

**A CRITIQUE OF THE DRUG LEGALIZATION AGENDA:  
Why legalization will increase drug use, addiction and crime.**

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*“No one can know what our society would be like if we changed the law to make access to cocaine, heroin, and PCP easier. I believe ... that the result would be a sharp increase in use, a more widespread degradation of the human personality, and a greater rate of accidents and violence.*

*“I may be wrong. If I am, then we will needlessly have incurred heavy costs in law enforcement and some forms of criminality. But if I am right, and the legalizers prevail anyway, then we will have consigned millions of people, hundreds of thousands of infants, and hundreds of neighborhoods to a life of oblivion and disease. To the lives and families destroyed by alcohol, we will have added countless more destroyed by cocaine, heroin, PCP, and whatever else a basement scientist can invent.*

*“Human character is formed by society; indeed human character is inconceivable without society, and good character is less likely in a bad society. Will we, in the name of an abstract doctrine of radical individualism and with the false comfort of suspect predictions, decide to take the chance that somehow individual decency can survive amid a more general level of degradation?”*

*James Q. Wilson, “Against the Legalization of Drugs”,  
Commentary, (February, 1990)*

## I. SOME RECENT HISTORY ON DRUG USE AND ADDICTION

The debate about whether to legalize drugs goes back a long way. In 1972, when President Clinton appointed James Q. Wilson chairman of the National Advisory Council for Drug Abuse Prevention, heroin use was on the rise. Then, as now, debate about legalizing drugs flourished, attracting leading thinkers of the day such as free market economist Milton Friedman.

Extrapolating from the now familiar libertarian position that advocates maximizing individual rights and minimizing the role of the state, Friedman said that governments had no business telling people they couldn't use drugs and that in any case, the costs of prohibition exceeded its benefits. Fortunately, says the co-author of the ground breaking "broken windows" theory that cleaned up John Guiliani's New York, no one listened to Friedman and the number of heroin addicts remained stable between 1972 and 1990 - the year in which he wrote his seminal "Against the Legalization of Drugs" for *Commentary* magazine.

Why did those rates remain stable? According to Wilson, young blacks in Harlem, heroin's primary victims, were concerned about "trouble with the law" or the "high cost" of drug use – a direct result of law enforcement. Bad experiences and bad health were other factors which dovetailed with success by Turkish and French authorities in reducing the supply and quality of opium. By the time alternative sources in Mexico were developed, the easy recruitment of new users had been interrupted. Price and supply played a large role, too. Most tellingly, U.S. servicemen were returning from Vietnam yet despite high rates of addiction while on duty in Southeast Asia, most stopped using heroin on return home. Why? In America, writes Wilson, "heroin was less available and sanctions on its use were more pronounced."

But what if the U.S. had taken Friedman's advice? Wilson had little doubt that reduced costs and the availability of sterile equipment (heroin users require up to six injections a day) would have resulted in increased use and increased addiction. As he argues, that's what happened in Britain where, from 1925, physicians were allowed to prescribe heroin – mostly to patients made dependent during hospital treatment. But the 1960s, says Wilson, introduced a new kind of user. Born of the "youthful drug culture" demanding drugs far different from that of older addicts, the British government shifted from doctor based treatment to government run clinics. "But the shift to clinics did not curtail the growth in heroin use. Throughout the 1960's, the number of addicts increased – the late John Kaplan of Stanford estimated by fivefold – in part as a result of the diversion of heroin from clinic patients to new users on the streets" How could this happen? "An addict would bargain with the clinic doctor over how big a dose he would receive. The patient wanted as much as he could get, the doctor wanted to give as little as was needed. The patient had an advantage in this conflict because the doctor could not be certain how much was really needed. Many patients would use some of their 'maintenance' dose and sell the remaining part to friends, thereby recruiting new addicts." By the 1980's, few doubted an epidemic was at hand, says Wilson. The increase in use, exacerbated by

prescription abuse and aided by cheap, high quality heroin from Iran and Southeast Asia, was estimated to be 40% a year.

