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The Primary Prevention of Illicit Drug Problems: An Argument for Decriminalization and Legalization

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This paper presents a review of the failure of law enforcement approaches to drug control and presents a control model which includes the decriminalization and legalization of drugs.

KEY WORDS: Decriminalization of drugs; legalization of drugs.

INTRODUCTION

Public health activities have historically emphasized the primary prevention of disease. Programs such as mass vaccinations, municipal water treatment and fluoridation prevent disease and suffering while controlling the cost of tertiary medical treatment. Primary prevention approaches, however, have received minimal utilization in the "War on Drugs." The purpose of this paper is to propose a comprehensive approach to dealing with psychoactive drugs emphasizing primary prevention. First, pertinent historical and background information will be discussed. This information is critical for understanding our current problems and developing future preventive strategies. For, as will be discussed, current tertiary, legalistic approaches are based on false premises about individual behavior and societal dynamics. Next, the failure of recent "law enforcement" approaches will be reviewed. Finally, an alternative comprehensive model which includes decriminalization and legalization of drugs will be presented.

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History

Drug use is not new. Humans have been using plant-derived drugs for as long as we have recorded history—as far as we know, since Homo sapiens first appeared on this planet. A Neanderthal burial site in Iran, approximately 60,000 years old, contains flowers which are still recognized as folk medicines. By the time farming came into practice 10,000 years ago, all major human population groups were probably using drugs. Our earliest samples of recorded history contain references to the regulation and distribution of mead, beer, and wine (Rucker and Rucker, 1989). Ancient Egyptian mothers would feed colicky babies a mixture which included opium to help them sleep (Scott, 1969). The Chinese emperor Shen Nung (2737 BC) recommended cannabis for a number of ailments including gout and malaria (Snyder, 1970). In the Book of Genesis, the hallucinogenic mandrake root is mentioned in association with sexual activity (Genesis 30:14-16).

American history is also replete with the production and usage of psychoactive drugs. Tobacco was a major crop in early America used for both medicinal and recreational purposes (Heimann, 1960; Stewart, 1967). In the late 1800's cocaine was a common ingredient in medicines and cola drinks (Musto, 1989). Indeed, America's independence movement had connections to the sale of drugs. The "Boston Tea Party" with its attendant cry "No Taxation Without Representation" helped trigger the American revolution.

It is apparent that drug consumption is part of our history. An assortment of drugs have been consumed for a variety of reasons (i.e. recreational, therapeutic, and religious) over thousands of years. These drugs have been used with no or minimal ill effects and abused with tragic human consequences.

Motivation for Drug Consumption

What has motivated so many humans (and other animals too) throughout history to chemically alter their consciousness? It may be useful to look at individual as well as societal factors. Ray and Ksir (1990) argue that people consume drugs to reduce pain or increase pleasure. Recent advances in biology also indicate a person's own physiological makeup may contribute to drug use. Some individuals appear to possess a genetic predisposition to a higher tolerance of alcohol and thus may be at greater risk to problematic usage (Siegal, 1989). Goodwin (1990), administrator of the Alcohol, Drug Abuse and Mental Health Administration, estimates one

third to one half of those addicted to a drug may have genetic susceptibilities to it. Weil (1972) argues humans may have a biological need to alter consciousness.

Many individuals take drugs to pursue happiness. The large number of known psychoactive drugs, over 1500 substances (Usdin and Efron, 1972), produce a broad array of pleasurable central nervous system (CNS) experiences. When many of these drugs are consumed in a responsible manner, these pleasurable experiences pose little risk to the user or other members of society.

At the societal level, history is filled with factors that would contribute to drug consumption. Until the 20th century, most humans did not live beyond the age of forty years. The majority lived in poverty, ravaged by sporadic food supplies, the weather, and infectious diseases. From the political standpoint, power and ruling were more a family tradition (i.e., kings, queens, etc.) with individual freedom and civil liberties being the exception rather than the rule. Weaving through this life-style were countless wars and armed conflicts. It is the fortunate generation in history that has avoided participation in warfare. Put simply, humans have had a lot of "pain" to deal with. Even today many of our worst drug problems can be tied to social factors. Abuse of cocaine and crack takes its heaviest toll among poor, inner-city minority populations (Clifford, 1988); poverty, discrimination, illiteracy, unemployment, illness, hopelessness, and social isolation directly foster this abuse.

