In Memoriam: Donald M. Topping, Ph.D.

Don Topping after receiving Drug Policy Forum of Hawai’i’s Ho’omaluhia Award at the Tenth Anniversary Meeting on April 21, 2003.

Donald M. Topping, a founder of the Drug Policy Forum of Hawai’i and strong advocate for medical marijuana, died June 29 at his home in Manoa, Hawai’i. The 73-year-old retired University of Hawai’i sociologist and linguistics professor died of colon cancer after a 15-year battle. His amazing will to live kept him alive through several bouts of cancer.

In 1993 Topping co-founded the Drug Policy Forum of Hawai’i and served as its President until his death. He became a prominent figure in Hawai’i and national drug policy circles, helping to lead the fight that led to the state becoming the first to legalize medical marijuana through the legislative process. That bill was signed into law by then Gov. Ben Cayetano in December 2000.

He also made frequent appearances in newspaper stories and letters to the editor pages on various drug reform topics in the Hawai’i press. Topping’s was a voice of sanity as the state teetered on the edge of ice (smokable methamphetamine) hysteria.

Topping was from Appalachia, born in Huntington, West Virginia, but spent more than half his life in Hawai’i. He was an accomplished academic, working for 35 years as a linguist, sociologist, and administrator at the University of Hawai’i, where he researched Micronesian languages and cultures. He wrote and edited the Chamorro-English Dictionary and served as director of the Pacific and Asian Linguistics Institute and the Social Science Research Institute at the university.

It was as his academic career wound down -- he retired in 1997 -- that his interest in drug reform most flourished. “His last work was his favorite,” his wife Priscilla told the Honolulu Observer. “He really liked educating people about the dangers of drugs and telling them the truth. “He’s the kind of man who believed in the rights of the common person,” she said. He believed “everyone deserved to live in peace and dignity, and no one should be left behind.”

Though his primary affiliation in drug policy reform was the Drug Policy Forum of Hawai’i, Topping also was a prominent figure in the national movement, among other things serving on The Drug Reform Coordination Network’s Board of Advisors. DRCNet executive director David Borden recounted that Don was one of DRCNet’s first members, joining in 1994 and remaining a steadfast supporter right through 2003. Borden also recalled another side of Don Topping, that of the jazz saxophonist; the two of them performed jazz standards for conference-goers in the talent show during the 2000 Drug Policy Foundation conference, Borden said.

Topping’s drug reform passion and his medical situation ultimately intersected. In the autumn 1998 issue of the Bulletin of the (continued on page 3)
Legislative Report by K at Brady

What a long, strange trip it’s been. We managed, along with our many community partners, to defeat some really bad legislation introduced this session. It is important to bear in mind, however, that our legislature works on a biennium schedule, so bills from last session can be resurrected in 2004. Here are some measures we defeated this session but will be watching in 2004:

**SB 1471 - DRUG TESTING IN SCHOOLS.** This bill requires the Department of Education to establish a high school drug testing and assistance program. This bill was soundly defeated by a broad cross-section of the community ranging from the Department of Education to parents of teens. The general sentiment was that it is irresponsible to drug test students when there is no plan in place, or money, to provide treatment if the student tests positive. When the bill didn’t pass, two resolutions were introduced to convene a task force to study drug testing in schools -- SCR 184 and SR 130, but they did not pass.

**SB 1514 - FORFEITURE.** This bill, written by our own law professor emeritus Dick Miller, reforms Hawai‘i’s forfeiture law. It would divert 50% of forfeiture funds, after the costs of the program are deducted, for substance abuse treatment. This makes total sense since the bulk of forfeiture monies are from assets seized from drug busts. The law enforcement community came out with guns blazing on this one. “Don’t touch our sacred cow,” they chanted! Prosecutor Peter Carlisle bragged that forfeiture money enabled lawyers in his office to get PowerPoint for their computers. Treatment ... PowerPoint ... what do YOU think forfeiture money should be used for? The bill died in the House Judiciary Committee, but will be resurrected in 2004.