Wilson's essay demonstrates how the United States in its approach to heroin use and addiction narrowly escaped Britain's fate but a paper published in May, 2009 by the British based Centre for Policy Studies entitled *The Phoney War on Drugs* shows how the 1960's British experience was a harbinger of things to come in the Netherlands, this time with respect to cannabis use. Here possession and the sale of small quantities in coffee shops was decriminalized in 1976 with the result that use among young people more than doubled while consumption among 18 to 20 year olds tripled. Only when the government took anti-marijuana measures did such figures begin to decrease. Between 1997 and 2005, the number of cannabis cafes dropped from 1,179 to 729 and, in 2008, *The Phoney War* reveals, Amsterdam's mayor closed another fifth of its cannabis cafes. "At the heart of his project he said was his determination to drive back criminality surrounding drugs."

Not insignificantly, this period also saw the reclassification by the Netherlands of marijuana with a tetrahydrocannabinol (or THC, the ingredient that causes a 'high') content of over 21% as a 'hard' drug.

## **II. SOME DISTANT HISTORY ON DRUG USE AND ADDICTION PLUS SOME SCIENCE ON THE MENTAL HEALTH EFFECTS OF CANNABIS**

If recent history on drug use and addiction tells a sorry tale, distant history and modern science offer little more consolation. Nineteenth century China and Canada's post-Prohibition prairies present an even more disturbing picture of the scope of addiction that is possible when psychoactive substances are legalized. The 2008 World Drug Report issued by the United Nations Office of Drug Control, for instance, describes how opium was once a lucrative, openly traded commodity in nineteenth century China. But when an epidemic left one in four Chinese males using the drug and tens of millions addicted, the Shanghai Opium Commission successfully assembled world leaders to confront the crisis despite their having vested political and economic interests in the status quo.

That 25 percent of the Chinese population who became users may be significant in another context. While most concede the harmful effects of drugs, few include the so-called 'soft' drug cannabis so for clarity it will be helpful here to consider briefly this aspect of drug use:

Studies led or co-authored by the world's pre-eminent authority on marijuana and psychosis, Dr. Robin Murray, one time head of and now professor at the Institute of Psychiatry at King's College in London, have established connections between adolescent use of cannabis and the development of psychosis and schizophrenia in early adulthood.

These studies also demonstrate how one in four, or 25 percent, of the population is genetically susceptible to the development of psychosis, though consumption of large

quantities of cannabis with elevated levels of THC at a very early age may place anyone at risk. Since changes in the dopamine receptors occur in the developing adolescent brain, it is feared early cannabis use permanently alters it.

More recent studies demonstrate how risk factors needn't factor in at all. In March of 2009, the Institute of Neurosciences of the University of Granada in Spain established that heavy use of marijuana can lead to psychosis in healthy adults. From Christchurch, New Zealand, yet another study concludes that "the use of cannabis in late adolescence and early adulthood emerged as the strongest risk factor for later involvement in other illicit drugs." Such studies suggest cannabis' once discredited reputation as a gateway drug is now well on its way to being rehabilitated.

For Canada, whose status as the industrial world's leading consumer of cannabis was ignominiously compounded by the latest report from the United Nations Office on Drugs and Crime which cites Canada as a leading producer of methamphetamines, this is particularly worrying. Here, youth consume more cannabis than cigarettes. According to studies published in 2006 by the University of British Columbia and Simon Fraser, 22 percent of all male and 10 percent of all female respondents aged 15-24 report cannabis use on a weekly or daily basis.

By 2008, those statistics had expanded to include a new demographic. Speaking with CTV's Mike Duffy, Derek Ogden, head of the RCMP's Drugs and Organized Crime Centre, revealed 3 percent of Canada's 7-11 year olds are now using marijuana on a daily basis.