America's current standard of living and level of societal development may also contribute to drug use. Most Americans are working, middle or upper class, with money and time for recreation and leisure activity. For individuals who must function in a "rational" manner most of the time, occasional temporary loss of rationality via drug consumption is one option to experience pleasure. An assortment of drugs, both legal and illegal, are readily available for this purpose.

Use Versus Abuse

Most, if not all, Americans consume psychoactive drugs (Duncan and Gold, 1981). Legal products such as alcohol, tobacco, coffee, tea, chocolate, and certain prescription psychoactive drugs are widely consumed. Less widely used are the predominantly illegal drugs such as heroin, cocaine, and marijuana. All of these drugs, legal and illegal alike, have potent CNS effects and if abused, can produce deleterious effects upon the human body. The legal status of these drugs (licit or illicit) thus is not based on their pharmacological effects nor on their potential for harm. For example,

in the United States in 1988 the illegal drug cocaine was directly responsible of about 1600 deaths while the legal drug tobacco killed 390,000 people.

Drug consumption can be categorized into the areas of drug use and drug abuse. Drug use is taking a drug in such a manner that sought for effects are attained with minimal hazard (Irwin, 1973). If John Doe (an adult) consumes a glass of wine with his Sunday dinner, this is an example of drug use. During the 19th century, Pope Leo XIII praised the "use" of vin Mariani (i.e. a red wine laced with cocaine) as a boon to humanity because it made fasting easier on holy days and as penances (Duncan and Gold, 1982). Drug abuse is taking a drug to such an extent that it greatly increases the danger or impairs the ability of the individual to adequately function or cope with their circumstances (Irwin, 1973). If John Doe drinks a gallon of wine at every dinner, this would be drug abuse.

By definition, the negative health consequences of drug consumption are the result of the abuse of these substances. Except for toxic/allergic reactions and situational misuses (i.e. sharing needles; drinking while driving; smoking during pregnancy, etc.) mild to moderate use (i.e. occasional use) of drugs does not pose significant health risks. Even smoking tobacco cigarettes, the number one cause of premature death and disability in the United States, would pose minimal health risks if people smoked only a few each day. The problem is that most smokers can't stop at 3 or 4 a day and smoke more dangerous amounts. This relation between drug abuse (not use) and negative health consequences is often ignored. For example, mild to moderate alcohol consumption (often defined as less than 14 to 21 drinks per week) does not lead to cirrhosis of the liver. It takes the equivalent of a pint of distilled liquor a day for ten years (Ray and Ksir, 1990).

A very important but little noted fact about drug consumption in America is that 80-90% of it is use not abuse. The major exceptions are tobacco consumers, 90% of whom are abusers. The next highest "potential for abuse" comes with cocaine (and its freebase crack) which has an abuse rate of somewhere between 10 and 25 percent. Virtually all other drugs are used by 90% of the people who consume them and abused by the remaining 10%.

Therefore, experimentation and use are much more common than abuse. This is also true of drug consumption by American youth. Of the millions of American high school students who experiment with or use drugs, the majority exercise restraints and/or obey social controls in their drug taking behavior. And, most importantly, the majority will go on to adulthood without a drug abuse problem (The Drug Abuse Council, 1980).

Trends

When reviewing the constant barrage of drug consumption statistics, care must be taken in drawing hasty conclusions. Much attention is given to yearly changes in drug consumption rates. However, as we've already discussed, people have been consuming drugs for thousands of years and a certain level of variability is natural. Prices, available income, and popularity of specific drugs fluctuate over time. Also, there are regional variations in drug consumption patterns. Crack, the more smokable freebase of cocaine, may be popular in Washington, D.C. while marijuana and alcohol appear to be more popular in rural Kentucky. Marijuana may have been a "hippie drug" of the Sixties, but cocaine was the "preppy drug" of the Eighties. Given these realities, two approaches can better serve our attempts to estimate drug consumption. First, focus on trends over several years or decades. For example, according to the National Institute on Drug Abuse, the use of illicit drugs by the middle class has been gradually dropping over the last ten years. Secondly, we should consider usage of the whole spectrum of available drugs, both legal and illegal, in lieu of focusing attention on one or two specific drugs. This broadened perspective will enhance understanding of our drug consumption and thus increase the probability of effectively managing it.

