advanced economic development, was replaced by the new religion of deindustrialization, consumerism, individual narcissism, and generalized cultural pessimism. The family, the church, and the public educational system ceased to exist as potent forms of social organization. These former pillars of society functioned to ensure that future generations would not only be born, but also to ensure that

the God-given talents of the children so-born were fostered to their fullest development.

Today we live in a culture in which Treasury Secretary Yellen can proclaim that abortion is a most essential element of a sound economy, in which scientific debate is smothered, and in which social alienation and social isolation are not just the norms, but are considered to be achievements. Victimhood and instant gratification have become the reigning cultural regime—replacing the ideal of disciplined dedication to ensuring that future generations progress and prosper. The educational system fosters such abominations as Critical Race Theory (CRT), hatred of the country and its history, and gender fluidity—the newest means to suppress family formation and the birth rate.

This is the cultural petri dish in which the drug epidemic has flourished. Changing that cultural matrix by great, necessary, and unifying national missions—such as the space program; the construction of the large scale infrastructure and water management necessary to solve the drought now impacting every state west of the Mississippi; and the reindustrialization of our economy on an advanced platform—are all necessary to the formation of the type of generalized cultural optimism which is a form of natural immunity to drug use. The successful completion of these missions will also cure the present hyperinflation.

An immediate step in changing this culture involves the declaration that those criminal entities involved in producing and manufacturing synthetic, and semi-synthetic opioids, heroin, and stimulants are terrorist organizations—to be investigated, fought, and eradicated in an actual war on drugs. With respect to marijuana, all efforts at legalization should be put in abeyance until an urgent study of its impact on the human brain, particularly the brains of young people, is completed.

While the United States should seek and demand the cooperation of Mexico, China, and other nations which harbor criminal organizations involved in this trade, this nation should act independently if such cooperation is not

forthcoming. Massive surveillance operations and raids should be undertaken to determine the present structure of Dope, Inc.—inclusive of governments and intelligence agencies involved in the trade, and financiers and bankers who launder its proceeds—regardless of the impact of such investigations on the financial system. The now-open southern border must immediately be sealed against drugs—with the priority placed on drug interdiction above any other activity. Rather than pursue the present immoral war in Ukraine, the United States must take the lead in pursuing a peaceful settlement of that conflict, focusing instead on rebuilding and securing our devastated homeland.

In his book, *Dreamland*, published in 2016, reporter Sam Quinones documented how the modern retail drug trade evolved in the U.S.—starting with Big Pharma’s corruption of large sections of the medical community. A deliberate sales campaign was launched directly into doctors’ offices to prioritize pain treatment—evolving into actual adoption by the medical community of “pain as the fifth vital sign.” This required treatment with Oxycodone, Vicodin, etc. With Purdue Pharma’s and Pfizer’s sales and stock prices surging, the opioid prescription hook on thousands of Americans involved **legalized drugs**.

Thus, this stage of the epidemic exposed the drug legalization movement long associated with the British monarchy and such Dope Banks as the Hongkong and Shanghai Banking Corp, as nothing less than a satanic gang pushing organized menticide. In the U.S. this movement has been fathered by George Soros, but also featured such spokesmen as the late Milton Friedman and William F. Buckley. It is now a central plank for the Democratic Party and a major contingent of libertarians in the Republican Party.

Quinones effectively and rightly linked this explosion of legal addiction to the violent deindustrialization going on at the time—particularly the elimination of keystone industrial employment in Appalachia and the Midwest, which had not previously been the center of America’s drug epidemic. Cities in the Southwest, West, and New England, which had

not previously been centers of drug abuse, succumbed based on the same shift in employment, and a now desperate “anything for money” morality. By the end of the 1990s, in towns and smaller cities in West Virginia, Kentucky, Ohio, Indiana, Michigan, “grandparents were dealing oxycodone, quarterbacks and soccer stars were dealing it, unemployed ironworkers were dealing, popular kids in middle-class high schools were dealing.”

During the 1990s, a new heroin sales force emerged from the small Mexican state of Nayarit. Protected by the Sinaloa and Zeta cartels with money flowing through a half dozen families in Mexico, the dealers coming into the U.S. were unarmed youth, directed by city “cell leaders” not much older, driving tiny amounts of extremely pure and potent heroin to addicts, like pizza delivery boys. The internet was the instrument of trade. They avoided gang-ridden big cities, the black population in general, and targeted middle-class or former middle-class whites along the same trail of former industrial cities and towns. They were able to produce at a much lower cost than the prescription opioid pill mills, and explicitly targeted the opioid-addicted—even those trying to get treatment in methadone centers—for their product.