**HB 1218 - MEDICAL MARIJUANA LAW.** Despite the fact that all departments were instructed to submit only housekeeping bills, the Narcotics Enforcement Division of the Department of Public Safety introduced a bill that would have essentially gutted the medical marijuana program. This bill was defeated by overwhelming testimony from patients, some of whom traveled to O‘ahu to tell their stories. A resolution - HR 122 - was then introduced to have the Legislative Reference Bureau do a study on the provisions of Hawai‘i’s medical marijuana law. The resolution didn’t make it either. DPFHI seized this opportunity to educate the Health Committee and offer some suggestions that we have received from patients such as:

- the Medical Marijuana Program should be run out of the Department of Health;
- the number of plants - dosage varies from patient to patient;
- confidentiality regarding patient’s medical condition is crucial;
- establish a process for adding new illnesses; and
- simplifying the form and putting it on the web for easier access.

Reforming Hawai‘i’s forfeiture laws: “Prosecutor Peter Carlisle bragged that forfeiture money enabled lawyers in his office to get PowerPoint for their computers.”

Treatment vs. PowerPoint, What do you think the money should be used for?

Don Topping, Richard Miller, Terri Topping, and Pam Lichty at the Tenth Anniversary Meeting.
Donald M. Topping, cont’d from page

Multidisciplinary Association for Psychedelic Studies (http://www.maps.org/newsletters/v08n3/08322top.html), he published a personal account of his experience with the visionary plant Ayahuasca, and his use of it to battle the cancer that was overtaking him. Though it’s impossible to prove whether it was Ayahuasca that helped Don beat back cancer, he did beat the odds over and over again, surviving and thriving for several more years, without the surgery or chemo his doctor believed were necessary for him to have even a slim chance of lasting.

The Drug Policy Forum of Hawai‘i awarded Topping the 2002 Ho‘omaluhia (Peacemaker) Award for his unflagging drug policy reform work. “He will be greatly missed,” said Kat Brady, Secretary of the Drug Policy Form of Hawai‘i Board of Directors, “but we vow to carry on the good work he started. Don continues to be an inspiration to all of us who knew and loved him.”

Don’s ashes were scattered off his favorite surfing spot at Diamond Head.

Contributions in his name may be made to:
The Drug Policy Forum of Hawai‘i
Checks should be made payable to Drug Policy Forum of Hawai‘i and sent to P.O. Box 61233 Honolulu, HI 96839.

Tenth Anniversary Meeting Celebrates DPFHI’s 10th Anniversary by Pam Lichty

It was great to see so many of you (close to 80!) at this year’s meeting on April 21st at Alan Wong’s Pineapple Room. Most of you found it to be a comfortable and convenient venue and the program, in my biased view, was the best ever.

The event marked the 10th Anniversary of the founding of DPFHI so it was only fitting that the annual Ho‘omaluhia Award went to co-founder Donald Topping. The award, given each year to a person or organization who has made a positive impact on drug policy, was highly appropriate for Don. Without him, DPFHI literally would not exist, and many of the positive changes in drug policy in Hawai‘i are due to his indefatigable efforts.

As I noted in my introduction, when we started DPFHI in 1993, anyone who even questioned current drug policies was suspect (you were obviously either a druggie or a legalizer – or both!) But Don, as Director of University of Hawai‘i’s Social Science Research Institute, provided both a home to our fledgling organization and the respectability of being associated with the University. When he retired from UH in 1997, he devoted even more of his time to drug policy reform and became a constant presence in the editorial pages, at the legislature and on the media. His comments at the dinner were typically soft spoken and modest.

The keynote speaker was Ethan Nadelmann, Executive Director of the Drug Policy Alliance (formerly the Lindesmith Center-Drug Policy Foundation). Ethan was also a fitting choice as he was the very first speaker that DPFHI ever showcased. In fact that first talk was almost ten years to the date from this year’s event. As anticipated, he gave an inspiring, fiery, funny, and eloquent address focusing on the challenges that lie ahead for drug policy reform.

It was taped for ‘Olelo and was broadcast four times in June and July.

We anticipate that it will be repeated on ‘Olelo and aired on all of the Neighbor Island public access stations as well in the coming months. Check it out!

Thanks to all of our Board members and volunteers who helped make this year’s event a success, especially Kat Brady and our dedicated Coordinator, Darlene Hein. And a big mahalo to all of you who attended and who continue to support our work.

