

Questions and answers on the issue of a regulated market for currently illegal drugs

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Draft: February 2012

For the past decade I have been involved with public presentations which explore the failures of drug prohibition. In these presentations I recommend a public health, human rights model of drug control which brings all currently illegal drugs into a regulatory framework. The following is a list of the most common challenges I experience:

Q1: Are you saying that you want to legalize all drugs?

A: No: Legalization is often interpreted to mean that the current capitalist free market system would be used to advertise and distribute currently illegal drugs. The goal of the free market is to increase consumption. The concept of a regulated market is instead guided by Public Health which has the goal to reduce the health and social problems associated with drugs.

Q2: What do you mean by a regulated market for illegal drugs?

A: A regulated market would actively control drugs based on the principles of public health and human rights. Prohibition paradoxically stimulates a illegal market that makes concentrated and sometimes toxic, drugs widely available. The goal is to greatly reduce or shut down the illegal market and regulate drugs in a way that reduces harm to individuals, families and our society as a whole. Seeing drug use as primarily a health and social issue rather than a criminal issue allows us to explore a wide range of tools to manage the problems associated with drugs in a more effective way.

Q3: Are you saying “yes” to drugs?

A: No – but we are saying “yes” to using more effective ways of controlling drugs and their problems. We also acknowledge that all societies throughout history, who have had access to drugs have used them. Before prohibition, these societies generally did not have problems with substances. We need to learn the lessons from history and try to find ways of controlling drug use through more effective non-criminal techniques as we now have ample evidence that prohibition is simply not working.

Q4: What is the difference between Harm Reduction and drug policy reform?

A: Harm reduction is the philosophy which guides services that are intended to help active drug users of both legal and illegal substances. Harm reduction provides a framework which guides services without requiring abstinence. Examples of these services are needle exchange, supervised injection sites and smokeless tobacco programs. Drug policy reform is the movement toward drug policies which are based on evidence instead of politics and fear. The foundations of drug policy reform are both human rights and public health. Different drug policy reformers balance these two basic principles differently but both perspectives are needed. The goal of harm reduction is to provide inclusive services and improve the health of individuals, the goal of drug policy reform is to improve the health of our society from both the harms from substances and the harms from drug prohibition.

Q5: Is there one country or area which is ideal and provides the evidence needed for change?

A: No – there are many separate reports, experiences and research which indicates the need for significant change but there is no one country with is free from the domination of the American war on drugs. Some of the evidence for change is the fact that the Netherlands youth use cannabis at approximately half the rate that the youth in the USA use in spite of the fact that the Dutch sell cannabis openly. Another indicator for change is the fact that Portugal decriminalized personal possession of all drugs and this change reduced both health and social problems associated with drugs and drug use rates went down in their country. Research on police crackdowns consistently reports that this intervention does not raise the price of drugs or reduce the availability of drugs. The Senate Committee report in Canada reviewed the international literature and concluded that there is no relationship between severity of legislation and drug use problems. It is clear from the literature the enforcement interventions are ineffective and that a health approach does reduce harms to both individuals and all of society.

Q6: What about methamphetamine? Are you saying that you want to legalize crystal meth?

A: It is useful to remember that the development and spread of methamphetamine (or crystal meth) has occurred under the banner of drug prohibition and that meth has a significant potential for harm. As in alcohol prohibition, dealers and smugglers prefer concentrated products so in times of prohibition weaker, less harmful products are not available. The fact that a drug can be dangerous is the best reason to regulate and control it. Currently meth is widely available to our youth and used predominantly by street youth who are very disconnected from supportive family. Dealers in the current system prey on these vulnerable youth and never ask customers for age ID. A regulated market could greatly diminish or shut down the illegal system and therefore restrict access for youth. The current situation is one where mainstream society has no control. We do not control the purity or concentration of the drug, the context, or method of use. In a regulated market, mainstream society would control all of the above. The degree of regulation would be matched by the harmfulness of the drug. Concentrated, smokeable preparations would be more restricted than weaker oral solutions. Concentrated preparations in IV or smokable form would at first be available (in pure standardized dosages) for the most marginalized, adult, addicted population in medically supervised settings where concern, support, medical treatment and referrals would be offered. Researchers would need to observe and document the effects of this on the illegal market. After this, if the illegal market was still very active, we would need to expand the target population to include some youth who are addicted to meth and street entrenched. The effects of these incremental changes would be documented in a research paradigm where the information about the changes (both individual and societal) would be widely available. Some individuals involved with this program may be engaged and supported to pursue abstinence options and other may be supported to take weaker, oral, and less harmful preparations. Other users will continue to have an out of control relationship with this substance, but they will be in contexts where their behaviour can be more effectively managed than the current situation where they are "tweaking" in our back alleys and heavily involved with prostitution and crime to support their habits.

