10. Social Policy and Adolescent Drug Consumption: The Legalization Option

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INTRODUCTION

Progress toward the amelioration of adolescent drug problems will require a rational, comprehensive U.S. drug policy. Strategies should have a sound scientific base and emphasize primary prevention. Wherever possible, the goal of our activities should be the prevention of drug abuse rather than the criminalization of behavior. Because much of the abusive drug behavior in adults begins in adolescence the additional benefits of such a policy should be an overall reduction in drug abuse within the United States.

The development of drug policy during the 20th century has been a gradual progression toward stronger criminalization efforts. Prior to this time, most commerce in and use of psychoactive substances were uncontrolled by the federal government. In 1906, Congress passed the Pure Food and Drug Act to prohibit the interstate commerce of adulterated or misbranded foods and drugs. A plethora of later laws—including the Harrison Act of 1914, the Jones-Miller Act of 1922, the 1937 Marijuana Tax Act, the 1951 Boggs Amendment to the Harrison Act, the 1956 Narcotic Drug Control Act, the Comprehensive Drug Abuse Prevention and Control Act of 1970, and the 1988 Omnibus Drug Act—focused increasingly harsher and more restrictive controls on psychoactive drugs (Ray & Ksir, 1990). Since 1980, during the War on Drugs an estimated $35 billion were spent combating illegal drugs, with more than 70% of this money being spent on interdiction and law enforcement efforts. This has contributed to more than one million people being incarcerated; twice the prison population in 1980. The majority of this increase is due to nonviolent drug offenders (American Public Health Association [APHA], 1992). Antidrug laws are based on three key assumptions: (a) the consumption of recreational, psychoactive drugs (excluding alcohol

and tobacco) is always harmful to the individual, (b) society suffers an inordinate burden from the use of these substances, and (c) laws and law enforcement programs can effectively eliminate their production, distribution, and consumption. The validity of these notions has been *assumed* or based on emotions and unsubstantiated opinions but never actually verified by historical reality or research.

The majority of Americans have accepted these approaches as commonsense ideas. Surely if drugs are illegal, law abiding citizens will avoid them—and those people who break the law will be arrested and removed from society. Thus fear of both the often alluded to hazards of drug consumption and the threat of going to jail is expected to protect society. As we shall discuss later, these results have not come to pass. More Americans use and abuse drugs than ever before; many individuals from government, law enforcement, and the health professions are becoming keenly aware of the invalidity of the aforementioned assumptions and expectations about drugs, laws, and individual behavior.

As we approach the 21st century it is apparent that drug consumption has occurred throughout the history of humankind. An assortment of drugs have been consumed for recreational, therapeutic, and religious reasons. In America today most, if not all, Americans consume psychoactive drugs (Duncan & Gold, 1982). Legal products such as alcohol, tobacco, coffee, tea, chocolate, and certain prescription drugs are widely consumed. Less widely used are the predominantly illegal drugs such as heroin, cocaine, and marijuana. These drugs have been *used* with no or minimal ill effects and *abused* with tragic human consequences. It also is apparent that myriad factors contribute to psychoactive drug consumption. As Schlaadt and Shannon (1990) state:

> The reasons individuals use psychoactive substances vary as much as the individuals themselves: to find sexual fulfillment, to seek spiritual enlightenment, to have fun, to produce mood fluctuations, to enhance athletic performance, to reduce inhibitions in bar settings, to fight boredom, to satisfy curiosity, to be "in" opposed to "left out." (p. 16)

Ray and Ksir (1990) state that people consume drugs either to reduce the pain or increase the pleasure in their lives. Recent research has begun to illuminate basic biological and genetic factors that relate

to consuming drugs (Cloninger, Bohman, & Sigvardsson, 1981; Collins & deFiebre, 1990; Goodwin, 1971; Huber & Omenn, 1981). Human drug consumption is thus of multifactorial origin. Any attempt to mitigate drug abuse, such as eliminating or controlling adolescent drug consumption, must take into consideration these factors.