Why these increases in cannabis use in Canada? Some analysts, such as David Evans writing for the *Crime and Justice Project* in January of 2009, believe they were a direct result of an aggressive campaign to decriminalize marijuana. Indeed, a Canadian Senate report that recommended full legalization of cannabis led to the tabling of legislation, later quietly withdrawn, by the Chretien government to decriminalize it instead. Given these circumstances, confusion about the state of Canadian federal marijuana law was inevitable. Other analysts suggest we haven't seen anything yet! In "The Decline of Drugged Nations", pharmacologist Gabriel G. Nahas reports that "(e)pidemiological studies of the populations of marijuana and hashish, cocaine and opiate consumers show that about 50 percent, 90 percent and 95 percent, respectively, of the consumers will use these drugs daily, in doses damaging to their health and to society, when they are readily available." He continues by quoting a medieval scholar to the effect that, when restrictions against hashish were set aside in 15<sup>th</sup> century Muslim society, "a general debasement of the people was apparent."

Clearly then, there is a link between the availability of drugs, perceptions about their legality, and increased use. Yet Wilson's question remains: what consequences would befall a society in which drugs are legalized or, as some would wish, merely decriminalized?

Canada's post-Prohibition era and aboriginal experiences with legalized alcohol provide some clues.

### III. THE DISABLEMENT OF POPULATIONS

While much is made of Prohibition's political failures, little is known about its successes. Writing in the *New York Times* in 1989, Mark H. Moore, a professor of criminal justice at Harvard University, pointed to how the facts of Prohibition are misunderstood and its lessons misapplied. "Actually, Prohibition Was a Success" underscores how the 18<sup>th</sup> Amendment and the Volstead Act passed in 1919 merely prohibited commercial production and distribution of alcohol, not consumption or production for personal use. Accordingly, alcohol consumption declined dramatically – best estimates being between 30 to 50 percent. And while violent crime escalated between 1900 and 1910, it remained constant during the 14 years of Prohibition. "Organized crime may have become more visible and lurid during Prohibition, but it existed before and after," Moore writes.

In "*Bacchanalia Revisited Western Canada's Boozy Skid to Social Disaster*", Canadian author James H. Gray applies the sensibilities of an investigative journalist to the Prohibition era - a time during which, he writes, the Prairies enjoyed "social gains (exceeding those of any era in history)". But the modified drinking patterns, social peace and family stability that transpired during Prohibition would end in 1923 and 1924 when soldiers who had fought in the First World War voted against it. Sixty years later, alcoholism would be the number one public health problem, "bloodying highways, filling hospitals and wrecking cars, welfare budgets and family lives." Though the Prairie population increased by only 50 percent between 1935 and 1975, alcoholism increased by 700 percent. In Saskatchewan where there was no increase in the population, alcoholism rose by 400 percent, writes Gray.

Among Canada's aboriginal populations, legalized alcohol would become a weapon of mass destruction. By 1980, Gray reports, up to 60 percent of all aboriginal illness was alcohol related; death rates were two to four times the national average; violent death was three times the national rate; auto accidents twice the national rate and suicide was two and a half times the national rate.

Today, many reserves are turning to prohibition as the only way to restore the health and indeed the very lives of their communities. In the meantime, as the number of alcohol outlets increase and the legal age of consumption decreases, alcohol consumption in the rest of Canada also increases – 17 percent in Canada since 1997. "Nearly 5,000 Canadians die each year prematurely from the effects of alcohol, which is five times greater than all the illicit drug deaths put together," Tim Stockwell, a researcher at the Centre for Addictions Research of British Columbia, told CTV. Binge drinking, the CBC told us recently, is now commonplace among under-25 year-olds, including young women.

If legalized psychoactive substances, from opium to alcohol, can disable significant portions of whole populations, what damage might today's illicit drugs, if legalized, inflict?

#### **IV. A COST BENEFIT ANALYSIS OF LEGALIZING DRUGS**

Proponents of legalizing drugs readily concede that addiction rates will rise. Even so, they argue, draconian drug laws have created high incarceration rates, while large law enforcement budgets are being squandered as users are needlessly prosecuted and drug lords simply play musical chairs. Many believe that legalized drugs would vanquish the traffickers, eliminate drug trade profits and thus erase all problems around drug use. Better still, all those profits from drugs could be taxed, they argue. Just think of all the tax revenues made possible by legalizing British Columbia's marijuana grow op operations, thought to be worth between \$2 billion and \$10 billion! In the U.S., marijuana - at an estimated value of \$35.8 billion - exceeds the value of corn (\$23.3 billion) and wheat (\$7.5 billion).

