# Law Enforcement Against Prohibition


# After Prohibition

October 2013

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*Law Enforcement Against Prohibition envisions a world in which drug policies work for the benefit of society and keep our communities safer. A system of legalization and regulation will decrease violence, better protect human rights, safeguard our children, reduce crime and disease, treat people suffering from drug abuse as patients rather than criminals, use tax dollars more efficiently, and restore the public's respect and trust in law enforcement.*

**LEAP mission statement**


*Think of this war's real causalities: tens of thousands of otherwise innocent Americans incarcerated, many for 20 years, some for life; families ripped apart; drug traffickers and blameless bystanders shot dead on city streets; narcotics officers assassinated here and abroad, with prosecutors, judges, and elected officials in Latin America gunned down for their courageous stands against the cartels; and all those dollars spent on federal, state, and local cops, courts, prosecutors, prison, probation, parole, and pee-in-the-bottle programs.*

**Chief Norm Stamper (ret.)**
**Law Enforcement Against Prohibition**

## Introduction

We are frontline warriors who have experienced, executed and examined the war on drugs. We started out as true believers and faithfully enforced drug laws until our consciences would no longer allow us to stay silent about the harms brought on by that war. We bear personal witness to the destructive futility of all drug prohibitions – from caffeine, tobacco and alcohol, to current bans on drugs that were once legal. Even if well intended, such prohibitions rarely work and almost always harm the integrity of and respect for law enforcement.

America's increasing rejection of the corruption and violence that accompany prohibition[1] is responsible for the game-changing response of the federal government to marijuana reform in Washington and Colorado. But we appreciate the concern many feel about the accelerating pace of drug policy reform. What replaces prohibition? How will we protect our young?

Our report is aimed at those who are convinced of prohibition's terrible toll but who seek safe, workable alternatives. We know what happens when we arrest people for buying and using drugs. What happens when we don't?

**This report contains:**

1. A straightforward way to think about drugs that will allow us to move past a prohibition-only model,
2. Real-world examples of how moving away from prohibition reduces the rates of death, disease, crime and addiction; and
3. Specifics about what our drug policies and our communities might look like After Prohibition.

## Section 1: The state and drug use

Drugs are processed or unprocessed substances that may be used to heighten or suppress emotions. They provide a rapid shortcut to euphoria, pain relief or a temporary escape from the challenges and responsibilities of everyday life. They have been used in one form or another in virtually every known society. Some, such as heroin and nicotine, have a high potential for physical addiction. All can be seriously abused, whether legal or illegal.

**Our position is that drugs themselves, regardless of their very real potential for abuse, are not moral agents – inherently good or evil – and that adults have an inalienable right to place what they choose in their bodies.**

We do not take this position lightly, for many of us have witnessed the ravages of drug abuse on individuals and their families.

But we take seriously the inalienable right of the individual to use the mood-altering chemical of their choice when there are no deleterious effects, and in cases of abuse, we are joined by a growing number of community and medical leaders who consider drug abuse not a sign of criminal immorality, but a personal mental health issue to be confronted by religious leaders, addiction specialists, social workers, family and friends.

Law enforcement, the punitive arm of the state, is not an appropriate responder, whether the drug use is a personal choice or a personal problem.

Where abuse of *others* by an intoxicated person is involved, law enforcement is indeed called for, not because of the drug *use*, but because of the anti-social behavior. Drug use is neither an excuse for nor responsible for that behavior. If it is part of an offender's pattern of dysfunction, they may be directed to relevant services as part of their restitution and rehabilitation, but they must be held accountable for their actions, whether intoxicated or not.

Just as the drugs themselves are chemicals with no intrinsic *moral* qualities, no drug automatically yields anti-social behavior. There is considerable violence associated with the marijuana trade, virtually none with the cigarette trade. That violence has nothing to do with the intrinsic qualities of either drug. As with Al Capone's reign of street terror, it is not the drugs themselves that cause the violence, it is the policy of prohibition.

