

Full Legalization of Addicting Drugs: A New Direction for the 'War on Drugs'

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In 2015, 414 drug users ended up in the Hamilton County morgue due to overdosing.

There are six compelling arguments for decriminalizing and legalizing the sale of all banned addictive drugs.

1. Legalization would decrease the crime to support drug habits and homicides related to drug trafficking.
2. Producing inexpensive standardized doses of addictive drugs under government supervision could put the drug cartels out of business and decrease the incidence of fatal drug overdosing.
3. The border problems of interdiction of illegal drugs would be nullified and the drug fueled gang warfare suppressed.
4. Drug addiction could be treated openly as a medical disorder and the punitive 'war on drugs' could refocus on rehabilitation, education, housing and job training.
5. The cost savings to law enforcement would be huge enabling a shift of resources toward improving community relationships
6. Finally, taxing of currently banned substances could stimulate job creation and

become a rich source of tax revenues.

During the past 40 years, the 'War on Drugs' has cost more than \$1 trillion for the American tax payer. In 2014, according to the FBI there were 620,000 people arrested for simple marijuana possession and of all the drug arrests in 2013, 82.3 percent were for the simple possession of a controlled substance. In Cincinnati, about 85 percent of criminal arrests that are processed through the Hamilton County Justice Center relate in some way to drugs. Even in the affluent suburbs a large share of police activity focuses on the nonviolent possession of illegal drugs and drug paraphernalia.

There are 2.3 million Americans in prison or about one in every 100 American adults. Over 48 percent of these inmates are there due to drug offenses and it is estimated that the annual cost to warehouse these offenders is about \$80 billion per year.

According to the American Bar Association, a single misdemeanor conviction for marijuana possession can be ruinous. In many jurisdictions, a drug indictment cannot be expunged and is discoverable. As a result, this black mark may make finding a job very difficult and preclude access to public housing and college loans plus risk the suspension or revocation of a driver's license.

The Federal Drug Enforcement Agency (DEA) employs about 10,000 agents and support staff. At the local level, policemen and law enforcement spend millions of hours arresting, processing and prosecuting nonviolent drug offenses. Additionally, attorneys interview, defend, appeal and plea bargain for those that have been arrested and this

produces a mountain of paper work and expensive transactions that clog the court system.

William F. Buckley Jr, the conservative pundit who founded the National Review magazine, and Milton Friedman, an economist focusing on free markets, were some of the first to advocate legalizing illegal drugs. Buckley's basic premise was that nothing had worked to address any of the many facets of the drug problem and Friedman believed that individuals had the right to choose without government interference.

Of course, most advocates for decriminalization draw upon the analogy to the prohibition of alcohol from 1920 to 1933 that filled the prisons with bootleggers and mobsters. The 18th Amendment that imposed prohibition was repealed by the 21st Amendment to the Constitution. Government regulation of the booze industry has succeeded even as alcoholism continues to be a pervasive medical and social problem that dwarfs illegal and prescription drug abuse.

In the United States, the 'drug problem' surfaced as a major issue in the early 1900s, a time when cocaine and heroin were unregulated and widely prescribed by physicians. In 1922, the Federal Government restricted the importation of raw opium and the Bureau of Narcotics was created in 1930.

In the early 20th century, the menace to society from opium addiction was greatly exaggerated. The threat of a drug epidemic conjured up the image of the Chinese opium den. A quote from Harry J. Anslinger, the first commissioner of the Bureau of Narcotics

was “How many murders, suicides, robberies, criminal assaults, holdups, burglaries and deeds of maniacal insanity it causes each year, especially among the young, can only be conjectured”. There was a cultural hysteria that developed about drugs. For instance, in 1948, Robert Mitcham was arrested for the possession of marijuana. This was abhorrent and unimaginable at the time and it hijacked his acting career.

The Supply of Illegal Drugs

On the supply side, addictive illegal mind altering drugs have always been readily available. The **opium poppy** is widely grown throughout Asia and the Middle East. Afghanistan is a major supplier and attempts to switch Afghan farmers from growing this lucrative crop to other crops had only temporary success.