“...the program in my biased view was the best ever.”
-Pam Lichty

“...we vow to carry on the good work he started.”
-Kat Brady
Making Diversion Programs Work: Implementing Hawaii and California Laws

DPFHI and our community partners ACLU Hawai`i, Community Alliance on Prisons, Harm Reduction Hawai`i, Life of the Land, T.J. Mahoney & Associates, and the UH College of Social Sciences Public Policy Center hosted an event on May 29, 2003 at McCoy Pavilion. The purpose of this workshop was to discuss the implementation problems we have been experiencing since the passage of Act 161 in 2002, which diverts first-time, nonviolent drug offenders into treatment instead of prison, and learn from California’s experience with their Substance Abuse and Crime Prevention Act of 2000 implementation.

The presenters were:
- **Dr. Bill Quirk** - a board-certified psychiatrist finishing a year Fellowship in the joint UH/DOD Addictions Psychiatry program. Dr. Quirk’s talk was entitled: Diversion: Culture, Treatment, and Demographics.
- **Susan Arnett** - the Deputy State Public Defender and the Felony Trials Supervisor in charge of training spoke about the Challenges of Act 161.
- **Whitney Taylor** - the Director of the Proposition 36 Implementation for the Drug Policy Alliance in Sacramento, California. She was the Organizational Director for the California Campaign for New Drug Policies, the group that successfully passed Proposition 36 in November 2000. Her talk was on implementing Prop 36 in California.

When California was working to get Prop 36 on the ballot, their opposition was similar to what we experienced in Hawai`i with SB 1188 (Act 161) - drug court and the prosecutors. What is really interesting is that now the California drug courts are working closely with those implementing Prop 36.

The difference between the two laws is basically that California attached money for 5 years to their initiative. In Hawai`i, Act 161 is still unfunded. This is why we must pull together to convince the legislature that investing in our people - social capital - is a good thing that will save lives and help our economy.

**Peter Carlisle’s Ice Show**

On Friday, July 11, 2003 Honolulu Prosecutor, Peter Carlisle, presented his Ice presentation to the select House and Senate Committees tackling Hawai`i’s ice epidemic. The power point presentation recapped the ADAM report that Hawai`i is the state with the highest percentage of adult male arrestees testing positive for ice, the Wayman Kaua hostage incident in Pearl City, and the shooting of Officer Glen Gaspar.

**The Carlisle Strategy:**
1. Healthy Start—fund prevention programs
2. Drug Testing in Schools
3. Early Treatment—treat people before they get into trouble

**4. Sentencing Reform for habitual criminals (i.e. enhanced sentencing)**
5. Coordinated Community Response
6. Incapacitation through incarceration

**The Carlisle Legislative Agenda:**
1. Direct File—The Constitutional amendment that passed in 2002 which eliminates the Grand Jury passed without enabling legislation. The law enforcement coalition will pursue the enabling legislation next session. Carlisle is being sued by the ACLU for using public resources to lobby for legislation.
2. Wiretaps/Electronic Surveillance—After September 11, 2001, the law enforcement community approached the War Preparedness committee to ask that they be granted the same powers as the military to pursue threats to national security. The difference between local police and the military is that the military is bound by the Military Code of Justice for their actions.
3. Enhanced sentencing—Carlisle told the legislators, “We don’t typically plead down mandatory sentencing.” This is interesting because during the hearings on SB 1188/Act 161, the prose- (Continued on page 5)
Drug Education Should Dare to be Different
By Marsha Rosenbaum, LA Times, April 18, 2003

Twenty years ago this week, the program called Drug Abuse Resistance Education, or DARE, was born. It was the brainchild of then-Los Angeles Police Chief Daryl Gates and the L.A. Unified School District. As DARE moves out of its teenage years, I offer the same advice I gave to my son, who also turns 20 this year: “Happy birthday, now grow up and get real.”

DARE has received more attention than any other drug education program, reaching students in 80 percent of school districts across the country. It has also been singled out, because of negative evaluations, as one of the worst examples of school-based drug-use prevention in the U.S.

Yet in terms of content (“drugs are bad”) and message (“just say no”), there is not much difference between DARE and other drug education programs.