Our position does not require us to say a single good thing about drugs currently prohibited. When our grandparents and great-grandparents had the wisdom to end alcohol prohibition in 1933, they didn't think for a minute that the drug in question was safe for children, non-toxic, non-addicting or unassociated with self-destructive or anti-social behavior. Quite the contrary. But its *prohibition* caused the same unnecessary death, disease, crime and addiction as today's prohibition and was equally futile in preventing the prohibited behavior. It just made the drug in question more dangerous than it otherwise would be if legal and regulated rather than pushed underground.

## Section 2: Local efforts, global success

Prohibition is not just destructive and wasteful. As experienced law enforcement professionals we know that it is temporary; a realization that is fast becoming commonsense wisdom. And so, despite ongoing American pressure, many countries have taken big, revealing steps away from criminalization. There are currently twenty-one countries with some form of drug decriminalization,[2] and that number is sure to increase. Domestically, many states are also boldly shedding their prohibitionist laws.

What follows is a brief glimpse into the real-world good news that occurs every time we begin the move away from prohibitionist policies.

### Portugal[3]

In response to a dramatic rise in drug use and abuse in the 1990s, Portugal decided to treat drug abuse as a mental health problem instead of a criminal problem. Though selling remained illegal, **possession of up to a 10 day supply of any drug, including heroin, is no longer a criminal offense**. Dire predictions were made about the impact this would have on Portuguese youth.

Portugal provides a meaningful glimpse into a post-prohibition world in which heavy users are encouraged, but rarely forced, to seek treatment. Drug use doesn't magically disappear in this world, any more than it ever has or ever will. But no worst fears were realized, and, in fact, there is much to celebrate and imitate. The bad stats declined. The good stats increased.

#### Disease and crime

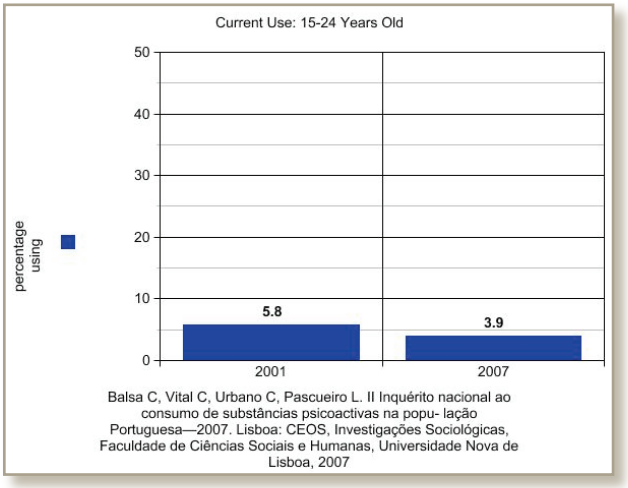
- Between 2000 and 2008, **the number of cases of HIV decreased among drug users** from 907 to 267, and the number of AIDS cases dropped from 506 to 108. This reflects the fact that harm reduction approaches such as needle exchange are most effective in the absence of police prosecution.
- The proportion of **offenses committed under the influence of drugs and/or to fund drug consumption dropped by half**, from 44% in 1999 to 21% in 2008. Overall, there has been a clear reduction in the burden on the criminal justice and health care systems.

#### Addiction

- The number of **drug users in treatment jumped** 62% between 1998 and 2008. This reflects the move from the criminal to the medical approach to drug addiction and shows that as soon as addicted people are not hunted by the state, they seek available help.
- In 2000, 23% of first-time treatment clients were over 34 years old. In 2008, that number jumped to 46%. Addiction specialists see this as evidence that **fewer young people are becoming drug dependent**, which is exactly the goal of good drug policy.

## Impact on youth

It is reasonable to assume that if a person is dysfunctionally addicted to a drug, they've used it at least once in the past 30 days. That is called "Current Use" and is the statistic relied on by the UN Office on Drugs and Crime, the World Health Organization and the European Monitoring Centre for Drugs and Drug Addiction. And here's where the Portugal numbers shine:



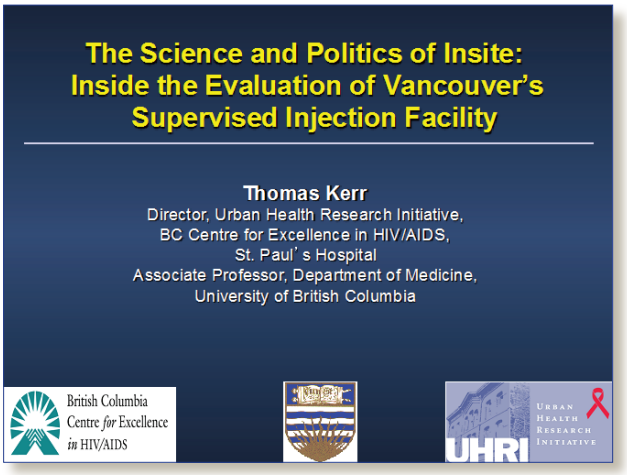

The chart to the left covers 15-24 year olds, critical years where serious drug use and potential addiction typically take hold. The chart reveals **a clear *decline* in the number of those youngsters who have used an illicit drug in the past month**, a reassuring statistic for those concerned about more than one-time youthful experimentation.

Portugal has experienced a *reduction* in blood-borne diseases, "drug-related" crime, youthful drug use and youthful drug addiction. It also saw an *increase* in people getting treatment for their addiction – the foundation of a virtuous cycle in which lives are changed and saved.

## Vancouver

In response to the increasing death, disease, crime and addiction caused by the unregulated abuse of opiates and other substances, Vancouver set up a supervised injection site, Insite, where addicted people bring and use their own drugs under the supervision of medical personnel in a setting that encourages them to kick their addiction.

This is one of a growing number of such facilities throughout the world, all of which have prevented countless overdose deaths and given hope to afflicted individuals, their families and communities. The following are the findings of Dr. Thomas Kerr, who performed an independent evaluation of this program. Not only were there universally positive outcomes from this medical approach to substance abuse, but there were *no negative outcomes*, despite dire predictions and initial opposition. Insite is now supported by the local police, the Canadian Medical Association and local merchants. It is proof positive that helping rather than hunting those suffering from chemical addiction is humane, cost effective, and possible.



## Findings of Dr. Thomas Kerr concerning independent evaluation of Vancouver's Insite program.

### Summary of Findings to Date

- ✓ **Reductions in public disorder** *(Wood et al., Canadian Medical Association Journal, 2004, Petrar et al., Addictive Behaviors, Stoltz et al., Journal of Public Health, 2007)*
- ✓ **Reductions in syringe sharing** *(Kerr et al., The Lancet, 2005, Wood et al. American Journal of Infectious Diseases, 2005)*
- ✓ **Increases in safer injection behaviours** *(Stoltz et al, Journal of Public Health, 2007, Small et al., Drug and Alcohol Dependence, 2008)*
- ✓ **Increased use of detox programs and addiction treatment** *(Wood et al., New England Journal of Medicine, 2006, Wood et al., Addiction, 2007, DeBeck et al., Drug and Alcohol Dependence, 2010)*
- ✓ **Reductions in violence against women** *(Fairbairn et al, 2008, Social Science and Medicine)*
- ✓ **Overdose deaths averted** *(Milloy et al, PLOS One, 200, Marshall et al, Lancet 2011)*

### Summary of Findings to Date

- ✗ **No negative changes in community drug use patterns** *(Kerr et al., British Medical Journal, 2006)*
- ✗ **No increases in initiation into injection drug use** *(Kerr et al., American Journal of Public Health, 2007)*
- ✗ **No increases in drug-related crime** *(Wood et al., Substance Abuse Treatment. Prevention, and Policy, 2006)*

✓ **Insite is cost-effective** (Bayoumi & Zaric, CMAJ, 2009, Andersen & Boyd, IJDP, 2010, Pinkerton, Addiction, 2010)

### Insite's Supporters

- ✓ The Government of British Columbia
- ✓ The City of Vancouver
- ✓ The Canadian Medical Association
- ✓ The Canadian Association of Nurses
- ✓ The Canadian Public Health Association
- ✓ The Vancouver Police Department
- ✓ The Chinese Merchants Association

*"People who are addicted and shooting up in the alleys and doorways have no access to any sort of health care, and Insite is part of program to redress that, to bring people who are marginalized out of society back into society, back into the light of health care."*

**Darwin Fisher, Insite**


Vancouver's raging HIV epidemic most rampant in developed world

Nearly half the 6,000 to 10,000 addicts in Downtown Eastside are infected, AIDS expert says.