It is important to remember that not all drug consumption is harmful. Most psychoactive drugs are used with no or minimal health consequences by 90% of the people who consume them, whereas 10% of consumers are abusers. The major exceptions to this are tobacco consumers, 90% of whom are abusers. *Drug use* is defined as taking a drug in such a manner that the sought for effects are attained with minimal hazard. *Drug misuse* occurs when a drug is taken or administered under circumstances and at doses that significantly increase the hazard to the individual or to others. *Drug abuse* is defined as taking a drug to such an extent that it greatly increases the danger or impairs the ability of an individual to function or cope with his or her circumstances adequately (Irwin, 1973).

It must also be remembered that the legal status of drugs (i.e., licit or illicit) is not based on their potential for abuse. For example, in the United States in 1988 the illegal drug cocaine was directly responsible for about 1,600 deaths, whereas the legal drug tobacco killed 390,000 people (U.S. Department of Health and Human Services, 1989).

With regard to adolescents, I take the view that most consumption of tobacco, alcohol, or illegal drugs is misuse, but more practically it is transient experimentation. Most drug consumption should fall into the category of "adult behavior" (e.g., voting, marriage, military service, etc.). As will be discussed later, however, eliminating adolescent drug use/misuse may not be feasible given the very real motivations behind human, including adolescent, drug consumption. It may also not be necessary from the public health standpoint of disease prevention and health promotion. Of the millions of U.S. high school students who experiment with or use drugs, the majority exercise restraints and/or obey social controls in their drug-taking behavior. Most importantly, the majority will go on to adulthood without a drug-abuse problem (The Drug Abuse Council, 1980). In fact, the overwhelming majority of all U.S. adolescents grow into adulthood without a drug problem. The question is, then, how can we affect the minority of adolescents who do develop a drug problem?

Unfortunately, programs and policies of recent decades have not significantly impacted on adolescents who have developed drug

problems. Usage rates fluctuate over time, and the popularity of specific drugs varies, but drug use and abuse continues to occur. It can be argued that U.S. drug laws, policies, and attitudes have been ineffective in preventing this abuse and have also been maladaptive. Illicit drugs are widely available despite decades of intense law enforcement efforts to limit their availability. Approximately 10% of regular users of these drugs are dependent on them in some fashion and suffer substantial negative consequences. More than 50 million Americans are addicted to alcohol and/or tobacco. The costs of these abuses are staggering. Cocaine is now the most profitable article of trade in the world and a $100 billion a year business in the United States alone ("It Doesn't Have," 1989). Significant negative drug-related consequences are also felt in the areas of health, family relations, legal systems, and economic productivity (APHA, 1989).

Attempts to eliminate drug consumption through legal approaches have obviously failed. In a free society such as the United States, prohibition is a fundamentally flawed approach. For example, during alcohol prohibition alcohol use was discouraged for only some people, changes in use/abuse levels were modest, and consumption remained pervasive in society (Burnham, 1968; Duncan & Gold, 1982; Emerson, 1932; Gusfield, 1976). Lemert (1967) and Marshall and Marshall (1990) note that alcohol prohibition has been tried in Finland, Norway, and the United States, but that it always fails to prevent some people from drinking. Lemert (1967) argues that alcohol prohibition failed historically (a) because it costs too much, (b) because of the instability of power bases that support it, (c) because pockets of societal resistance grow, and (d) because of the inherent limitations of power and societal control. In other words, it is impossible for a diverse society such as the United States, with its strong passion for individual freedom and privacy, to prohibit drug consumption legally. There are simply not enough police to monitor and prisons to hold all of the people who consume drugs. Considering that the majority of these users are otherwise law-abiding, tax paying, functional citizens, do we really want to put them in jail? We already have the world's highest rate of incarceration: 1 out of 25 American males is currently in jail or on probation (Smart, 1992).

It is also becoming apparent that many of our drug problems are the result of our drug policies rather than drug consumption itself (Table 10.1). These problems are the direct result of our legalistic

TABLE 10.1 Societal Effects of Drug Control Activities

Crime, violence, and loss of life
Corruption
Disruption to economic development and increase in national debt
Emergence of black/counterfeit markets
Disruption of agricultural development
Damage to ecosystems
Increase in health problems
Loss or repression of cultural traditions
Militarization and attacks on civilians
Straining of international relations
Loss of civil liberties and personal rights
Conflicts between races, classes, and nationalities (countries)
Infringement of sovereignty and territoriality
Disruption and destabilization of social, political, and judicial institutions