Little wonder the cash strapped Governor of California, Arnold Schwarzenegger, is calling for a debate about legalizing marijuana. But perhaps he should look at the numbers again.

Of less than \$19 billion for enforcement, treatment, education and prevention by the U.S. government in 2002, only \$1.6 billion went to enforcement, writes David Evans in *Arguments against Illicit Drug Legalization*. In contrast, the U.S. education system cost American taxpayers \$650 billion. And while the criminal justice system is less than 3 percent of GDP, national defence and international relations uses 18 percent, education 13 percent, and interest on the debt ...well, the current recession has knocked it out of the ballpark.

While the social costs of expanded drug use are less amenable to statistics, some numbers are available. In 2002, the US Office of National Drug Control Policy placed the overall costs of drug use at \$180.9 billion, including healthcare (\$16 billion), productivity losses (\$128.6 billion) and \$36.4 billion for criminal justice system and crime victim costs. That's before you calculate, as Evans writes, the costs "in destruction of lives, the lost opportunities for self fulfillment and lost dreams and the spiritual losses of lost relationships, lost love and lost hope."

In Canada, in 1992, according to the same article, the cost of substance abuse, including alcohol and tobacco was 2.7 percent of GDP of which illicit drug abuse accounted for .2 percent. Of those total costs, 29 percent went to law enforcement and 6 per cent healthcare. Sixty per cent was due to lost productivity. Later, according to a study published by the Canadian Centre for Substance Abuse in 2006, justice related costs for drug-related crime would reach \$2 billion.

Still, legalization proponents argue that once legalized, taxes on drugs would pay for increased social and addiction costs but the numbers simply don't bear this out. Not only would higher addiction costs not be covered, taxing drugs would make the situation worse. According to Dr. Kevin Sabet, a drug policy consultant and one-time presidential speech writer, "(h)igh cost drugs would ensure that an already well-established black market would remain largely intact... (t)his is precisely what occurred in Canada when they imposed a steep tax on cigarettes." Indeed, today, in Canada, contraband cigarettes comprise 50 percent of the Quebec market, and 40 percent in Ontario.

The dollar figures are even less reassuring. In 1999, Sabet says, state and federal governments gained about \$11 billion from alcohol taxes while health care costs amounted to four times that much, "notwithstanding the costs to the criminal justice system, federal entitlement programs, and loss of productivity ... tobacco was worse - the \$13 billion in federal and state tobacco tax revenue in 1999 was one sixth of the \$75 billion in direct health care costs attributable to tobacco."

As James Q. Wilson suggested in 1990, there may be a way of maximizing tax revenues while minimizing crime, bootlegging and the recruitment of new addicts, but this isn't apparent from our experience with alcohol (or tobacco). More importantly, he observes, while nicotine and cocaine are highly addictive and have harmful physical effects, "we treat the two drugs differently, not simply because nicotine is so widely used as to be beyond the reach of effective prohibition, but because its use does not destroy the user's essential humanity. Tobacco shortens one's life, cocaine debases it. Nicotine alters one's habits, cocaine alters one's soul. The heavy use of crack, unlike the heavy use of tobacco, corrodes those natural sentiments of sympathy and duty that constitute our human nature and make possible our social life."

While some drugs corrode, others merely enervate. Either way, they interfere with the individual's capacity to function responsibly within society. If these were the sole consequences of drug use, we might be able to tolerate it. Unfortunately, drugs also undermine the very basis of society. By destroying not only the individual but his capacity for forming a relationship to others, the psychological and, arguably, spiritual roots of crime are laid.

## **V. OUR INNER CITIES: THE NEW MICRO-NARCO STATES?**

That there is a high correlation between drugs and crime is beyond dispute. Beyond the well-publicized failed-states given over to cartels monopolising the narcotics trade, high user rates of an illegally produced and marketed commodity makes criminal activity the nexus at which the two, user and commodity, converge. According to a 2002 British government report, heroin and cocaine users were responsible for 50 percent of all crime in the United Kingdom. In the United States in 2005, there were 253,300 drug offenders in state prisons with a total population of 1,296,700. In 2007, according to Bureau of Justice Statistics, in federal prisons with a population of 179,204, 95,446 were incarcerated for drug offences.