Inconsistencies

Few areas in contemporary American life are filled with more inconsistencies than our relation to drugs. These inconsistencies fall in the areas of law, governmental policy, education, and personal attitudes.

Why is it legal for an adult to drink beer, but illegal for that same adult to smoke marijuana? Why is an alcoholic someone with a disease and a heroin addict a criminal? As mentioned earlier, the legal status of a drug is not related to its potential to cause individual harm. Were this to be true, tobacco, a major killer, would be illegal, while marijuana, which does not appear to have killed anybody, would be legal. The current legal status of drugs is more the result of enculturation. That is, how long a drug has been available, who brought it in and uses it, and how does its consumption/distribution fit into society. The legal drugs, alcohol, tobacco, caffeine, etc. have been around America long enough and in large enough quantities to become part of our economic system with powerful vested interests. Also, a substantial portion of Americans consume these drugs giving them quid pro quo legitimacy. Such has not been the history of the current illicit drugs. They have been introduced primarily by non-main-

stream groups and never blended into mainstream American society as a whole.

Helmer and Vietorisz (1974), and Duncan and Rheinboldt (1980) argue that drugs commonly used by minority groups are outlawed when that minority group becomes competition against the majority group for jobs. For example, marijuana to control Mexican immigration in the 1930's, LSD against the young especially college students, opium/heroin to legitimize harassment of Chinese-Americans, and cocaine as a tool against Blacks. Ray and Ksir (1990) note that the temperance movements of the late 1800's and early 1900's were partially the result of rural, middle class, Protestant, evangelical concern that the good American life was threatened by ethnic groups with a different religion (i.e., Catholicism) and a lower standard of living and morality. The legal status of drugs today is certainly not the result of carefully thought out rational policies.

Current governmental policies on drugs are also blatantly incongruous. Why do we coerce Colombian farmers not to grow coca plants but encourage Americans to produce tobacco? More Colombians die from smoking American tobacco than do Americans from Colombian cocaine. When foreigners export marijuana, heroin, or cocaine to the US they are "evil" dealers. When Americans export alcohol and tobacco products we are "legitimate" businessmen. At the state level Kentucky is an example of incongruity. Produce or use marijuana and you're a criminal. Produce or use tobacco or bourbon and you're a patriot!

Anti-drug messages targeted toward the general population, and the young in particular, are similarly inconsistent. Politicians who rant about the evils of drugs on their way to cocktail parties or who receive honoraria for speaking to the tobacco lobby are not credible. Similarly, recent media and educational approaches utilizing scare tactics lose credibility due to inaccuracies children see. One commercial says "This is your brain" (an egg) and then proceeds to fry the egg in a pan: "This is your brain on drugs." First, this is a poor analogy. The *use* of drugs is not harmful, and many of the harmful effects of drug *abuse* are not to the brain (i.e., heroin produces no brain damage). Young Billy also knows his best friend Steve has been snorting cocaine occasionally all year. If Steve's brain is being fried why does he have a B+ average in school? And all the kids in the neighborhood laugh at the smell of pot coming out of Mr. Jones' bedroom window. But they can't figure out how Mr. Jones manages his own business, owns a luxurious house, and drives a BMW with a brain that's so fried.

The final inconsistency to be discussed here, and possibly the most dangerous, relates to many (most?) Americans' attitudes toward legal and illegal drugs. An artificial dichotomy appears to exist. Legal means OK and safe. Illegal means not OK and dangerous. It should be apparent from the

aforementioned paragraphs that this belief is incorrect and potentially harmful. The classic parental comment of the 1960's and 1970's, "Thank God Johnny is only drinking - he's not doing drugs," typifies these dangers. Of course, Mom's valium dependency for 10 years was okay - she had a doctor's prescription. While dad's two-pack a day cigarette habit doesn't make him a *drug* addict. People need to realize that the potential for harm or good from drug consumption derives not from laws or societal perceptions but rather from who is using what drug(s) in which setting and at what dose. We must learn to view all psychoactive drugs as part of one group of substances, which can be potentially used or abused.