SOURCE: From "Societal Consequences of International Illicit Drug Trafficking and Supply-Reduction Efforts" by M. Montagne, in *Strategies for Change: New Directions for Drug Policy*, Drug Policy Foundation Press, Washington, DC, 1992. Used with permission.

approach to drugs, not of the drug consumption per se. Such was also the case with alcohol prohibition, which nurtured the development of organized crime, created widespread disrespect for the law, reduced tax revenue, made millions of otherwise law-abiding citizens criminals, eliminated the positive aspects of moderate consumption, and hurt the economic interests of those who had been involved in the production and distribution of alcohol (Lemert, 1967).

Supply reduction approaches have been at the heart of present and past efforts. The main thrust of these has been deterrence, defined and implemented via legislation with the intent of disruption of distribution networks. At best, however, the U.S. government estimates that enforcement agencies intercept only 15% of illicit drugs that enter this country. The decline in marijuana production in South America in recent years has been concomitant with increased production of marijuana in the United States and of coca in South America (Montagne, 1992). As Montagne (1992) notes, "It appears that all phases of illicit drug trafficking have expanded greatly since the early 1980s . . . and this illicit industry shows no signs of diminishing" (p. 339). We have thus relied on an approach that encourages the production of illicit drugs. In discussing government drug activities, Smart (1992) argues:

> The effect of all these activities on the prices of illegal drugs is the same as for agricultural commodities. . . . The effect upon the bottom line (profit) of drug traffickers within the United States is spectacular. Indeed, there is no entrepreneurial activity in the capitalist world which our society rewards with comparable generosity. The war on drugs therefore functions, in practical fact, as a price support program for the enrichment of drug industrialists. (p. 4)

Smart (1992) also notes that years of market activity have demonstrated that drug demand is inelastic to price, and the quantity of a commodity that suppliers put on a market varies concomitantly with price. Thus, increased prices have not reduced the use or demand for illegal drugs. High prices have, however, meant huge profits for the illegal drug industry. Smart (1992) succinctly states, "The essential fact that explains the failure of the war on drugs . . . is that the economic function of the war on drugs is to stimulate and energize production at all levels of the illicit drug industry" (p. 3). Given these realities, future policy must change in substantial ways. The very real motivations behind human drug consumption and free marketplace economics must be fully considered. Consideration must be given to both decriminalization and legalization options.

ADOLESCENT DRUG CONSUMPTION

Any national drug policy must consider levels of consumption. As noted earlier, millions of American youth have experimented with alcohol or some other psychoactive drug—evidence indicates that young Americans use more drugs than adolescents in all of the more developed countries in the world (National Institute on Drug Abuse [NIDA], 1987). Table 10.2 presents data from a survey of 15,000 high school seniors in the United States in 1991. Note that the percentages of students who "ever used," "used in the last 30 days," and "used daily for last 30 days" for certain drugs are reported. "Ever used" is an attempt to measure any exposure to or experimentation with a drug. "Used in the last 30 days" is an attempt to pick up ongoing consumption. "Used daily for last 30 days" is an attempt to pick up abusive behavior. It is obvious from Table 10.2 that the most commonly consumed drugs by adolescents are alcohol and

TABLE 10.2 Percentage of High School Seniors (Class of 1991) Reporting Use of Seven Types of Drugs

Drug	*Ever Used*	*Used in Last 30 Days*	*Used Daily for Last 30 Days*
Alcohol	88	54	3.6
Cigarettes	63	28	18.5
Marijuana/hashish	37	14	2.0
Inhalants	18	2	0.2
Stimulants	15	3	0.2
Hallucinogens	10	2	0.1
Cocaine (all)	8	1	0.1
"Crack"	3	1	0.1

SOURCE: From "Summary of 1991 Drug Study Results" by L. Johnston, J. Bachman, & P. O'Malley. Press release from Institute for Social Research, University of Michigan, 1992.

tobacco, both of which are "legal" drugs, at least for adults. Almost 90% of seniors have tried alcohol and 63% have tried cigarettes. No illicit drug even comes close to these drugs in frequency of use. Marijuana, the most widely used illicit drug, had been tried by 37% of seniors, but only 14% had used it in the past 30 days. For the remaining illicit drugs, consumption was much less frequent. For all the media attention applied to it, crack (i.e., a smokable form of cocaine) was tried by only 3% of these students. These data indicate that ongoing illicit drug consumption is *not* the norm for high school seniors.