The leaf of the **coco plants** from which cocaine is extracted is native to large areas of South America. Cocaine powder can easily be converted to crack cocaine, the free base form of cocaine that can be smoked. In the past fifteen years American contractors have sprayed an area the size of New Jersey with weed killer to wipe out the coco crop in Columbia. In response, some of the production just shifted to adjoining countries, especially Peru. In Columbia, the drug trade is so lucrative that it has fomented a guerrilla war that has lasted decades and the drug barons of Columbia are allegedly some of the wealthiest individuals in the world.

The three species of the **marijuana plant** are indigenous to Central and South Asia. Of course, marijuana can be grown most anywhere such as your neighbor’s back

yard or using grow lights in your basement or attic. A Google search for marijuana seeds turned up hundreds of suppliers in the US.

Methamphetamine and its purified derivatives such as ICE are relatively simple compounds. Although Meth labs explode periodically, Meth can be manufactured using a few basic chemicals in an improvised laboratory. Many other illegal psychoactive drugs exist. These include MDMA or ecstasy that is similar to Methamphetamine; Mescaline or Peyote derived from several species of cacti; PCP an intravenous anesthetic agent; psilocybin a hallucinogen found in certain types of mushrooms; bath salts or synthetic cathinone; and LSD or lysergic acid.

New psychoactive boutique drugs surface frequently. Jil Head, a forensic chemist at a DEA research lab in Dulles, Va., estimates that in the past five or six years over 350 new derivative drugs have emerged that are unstudied and usually synthesized in modern laboratories that, in some cases, receive state support from countries such as China, India and North Korea.

The Trend toward Decriminalization

The advocates for decriminalization of drug possession of small quantities of marijuana are legion. The principle arguments for decriminalization are that it would decrease the prison population of nonviolent offenders, unclog our court system and open the door for drug dependent individuals to seek treatment without the threat of recriminations and incarceration. The fairness issue of social justice reflecting the

disproportionate number of minorities that are incarcerated also drives this debate.

The decriminalization initiative seems to be gaining traction. In 2002, a non-profit organization called Law Enforcement Against Prohibition (LEAP) was formed to speak out about our existing drug policies. This group of law enforcement and criminal justice representatives contend that the war on drugs pursued by the US government has worsened the problem instead of alleviating it.

In this author's opinion, partial decriminalization of drug possession without legalization is only a Band-Aid approach to the problem and may carry with it unintended consequences. Decriminalization alone does little to eliminate the suppliers and dealers that profit from the illegal drug trade. Thus while the jailhouse population decreases, the lucrative drug trade remains intact.

If addicting drugs were legal, profits from the sale of these drugs would plummet. Certainly, one or more pharmaceutical companies under the auspices of the Federal Government could inexpensively produce them in bulk to quickly deflate street prices and displace the drug dealers.

The purity and standardization of prescription painkillers and other Schedule II medications support premium street prices for drugs like OxyContin and Percocet. In contrast, inexpensive street heroin is often watered down or modified with unsafe additives such as fentanyl. Especially in the Midwest, a heroin epidemic has spread and in some areas fatal overdosing is so common that naloxone, a lifesaving pure opioid

antagonist that directly counteracts the effects of heroin, is now available in pre-filled syringes without a prescription.

Sealing the Borders: the Problems with Interdiction

Interdiction and policing our borders and coastlines to prevent importation is a daunting task as illegal drugs come in easily portable small packages. Drug sniffing dogs, drones and border patrols may lead to the confiscation of caches of illegal drugs but it is only a small sampling of the amounts crossing the borders. Likewise the air traffic controllers and the coast guard have similar challenges in intercepting smugglers. The drug cartels have proven to be very creative in transport with their use of submersibles, aircraft, vast network of tunnels and concealment by ingestion of sealed packets of drugs. Often those transporting the drugs are only couriers or runners taking the risk for a quick buck without even knowing the dangerous contents of their cargo. About 80 percent of the illegal drugs imported into the United States come through Mexico.

Meanwhile, 'drug money' and drug trafficking has bred gangs and gang warfare in many countries and across borders. The high homicide rates in New York, Chicago and even Cincinnati largely reflect the activities within the drug trade. In Mexico, since former President Felipe Calderon declared war on the cartels nine years ago, 160,000 people have been killed and 26,000 have gone missing. The American thirst for illegal drugs has largely contributed to this chaos while straining American's diplomatic relations with Mexico and other South American countries.

