

**Questions and answers on the issue of a regulated market
for all currently illegal drugs**

Mark Haden

November 18 2005

Q: Are you saying that you want to legalize all drugs?

A: No: Market regulation means actively controlling drugs as they are currently now widely available due to the black market. Our current system allows uncontrolled access. We want to be able to control this market in a way that reduces harm to individuals, families and our city as a whole. Seeing drug use as a health issue not a criminal issue allows us to explore a wide range of tools to manage the problems in a more effective way.

Q: Are you saying “yes” to drugs?

A: No – but we are saying “yes” to using more effective ways of controlling drugs and their problems. We are also acknowledging that all societies throughout history, that have had access to drugs, have used them. Before prohibition these societies generally did not have problems with substances. We need to learn the lesson from history and try to find ways of controlling drug use through more effective non-criminal techniques.

Q: What about methamphetamine?

A1: The fact that a drug is dangerous is the best reason to regulate and control it. Dealers do not ask customers for age ID. We could shut the black market down and restrict access for youth.

A2: The current situation is one where mainstream society has no control. Crystal Meth of unknown dosage and purity is widely available through corrupt violent criminal organizations. We do not control the drug, the context of use, or the method of use. In a regulated market we would control all of the above. The degree of regulation would be matched by the harmfulness of the drug. Concentrated, smokeable preparations would be more restricted than weaker oral solutions. Concentrated preparations in IV or smokable form would at first be available (in pure standardized dosages) for the most marginalized, adult, addicted population in medically supervised settings where concern, support, medical treatment and referrals would be offered. We would need to observe and document the effects of this on the black market. If, after this, the black market was still very active we would need to expand the target population to include some youth who are addicted and street entrenched. The effects of these incremental changes would be documented in a research paradigm where the information about the changes (both individual and societal) would be widely available. Some individuals involved with this program may be engaged and supported to pursue abstinence options and other may be supported to take weaker, oral, less harmful preparations. Others will continue to have an out of control relationship with this substance but they will be in contexts where their behaviour can be more effectively managed than the current situation where they are "tweaking" in our back alleys.

Q: We have not been harsh enough with drug users. Why don't you just hire more police?

A1: Studies from many countries tell us that there is not a connection between levels of enforcement and levels of drug use. The Senate Committee report reviewed the world literature and simply concluded that there is no connection between enforcement levels and use.

A2: All jails have lots of drugs in them. If prohibition does not work when we have individuals guarded and in cages it will not work on our streets. Prohibition has never worked and can never work. It did not work for alcohol and it does not work for drugs.

Q: Will our society have to deal with out of control drug use?

A: No – market regulations are all about controlling who has access to what drugs, in what contexts. This way of working with drugs in our society is not about the free market. It is about using public health as a model to manage this problem more effectively.

Q: Our society has two broken arms with alcohol and tobacco. Are you suggesting that you break society's legs (with drugs) as well?

A: We are not suggesting that we duplicate the existing controls used for alcohol and tobacco for drugs. We need to learn the lessons from alcohol and tobacco. We have allowed large corporations to market these dangerous substances and they have resisted our attempts to control them. Market regulation of drugs would use many techniques not used to control alcohol and tobacco. For example; control of advertising, promotions, sponsorship of events, packaging, branding, warning labels, location of use, profit controls, and many others (see spreadsheet).

Another lesson we can learn from alcohol is the Al Capone and his murderous cronies set up an international distribution system and made it widely available. The same is true today as organized crime has become very sophisticated in making drugs available throughout our society.

Q: What about the youth?

A: Currently studies (monitoring the future) tell us that youth can access drugs easier than alcohol. If we used tighter controls on drugs than we do for alcohol then we could actually reduce access to youth. The current system of black market availability is very engaging of youth as they often sell to each other. Drugs exist in all schools. Both the easy availability and the attraction to the easy money keep youth connected to the drug scene.

Q: How about pressure from the USA?

A: We can learn a lot from the USA as they have done a historically unprecedented social experiment where they have put more people in jail per capita than any other country has in the history of the planet earth, many of them for drug crimes (60% of

federal prisoners). In spite of this they have more drug use than all of the European countries. While they push us to fight the drug war, the real lesson is that prohibition does not work.

Q: Will we see a black market selling drugs to the USA?

A1: This exists already. Lots of drugs flow both ways across the border in our current situation.

A2: Perhaps this will encourage the USA to also adopt sane drug policies.

Q: Would you expect drug tourists?

A: Not if we regulated the market with residency requirements.

Q: Are you suggesting that drugs be sold openly in stores?

A: No this is not about selling crack at the local 7/11's or selling kilo's of heroin at Safeway. This is about finding ways to regulate and control distribution of drugs in a way that puts the criminals out of business. We can regulate who buys drugs, where, when and where they use them. The drugs can be packaged with no branding (lots of warning labels) and we can specify who is allowed to purchase and where they are to be used.

Q: What is the problem with the black market – is it not the lesser of two evils?

A: The black market produces violence, crime, disease, corruption and death and sets up a system that makes drugs widely available and engages our youth.

Q: Would drug use go up in the new system?

A: We need to distinguish use from abuse. Those who are susceptible to abuse already are abuse alcohol and or other drugs. We can predict that abuse will not go up. With regulations based on public health principles we can reduce the harms that people who abuse drugs do, to themselves and others. Drug abusers are marginalized in the current system. In the new system we could engage abusers in the health system by specifying location of use at places like the safe injection site (or smoking rooms) which are staffed by health professionals.

In terms of use that is not harmful “yes” we can expect that for a brief period of time there will be more experimenters but we can control this by making changes incrementally and studying the effects of each change.

In Amsterdam where cannabis is sold openly they have half the per-capita use of the USA where it is criminalized.

Q: What about our international agreements?

A: Canada has the opportunity to be a world leader in changing the outdated international agreements. We need to host other like-minded countries to meet and sign new agreements.

Q: If we shut down (or greatly reduced) the black market would the criminals find other ways of doing crime?

A: The federal auditor general said that drug money is the main fuel to organized crime. Take away the fuel and you take away the incentive that brings new players in and keeps existing criminals going.

Q: Are you just surrendering to drugs and throwing in the towel?

A: No – we are going to use more constructive tools to work to reduce the harms to society. Drug prohibition is a failed social policy and we need to find better ways of dealing with this problem using the tools of public health.

Q: Isn't this just enabling them? (drug addicts)

A: No – enabling is all about denial, dishonesty and disconnection. Regulating the market is all about public health, honesty and increasing social connections.

Useful soundbytes:

- Using enforcement against the drug industry is like shovelling water out of a swimming pool with a slotted spoon.
- As the police arrest a dealer in the DTES someone else steps into place. There is no other crime like that.
- Drug prohibition is a problem masquerading as a solution
- Just say “no” to the war on drugs
- The drug war creates more harms than drug abuse itself
- The war on drugs is actually a war on our citizens.
- Addiction in our society needs to be treated as a health problem not an enforcement problem
- The great paradox of drug prohibition is that the more we fight drugs with the police the more we create a black market which makes drugs widely available
- Who do you want controlling drugs – health care workers or organized crime?
- Drug prohibition creates:
 - Crime
 - Violence
 - Disease
 - Corruption
 - Death
 - Disrespect for the law
 - Open drug scenes
 - A black market which makes drugs widely available
 - Destabilization of world markets – as the \$600 billion industry launders their money
 - Funding for terrorism
 - Destabilization of third world countries – as drug armies kill and intimidate
 - Large criminal organizations
 - Criminalization of our youth