Another notable pattern emerges from these data. There are dramatic reductions in the percentage of usage as you move from ever used to used in the past 30 days to daily use. For example, though 88% had tried alcohol, 54% had used it in the past month, and only 3.6% had drunk it daily. For the illicit drugs, excluding marijuana, 3% or less had used any category of these in the past 30 days; and daily use of these drugs was much less common. Daily use of hallucinogens and cocaine, for example, was one tenth of one percent, and it was two tenths of one percent for inhalants and stimulants. As the Drug Abuse Council (1980) has noted, "A failure to distinguish between the misuse and the use of drugs creates the impression that all use is misuse or 'drug abuse' . . . the number of young Americans who are in serious personal difficulties because of the misuse of drugs

is relatively small" (pp. 5-6). As young people grow into late adolescence and early adulthood (i.e., 18 to 25 years) monthly consumption of these drugs increases a small amount (NIDA, 1991). As individuals continue to age and progress through adulthood, consumption of drugs continually declines. These realities of drug consumption should be reassuring. Although experimentation among adolescents is relatively common, abuse is rare. Most youth will experiment briefly, if at all, then stop. Those who continue to use will do so "occasionally" and most will not suffer negative consequences.

Some risk taking is generally considered normal for adolescents: a developmental behavior individuals go through prior to the onset of adulthood. If drug use is viewed as a risk-taking behavior, its occurrence among adolescents should not be surprising, and for some adolescents it may indeed be a normal, transitional behavior. Shedler and Block's (1990) longitudinal study found that adolescents who experiment with drugs are, on the average, more mentally healthy than those who do not. In such a context, punishing such behavior with severe, criminal sanctions seems inappropriate.

The real priority for our society should be how to affect the relatively small number of adolescents who do go on to develop drug-abuse behavior. Unfortunately, recent policies have primarily targeted casual/recreational users (APHA, 1992). The stated federal government policy of "zero tolerance" during the 1980s targeted the wrong people, thereby committing a double mistake. It harmed individuals (i.e., drug users) who were not hurting themselves or society while at the same time it largely avoided the much more difficult but appropriate task of preventing and treating abuse.

SOCIAL POLICY EXPERIMENTS IN CONTROLLING DRUG CONSUMPTION

Given the failure of past and present national prohibition policies and their negative side effects, are there other options of dealing with drug issues? A number of alternative approaches have been proposed and attempted within the United States and other countries.

During the 1970s numerous states decriminalized the possession of small amounts of marijuana for personal use. Monitoring of consumption patterns detected no appreciable increase in marijuana use in these areas. In Oregon, for example, during the 4 years after

decriminalization the percentage of adults classified as current users went from 9% to 10%. Also, the percentage of adults older than 18 who had "ever used" marijuana went from 19% to 25% (Ray & Ksir, 1990). It should be noted that marijuana use went up during the same period all across America, including states that did not decriminalize. Additional surveys also indicated the primary reason people chose either not to begin use or to stop using marijuana was a lack of interest, not criminal sanctions. This behavioral phenomenon is consistent with the experience of New York during the 1960s, where a get-tough policy on drugs was implemented. Research indicated little change in consumption rates of illicit drugs following these new, harsher laws. Criminal sanctions apparently are not the main reason many people do not use drugs (Drug Abuse Council, 1980). Passage of laws such as decriminalization, however, appears to reduce law enforcement and judicial costs to governments. For example, it is estimated that California saved $95 million a year between 1976 and 1985 due to its decriminalization efforts (Aldrich & Mikuriya, 1988).