MARGARET MUNRO

FIX AT OWN RISK

## Switzerland[4]

In the late 1980s and early 1990s, Switzerland faced an intense problem of drug abuse, particularly of heroin, and growing numbers of HIV/AIDS cases as a result. After careful study, the Federal Office of Public Health made an explicit decision in 1994 to address dependent drug use as a disorder or illness. As part of this shift, they developed an experiment to treat heroin addicts with government-manufactured heroin. They also authorized methadone programs, safe injection rooms, and needle exchange programs across the country, including in prisons. Each program was designed to allow for careful, evidence-based evaluation.

### Strict regulation

In order to qualify for the heroin maintenance program, a patient must be at least 18 years old, have been addicted for at least two years, show signs of poor health, and have had two or more failed attempts at conventional treatment, such as methadone. The patients use the heroin at the clinic, up to three times a day.

### Dramatic decrease in death, disease, crime, and addiction

Not one person in the history of this program has died of a heroin overdose. The program resulted in a 60% drop in felony crimes committed by patients, with an average 80% drop for those who have been in the program for at least one year. Rates of HIV and hepatitis among drug users have plummeted. Moreover, there was significant improvement in health outcomes for patients, including significantly reduced consumption of illicit heroin and illicit cocaine.

### New heroin use did not increase

Despite catastrophic warnings that helping addicts instead of prosecuting them "sends the wrong message," the Swiss programs led to *fewer new heroin users*. The reasons are complex, but many experts feel that this is because the program makes heroin seem unattractive to young people, and there is less of a social opportunity to be introduced to heroin by the street dealers who have been put out of business by this approach. In Switzerland, heroin addiction is increasingly seen by young people as an unglamorous health problem.

### Cost savings

This comprehensive public health approach has saved the country money in terms of court time, police time, reduced crime rates and lowered demand for expensive health services.

### Widespread and growing support

In a 2008 referendum vote, the Swiss public affirmed this program by a large margin. Elements of the program have been emulated by seven countries: Germany, Denmark, Holland, Belgium, England, Spain and Canada.

## The United States[5]

An analysis of data from 1993 through 2009 by economists at three American universities found no evidence that legalized medical marijuana laws have contributed to more use of the drug by high school students.

During that time period, 13 states legalized medical marijuana. (Twenty states and the District of Columbia now have such a law, and legislation is pending in many others.)

Professor Benjamin Hansen of the University of Oregon, who studies risky behaviors, pointed out that, "In fact, the data often showed a *negative* relationship between legalization and marijuana use."

Researchers examined the relationship between legalization and various outcomes such as marijuana use at school, instances of drugs offered on school property, alcohol use and cocaine use. They found no evidence that legalization led to increases in marijuana use at school, the likelihood of being offered drugs on school property or the use of other substances.

In addition to national Youth Risk Behavior Survey (YRBS) data, they drew on state YRBS data for 1993-2009 and data from the 1997 National Longitudinal Survey of Youth. They also examined the Treatment Episode Data Set, which contains information on whether patients at federally funded drug treatment facilities tested positive for marijuana upon admission. The results of this analysis suggested that the legalization of medical marijuana was unrelated to the likelihood that patients ages 15-20 tested positive for marijuana.

"We are confident that marijuana used by teenagers does not increase when a state legalizes medical marijuana," said Montana State's Professor D. Mark Anderson, an economics professor who studies health economics, risky behavior and crime.

### Summary of Section 2

- **Portugal's** experience shows that people begin to move away from their addictions and unhealthy behaviours when the power of the state is not harnessed against them in a moralistic, harrassing crusade.
- **Vancouver and Switzerland** show that the most effective way to deal with those addicted to hard drugs is not through punishment, but through a medical model of support in which physical addiction is isolated from the social problems thought to be caused by it, and non-judgmental help is provided.
- The **American** Experience with medical marijuana suggests that people continue their own level of use; that no floodgates open when we allow people access to their previously forbidden medicines without the threat of arrest.