Money: the root of the Problem

Money and money laundering are the heart and soul of the illegal drug trade. The cash-and-carry incentives filter through the entire supply chain from growers, processors, laboratories, mules and distributors to street vendors. At the bottom rung of the food chain are usually disadvantaged youths looking for a quick buck. Once recruited into the drug trade and gangs, they enter the downward spiral of school dropout, addiction, crime and incarceration. Moreover, this subterranean drug culture comes with a high price tag for our communities where the violence and corruption causes the flight to safety of legitimate business and responsible families. This leaves behind urban blight and decay.

The 'war on drugs' provides employment for thousands of law enforcement workers and consumes a significant percentage of public funds to build and maintain lock-up facilities. The cultural shift from search, seizure and arrest to a stance of help, education and rehabilitation would transform police work, ripple across the social landscape and involve a sizeable investment.

Any viable solution to the drug problem must first nullify money within the illicit drug trade. Only by deflating drug prices to the point where the drug trade is no longer profitable for dealers can you contain this blight on society in the longer term. Illegal drug dealing must be replaced with inexpensive, readily available and regulated substitutions. Then the war on drugs can refocus on education, treatment and rehabilitation. It is the primary premise of this paper that education can decrease the rate

of experimentation and addiction. Moreover, better rehabilitation for the addicted populations can stabilize this group of addicts realizing that just like alcoholics they are ‘addicted for life.’

New Approaches

According to several surveys, the majority of heroin addicts claim they became hooked after taking prescription painkillers supplied by their physicians, family or acquaintances. These disturbing responses may in part relate to the tendency for addicts to shift the blame for their addiction to the system, but are nevertheless significant. In the realm of addiction you must also add cigarettes and alcohol as threshold or gateway drugs to addiction.

This road to addiction confirms the need to shut down the prescription pill mills and indiscriminate dispensing of addicting pain medications. There is a pressing need for better guidelines and tracking of the prescribing practices of physicians and allied health workers. In the State of Ohio, the Ohio Automate Rx Reporting System (OAARS) tracks the dispensing of all controlled medications by physicians and pharmacies. If implemented in all states, programs like OAARS could share information to make the control more seamless. If illegal drugs were legalized under government auspices, a similar type program could track these substances nationwide. This would provide data to shape public policy and help in directing educational, treatment and rehabilitation services.

Medical studies support the fact that certain personality types are more susceptible to addiction than others with genetic, epigenetic and environmental factors all playing a role. Research has shown that the various types of addictive behaviors follow a common pathway in the brain with the euphoric effects related to a surge in the release of the neurotransmitters dopamine and GABA in the nucleus accumbens. This region of the brain has been labelled the brain's pleasure center that triggers motivation, pleasure and reinforced learning. Unfortunately, current brain science is still in its infancy but the large research projects now underway may give better insight into how to more effectively prevent and treat drug addiction in the future.

Due to the abject failure of the punitive war on drugs, it is time for law enforcement to 'call in the dogs' and change direction. It is quite apparent that you cannot arrest your way out of the drug problem. There has been no change in drug policy in the past 40 years. Richard Nixon's "war on drugs" and Ronald Reagan's "zero tolerance" moralistic viewpoint have failed with the end result that America has gotten the reputation of being the jailhouse nation that costs taxpayers a fortune.

Marijuana: A Special Case and Outlier

Marijuana as a habit forming drug has properties that are much different from opioids, cocaine and methamphetamines. The psychoactive cannabinoids in Marijuana are remarkably safe and there are virtually no deaths directly linked to overdosing. Users may develop dependence upon the drug but marijuana is not as highly addictive as many

of the other major banned substances. Moreover, withdrawal does not produce physical signs and symptoms but may be associated with mood disturbances. This contrasts sharply with the serious withdrawal effects for addicts that ‘cold turkey’ from opioids, cocaine, methamphetamine and alcohol. When the health risks from Marijuana are compared to those of cigarette smoking and alcohol, they are miniscule. The long term effects of marijuana on the developing brain remain to be adequately studied.