To date, the Netherlands is the only country to have decriminalized cannabis products through its policy of normalization. Possession of up to 30 grams of a cannabis product is a misdemeanor and prosecution policy allows for considerable discretion. Studies show these policies have not encouraged more use. Only 4.2% of 10- to 18-year-olds have "ever tried" cannabis, less than 2% use it occasionally, and only 1 in 1,000 is a daily user (Engelsman, 1989). As Engelsman (1989) states, "The Dutch have been pragmatic and have tried to avoid a situation in which consumers of cannabis products suffer more damage from criminal proceedings than from the use of the drug itself" (p. 45). In addition, the policy has effectively kept cannabis distribution out of the hands of hardened criminals. Trebach (1989) makes the following comparison:

> Amsterdam has a population of roughly 670,000. In Washington, DC, the population is roughly 622,000. Amsterdam has a lot of drug trade in the street. In 1988, the city had approximately 40 murders, one third of them connected with the drug trade. Last year Washington, DC had 372—60 to 80 percent connected with the drug trade. (p. 225)

It is also notable that between 1981 and 1987 the average age of heroin and cocaine users in the Netherlands rose from 26 to 36 years.

It would appear their policy does not encourage youth to consume drugs and may in fact do the opposite.

Data for Amsterdam and New York City are available on cocaine consumption. According to Sandwijk, Westerterp, and Musterd (1988), lifetime "ever use" of cocaine in Amsterdam was 6.1% in 1987 and usage within the past year was 1.7%. In New York, lifetime prevalence was 13% in 1986 and usage within the past 6 months was 6% (Frank, Marel, Schmeidler, & Maranda, 1988). As Cohen (1989) notes: "A low level of policing does not necessarily provoke high levels of life time prevalence. . . . These data support a view that increased law enforcement does not necessarily go hand in hand with decreasing prevalence" (pp. 15-16).

In many counties in several states in the United States another social experiment has been going on for decades, namely, local alcohol prohibition. Currently, alcohol sales are prohibited in 406 counties in 15 states (Distilled Spirits Council of the United States, 1985). Research on these regions shows varying results but does not lend strong support to the efficacy of local prohibition in reducing negative consequences of alcohol abuse (Colon, 1981, 1983; Hoadley, Fuchs, & Holder, 1984). Wilson and Nicholson (1989) studied teenage alcohol consumption in wet versus dry counties in Kentucky. Data were collected on 38,964 students (i.e., grades 7 through 12) in all 77 dry and 41 wet counties in the state. Results showed 69.3% of students in wet counties and 61.7% in dry counties had "ever drank," indicating a small reduction in experimentation within dry counties. No difference was found between the two populations, however, in terms of age at first onset for drinking, the percentage who were daily drinkers, and the occurrence of personal and social problems due to alcohol consumption. These results suggest that county-level alcohol prohibition has little value in discouraging adolescent drinking.

In 1980 the Drug Abuse Council argued, "We propose a major research effort to analyze the actual effects of drug laws and drug law enforcement on personal decisions to use or not use illicit drugs" (p. 17). Although, as the aforementioned review indicates, research has progressed since then, more knowledge is still needed. As previously discussed, current policies are largely ineffective and maladaptive. The United States should thus implement a dramatically different drug policy along with substantial, ongoing research and monitoring efforts.

The primary goal of this new policy should be to minimize the harm and dysfunction that occurs out of the misuse and abuse of psychoactive drugs, both licit and illicit. Programs and policies should also respect the delicate balance between individuals' responsibilities to society and citizens' constitutional rights to freedom and happiness.

A PROACTIVE LEGALIZATION APPROACH TO DRUG POLICY

As Duncan (1992) states, "Truly effective primary prevention of drug abuse must begin with a clear recognition of the distinction between use and abuse of drugs" (p. 319). Drug abuse, instead of describing a category of unhealthy behaviors, has been society's method of differentiating between illicit and licit drug consumption (Drug Abuse Council, 1980). Real "drug abuse" is the result of not only what drug is taken but who takes it, how much is taken, by what route, and in what setting it is taken. A handful of aspirin taken by a person with a peptic ulcer is misuse or abuse. Heroin, regardless of its status as illegal, is used occasionally by a large number of people without addiction developing (Duncan, 1992; Zinberg, 1979).

Given the failure of drug prohibition, the very real motivations behind human drug consumption, and the distinction between the majority of people who use drugs and the minority who abuse them, the decriminalization and eventual legalization of drugs for adults is warranted. For adolescents, drugs should be decriminalized. Numerous authors have described variations of nonprohibitionistic policies and the reader is referred to them for a broad societal look at these alternatives (Nadleman, 1992; Nicholson, 1992; Smart, 1992).