These reforms do not change the fact that under prohibition cartels and street dealers still control the production, distribution and promotion of their products. Therefore, we can only get a glimpse of how much stronger and safer our nation could be once we abandon that approach. But as we move away from criminalization, good things happen; sometimes dramatically, sometimes incrementally.

## Section 3: After Prohibition: our policies, our communities

### Our policies

We know that reasonable people will disagree about *regulation*. Ongoing debates about the drinking age and allowable levels of cigarette promotion and taxation are examples of how the normal democratic process applies to drug policy. Once we remove the prohibition, that ongoing dialogue – local adjustments and preferences – can be applied to *all* drugs. We will then be positioned and empowered to meaningfully regulate and control them.

While this brief next section is not a rigid roadmap, it illustrates some directions policy might take. These are possible approaches to the regulation of drugs ranging from marijuana to heroin which permits flexibility and demands accountability.

For simplicity, we have divided our approach into two categories, one dealing with marijuana, and the other encompassing the full range of illegal drugs. Our fundamental point remains that prohibition should be repealed, not because of the relative safety of the drug in question, but because of the harms inherent in prohibitionist *policies*. Nonetheless, we make this division here because marijuana has achieved a separate status in drug policy discussions.

### Marijuana

Despite decades of well-funded fear mongering and millions of arrests, marijuana is a plant that has been used recreationally or medicinally at least once by approximately 100,000,000 Americans.[6] It seems reasonable and inevitable to treat marijuana as we do cigarettes or alcohol, though it will be easy to institute bans on overt marketing. It will be legal to grow, transport and sell the cannabis plant, subject to enforceable regulations, restrictions and taxation. Just as we do with hops and barley or the tobacco plant. States currently providing the leg work on this transition can be used as models whose approaches will be accepted or modified as other states deem appropriate. Just as we did when we ended alcohol prohibition.

#### Private production

Once the prohibition on growing marijuana is lifted, people will be allowed to cultivate this plant, just as people are allowed to brew their own beer, subject to local regulations. In some jurisdictions the plants would have to be out of public view, in others, growers might have to register with the state; some would allow 3 plants, some would allow 14 plants, and so on.

#### Medical use

After prohibition, health providers will be free to set standards and restrictions that provide patients access to a plant that has been used medicinally for thousands of years and which was part of the official medical pharmacopeia for most of our nation's history. It will be a subject of medical research on a par with any other plant deemed by scientists to have medicinal potential.

### General regulations

As with any drugs having consciousness-altering potential, there will be age limits and scientifically sound education about the potential downsides for young people. Impaired driving laws will remain unchanged, but the mere presence of marijuana in hair samples, in the absence of other problematic behaviors, will not be grounds for arrest, on or off the road. Unlike alcohol, THC remains in your system for weeks, and its presence is therefore not evidence of impairment. Environmental and labor regulations in effect for domestic and imported crops will now apply to the cannabis plant.

## Heroin and other drugs

It is noteworthy that supervised injection sites were created in response to problems exasperated by addiction, not in the name of personal freedom, growth or exploration. Opiates and stimulants have a very high potential for damage and dependency and should, at a minimum, never be promoted for recreational use.

We share the concern about the widespread overuse of an array of stimulants and newly created synthetic drugs, regardless of their legal status. Yet we understand that there is nothing constructive in the prohibitionist approach to these drugs, and much that is destructive.

We know that homemade meth labs don't create demand for methamphetamine, but do cause horrific, unnecessary damage to producers and users alike. We know that crack cocaine functions like a poor person's Prohibition-era bathtub gin, magnifying the dangers inherent in the forbidden drug. And we know that some truly dangerous synthetic drugs would have little reason to exist if their creators weren't in a perpetual cat-and-mouse game with law enforcement over established drugs whose potency and damage potential are known quantities.

And, as with marijuana, there are viable alternatives. Successful cross-national experiences with the regulated distribution and consumption of the most dangerous drugs can be copied and modified when dealing with people whose lives are ruled, but not enhanced, by those drugs.