The movement to legalize the medical and recreational use of marijuana has evolved state-by-state into a tug of war between politicians, law enforcement, medical experts, users, home growers, farmers, retailers, ethicists, concerned citizens and tax collectors to name just a few interested parties. Cultural, ethnic and generational differences also muddy any objective approach to addressing the complexity of the marijuana issue and the Federal laws remain proscriptive of legalization. Even the medical benefits of marijuana to combat the side effects of chemotherapy for cancer are controversial and largely unproven.

However, on November 8th four states, including California, voted to approve recreational marijuana use and 60 percent of Americans live in states that allow cannabis use in some form. According to the Arcview Group, sales of marijuana will approach \$20 billion a year by 2020.

In Colorado and other states the economics of legalization have produced a rush of entrepreneurship. It is projected that in Colorado legalization of marijuana will create

over 20,000 jobs and billions in tax revenues and license fees from the cultivation, processing, distribution and retail sales. Additionally, it seems to have provided a windfall of commerce to Colorado's treatment centers, tourist industry, college enrollments and new business development. But the picture is not all rosy. In Colorado, even as the rate of robberies and burglaries has fallen, there has been an increase in DUI/OVI. In 2014, 12.2 percent of these violations were linked to marijuana. Traffic deaths are also on the rise as is some petty crime due to teenagers doing stupid things while under the influence.

In Ohio, the ResponsibleOhio ballot initiative to legalize marijuana failed but was projected to produce \$554 million in tax revenue and 35,000 new jobs. Across the nation, polling shows that over 50 percent of Americans favor legalization and the receipts from the taxation of marijuana and job creation will be too tempting for states to ignore.

As with cigarettes and alcoholic beverages, regulation and legalization of marijuana will fall within the province and jurisdiction of state governments. This is assuming that the Federal government repeals its current prohibition statutes that force the trade in marijuana to appear as a money laundering and subterranean cash business.

A New Model

Historically, prohibition did not work to ameliorate alcoholism and it will not work to solve the hard drug problem. A better approach is to decriminalize and legalize addictive drug as you implement a strategic plan based upon objective sound

management principles and medical studies. The Federal Government must take a leadership role in this major initiative. Logically, the ownership of drug policy would reside with The Bureau of Alcohol Tobacco, Firearms and Explosives (ATF) and Health and Human Services (HHS). A ‘drug czar’ appointed by the President and approved by Congress would be in charge of the new mandate. The new power structure would take into consideration the 'lessons learned' from prohibition and the legalization of marijuana. It would also seek the imputes from a broad range of experts and scientists working in law enforcement, the pharmaceutical industry and mental health. The privacy and legal issues are beyond the scope of this paper, but in all probabilities, the congress would have to draft a Constitutional Amendment to legalize.

At present, there are many overlapping agencies within federal and state governments that are involved in the regulation of illegal drugs. At the federal level you have The National Institute for Drug Abuse (NIDA), the National Institutes of Health (NIH), Federal Drug Administration (FDA), Department of Justice (DOA), Department of Labor (DOL), National Institutes of Mental Health (NIMH), Department of Homeland Security, Bureau of Alcohol Tobacco, Firearms and Explosives and many more with some regulatory responsibility. Each state and municipality has multiple agencies that are entrusted with the regulation and control of banned substances. This highlights the need for a single agency at the federal level to have ownership of drug policy with a number of task forces to centrally coordinate and bring together the host of agencies to achieve a consensus for implementation. Rolling out a new ‘drug czar’

framework may be critical to the success of this major cultural and policy shift.

Drug Safety

Drug safety is a major issue in legalization. Overdosing, bad trips, crack babies and HIV are costly to society. Today, most drug users are putting their faith in the street vendors that represent the lowest tier of the drug supply chain. These street dealers are often addicts that are interested in taking your money to support their habit and life style and quickly disappear if complications occur. Thus, the user trusts these street-wise dregs of society who are generally marginally informed about the potency and additives of the products they are selling.

Addicts develop drug tolerance and often needs progressively higher doses to achieve the same effect. These dosages might be fatal to the first time user or even those addicts that have stayed 'clean' for a period of time. Drug tolerances also relates to age, gender, weight, general health and interactions with prescription medicines taken for medical problems.