Many Americans' attitudes relate to which altered states of consciousness (and hence which drugs) are acceptable. Dr. Bush, Ms. Bennett and Mr. Bork are at a party. Dr. Bush is on his third martini as he tells Mr. Bork some off-color jokes. Mr. Bork laughs, thinking to himself, "Boy, when Mr. Bush sobers up he may regret saying these things." Some time later Ms. Bennett is talking to Mr Bork, she snorts two lines of cocaine in front of him, and proceeds to tell his some more off-color jokes. Mr. Bork reacts seriously - saying he doesn't find such jokes funny and thinks to himself she's a criminal and a drug addict! Both Dr. Bush and Ms. Bennett are on drugs which produced similar behavioral effects in this situation. People's biases color their perceptions and reactions and it is hypocritical to accept one while condemning the other. How much difference is there in a person having a glass of wine after a day's work or a pipe of marijuana? There are really only two. First, is the effects produced by the differing nature of the two drugs. The second difference is based on people's attitudes and prejudices.

These basic realities offer some insight into why current tertiary, legalistic approaches toward drug consumption are largely ineffective. They ignore the complex web of personal and social factors that have motivated humans throughout history to consume drugs. The very real differences in levels and consequences of drug use versus drug abuse are ignored. While inconsistent attitudes, laws, programs and policies perpetuate confusion and contradiction.

AMERICA'S FAILED DRUG POLICIES

It is apparent that current drug laws, policies, and attitudes are maladaptive and ineffective. Significant negative drug-related consequences are felt in the areas of health, social issues, family relations, legal systems, and economic productivity (American Public Health Association, 1989). Tens of millions of Americans are addicted to alcohol and tobacco. The costs

of these abuses are staggering. Illicit drugs are widely available despite over a decade of intense law enforcement efforts to limit their availability. Forty million Americans have tried illicit drugs. Approximately 10-15% of regular users of these drugs are "dependent" on them in some fashion and suffer substantial negative consequences. Cocaine is now the most profitable article of trade in the world and a $100 billion a year business in the U.S. alone (*The Economist*, 1989).

A remarkably broad spectrum of both liberal and conservative public figures now advocate some form of drug decriminalization or legalization (Schultze, 1990; Buckley, 1989; Friedman, 1989; Sagan, 1990; Trudeau, 1990). It is a tenet of this essay that decriminalization measures should be concomitant with other societal changes that address all drugs in a holistic manner. But for the moment, let us focus on our illicit drug policies and problems.

Current criminal justice approaches to illicit drugs are largely ineffective and often counterproductive. It is becoming increasingly apparent that many of our drug problems are the result of our drug policies rather than drug consumption itself. Specifically, drug-related crime with its attendant social and economic costs, political and police corruption, contamination of the banking industry, widespread disrespect for the police, infringement on civil liberties, loss of tax revenues, and the transmission of AIDS. These problems are the direct result of how we deal with drug consumption (legalistically), not the drug consumption per se. For an excellent, detailed explanation on the limits of current prohibitive policies and the costs and consequences of these policies, the reader is referred to Nadelmann (1989). Basically, America has taken an issue of personal choice (and sometimes personal health) and tried to manage it via legal prohibition.

In a free society such as the United States, prohibition is a fundamentally flawed approached. Scientists debate the relative success or failure of alcohol prohibition in the 1920's. It is apparent, however, that alcohol use may have been discouraged for some people but its consumption was never close to being eliminated, changes in use/abuse levels were moderate rather than severe, and consumption itself remained pervasive in society (Emerson, 1932; Burnham, 1968; Jolliffe, 1936; Duncan and Gold, 1983; Gusfield, 1976). It is also apparent that Prohibition significantly nurtured the development of organized crime, created widespread disrespect for the law, made millions of otherwise law abiding citizens criminals purely because of alcohol consumption, and substantially reduced tax revenues.

Marshall and Marshall (1990) and Lemert (1967) state that alcohol prohibition has been tried in numerous societies (i.e., United States, Finland, and Norway) but that it always fails to prevent some people from

drinking. Marshall and Marshall (1990) argue the word prohibition is a misnomer because prohibition laws never actually eliminate alcoholic beverages from a society and never stop people who wish to drink from doing so for more than a brief period of time. They conclude from their study of prohibition in Truk (i.e., a less developed island society in Micronesia) that prohibition had an overall net positive effect there. However, they go on to caution that this success hinged on six societal attributes: 1) widespread popular prohibition support, 2) self-contained, isolated society, 3) symbolic community support as statement about the community itself, 4) emphasis on external social control rather than internal (i.e. personal) behavior control, 5) small scale, culturally homogeneous society, and 6) circumstances of rapid social change. Howard (1979) argues prohibition can be a positive strategy in societies that rely mainly on external and social controls rather than internal, personal systems of control. The United States, an individualistic, global, pluralistic, more developed country obviously does not meet these requisites for a successful prohibition.