Q7: We have not been harsh enough with drug users. Why don't you just hire more police?

A: The Senate Committee report in Canada reviewed the international literature and concluded that there is no connection between enforcement levels and amount of illegal drug use. In fact, heavy reliance on drug law enforcement to cut supplies is an expensive way of making a bad problem even worse. Drug trafficking feeds on the oxygen of profits and drug law enforcement makes drug trafficking even more lucrative. While there is a demand, there will always be some sort of a supply. We have to reduce the profitability of the market if we want to shrink it. Arresting a drug dealer just creates a business opening for someone else.

Q8: Will our society have to deal with out of control drug use?

A: No – market regulations are all about controlling who has access to what drugs, in what contexts. The current system paradoxically encourages out of control use, as the contexts of use are not supervised by those who are trained to reduce harmful behaviour. In the new, post prohibition system, supervised consumption of the more harmful drugs would be the norm.

Q9: Our society has two broken arms with alcohol and tobacco. Are you suggesting that you break society's legs (with drugs) as well?

A: There are (at least) five reasons why we have significant problems with alcohol and tobacco. First, we have a long cultural history where alcohol and tobacco have been branded, advertised and promoted and as a result these products have become "normalized" in their use. Secondly, the pharmacology of these drugs frequently results in problematic or dependent relationships with them. Thirdly, both these drugs have significant potentials for harming the body (i.e. cancer and liver cirrhosis) and fourthly, alcohol specifically is associated with out of control socially destructive behavior (e.g. violence, spousal and child abuse, intoxicated driving). The fifth reason is the tobacco companies have been allowed to manipulate their product to increase its addictiveness in order to increase sales. Therefore alcohol and tobacco are currently under-regulated products. We need to learn from our experiences with alcohol and tobacco and not duplicate our mistakes when developing a system for controlling currently illegal drugs. We have allowed large corporations to manipulate, brand and market these dangerous substances and these international corporations have resisted our attempts to control them. Market regulation of drugs would use many techniques which are not currently used to control alcohol and tobacco. Corporations for example, are allowed to brand their products, which opens the door for advertising. In the new model, branding of dangerous drugs would not be allowed. There are also many other techniques could be used to control drugs which are not currently used to control alcohol and tobacco. (see Haden. Drug Control Systems spreadsheet). Also in a regulated market system we have the option of substituting less harmful drugs for more harmful drugs and therefore reducing total harm.

Another lesson we can learn from alcohol is that Al Capone and his murderous cronies set up an international distribution system and made it widely available. The same is true today, as organized crime has become very sophisticated in making drugs available throughout our society.

A lesson from tobacco use is the public health tools can be used to achieve a massive decrease in use without resorting to the criminalization of this addictive product.

Q10 Don't we need drug prohibition to protect our youth?

A: Currently studies tell us that youth can access currently illegal drugs more easily than they can obtain alcohol and tobacco. The current illegal market system is very engaging of youth who are attracted to the easy access to drugs, the fast and abundant money to be made by selling drugs, and the excitement of the street lifestyle. Youth sell to each other and never ask for age ID. We could take the profitability out of selling drugs and greatly diminish or close the illegal market and use tighter controls on drugs than we do for alcohol and tobacco. We would then actually reduce access to youth. Drug prohibition is the process which threatens our youth and we need to regulate the market for all currently illegal drugs in order to protect our children.

Q11: How about pressure from the USA?

A: The USA has done a historically unprecedented social experiment by putting more people in jail percapita than any other country in the history of the planet, and many of them are for drug crimes. In spite of this they have more drug use than most of the European countries. While they push us to fight the drug war, the real lesson from the USA is that trying to arrest and imprison our way out of this problem does not work.

Q12: Would you expect drug tourists?

A: Not if we regulated the market with residency requirements.

Q: Are you suggesting that dangerous drugs be sold openly in stores?