The singular goal of DARE and other school-based education has been to prevent teenagers from using drugs. This may sound straightforward, and it is, of course, what all parents want. Yet with national surveys indicating that more than half of American teenagers admit trying an illegal drug before they finish high school, and 80 percent using (Continued on page 7)

“Happy birthday, now grow up and get real.”

-Marsha Rosenbaum referring to DARE

Former Executive Director of Connecticut Law Revision Commission Meets with Hawaii Lt. Governor Aiona

David Biklen, former Executive Director of the Connecticut Law Revision Commission was vacationing in Hawai‘i in June and graciously offered to meet with decision makers on the issue of drug policy. Connecticut has done some great work in revising their drug policy and sentencing laws. Board member, Kat Brady, took Biklen to meet with Lt. Governor Aiona, Interim Director of the Department of Public Safety, and Deputy Director for Corrections to discuss some of these issues.

The Lt. Governor talked about the “Ice Summit” he is planning for September 2003, his strong support of drug testing of students (to help families), and private prisons. Biklen spoke of the importance of treatment both in and out of prison and the continuum of care that is essential to reduce recidivism.

Peter Carlisle’s Ice Show, continued from page 4

people have been diverted into treatment. 5. Drug Testing in Schools—Carlisle again made his pitch for drug testing in schools as a deterrent, despite the fact that studies have shown little difference in drug use between schools that drug test and those that don’t. One interesting fact is that hair testing, Carlisle’s favorite drug detection method, is problematic in Hawai‘i because we have a law that says we can only use certified labs for drug testing and the ones we use only do urine analysis. Carlisle says he favors hair analysis because hair follicles are not subject to other bodily functions, thus drugs can be detected in the system for 90 days. His recommendation is that every student be tested in the first two weeks of school and then 25% randomly tested. Hair analysis costs approximately $30 - $40 per test, while urine analysis is $5 per test.

When queried about next steps if a student tests positive, Carlisle recommended taking money from the prison system (read: programs) to cover costs.

6. Divert Green Harvest money to ice enforcement—Carlisle said, “We (the law enforcement community) need to change. We spend lots of time eradicating marijuana when we should focus our efforts on what we see as the problems: theft; car theft; drug abuse.”
WE NEED YOUR HELP!

Legislation to repeal Act 161 will probably be introduced next session.

We need people from all sectors of the community to come out and testify in support of funding for Act 161 at the 2004 Legislative Session.

Why the Community Needs to Get Behind Act 161

Act 161, which diverts first-time nonviolent drug possession offenders into treatment instead of prison was passed by the 2002 Hawai‘i State Legislature and signed into law in June of 2002. Hawai‘i was the first state to legislatively pass this important philosophical change in the way we treat our nonviolent drug offenders. Act 161 takes a harm reduction approach to drug offenses instead of a punitive one.

Substance misuse has touched almost everyone in Hawai‘i nei through family members, friends, and business associates. It is time that we, as a community, come together to support treatment for people with substance abuse problems. Currently there are community meetings convening all around Hawai‘i to discuss ice/crystal methamphetamine. More and more people -- even the police -- are there speaking about treatment as a less-costly and more effective alternative to prison.

Unfortunately, Act 161 was passed with no funding. This is where WE NEED YOUR HELP. The law enforcement community will most probably introduce legislation to repeal Act 161 at the 2004 session of our Legislature. We need people from all sectors of the community to come out and testify in support of funding for Act 161. With a big community push, we can do this. Arizona and California are experiencing great savings by diverting people into treatment and Hawai‘i can as well, if we make a concerted effort to fund this important law.

“There is only one power available to citizens which does not require great wealth or the use of violence. It is the power of collective persuasion. It works on the subtle levels of thought and conversation and it works directly through democracy.”

If you want to be notified of upcoming hearings regarding drug policy, treatment, and prison issues, contact Kat Brady at communityallianceonprisons@hotmail.com

"There is only one power available to citizens which does not require great wealth or the use of violence. It is the power of collective persuasion. It works on the subtle levels of thought and conversation and it works directly through democracy."