Similarly, a report from Statistics Canada in May 2009 revealed that police-reported rates of drug offences in Canada reached its highest point in 30 years. While most offences continue to involve cannabis, rates of cocaine offences (up 80 percent in ten years) and “other” drugs (up 168 percent in 10 years) have risen as have cannabis production rates (8 times in 30 years). According to a report on organized crime from Criminal Intelligence Service Canada, Canada has also become a primary source country for synthetic drugs. Offences in this category accounted for 14 percent of drug crimes in 2007. Only the rate of heroin offences has declined – a statistic likely explained by the reduction of charges laid in areas around supervised injection sites where police, in a stark example of how drug policy is undermining the moral authority of the law, do not interfere with illegal transactions if the drug is going to be injected under supervision. A decline in usage or crime rates cannot however be extrapolated from such figures.

Other highlights from the Statistics Canada report include the fact that though drug possession by youths account for most of Canada’s increase, most youths are cleared by police discretion or through referral to a diversionary program. In 2006/2007, half of drug-related court cases were stayed, withdrawn, dismissed or discharged. Convictions of youths and adults for possession most often resulted in probation; half of adults convicted of drug trafficking were sentenced to custody.

To understand drug related crime rates, it is important to understand who is and who isn’t in prison, and for which crimes. Experts divide drug crime into three categories:

1. **Systemic:** these black market crimes exist at the production and distribution end of the spectrum, that is, the often violent transactional activities of organized crime, drug lords and street gangs.
2. **Economic:** this is consumer/purchase related crime such as shoplifting, theft from autos and homes, etc. committed by addicts who are ostensibly compelled to steal in order to finance their habits. Vancouver, British Columbia, for instance, has among the highest property crime rates in North America because of a large resident drug user population.
3. **Psychopharmacological:** this is crime caused by the effects of drugs whose use releases inhibitions, impairs judgement and perception leading to unpredictable behaviour.

A study published by the Canadian Centre on Substance Abuse (CCSA) in 2002 looks at these categories as they pertain in Canada’s federal and provincial jails. According to this study, 59.1 percent of all crimes committed are by dependent users of both illicit drugs and alcohol, while a further 35.8 percent are committed by non-dependent users. This leaves a mere 5.1 percent of all crime being committed by non-users. The sample group used in the study further reported having committed a total of 30,036 crimes during the representative sample period. Of these, 78 percent were drug crimes involving trafficking and possession of illicit drugs while 22 percent were other types of crimes.

In another, Canada-wide sample, 59 percent of drug-dependent federal offenders said they committed (economic) crimes in order to finance their own use. Cocaine and heroin users were more likely to fall in this category than cannabis users. Fifty four percent reported they were under the influence of a psychoactive substance when they committed their most serious (psychopharmacological) crime, with most, 24 percent, under the influence of alcohol and 19 percent under the influence of drugs – mostly cocaine and cannabis. Another 14 percent were under the influence of both alcohol and drugs.

Comparing the CCSA study and the Statistics Canada report, it is valuable to note that while the Statistics Canada figures demonstrate how minor offenders are streamed out of the system, what emerges from the CCSA statistics is not merely a correlation between drugs and crime but a strong correlation between drug *use* (my emphasis) and serious crime. This raises an important question: if users who through increasingly easy access to illegal drugs are becoming criminal abusers how much easier would it be for such people to pursue this ‘lifestyle’ if drugs were legal? On this matter, CCSA research is illuminating. Consider the following excerpts from the study:

*“Longitudinal studies indicate that there is no definite causal nexus where substance abuse initiates a pattern of criminal behaviour. Criminal behaviour seems to precede drug abuse in about as many cases as drug abuse precedes criminal behaviour. However, the critical point is that drug abuse is at the very least associated with an increase in criminality of different kinds, and that periods of particularly high use coincide with the most intense criminal periods.*

And,

*“The causal status of (systemic or black market) crimes ... differs from that of the intoxication and economic compulsive crimes. There is not the same kind of inner compulsion involved. Many criminals participate in the illegal economy because it is lucrative, and they would commit other types of gainful crimes if the drug trade were not available to them ... It is doubtful that eliminating drugs would prevent those involved in this kind of criminality from crime, and to make them substitute illegal methods with legal ones.*

And ...