Lemert (1967) argues alcohol prohibition has reportedly failed throughout history because of: 1) too high a cost, 2) the instability of political power bases that support it, 3) growth of pockets of societal resistance, and 4) inherent limitations of power and societal control. These forces are today directly contributing to the failure of current drug laws (i.e., prohibitions). Lemert (1967) also notes that alcohol prohibition: 1) increases the scarcity of alcohol encouraging bootlegging and smuggling which undermines respect for the law; 2) eliminates the positive values from moderate consumption; 3) hurts the economic interests of those involved in its production and distribution; and 4) is very difficult to enforce because it attempts to regulate a more personal aspect of human behavior. Each of these are applicable to current day prohibition of illicit drugs. For example, elimination of third world production of coca, poppies, etc. would seriously hurt their farmers and economies. Would American farmers and businessmen be willing to give up alcohol and tobacco production?

Americans must come to admit that most of its adult citizens use some type of psychoactive drug and accept the inevitable availability of the currently illicit ones. It is impossible for a diverse society such as America with its strong passion for individual freedom and privacy to legally prohibit drug consumption. There are simply not enough police to monitor and prisons to hold all the citizens who consume drugs. Possibly forty million Americans have tried an illegal drug at least once in their life. Is it feasible to put all of these people in jail? Considering that the majority of these people are otherwise law abiding, tax paying, functional citizens would we really want to put them in jail? In actuality, even putting all of these people

in jail wouldn't solve our drug problem. Drugs are used and sold in American prisons, too!

AT OUTLINE FOR A RATIONAL DRUG POLICY

The following policy suggestions are all rooted in the premise of primary prevention. That is, the end-stage result of implementing these policies will be the *prevention* of drug abuse and its costliest sequela. Critical to these policies are the gradual decriminalization and legalization of currently illicit drugs. Law enforcement approaches are by definition not preventative. They are implemented *after* a possibly abusive individual has been identified. Current jail sentences are not even tertiary prevention since incarceration without treatment is the norm. Ironically, criminal punishment of drug users actually causes new problems (i.e., exposure to a criminal environment in prison, loss of employment, familial disruption, possessing a criminal record, etc.).

America's drug problems did not appear overnight nor will they disappear overnight. They are rooted in fundamental aspects of individual behavior, societal dynamics, and historical phenomena. Their consumption strikes at the very heart of how we relate to ourselves and other people. The suggestions put forth here will provide a framework for us to work within as we deal with drugs in our society.

Americans must learn to live with the inevitable availability of psychoactive drugs. No human society, as far as is known, has even been able to eliminate their use. This acceptance, however, should be the result of reason and tolerance not defeatism. For the society that faces their drug consumption issues honestly holds the best chance of mitigating the negative consequences of drug abuse. American citizens and policymakers must "learn" to change their attitudes on drug consumption. Drug usage must be seen as an individual behavior option available to citizens living in a free society. Currently, about 90% of citizens who choose this option do so responsibly (excluding tobacco smokers). Thus while drug use is pervasive in society, drug abuse is much less common. Concerns for the maintenance and promotion of the public's health and liberty should be paramount.

In the legislative arena, we should initially decriminalize the possession of small amounts of all psychoactive drugs used for personal consumption. Decriminalization of marijuana by some states has demonstrated that this change in law does not lead to increased abuse. This in itself would significantly help to unclog our currently overburdened judicial system. It would also eliminate the perverse situation where the penalty for using a

drug (i.e., being treated as a criminal) is worse than the negative effects from using the drug itself. Laws should also be promoted that distinguish responsible from irresponsible use (i.e., laws should be based on how a drug is used not on its physiological properties or upon which social class uses them). Current laws pertaining to alcohol and tobacco are good examples. For example, an adult has the right to consume alcohol but that right ends when they put others in society at risk by such behavior as by driving. After a brief period of time (several years?) drugs should be legalized. However, their production, sale, and distribution should be strongly regulated and controlled. For example, substantial taxes should be applied to discourage heavy use or abuse. Distribution or sale of these drugs to minors should carry stiff criminal penalties. The Food and Drug Administration should accept responsibility for ensuring the purity of these substances. For a detailed list of specific issues which would need to be addressed see Inciardi and McBride (1989). Excellent model laws on legalization are currently available (Lord, 1989; Galiber, 1989; Evans, 1989).