In the postlegalization United States the negative sequelae of drug laws (see Table 10.1) should be greatly reduced or eliminated. Dramatic reductions in drug-related law enforcement costs concomitant with increased tax revenues from the sale of previously illicit drugs should produce a large net economic gain to all levels of government. Not only would revised laws save money, as noted earlier, but, for example, the taxation of cannabis alone could yield billions of dollars a year. This would provide a large pool of new money for drug education, drug-abuse prevention, and drug treatment.

What would these programs be like in this new environment? As Duncan (1992) states, "I . . . see legalization as a liberating opportunity

for drug abuse prevention. I see it lifting the dead hand of legalism from drug education " (p. 137). Programs would be more effectively targeted toward "Harm Reduction" (Clements, Cohen, & Kay, 1990; Duncan & Gold, 1982; Engs, 1979; Vogler & Bartz, 1982). Duncan (1992) further elaborates:

> The key to such a strategy is to focus on strengths rather than weaknesses. In the context of legalization, the twin goals of drug education will be to enhance the student's [*sic*] ability to make their own choices about drug taking and to enhance their abilities to act wisely and well on those choices. Some of them will choose to take the currently illegal drugs . . . but the important thing is whether they use or abuse the drug. If they don't abuse it, then they aren't hurt—no one is hurt. It will be our task to help them keep their drug taking healthy, to help them keep it within limits, and to help them avoid the adverse consequences which can arise from uninformed use. (pp. 321-322)

Such a strategy is not a hands-off approach to our drug problems. Rather than a "Get Tough" policy, however, it is a "Get Smart" one. It says, let's focus on abuse and get serious about eliminating it. Although drug abusers, including adolescent ones, are in the minority they still represent millions of people living very painful existences. Added to these are the tens of millions of family members, friends, co-workers, and so forth who are also hurt by this abuse.

Within this postlegalization environment, laws, strong regulations, and law enforcement would still have key roles. Law enforcement agencies, in lieu of current programs of national/international interception, interdiction, and eradication could focus efforts on *public safety* and the prevention of violent crime. For example, we could dramatically increase the number of "cops on the beat." Strategies toward tobacco, the only major drug *abused* by the majority who consume it, could be toughened, particularly as they relate to children and adolescents. Each of the following proposals offers the possibility of reducing teenage smoking: (a) banning vending machines, (b) substantially raising sales taxes, (c) banning all advertising, and (d) making schools "tobacco-free" environments.

Concomitant with the above strategies, ongoing monitoring of adolescent drug consumption should continue and be expanded. As with any new public policy, not all outcomes and possible side effects are predictable. Because the major reasons why people choose

to use or not use drugs are not related to laws, I do not expect a significant increase in adolescent drug use. Alcohol will remain the drug of choice as it has been across the planet and throughout human history. Alcohol's social lubrication qualities along with its connection with eating will keep it popular with humans because we are very social beings. Shooting up heroin, whether at dinner or at a party, is not going to be a realistic option for most people. Although adolescent experimentation may initially increase due to easier access, there is no need to assume abuse will increase, especially if students are receiving drug education, as described earlier, along with comprehensive mental health education. Duncan (1992) states: "We also need to recognize the importance of self-esteem, affectionate relations and stress coping skills in the avoidance of drug abuse by those who choose to take drugs. . . . Prevention of drug abuse is inextricably tied to the promotion of mental health" (p. 321).

We may in fact realize a reduction in both recreational use and abuse. Effective education can provide individuals with adaptive short- and long-term coping skills for managing stress and life issues in lieu of taking drugs to deal with personal pain. As the "risk-taking" status of taking certain drugs is reduced (i.e., they are no longer illegal and thus not taboo), their attractiveness may diminish for some adolescents.

In conclusion, hundreds of years of drug prohibition have revealed its bankruptcy as social policy. It is time we as a society honestly face the realities of our drug consumption and the inevitable availability of psychoactive substances. Primary prevention and education strategies offer the real possibility of impacting on drug abuse in ways that laws and prisons have been unable to do. At some time in the future, drug consumption will fall into its proper and rather small, inconsequential place among the broad array of human behaviors: namely, the occasional or momentary lapse of reason in a lifetime of predominately rational living.

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