Board Member Profile: Larry Geller

Larry Geller is the executive director of the Hawaii Coalition for Health, a consumer advocacy organization with approximately 1,400 members. He is also Public Information Coordinator for the Assistive Technology Resource Centers of Hawaii, a mediator and custody guardian ad litem. Larry also advocates for school children with disabilities and has been administrator of an autism clinic for the largest agency in Hawaii serving children under the Felix Consent Decree. In a previous life he worked for General Electric and was Senior Vice President and Director of C&C International, a joint venture in Japan between GE and NEC Corporation.

Larry became a Board member of DPFHI due to his view that the so-called “War on Drugs” is racist, misguided and has become a way to separate out, subjugate, and imprison minorities.
Drug Education, continued from page 5

alcohol (itself obviously a drug), the reality is that the majority of teens are not just saying no.

The DARE generation has become cynical about the mixed messages they have heard. Though they are implored to abstain, they live in a nation that hardly qualifies as drug-free. Teens see adults regularly drinking alcohol. They notice aisle after aisle of intoxicating over-the-counter pain relievers, uppers and downers. They see prime-time television ads for antidepressants. They know that if they misbehave in school they may be required to take Ritalin. And they also know that many of their parents tried marijuana (and other drugs), got through this phase unscathed and now admonish their own kids to "just say no."

"Know your audience" ought to be the watchword of every bearer of information about drugs because teens have become more tired than frightened by the barrage of scare tactics. Most teens — along with the National Academy of Sciences — simply do not believe that marijuana causes the use of harder drugs, that it leads to mental health problems or aggressive, violent behavior, or that it is somehow qualitatively worse than alcohol. Even the Office of National Drug Control Policy recently had to pull its "drugs and terrorism" ads when it became evident that such exaggerated claims had become a joke to many teens.

What young people need, rather than a short, stand-alone program, is drug education that will equip them for a lifetime of making health decisions involving a range of substances available to them.

With budget shortages threatening school districts across the country, we should incorporate the subject of drugs, using sound science, into already established high school courses such as biology, chemistry and physiology. Some new high school textbooks, such as Holt, Rinehart & Winston’s “Sociology,” have quality subsections about drugs, sexuality, violence and other social issues. Teens with concerns, questions or problems about drugs should be able to use student assistance programs staffed by knowledgeable counselors; the trouble is there aren’t enough of them.

We should, of course, keep students busy and engaged between the end of the school day and dinner, which are peak drug-taking hours for teenagers. Our teenagers will ultimately make their own decisions, just as we did. Isn’t that, after all, what we baby boomers wanted when we urged them to be creative, critical thinkers who could deal with this complex world on their own?

“What students need is drug education that incorporates their intelligence and resilience and goes beyond the simplistic “just say no” message.

Marsha Rosenbaum directs the Safety First project of the Drug Policy Alliance in San Francisco.

MMJ Patients Please Be Discreet! By Pam Lichty

It’s been brought to our attention — by a friendly legislator — that some patients with certificates to use medical cannabis have been stretching the rules and possibly jeopardizing the program’s continuation. We’ve heard reports that people have been seen smoking in public places and being very open about their use.

Unfortunately, public toking is specifically prohibited by our law, and we’re concerned that if patients are thought to be flouting the law it could jeopardize it for everyone.

Last Session, as most of you know, there was an Administration bill introduced to make the program even more restrictive than it currently is (put limits on places to use it, list professions that couldn’t qualify, etc.) It did not pass. But our concern is that if legislators perceive that certified patients are “abusing” their legal status, they could decide to either seek further modifications to the law, or even target patients who are too public.

With the conflicts between state and federal law already in existence (and the arrests by the Feds in California), we don’t want to give local enforcement types any excuses to crack down on legal patients. Enough said — please be cool.

“We don’t want to give local enforcement types any excuses to crack down on legal patients.”

Pam Lichty
THE MISSION OF THE FORUM IS TO EXAMINE EXISTING AND ALTERNATIVE POLICIES WITH REGARD TO LEGAL AND ILLEGAL DRUGS IN THE HOPE OF IMPROVING THE EFFECTIVENESS OF OUR DRUG POLICIES WHILE REDUCING THEIR ECONOMIC AND SOCIAL COST.

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