Concomitant with these legislative changes substantial initiatives must be taken in federal and state drug policies/programs and drug education/treatment. Initially, a national public drug education program needs to be implemented. Most Americans are woefully deficient in knowledge about drugs (i.e., such as the difference between use versus abuse). While too many Americans have unrealistic expectations about what drug programs and laws can accomplish (The Drug Abuse Council, 1980). An "informed" public is essential for program support and the prevention of abuse.

Drug treatment programs must be fully funded. Millions of addicted individuals and their families are suffering the miseries of abuse and would seek treatment if it was available and affordable. Children of drug abusers are at increased risk for abuse themselves. Thus, when we fail to provide treatment for addicts we are increasing the number of potential abusers in future generations (i.e., and thus missing an opportunity for primary prevention). Basic research on improving the efficacy of treatment approaches must be supported. Given the low success rate of current programs (Hester and Miller, 1989) creative, alternative models should be encouraged. Such as controlled usage and the prescription of heroin itself for heroin addicts. In addition, basic research on the biological, psychological, and sociological causes of drug abuse must be increased. For example, early detection of genetically susceptible individuals offers tremendous primary prevention opportunities. Current programs that monitor American's drug consumption should be maintained to measure any changes in usage patterns.

At the international level, current interdiction programs should be eliminated. Americans must resist the temptation to blame our drug prob-

lems on other countries. Besides being hypocritical, considering our alcohol/tobacco exportation, it omits the fact that the cause of illicit drug importation is American demand for drugs (The Drug Abuse Council, 1980).

School-based drug education programs will need substantial revision. Ideally, this education should be a part of a mental health education program which itself is part of a comprehensive school health education program. Such education will not be easy to do. Simplistic approaches like "Just Say No" may be effective with very young children, but 5 or 6 year olds are not at high risk for drug abuse. While later in life "Just Say No" education just doesn't work. Learning about drugs should not be limited to the health curriculum. For example, drugs have had sufficient impact on human history to be included in history texts such as learning about the Opium Wars between Great Britain and China. Programs need to be established that actually reach the minority of kids at higher risk for developing drug abuse behavior. "Just Say No" campaigns and school anti-drug rallies are quite popular with non-drug using students or those kids with a low potential for abuse. However, these are the children least in need of such efforts. We need to reach the kids that really are at risk for drug abuse. These include, but are not limited to, children who are not doing well in school, those with low self esteem, and those with drug abusing parents. Ideally, each school should possess enough guidance counselors to counsel or refer for counseling all children who need support.

All of the aforementioned suggestions must be couched into a broader network of social action. Poverty, discrimination, illiteracy, unemployment, etc. breed drug abuse. People with the hope of a productive life are less likely to escape reality via drug dependence. A drastic reduction in these social causes of drug abuse are necessary primary prevention approaches.

Lastly, approximately $10 billion a year would be saved via the elimination of current drug enforcement costs. Billions more could be added to governmental coffers via heavy usage taxes on drug purchases. These savings and new revenues could fund the aforementioned programs. Thus in the short run, this comprehensive drug abuse strategy need not add any financial burden to already stressed government budgets. Currently, over $200 billion a year in extra financial costs can be attributed to drug consumption. Americans spent approximately $140 billion in 1988 on purchasing illegal drugs alone. Direct costs are related but not limited to drug treatment and support, motor vehicle crashes, crime, health care, and social welfare programs. Indirect costs result from premature mortality, reduced productivity, lost employment, crime victim costs, criminal careers, incarceration, and time loss from work. In 1977, the direct and indirect costs to industry, alone, were estimated to be $42 billion (Cruze, Harwood, Kris-

tiansen, Collins, and Jones, 1981). Thus in the long run, a dramatic reduction in drug abuse would undoubtably *save* money.

Legalization critics argue that given our major drug problems America can ill afford to make drugs legally available. If we are to prevent future drug abuse, this author argues we can ill afford to not try legalization. In America today current law enforcement approaches fail to prevent drug abuse while actually creating additional social problems and costs. As a society, we must honestly evaluate the realities of our drug consumption and possess the courage to take the necessary steps that this understanding implies.

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