The euphoria and highs produced by addictive drugs are generally of short duration and followed by the lows that reinforce the drive for the next fix. At the end of the day, depression, fatigue, personality change and even suicide may result. You might think that the rigors of withdrawal and social disruption caused by drugs would cause addicted individuals to seek treatment. However, the criminality and social mores intercede to prevent follow-through in drug rehabilitation programs for this desperate

population.

Lack of Scientific Study

The process to legalize would be a gradual one. As a first step, the scale, scope and chemistry of the problem would need to be studied. Often naturally occurring drugs have many synthetic imitations and the introduction of one radical into a chemical structure can profoundly alter the physiologic effects on humans. Many of the laboratories producing contraband drugs use different manufacturing processes that produce wide variation in composition, concentration and effects. Add to this the adulteration of addicting drugs sold by street dealers and the complexity of research challenge becomes apparent.

The dosing and medical side effects of standardized doses of opioids, cocaine, LSD and methamphetamine are fairly well established. But there are a number of boutique substitutes and other hallucinogens that lack scientific study. This poses a real challenge for the FDA that has limited resources.

Academic centers and pharmaceutical companies are not prone to conduct controlled trials on humans to study these drugs because of liability, funding, supply and purity issues as well as the need for animal studies and Phase I and Phase II clinical trials. And where is a legitimate market for an illegal drug? As a consequence, a lack of drug trials also precludes finding out if some of these compounds might have therapeutic value to treat mental illness or other medical disorders.

More resources need to be directed toward controlled studies of these compounds with more direct involvement by the FDA. Perhaps a new division of the FDA could be formed to focus on these banned substances.

Many questions need to be answered about each drug:

1. Safety features and what is the minimum lethal dose (MLD) of each drug and its variants?
2. What are the potentials for addiction?
3. What long and short term side effects might the drug have?
4. Does the drug have any therapeutic value?
5. How does the drug interact with other medications?
6. What are the blood levels at which the drug impairs performance?
7. How do you screen for drug use and test blood levels?

Education: ‘An ounce of prevention is worth a pound of cure’

No one denies that addictive drugs disrupt lives, families and industry while having a terrible ripple effect across the global community. No reasonable or responsible educator, guardian, parent or even drug addict would encourage their sons and daughters to experiment with drugs or become involved in any way in the drug trade.

Unquestionably, the best way to reduce the prevalence of drug usage is to reduce the incidence of individuals taking drugs for the first time. A preventative medical

approach to the war on drugs is more effective than building elaborate rehabilitation centers.

Yet, there is no powerful lobby or poster child for drug policy that draws the public into the debate even as drug addiction affects all socioeconomic strata of our society and festers under a mask of stigmatization and immorality. The punitive ‘war on drugs’ mentality remains largely unchanged.

As a medical student on a field trip to the Federal drug treatment center in Lexington, Kentucky I interviewed a number of recovering heroin addicts. All conceded that drugs had ruined their lives as their addiction took hold and became their sole reason for living. Most were young robust African American men. I came away thinking; what a waste and why would anyone self-destruct in this way? If these individuals had known the consequences of addiction, would they have made the same choices?

For most addicts, the withdrawal process from their addiction is a horrific experience. Just like the DTs when alcoholics dry out, going ‘cold turkey’ from heroin after incarceration or forced withdrawal produces a week or more of agony and life threatening medical issues. The fear of the withdrawal, of course, is one of the drivers to get the next fix. Rehab centers generally use a gradual withdrawal process that decreases the acute suffering and medical risks.

Education about the dangers of addicting drugs should begin in the home at an early age. Parents need to learn the key essentials about the dangers of drug addiction

and openly discuss this threat with their children. They should be poised to counter any misinformation and confront any temptations to experiment that may pervade a neighborhood culture. The churches, preschools and nonprofit agencies can also play a role in directly confronting the problem with accurate information.

Often the gateway to addiction begins with tobacco and alcohol. Any educational program designed to curb addiction should also include an added focus on these legal substances that cost the society dearly.