A: No, this is not about selling crack at the local corner stores or selling kilo's of heroin in the malls. This is about finding ways to regulate and control distribution of drugs in a way that puts the criminals out of business. We can regulate who buys drugs, when and where and how they use them. The drugs can be packaged with no branding (and lots of warning labels). There may be exceptions to the commercial availability of currently illegal drugs as we could, in a research paradigm, find out what would happen if we allowed weak oral solutions of some drugs to be commercially available. We know that coca tea has been available in South America for centuries with no associated health or social harms. We could ask the research question "can a crack dependant user be persuaded to reduce their harmful use by substituting a less harmful product?". Our drug policies need to be founded in evidence and not driven by fear.

Q13: Would drug use go up in the new system?

A: We need to distinguish use from abuse. Those who are "at risk" to abuse substances due to mental health/ physical health/ housing/trauma and other issues, already abuse alcohol and or other drugs. If we were able to take the profit which is generated from sales of currently illegal drugs and return most or all of this to treatment/housing/health and social programs which meet the physical and social needs of the most "at risk" individuals we could predict that abuse would go down. In the new system we could also engage abusers in the health system by specifying location of use at places like a safe injection site (or smoking rooms) which are staffed by health professionals and therefore encourage them to consider healthier options.

In terms of use that is not harmful "yes" we can expect that for a brief period of time there will be more experimenters but we can control this by making changes incrementally and studying the effects of each change.

In the Netherlands, where cannabis is sold openly, they have half the per-capita use of the USA where it is criminalized.

If we remove most of the profits of the illicit drug industry we would expect the market to shrink. When Zurich expanded its methadone treatment system, the number of new heroin users decreased from 850 in 1990 to 150 in 2002, and the number of heroin seizures and quantity seized also went down. Even if the total drug use increased slightly, which I don't think will happen, I think drug use would become less dangerous. Developing effective social policy forces us to make difficult choices. What would you prefer? Deaths, disease and crime to decrease

with an increase in consumption? Or deaths, disease and crime to increase with a decrease in consumption?

Q14: Is the goal to get all drug addicts into treatment?

The demand for illicit drugs would be reduced by an expanded drug treatment system with many more options than the current system. Dependant drug users who account for most of the market (and recruit many new users), would be offered a variety of options which are more attractive than the drug dependant lifestyle. If our addiction, housing, and mental health services were designed to actually meet the needs of dependent individuals there would be far fewer consumers of drugs. If our society created a regulated market for currently illegal drugs, the wasted money currently spent on enforcement (and the lost tax revenue from sales) could be redirected into treatment and other health and social services. This would create safer and healthier communities for both dependant individuals and all of society.

Q15 What about our international agreements?

A: Canada has the opportunity to be a world leader in changing the outdated international agreements. Canadians need to host other like-minded countries to discuss and sign new agreements.

Q16: We have problems with drugs like Valium and Oxycontin and they are legal and prescribed. What can we learn from this?

A: Dealers of illegal drugs are hidden and hard to negotiate with. Physicians who provide legal drugs, change prescribing practices in response to evidence and training. Who would you prefer to control drugs: trained doctors or criminals?

Q17: If we shut down (or greatly reduced) the illegal market, would the criminals find other ways of doing crime?

A: The federal auditor general said that drug money is the life blood of organized crime. Take away the fuel which drives organized crime and you take away the incentive that brings in new players and keeps existing criminals motivated.

Q18: Are you just surrendering to drugs and throwing in the towel?

A: No – we are going to use more constructive tools to work to reduce the harms to society. Drug prohibition is a failed social policy and we need to find better ways of dealing with this problem using the tools of public health.

Q19: Isn't this just enabling drug addicts?

A: No - Prohibition paradoxically creates and supports clandestine behaviours as it fosters denial, dishonesty and disconnection which all enable addiction. Regulating the market based on public health principles would increase honesty and social connections, which is the opposite of enabling. Regulation of currently illegal drugs enables those who use currently illegal drugs to be accepted as valued members of society, just as people who use "legal" drugs such as codeine or Prozac are, rather than being marginalized as criminals. A public health approach to controlling illegal drugs is simply being honest about what really works and what doesn't.

We want policy to be based on science, to be effective, to be compassionate, and to remember that people who use drugs are still Canadian citizens and are someone's son or daughter. If a regulated market is "enabling" then it is enabling users to live.

Q20: Don't we have to "send the right message" to youth and other potential drug users?

A: Yes – sending the right message is important and the message of compassionate concern for all citizens is the "right" message. Currently the main message youth receive is that adults can not be trusted to tell them the truth about drugs.

Q21: Would a regulated market "encourage" drug use.