By bringing opiates and stimulants back into the legal system, we will ensure that the entire production and distribution chain, including doctor-supervised medicinal use, will include meaningful levels of governmental or clinical oversight. In order to partake in this tightly regulated market, for example, Afghan farmers would have to be recognized as legitimate providers by their governments, thus reducing their vulnerability to terrorists who extort farmers by protecting them from prohibition-based government crackdowns. It will also allow law enforcement to get a meaningful handle on quantities and sources, both vital to pursuing illegal diversion.

A very small percentage of the adult population will continue to want to try heroin or similar drugs at least once, and instead of finding street dealers, or friends who know street dealers, they will be able to go to highly regulated, specialized dispensaries and obtain limited

amounts without sanction. Diversion to children will be treated with extreme severity and will be much easier to trace.

In all such cases, the drugs would continue to be available. The addiction rate, virtually untouched by decades of intense prosecution, will remain roughly constant, likely dipping moderately.

But our approach to drugs and those who use them would change. And that, as we discuss next, will make all the difference.

## Our communities

Now that we have dismantled both the drug war and the drug cartels, join us on a virtual "drive around" in our near-future patrol car to get a cop's sense of life on the streets … *After Prohibition.*

We start out in our **national parks** and shake our heads when we think back on the gangs and cartels who had commandeered large swatches of land to grow marijuana when it was illegal. Incredible as it seems today, prohibition brought turf-protecting gang violence to our national parks. We also recall with some embarrassment the Keystone Cops videos of our comrades burning marijuana plants and looking as hapless as their predecessors who sternly smashed barrels of beer during the prohibition of alcohol. How our profession suffered under this policy.

We drive on, passing **farm land** revitalized by the legalized regulation of cannabis. Hemp has regained its Colonial days status as a patriotic American crop, requiring relatively little water, pesticide or fertilizer, providing environmentally safe paper, rope, clothing and more. The female plant that is associated with both recreational and medicinal use is being studied by virtually all medical centers, universities and drug companies. While common, cannabis farming is only moderately profitable, as it is easy to grow and many small farmers supply themselves and their friends. We remember when it was obscenely profitable and a major source of untaxed funding for gangs and terrorists. Some of those gangs and terrorists remain, though profoundly weakened now that the vast majority of their income has disappeared. They have been hurt deeply by the fall of prohibition and many have been forced to seek legal employment, just as their bootlegging predecessors did after the prohibition of alcohol.

We drive on, into **rural counties**, where we pass a number of burnt-out houses and think sadly of the desperate people who lost everything from their amateur attempts to create the same methamphetamine safely manufactured by pharmaceutical companies. They, too, remind us of a dangerous past when people died making illegal alcohol when their homemade distilleries exploded. People are still using – and some abusing – that product, but of course without the punitive stigma of prohibition, it is easier and far more common for people to get help with their addiction.

We drive on, into the **suburbs**, where things seem remarkably unchanged. We pass the houses of successful people, some of whom are addicted to cocaine or heroin or alcohol. All have access to

their drug of dependency, and when they use it, they know what they are putting in their bodies and how much is too much. When it starts to affect their lives, they are able to find treatment.

We pass a **school** where some teens have decided that scraping bicycle tires and burning the rubber yields mood-altering smoke, and it has caught on among the bored and curious. As this fad passes through the nation, the media gamely labels it another "epidemic," but we know it will soon pass, though some kids will seriously, even fatally, damage their lungs. As we think back on the "Cinnamon Challenge" and other similar fads, we wish there were a way to legislate against impulsive stupidity. What we no longer see, though, is a large number of kids enlisted into the drug trade. Illegal activity is now less organized, more individual, smaller scale. It doesn't define or dominate the playground as it did during drug prohibition.

We pass by a **hospital**, and see women who successfully seek treatment for their addictions to pain killers or cocaine before becoming mothers. It is an affirming environment which encourages all women to avail themselves of pre-natal care. This contrasts starkly with the previous generation, some of whom were forced to deliver (and often lose) their babies in shackles, not because they used child-endangering drugs such as cigarettes or alcohol, but because they used *forbidden* drugs. Illegal diversion still occurs, as happens now with Oxycodone, but there is virtually no violence from prohibition-era turf battles over drug manufacture and sale, and we law enforcers have reliable intelligence about the source and path of such drugs, unlike during the anarchy and chaos of prohibition. The addicted and their families and friends now have the resources to work together over time, a proven way to reduce addiction. Countless overdose deaths have been avoided because friends no longer fear calling 911 in the case of a bad drug reaction. Hospitals have slow days.