In many public and private school systems health and sex education are a part of the curriculum. Information about the dangers and consequences of addictive drugs should be added to these courses. Video interviews with drug addicts can detail the dangers of addiction and experimenting with drugs. Have school assembly programs for both students and parents dedicated to inform and combat drugs in the local communities. Encourage school student councils and other school organizations such as honor societies, Key Clubs, athletic teams and band members to take a drug free oath and submit to urine testing. Mobilize peer pressures against students that deal or use drugs and encourage students to report incidents of drug abuse to their superiors anonymously. Offer instructive programs to parents that provide a guide as to how to suspect drug usage among their children. Just because drugs are legal does not mean they need to be tolerated in our schools. Expulsion and disciplinary action would still be an enforcement measure. Drug education should be extended to the college campuses as well.

Drug Testing

As with performance enhancing drugs, testing for illegal drug abuse offers many challenges. No simple inexpensive quick urine or blood test currently exists that broadly screens and quantifies the majority of illegal drugs. Recent studies suggest that saliva testing looks promising to check for heroin, amphetamines and cocaine. Adequate funding should enable modern bioscience to produce cost/effective and speedy testing solutions.

Drug testing would involve two steps; one qualitative and the other quantitative. The first would broadly screen and, if this were strongly positive, lead to a more precise test to quantify blood levels. Newer standards for safe blood levels consistent with acceptable performance and judgement would need to be developed.

Legalization would in no way interfere and probably enhance the appropriate use of drug testing in the work place, schools, athletics and law enforcement.

In the workplace, corporations could continue to have random drug testing as a condition for employment. Driving under the influence of drugs would remain in place and a policy of a drug free school environment would not change. Prenatal clinics would have to provide a routine drug screen with those testing positive encouraged to enter drug rehab programs.

Drug Rehabilitation: Once an addict, always an addict.

To accommodate the surge of drug dependent individuals seeking treatment after

legalization, a marked expansion of drug rehab programs and facilities would be necessary. A no-questions-asked approach would help to remove the stigma of drug addiction and deal with the problem as a medical disorder. Compassionate medication assisted treatment (MAT) rather than ‘cold turkey’ withdrawal would become the standard as newer approaches to addiction became available. Rehabilitation programs in prisons would need to integrate with community programs to insure continuity of care as drug addiction becomes a coded psychiatric medical disorder. Taxes on drug sales would finance the increase in capacity necessary for public, nonprofit and for-profit funded rehabilitation centers to expand and prisons programs to take root. Clinical and scientific research into the causes of addiction would be carried out in these centers and results of this research shared and molded into better prevention and treatment models

An improved curriculum for mental health workers specializing in addiction would be developed. Pharmaceutical companies would receive tax incentives and financial aid to develop new drugs to treat addiction. This would add to the assortment of drugs that are currently employed such as methadone and suboxone.

Downsizing the Judicial System

No other groups of public servants would be impacted more than law enforcement officers. Because drugs consume a large proportion of law enforcement work and half of all prison inmates are warehoused due to drug offenses, the cost savings secondary to drug legalization would be huge. Additionally, legalization should decrease the rate of

violent crime, robberies and burglaries.

The actual cost savings in ‘right sizing’ law enforcement is hard to quantify. There are many vested players in this ‘war on drugs’. Even as legalization would create public and private sector jobs, it would also put many law enforcement jobs at risk.

Especially among minorities, the punitive war on drugs fuels the perception that the policeman is the adversary. Models like New York City's stop-question-and-frisk concept do little to improve the relationship between the police and the community. With legalization the number of outstanding warrants for parole violations and arrests for drug offenses would diminish and the police officer could have the time to become a mentor and coach for risky behaviors and not just the 'got you' enforcer.

The Role of the Federal Government

The Federal Government must take the lead if legalization is to become a reality. Such a dramatic cultural shift, by necessity, would need to be instituted in measured steps that took into consideration all parties. In the author’s opinion, if the federal government offloaded the process to state governments it would devolve into a mishmash of 50 plans tainted with personal agendas and moralistic stances.

A task force of experts representing the major disciplines involved could be convened to assess the barriers to smooth implementation and come up with the outlines of a strategic plan. A master congressional subcommittee would be involved in the planning process and a federal agency would be responsible for crafting the final

comprehensive plan in consultation with the FDA, NIH, pharmaceutical industry, state governments, law enforcement and other interested parties. If a consensus is achieved, a legal decision would be necessary to decide if congress alone could approve the legislation to legalize or whether it would require a constitutional amendment.