*“...the use of illicit drugs and alcohol turned out to be so closely linked in a proportion of crimes that trying to separate them would have been misleading. A partial estimate was therefore made for a combined category of illicit drugs and alcohol with a value between 10% and 20% (in addition to the proportion of crimes that are caused by illicit drugs only – 10-15%; and the proportion caused by alcohol alone 15-20%)*

Two conclusions may be drawn from these excerpts: first, a legal substance, alcohol, present in up to 40 percent of crimes, plays a bigger role in the commission of economic

and psychopharmacological drug crime than illicit drugs which are present in up to 35 percent of crimes. This suggests that like post-Prohibition alcohol, legalization of illicit drugs would, through greater availability, exacerbate the rates and severity of use and addiction and, therefore, related crime.

Secondly, those already inclined to criminal behaviour would not be deterred by legalized drugs. To the contrary, greater availability to users will “intensify” criminal episodes while traffickers and dealers, often users themselves, will adapt or find new venues and commodities for their criminal activity.

Even so, most analysts opposed to drug legalization concede that economic crime might decline if all drugs were legally available at no cost to the user, that is, free. Less expensive legal drugs certainly wouldn’t do the trick, however. Some addictive drugs are already inexpensive. But even if legal suppliers could undercut the black market, the law of lower prices encouraging higher use means addiction rates would soar and purchase related crimes would quickly follow. As Chuck Doucette, a former RCMP Officer involved in Drug Enforcement and Drug Awareness programs, observed in an email interview, even if drugs were free “this would not stop addicts from stealing to purchase the other things in life that are still not free. However, psycho-pharmacological crime would not go down just because the drug was legally obtained. In fact it might go up if more drugs were easier to obtain ... and these tend to be more violent crimes. So, when discussing possible policy changes, one has to decide if changing policy to lower economic crime is worth the chance of increasing psycho-pharmacological crime.”

As for systemic crime, the black market will always be available to pick up any slack not covered by legalized drugs. More than that, it would move aggressively to secure its share of the legalized markets but by illegal means. Legalization in Canada, even if accompanied by similar legislation in the U.S., would provide a green light to the ethnic and biker gangs who currently control drug trafficking, as well as the latino cartels now infiltrating North America. Taking advantage of newly relaxed laws and a pre-conditioned market, they would find their own place in what would prove a lucrative market for drugs and ancillary activities including, as the United Nations Office on Drug Control has repeatedly advised, increasing links to terrorism and not just in the poppy fields of Afghanistan.

Of course, much of this is speculation. But there is little in the drug legalizers’ agenda that suggests they are doing anything but speculating as well. Vancouver addiction specialist of some twenty years’ standing, Dr. Donald Hedges, was particularly to the point when, in an email exchange with me, he raised questions that drug legalization advocates consistently fail to answer.

Where will these drugs be sold, he asks. In stores, like liquor stores, near shopping districts? Do you want to have a “drug store” close to your house, with noisy, disinhibited, and intoxicated customers? Do you think that some of them might lack sufficient funds to buy even government issued drugs, and resort to theft from the nearest available source (your house)?

Would there be an age limit? Where will the “underage” get their drugs? Who’s responsible if someone overdoses?

Will these “drug stores” be able to keep up with the endless mutations of “designer drugs such as Foxy and Strawberry Meth so that customers aren’t driven to street sources when they want trendy new products?”

And so on. The one item missing from Hedges’ unflinchingly bleak picture was a proposal, heard anecdotally in Vancouver, about how children in this brave new world of legalized drugs could be taught ‘safe’ injection techniques through the school system.