A: It is inaccurate and simplistic to say we have just two options: either criminalizing drug users or encouraging drug use. Encouraging drug use would only happen if the free market was the dominant paradigm. Instead public health and human rights should guide the process establishing a regulated market and encouraging drug use is not part of either of these models. The goal of these two models is reduction of harm to all of society and empowerment of the marginalized. We have other significant social problems like women who drink alcohol while pregnant, sexually active teenagers and youth who "huff" gasoline and we never consider criminalizing

these behaviours. The lack of criminalization is never seen as encouraging these undesirable behaviours. Public health is seen as being the appropriate approach for all of these problems and we should use this approach for dealing with drug use.

Q22: What effort will be made to discourage use?

A: We need to distinguish between beneficial use, problematic use and dependency. It is important to note that not all drug use needs to be discouraged as only problematic and dependent use cause individual or social harm. There are many cross-cultural examples of communities that have had benign or beneficial relationships with a substance. The ritual use of coca tea, peyote and ayahuasca are just three examples. Educating people on the reality of drugs and drug use, and teaching them about safe and proper use, can discourage abuse and assist people to use drugs in a healthy manner. In addition to factual education, discouraging abuse requires a collective response to social conditions that move people into harmful patterns of use, such as poverty, dislocation, absence of community, violence, etc.

Educating young people about drugs using approaches based on research can reduce drug use and drug problems. If Canadians spent the billions of dollars spent drug prohibition and added this to the new tax revenue from drug sales and spent this on quality education, evidence based prevention programs, and job opportunities for youth, they will be less interested in drugs.

Q23: What about drug use and pregnancy?

A: Illegal drug use is only one of many factors that influence maternal outcomes. It is well documented that when pregnant women are offered non-judgemental, comprehensive prenatal and infant follow-up, maternal outcomes improve. In fact, poverty is known to have a negative effect on pregnancy. Myths related to "crack babies" have been widely exaggerated. Abundant research has observed that the legal drug alcohol is clearly more dangerous to infants than illegal drugs.

Q24: If you give addicts drugs and let addicts inject in supervised injection facilities why don't you let bank robbers rob banks and murders kill people?

A: What guides the new paradigm is "science" not "fear based sound bytes". Science has shown that drug substitution and supervised injection offers significant health and social benefits and no studies have shown benefits of letting criminals rob banks. The police have very limited role to play in crimes of vice which are fundamentally different from other types of crime.

Q25: What about drugs and parenting?

A: A host of research demonstrates that illegal drug users can be adequate parents. Illegal drug use in itself does not equal child abuse just as abstaining for drugs does not create good parents. Abusive parents are not created by drug use but by a wide range of social factors like historical abuse and lack of current social supports. If the current money spent on enforcement was redirected into parenting programs and supporting parents who are struggling with poverty all our society could potentially benefit.

Q26: But aren't some drugs just too addicting to be legal?

A: It is not the drug itself, but our relationship with it that shapes patterns of use. The illegal status of some drugs also effects use in relation to having to buy on the illegal market, quality of drugs, cost, fear of arrest, etc. Prohibition paradoxically creates an illicit market that makes drugs that have significant potential for harm widely available. The potential harmfulness of some drugs is a central reason to regulate and control these substances. Relying almost entirely on police, courts, border guards and prisons to make sure that dangerous illicit drugs are not available hasn't worked. Harmful drugs drive out less harmful drugs in this system because powerful and highly concentrated drugs are more valuable and are easier to smuggle. We need to reverse the process so that more benign drugs drive out more harmful drugs and those who want to quit, have treatment services available when they need them.

Q27: What about capital punishment for drug use as the solution?

A: There are two kinds of capital punishment, the USA model and the dictator (e.g. Hitler-Germany and Pol Pot-Cambodia) model. The USA model is very expensive as it allows for so many appeals the cost is prohibitive, and the Hitler model, where brutal dictators kill citizens publically, does not work in a democratic society where everyone has basic human rights.

Capital punishment around the world is declining as fewer countries now execute offenders. The total number of executions is also declining. An increasing number of miscarriages of justice have been proven. It is hard to imagine a more serious lapse in a legal system than executing people who turn out later to have been not guilty. In democratic countries capital punishment turns out to be more expensive than life imprisonment. Many legal experts argue that capital punishment, if accepted at all, should only be reserved for the most serious violent crimes e.g. horrific murders. They argue that sentences have to be proportionate to the offence and that drug trafficking, though a serious offence, never warrants the death penalty.

Q28: Would a public health approach to illegal drugs be expensive to the taxpayer?