Replicating the Supply Chain

In general, marijuana, opioids, cocaine and methamphetamine are the four major psychoactive drug classifications that are sold illegally on the street. If legalized, the American pharmaceutical industry under the auspices and control of the federal government could fairly easily, economically and expeditiously produce an abundant supply of these drugs and their various derivatives. If these new legal drugs were supplied at very low prices, it is reasonable to assume that the drug cartel supply chain would implode.

The production and distribution of alcoholic beverages and cigarettes is carefully regulated by states and the federal government. With the regulation of illegal drugs, the division of responsibilities between the federal and state governments would need to be defined. Who would be the suppliers and how would they be regulated? How would the costs and tax revenues be divided? How would law enforcement deal with the residual supply of alternative or designer drugs that remained on the street?

At the state level, the local pharmacies or government licensed outlets would probably be the distribution points. How would the retail outlets track sales and usage?

Would they have an integrated and coordinated program that could compile data similar to the way the OAARS program works in Ohio? How would the revenues be directed toward new services for education and rehabilitation?

At first glance, the abundant supply of cheap legalized drugs suggests that it would encourage drug abuse and cause a meteoric rise in the number of lethargic pot heads and euphoric thrill seekers in our society. There is some scientific evidence to suggest otherwise. In 2000, Portugal decriminalized the possession of limited quantities of addictive drugs. This resulted in no rise in drug usage rates and a marked decrease in the rates of drug overdose, HIV and other sexually transmitted diseases.

Most addicts are aware of the dire consequences of drug abuse and are familiar with the terms poverty, homelessness, destroyed families, gun violence and crime that are indicative of drug addiction. Most articles in the media describe the addicting highs from mind altering drugs, but infrequently discuss the soon to follow aftereffects and devastating lows that are compelling reasons not to experiment or become regular users of addicting drugs. Most addicts are highly motivated to quit but ‘the war on drugs’ and traditional norms create barriers to rehabilitation. The penal system remains geared to arresting and warehousing addicts and not medically assisted treatment (MAT) and drug rehabilitation.

In America, legalization might usher in an initial spike in drug experimentation and even addiction. But nothing has worked in the past 40 years to curb illegal drug

usage or suppress the illegal drug industry. Cocaine, heroin, methamphetamine and a whole range of deadly illegal drugs destroy lives and undermine our societies. An informed individual is not powerless to 'just say no' or quit, and if already addicted seek no-questions-asked help from good rehabilitation centers.

The experience in more than 25 or more countries supports the removal of criminal penalties for drug use.

At the very least, it is time to have a serious conversation about new approaches toward solving the drug problem as the current 'war on drugs' is too wasteful of lives and resources. In a more perfect world there should be better solutions, but all else has failed dismally and it may be time to throw in the towel and search for less punitive solutions. One thing is certain; you must be able to nullify 'drug money' and illegal drug trafficking, if you are going to make inroads in solving the drug problem.

The Arguments for Legalization of Drugs

- Smaller percentage of Americans incarcerated for nonviolent offenses
- Decrease in the number of drug related homicides and crime
- Decrease in the number of deaths from overdosing (43,982 in 2013)
- Improved access to appropriate treatment for addicts
- Increased number of addicts and drug abusers rehabilitated back into the mainstream of society
- Fewer cases of HIV and Hepatitis C due to contaminated syringes
- Improved tracking of addictive drugs and prescription medications
- Greater research to find treatments for drug addiction, mental illness and medical disease
- Elimination of a contentious international political issue

- Cost savings in law enforcement and improved police/community relations
- New jobs, tax revenues and entrepreneurial innovation in a new industry
- A safer world
- Improved drug screening tests
- Greater emphasis on rehabilitation, education and drug screening

The Arguments against Legalization

- The potential for an increased rate of addiction
- Economic and social disruption to the legal system
- The complexities of regulating and supplying currently illegal substance and Scheduled prescription medications
- Constitutional and jurisdictional challenges that include privacy and drug testing
- The moral and ethical dilemmas of legalization
- Crime syndicates that turn to other types of crime