## **VI. THE ASPIRATIONAL SOCIETY**

To be fair, most proponents of liberalized drug laws do not advocate full legalization of the production, distribution and use of drugs. Rather they envisage a society in which drug use is “decriminalized” – a quasi-judicial term close in concept to Prohibition’s approach on alcohol, namely that production and possession for personal consumption would not be criminalized, while all commercial production and distribution would remain illegal, particularly for cannabis.

Setting aside the irony created by drug legalizers invoking a Prohibition Era concept to advance their own agenda, the mental health issues now associated with cannabis use and its crime-creation potential render this approach the worst of all possible worlds. By expanding Canada’s already dominant user base of 11-25 year-olds, decriminalization means crime syndicates will flourish as they expand to meet the demands of this market. Their profits, in turn, will further finance the importation of the guns and other hard drugs that are fuelling Canada’s burgeoning inner-city, micro-narco states’ internecine gang warfare.

Moreover the concept of decriminalization fails any meaningful test of logic. After all, how does the “decriminalized” user acquire his drugs, if not by criminal means? “Immaculate” acquisition? Do we really believe 11 to 25 year olds will grow their own marijuana or buy it from the local mom and pop pot shop? During a recent TV Ontario interview, this was MP Keith Martin’s description of how his private member’s bill decriminalizing marijuana would work.

If drug legalizers and decriminalizers fail to produce credible business models for their enterprise, they are even less successful at assessing the social consequences and the type of society they are fostering. But then, behind the liberalization of drug laws is the libertarian notion, characterized by James Q. Wilson as “radical individualism”, that ignores the criteria necessary for a stable, orderly society. According to Dr. Colin Mangham – a Canadian specialist in drug prevention, the “(libertarian) ideology views drug use not only as inevitable, but simply as a lifestyle option, a pleasure to be pursued, even a human right ... (it believes) others should only be there to help reduce the consequences of your choice until, if or when you choose to choose differently.”

In any case, the British paper *The Phoney War on Drugs* confirms the most effective interventions to reduce drug-user related crime are therapeutic communities and drug courts while bigger, better deployed budgets for enforcement and prevention are required to reduce demand and supply. In other words, facilities where users are answerable for having broken laws while being given the help necessary to resume a productive role in society. Sweden's drug policies – whose vision is that of a drug free society and whose enforcement budget as a proportion of GDP exceeds that of the UK – are based on such measures rendering them the most successful in the world. These interventions also explain why the Netherlands is not only not moving to legalization of drugs, but is instead increasing emphasis on prohibition and sanctions. Even that newest decriminalizer nation, Portugal, streams its offenders into Commissions of Dissuasion of Drug Addiction, where an appropriate legal or treatment response is determined. Here in Canada and the U.S., drug courts are finding their way into major cities- a major step in the right direction.

As for the existence of full-blown narco-states and the international trafficking now creating a crisis of Chinese opium proportions, the answer today is the same as it was then, namely to create an equivalent Shanghai Opium Commission, an initiative in which Canada can and should assume the lead. The need for practical attention to the property rights (an area in which libertarians are well versed) of dislocated populations who are then co-opted by the Taliban and latino drug cartels in third world countries is now urgent. Similarly urgent is the requirement for attention to the rights of the child to an intact family so that he, too, will not succumb to the attractions of drugs and gang life. As slews of criminological and sociological data affirm, hand in hand with drug abuse, today's prison populations are too often the product of fatherless homes.

The answer then to drug related crime is neither legalization nor decriminalization of drugs. Instead, hard decisions are required. The aspirational society sets as its goal the cultivation of human excellence, physically and intellectually. Yet instead of pursuing these, we seem bent on indulging a fatalistic, patronizing, no-hope approach to the continued use of drugs first by ideologizing them, then by medicalizing them and now, by attempting to legalize them on the spurious assumption legalization will reduce crime. Such concepts are understandably seductive, but in a culture that believes everything should be controlled except human appetites, they are also treacherous. The twin pillars of public order and human dignity are finally and only sustained by the desire to do and be our best in accordance with the highest standards of conduct and character and when we slip, and with provision for illness, to be accountable.

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