We drive on, into the **inner city**, where things are remarkably different. We immediately notice the increased number of men on the street, many having been released as non-violent drug "offenders" whose actions are no longer crimes and who were pardoned after review. As part of a restorative justice program, they receive remedial training to help them reintegrate into their shattered community. Their children walk with them, happy to have their fathers back. Most notably, the statistics on gun and gang violence have dropped as dramatically as they did the year alcohol prohibition ended. Once they lost control of the illegal drug market, our modern gangs became shells of their former selves. Outlaws are no longer the role models they were during drug prohibition. While prostitution remains, pimps have lost their unique access to the drugs that many of these women are dependent on and have therefore lost much of their absolute power.

Drug treatment clinics look the same as their inconspicuous European counterparts, and work just as effectively. Some former drug runners work in those clinics or in regulated drug dispensaries, just as some former rum and numbers runners found legal employment in liquor stores or lottery outlets. They pay taxes, raise families, and vote. And life goes on.

We are once again *peace officers*, our original name. We can pursue the rapists and child molesters who have been ignored because of federal incentives to chase drug activities. As we drive down the street, kids look at us differently. Once we abandoned the stealth mode of undercover work required by an unenforceable prohibition, the community abandoned its "no snitching" mentality. We are increasingly on the same team. It is, again, remarkably different.

We conclude our virtual drive at our multi-thousand mile long **borders** and shake our heads at the hundreds of thousands of deaths and political instability caused by prohibition. We used to shrug when we heard drug warriors bragging about a five ton bust, knowing that tens of tons of that same drug were simultaneously finding their way through the border. We are gratified that farmers are now allowed to grow crops, including poppies, as safely as they always grew other crops. And we are gratified that people, especially in the Third World, have access to the pain relief that we take for granted but which was denied by drug prohibition. And, as with American street gangs, the cartels and terrorists who were empowered and armed by drug prohibition have at last suffered the deadly blow we tried to give them unsuccessfully for more than forty years.

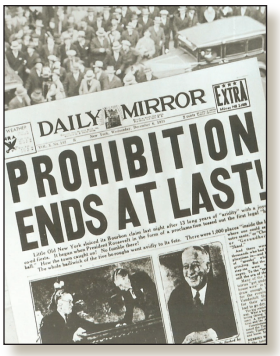
## Epilogue

Legalized regulation is not a panacea and will not end our very real drug problems. But it creates breathing room for personal redemption and community revitalization. It will cripple cartels and gangs, reduce street crime and deglamorize the outlaw drug dealer. And overall drug abuse will almost certainly decline as the afflicted are freed to pursue the long-term commitment required to defeat long-term addiction.

The message that legalized regulation sends is one of hope and support; one based on adult freedom and responsibility.

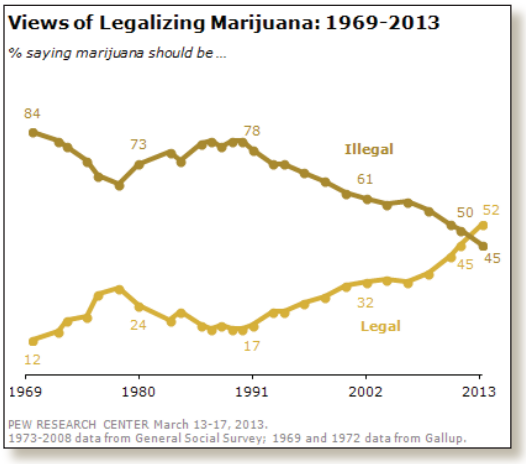
We joined law enforcement to protect people from one another, not to monitor what they choose to ingest. If there is to be something called a "War on Drugs," it should be a war on drug *abuse*. And that war should only be fought as the successful war on tobacco addiction has been fought – with *regulations* such as education, targeted taxation, age restrictions, and limits on public usage, with clinics providing an array of help for the addicted.

