

# **Sound bytes for change**

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

Mark Haden

Draft: April 24, 2008

Q: 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 concept of a regulated market is different, as this model would actively control drugs based on the principles of public health and human rights. Prohibition paradoxically stimulates a black 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.

Q: 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. Our societies 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.

Q: 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 black market. After this, if the black 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.

Q: 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 world 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.

Q: 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.

Q: 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) four 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). 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 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 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.

Q: 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 black 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 the young people in our society.

Q: 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.

Q: 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.

Q: 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 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 Amsterdam, 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?

Q: 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.

Q: 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.

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

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

Q: If we shut down (or greatly reduced) the black 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 new players in and keeps existing criminals motivated.

Q: 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.

Q: 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.

Q: 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.

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

A: It is simplistic to say we have just two options: either criminalizing drug users or encouraging drug use. Encouraging drugs 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 goals 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.

Q: 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 peyote and ayahuasca are just two 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.

Q: 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, it is poverty that is the one known factor that has 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.

Q: 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 by a wide range of social factors like historical abuse and current social supports. If the current money spent on enforcement was redirected into parenting programs all parents could potentially benefit.

Q: 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. Of course the illegal status of some drugs also shapes 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.

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

A: The global black market for drugs is estimated to be \$400 billion and the business of growing and selling BC marijuana alone is estimated to be the largest industry in British Columbia. If all this illegal money and the money spent on enforcement were funnelled into prevention, treatment and public health programs, such as housing for the homeless, our health costs would drop and this would create substantial tax savings.

Q: 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.

Q: 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 effectively contain any of these issues. In Vancouver you can get cocaine delivered to your door faster than you can get a pizza. If drug use is currently “contained” it is an awfully leaky container.

Q: 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.

Q: 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 interests 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 three major reports (the Senate Committee report, The Vancouver City Prevention report and the Health Officers Council report) which all explore the concept of a regulated market. The media used to just echo drug war soundbytes and now there is a willingness to engage in 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 we can no longer afford to indulge in the fantasy the drug prohibition is either effective or helpful.

Q: 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.
- As 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 black 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 black 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 is a triumph of ideology over evidence
- Protect our children – end drug prohibition now!
  
- 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 black 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 intimidate
  - Large criminal organizations
  - Criminalization of our youth