In his latest work, *The Least of Us*, Quinones provides a lengthy history of the synthetic drug trade and its evolution in the U.S. Now, easily smuggled designer drugs—formulated by chemists and not requiring any tilling of land for production—have taken over as the drug trade’s number one product. They are everywhere, and being distributed by all sectors of the population. Violent turf wars concerning distribution have resulted in gang shootouts—producing ever mounting additional victims to this scourge, many of them children.

For a long time and continuing today, Chinese chemists provided the precursor chemicals to Mexican cartels which produced the final product. The production of precursors for the cartels is also occurring in India. Interdiction of earlier direct, Chinese-manufactured Fentanyl, and other illicit substances which were distributed through the U.S. Postal Service, had been largely

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successful—based on the intervention of President Donald Trump with the Chinese leadership. Recent trends, however, point to the Mexican cartels, flush with cash, building large labs, and taking over all aspects of production.

Quinones' account of the new formulations of methamphetamine is particularly alarming. Formerly centered on ephedrine as its main ingredient, the new meth distributed everywhere is based on P2P (phenyl-2-propanone). It is both far more addicting, and far more devastating than the prior meth—producing, in many cases, instant violent schizophrenia and bipolar psychotic disorders. Psychiatrists attempting to treat this addiction report that they have difficulty even reaching or communicating with these addicts, whose language skills and brain functions have been severely disrupted. Describing what is, in effect, the deliberate creation of walking dead people, Quinones links the new meth to the seemingly intractable homeless problems in California and elsewhere.

The Biden Administration's Menticide Program

On April 21, 2022, the Biden Administration released its "National Drug Control Strategy."⁴ It loudly announces that it is the first ever strategy to focus on "harm reduction"—or meeting addicts "where they are"—to move them into treatment. The vast majority of the monies requested in the budget go to this strategy. Interdiction, or stopping the flow of illegal drugs, gets a measly \$600 million for the entire year in this effort—ensuring that drugs will continue to flow freely and abundantly to an ever increasing number of addicts. "Reduction of harm" initiatives aim at providing addicts safe drug use in support of their habits. This strategy aims at cosmetic reductions in the ugly drug death toll which, despite the drug lobby death cult's best efforts, continues to call attention to the crisis and

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<https://www.whitehouse.gov/briefing-room/statements-releases/2022/04/21/fact-sheet-white-house-releases-2022-national-drug-control-strategy-that-outlines-comprehensive-path-forward-to-address-addiction-and-the-overdose-epidemic/>

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tragedy suffered daily by thousands of American families.

Biden's drug plan nowhere addresses the numerous decriminalization efforts in places like California, which effectively prevent any incarceration for drug use or trafficking. Despite pioneering the "harm reduction" strategy, and spending millions on it, California had the highest number of overdose deaths from 2020-2021. Even when its large population is taken into account, many California counties still have some of the highest overdose death rates in the country.

The Biden collective does speak euphorically about disrupting the financial flows supporting the drug trade, to wit, "hitting them where it hurts, in their wallets." But the initiative is absurdly limited. For example, the strategy pledges to: "Increase the number of targets for asset seizures by 365% by 2025," and "increase the number of investigations of the Sinaloa or Jalisco New Generation cartels or their enablers by 25% by 2025." "Potential production of cocaine is decreased by 10 percent and heroin is decreased by 30% by 2025." "The number of incident reports for precursor chemicals sourced from China or India is increased by 25% by 2025."

If you perceive this as simply going through the motions with no effective result, you are right. In the fine print of the actual program, you get the full gist of this deadly fraud. According to its objectives, by 2025, the "strategy" aims to reduce drug overdose deaths by just 13%. Use of Fentanyl test strips and clean needles will be increased by 25% by 2025, and 85% respectively. How these Fentanyl test strips will accommodate the ever-changing nature of Fentanyl synthetics is never explained. With respect to treatment, the strategy acknowledges a huge shortfall in behavioral health providers, let alone addiction professionals. The "strategy" proposes to reduce this shortfall by 70% by 2025, with no particular focus on addiction professionals, studies of current treatment efficacy, or research into new treatments.

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