A: The global illegal market for drugs is estimated to be somewhere between \$400 billion and \$trillion and the business of growing and selling BC marijuana alone is estimated to be the largest industry in British Columbia. If these products were taxed and the money spent on enforcement was funnelled into prevention, treatment and public health programs, such a housing for the homeless, our health costs would drop.

Q29: Why do Canadians have drug prohibition in the first place? It is true that drug use was associated with many social problems that lead to the criminalization of these substances?

A: The first prohibitionist drug law within North America was the Opium Act in 1908. Many scholars and historians who examine the social context of drug use before prohibition observe that the reason drugs became illegal was largely racism. Opium laws targeted the Chinese and marijuana laws targeted African Americans and Mexicans. Drug laws were racist in their inception and are currently racist in their implementation.

Q30: Do we need drug prohibition to “contain” drug use?

A: Prohibition does not contain drug use and creates many associated health and social problems. The goals of prohibition are to reduce drug use, increase drug prices, prevent new users from starting and deter dealers and smugglers from entering the drug trade. Investigation into all of these four goals leads to the conclusion that drug prohibition does not effectively contain any of these issues. In Vancouver you can get cocaine delivered to your door faster than you can get a pizza. Prohibition does not even work in prisons, where we have men and women locked in cages as all jails have high levels of drug use. If drug use is currently “contained” it is an awfully leaky container.

Q31: Can we trust the government to not get greedy and use the subsequently available enforcement money, and tax dollars from sales, to buy votes and not spend the money to reduce health and social harms?

A: Canadians could establish an independent commission, which is founded on public health and human rights to oversee the establishment of a regulated market and the disbursement of the funds. This commission could be required to funnel all the revenue stream into treatment, prevention and public health initiatives.

Q32: What drugs would you start with?

A: Cannabis has the most popular support but injectable and smokable stimulants have the most urgent health need.

Q33: Would a regulated system allow society to increase the benefits of drugs not just decrease the harms from drugs?

A: Yes an evidence based model would allow us to explore the wide range of benefits of drugs. Examples for potential research are the variety of medical uses of cannabis, the psychotherapeutic use of hallucinogens and more appropriate access to pain relieving medications.

Q34: Would you suggest that we make all these changes at once?

A: No – an incremental process which responds to the evidence which is generated would be ideal.

Q35: What are the indicators for success of the new model?

A: The new model should significantly reduce drug related health and social problems, dramatically reduce violence and crime and also reduce teenagers ability to access drugs.

Q36: Are you proposing a “liberal” approach to our drugs laws.

A: No – this change is not about liberal or conservative beliefs as support for change come from all parts of the political spectrum. The opposing poles in this debate are evidence based policies vs ideologically based policies.

Q37: When will the change to a regulated market occur?

A: The process is similar to the freeing of the slaves and the emancipation of women where there were strong vested financial interested in maintaining the status quo. During these two major historical social changes there was first there lots of talk and no change then change happened quickly. There is a growing international movement that is openly discussing the issues of market regulation. In Canada, we have many significant national reports which challenge prohibition and now four major reports (the Senate Committee report, The Vancouver City Prevention report, the Health Officers Council report and the Canadian Public Health Association resolution) which all explore the concept of a regulated market. Historically, the media just echoed drug war soundbytes and now there is a willingness to engage in the discussion of the complexity of the problems of prohibition. Another sign of the times is the rapidly growing LEAP (Law Enforcement Against Prohibition) membership. With the growing and massive problems of peak oil and global warming and the current economic crisis we can no longer afford to indulge in the fantasy the drug prohibition is either effective or helpful.

Q38: Would a regulated market for currently illegal drugs solve our drug problems?

A: “No”. There will always be problems associated drugs. The most realistic goal is to manage these problems in a way which minimizes them while respecting the human rights of our citizens.

Q39: What would a regulated market for cannabis look like?

A: A public Health model of cannabis control would include the following:

- * The product would not be branded and therefore not advertized
- * use location of use would be restricted to location of sale, home use and designated open public spaces (ie concerts)
- * sales locations (apothecaries) would designed to educate customers about risks and also discourage drug use
- * age restrictions (ie 18-19) would be used
- * a variety of strains and concentrations would be available (note under prohibition only concentrated products are available)
- * packages would be plain (black and white) and the only text would be either education or warning labels (ie don’t use and drive)
- * the current money spent on enforcement would be moved to a public health approach of education and prevention and support for the social determinants of health
- * the volume available for purchase would be limited
- * price controls would be experimented with and changed to reduce consumption
- * research on the outcomes of the change on crime, health and social problems and drug use rates would be done and available to the public

Q39: How do you present these arguments in the media?