Prohibition is an approach that needs to be replaced, not refined. And, as we've come to learn, that approach does not require a leap of faith.



## Endnotes

[1] Pew Research Center for the People & the Press. (April 4, 2013). Retrieved from http://www.people-press.org/2013/04/04/majority-now-supports-legalizing-marijuana




Becker, G. S. & Murphy, K. M. (January 4, 2013). "Have We Lost the War on Drugs?" The Wall Street Journal. Retrieved from http://mapinc.org/url/FfHA7MsQ.

[2] Release.org. (2011). Rosmarin, A. & Eastwood, N. Drugs, The Law & Human Rights, A Quiet Revolution: Drug Decriminalisation Policies in Practice Across the Globe.

Argentina, Armenia, Australia, Belgium, Brazil, Chile, Columbia, Czech Republic, Denmark, Estonia, Germany, Italy, Mexico, Netherlands, Paraguay, Peru, Poland, Portugal, Spain, United States and Uruguay (which is in the process of complete marijuana legalization). In Argentina, Brazil, Columbia, Germany and Spain, courts have determined that it is unconstitutional to outlaw personal use or possession.

[3] Hughes, C. A. & Stevens, A. (January, 2012). Drug and alcohol review. Australian Professional Society on Alcohol and Other Drugs.

*All data except Current Use chart from Instituto da Droga e da Toxicodependencia 2009.

[4] Csete, Joanne. (2010). From the mountaintops: What the world can learn from drug policy change in Switzerland. New York: Open Society Foundations.

Citizens Opposing Prohibition. (2010). Swiss Heroin Maintenance Programs Summary. Ed. Bundes Amt Für Gesundheit (Health Ministry). Bern, Switzerland.

Dagmar Hedrich et al (April, 2010). "Chapter 11: Drug consumption facilities in Europe and beyond". Harm reduction: evidence, impacts and challenges. EMCDDA.

"The first legally sanctioned DCR was established in Berne, Switzerland in 1986 (Hämmig, 1992). During the 1990s DCRs were set up in other Swiss cities, the Netherlands and Germany; and from 2000 they were set up in Spain, Norway, Luxembourg, Australia (Sydney) and Canada (Vancouver) (Stöver, 1991; Klee, 1991; Eastus, 2000; Zurhold et al., 2001; Parliament of New South Wales, 1998; Health Canada, 2002). By the beginning of 2009 there were 92 operational DCRs in 61 cities, including in 16 cities in Germany, 30 cities in the Netherlands and 8 cities in Switzerland." (p. 305)

Hedrich, Dagmar. (February, 2004). "European report on drug consumption rooms." European Monitoring Centre for Drugs and Drug Addiction. Luxembourg: Office for Official Publications of the European Communities.

"The liberalisation of drug laws in Zurich has led to a massive fall in the number of new heroin users, according to a study published yesterday. Now Britain, which has the highest number of drug deaths in Europe, is being urged to follow suit." Source: Jeremy Laurance, "Heroin: The solution?" Health Editor, The Independent (UK), 02 June 2006; "The incidence of regular heroin use in the canton of Zurich started with about 80 new users in 1975, increased to 850 in 1990, and declined to 150 in 2002, and was thus reduced by 82%." **Source:** Carlos Nordt, Rudolf Stohler, "Incidence of heroin use in Zurich, Switzerland: a treatment case register analysis," Lancet 2006; 367: 1830-34, Psychiatric University Hospital, Militärstrasse, Zurich, Switzerland (correspondence to Carlos Nordt cnordt@bli.unizh.ch)

[5] Rees, D. I., Hansen, B. & Anderson, D. M. "Medical Marijuana Laws and Teen Marijuana Use," Working paper. Published by the Institute for the Study of Labor (IZA), a private, non-profit independent research institute based in Bonn, Germany.

See also, study published by the American Journal of Public Health and conducted by researchers at the University of Florida's College of Medicine, which culled data from the national Youth Risk Behavior Survey (YRBS) as reported in Youth Today, July 12, 2013, James Swift

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