A: Unfortunately drug use and abuse in our society is a complex problem and requires complex solutions and the media do not easily present complex arguments. Drug prohibition is usually advocated for by using fear based emotional sound bytes. We therefore need to counter these with fact based sound bytes. Examples are:

- The war on drugs creates more harm than drug use itself.
- Addiction is a Public Health problem not a criminal justice problem.
- Humanize don’t demonize.
- Using enforcement against the drug industry is like shovelling water out of a swimming pool with a slotted spoon.
- When the police arrest a dealer in an open drug scene, someone else steps into place. There is no other crime like that.
- Drug prohibition is a problem masquerading as a solution.
- Just say “no” to the war on drugs.

- Just say “know” to the war on drugs.
- “Just say no” to drugs does not stop people from using drugs.
- The war on drugs is actually a war on people.
- The war on drugs is actually a war on our citizens.
- The great paradox of drug prohibition is that the more we fight drugs with the tools of enforcement the more we create a illegal market which makes drugs widely available.
- Who do you want controlling drugs – health care workers or organized crime?
- All jails and prisons have drugs available. If prohibition does not work when we have individuals locked in cages and guarded, it will never work on our streets. Prohibition did not work for alcohol and it does not work for drugs.
- Prohibition establishes a robust illegal market which produces violence, crime, disease, corruption and death, makes drugs widely available and engages our youth.
- Ending prohibition is not surrendering the war on drugs, it is working with more effective public health tools.
- With a number of huge looming environmental problems (global warming, peak oil) we can simply no longer afford to engage in the fantasy of the drug war. Instead we need evidence based drug policies.
- Drug prohibition is the new holocaust
- What is the exit strategy for the war on drugs?
- There are no disposable people.
- Prohibition has deeply scarred our paradigm around drug use and the people who use 'drugs'.
- Prohibition is a triumph of ideology over evidence
- Drug prohibition paradoxically creates the very things it was designed to reduce:
 - Crime
 - Violence
 - Disease
 - Corruption
 - Death
 - Disrespect for the law
 - Open drug scenes
 - A illegal market which makes drugs widely available
 - Destabilization of world markets – as the \$600 billion industry launders their money
 - Funding for terrorism
 - Destabilization of third world countries – as drug armies kill and intimate
 - Large criminal organizations
 - Criminalization of our youth
- Protect our children – end drug prohibition now!
- When the only tool you own is a hammer, every problem looks like a nail

Useful quotes

“Drug policies must be pragmatic. They must be assessed on their actual consequences, not on whether they send the right, the wrong, or mixed messages.”

American Journal of Public Health 1995 Vol 85

“...the available scientific literature establishes no relationship between the severity of legislation and life prevalence of cannabis use”

“its criminalization is the principal source of social and economic cost”

Senate Committee Report: 2002 Cannabis: Our Position For A Canadian Public Policy

“The City advocates a regulatory regime based on the particular health and social harm related to each substance”

City of Vancouver, 2005, Preventing Harm from Psychoactive Substance Use

“Drugs are richly functional scapegoats. They provide elites with fig leaves to place over the unsightly socially ills that are endemic to the social system over which they preside. They provide the public with a restricted aperture of attribution in which only the chemical bogey man or the lone deviant come into view and the social causes of a cornucopia of complex problems are out of the picture” Craig Reinerman. The Social Construction of Drug

Scares. 1994

"We can not arrest our way out of the drug problem" Kash Heed (Vancouver Police Department). Vancouver Sun Sept 19, 2002

"The problems created by drugs control policies have turned out to be much larger than those they intended to solve. The immense global harm caused by the prohibition of drugs to public health, sound economy, sustainable development and community safety is well documented but insufficiently understood by policy makers, mass media, and consequently the general public: Guidelines for Drug Policies in the 21st Century March 2001. European Coalition for Just and Effective Drug Policies (ENCOD)

"The illegal drug industry... has empowered organized criminals, corrupted governments at all levels, eroded internal security, stimulated violence, and distorted both economic markets and moral values. These are the consequences not of drug use per se, but of decades of failed and futile drug war policies" Public letter to Kofi Annan - Secretary General of the United Nations, June 1998.

"Every truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident." Arthur Schopenhauer, German Philosopher, 1788-1860