

# THE BRITISH COLUMBIA ANTI-PROHIBITION LEAGUE NEWSLETTER



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The British Columbia Anti-Prohibition League respects the right of adult Canadians to choose what they consume, and advocates the repeal of the Controlled Drugs and Substances Act

## BCAPL President Henry Boston Replies to the Critics

Gilbert Currie-Johnson, a generous supporter of the League sent a copy of our newsletter to Dr. Gillian Arsenault, the Medical Director and Health Officer in the Fraser Valley Health Region and invited her comment. She wrote back on June 1 1998 that she had learned from the newsletter about "political pressure put on other countries by the United States to adhere to prohibition ideology" and that "the themes presented are consistent with medical research...on the ineffectiveness of prohibition" but she had a problem with the opening statement that "adult Canadians have the right to choose what they consume" and explained "I am leery about claiming the right to choose what one consumes without linking it to a corresponding responsibility to deal with the consequences of such choices."

Gilbert forwarded her letter to us, June 24, with a covering letter saying "I would like to see her letter printed in an upcoming issue of the BCAPL."

League members, when consulted, advised me to print the letter with comment. So I wrote to Dr. Arsenault asking if this was her wish and sent her a copy of our July Newsletter, "The Right to Choose." September 16 she sent me a further letter commenting on approval given by the Vancouver Island Human Rights Coalition to the motion that "The Canadian Government and the United Nations be asked to include in their human rights codes that individual adults have the right to choose substances for their personal use."

Below is an edited copy of her letter. (The original can be sent in reply to a stamped addressed envelope. One 45 cent stamp will cover the cost of mailing. Photocopying costs us 5 cents a page The letter is three pages long. A few cents to cover photocopying would be appreciated, but are not required.)

### Dr. Arsenault's Letter of September 16

Dr. Arsenault commented: "I think probably we would agree far more than we would disagree on the topic of adults choosing substances for their personal use. As a physician, of course, I am duty-bound to point out...that some substances are healthier than others, and some are downright dangerous...where we may not agree is that making drugs of abuse freely available is not a useful thing for a society to do, either. Legalize, yes, but...accompanying legalization there must also be:

#### a. Public Awareness of the Risks of Abusing Drugs

Choice based on ignorance or misinformation as a result of systematic withholding of relevant information - as has occurred

with tobacco in current society - is not choice, it is manipulation by those who withhold or distort information.

Scenario: a teenage girl is in hospital, one side paralyzed as a consequence of hemorrhagic stroke resulting from the second time she used cocaine. "Why didn't anyone tell me?" (Or she gets HIV, or Hep C, or Hep B, if this kid missed the shots in Grade 6. Or she gets a fungal infection that gradually destroys her brain ...look into her eyes, as I did, and you will see the fungus growing where her retinae used to be. These kind of things happen every day, right here in BC. And then there's the slow damage from drug abuse, the lung damage, the brain damage...)

#### b. Support for people choosing not to use drugs of abuse

Scenario: A construction worker has a chance to attend an excellent course of workplace safety ... Our worker has asthma and is allergic to tobacco smoke. Because some other attendees felt free to use their substance of abuse (he) has been prevented from attending the course.

#### c. Treatment and support for people choosing to quit their drugs of abuse

Scenario A young man wants to quit using heroin. He seeks out every detox and drug treatment facility within the local telephone calling area ... and is always refused.

#### d. Treatment and support for people not ready to quit

If you don't help the addicted and dysfunctional they will become more and more damaged...If not prevented, we as a society end up with a group of severely damaged survivors on our hands...It is a heck of a lot cheaper to look after drug abusers than to ignore them whenever possible.

#### e. Responsibility of those choosing to use drugs of abuse, or abusing other drugs, to avoid harming others, and to take responsibility for the consequences of their choice.

If you drink alcohol to a level where your reaction time is impeded...don't drive. If you use marijuana, you wait until the resultant slowing of thought and reaction time has fully worn off before you operate a vehicle or heavy equipment. If you smoke you don't leave your smoke into anyone else's breathing air. And if you choose to use a substance that's toxic to unborn babies, you don't get pregnant.

In short - I don't think your motion is wrong - it's just incomplete. What's lacking is the responsibility part.

Yours sincerely, Gillian Arsenault MD FRCP  
Medical Director/Medical Health Officer"

Later I received a further letter from Gilbert Currie-Johnson dated October 5 which I have copied out below. The letter was addressed to me with copies to the Vancouver Island Human Rights Coalition and the BCAPL.

#### Gilbert Currie-Johnson's Letter

Dear Henry:

Thank you for the information you supplied in response to my letter, which included a letter from Dr. Arsenault. Thanks also for the "Stand on Guard" materials and congratulations on the recognition given you by the Lieutenant Governor. The enormous energy you have devoted to the BCAPL deserves every recognition you can get.

Having written that sincerely, I must, nevertheless, add that I cannot support the statement which reads:

"That the Canadian Government and the United Nations be asked to include in their human rights code that individual adults have the right to choose substances for their personal use" (I will refer to this statement hereafter as RTC = Right to Choose)

I do hope that the one person who refused to support the motion gets a copy of this letter, since that individual may well have reservations similar to my own and I would be glad to hear from him or her.

My Objections to RTC:

One of the few things I have learned from life is:

#### Gilbert's Meditative Maxim

Every good idea or principle, carried to its logical conclusion,

without careful consideration of all relevant factors in implementation, begins to defeat, and eventually will defeat its own ends.

My opinion is that the Human Rights movement, by endorsing such simplistic statements as RTC is well on to that self-contradictory path (in the long term). There is an individual and a collective side to human affairs.

Two historic illustrations of the relevance of my maxim:

1. Christians, by emphasizing unity and conformity of belief, killed compassion and freedom, became horrendous persecutors and destroyed, for all time, unity and conformity of faith for the church.

2. Hitler, by ignoring "careful consideration of all relevant factors" and making Germany his god, allowed a virtue: patriotism to lead his people to their ugliest and most total defeat.

I hope you will study my maxim since it is the source of my dissatisfaction with both the basic necessity and the present form of RTC. The absolute unqualified nature of RTC disturbs me, "absolute" in the sense that there is no legal restraint on any and all substance use. (!)

The thinking seems to be: If the rescinding of prohibition is desirable, how much more desirable it is to declare a "right" without a word of reference to full responsibility for possible negative consequences, which are, statistically bound to occur in many cases.

Open ended rights without responsibility are guaranteed to create enormous social problems. "No man is an island."

Under the wording RTC what is to stop a person demanding and exercising the right to sniff paint thinner, inhale carbon monoxide, consume bottles of barbiturates and heaven knows how many deleterious substances?

A much broader strategic viewpoint has been ably presented by Gwynne Dyer in his article "The Last Days of the War on Drugs" (Globe and Mail, Sat., Sept. 26, 1998 p.D4).

He claims that mainly as the result of pressure from the USA, the United Nations has so boxed in the right to end Prohibition that full legalization is not an option at this time. He uses examples of about a dozen countries (including Canada) to declare that right now the only pragmatic response available is a piece of war of attrition by evasion, cheating, looking the other way, etc. To me, supporting these "illegalities", using our imaginations is something we all can contribute to and - best of all - when enough of these "permissive" projects succeeds in reducing harm, even the Dragons of the Drug War will begin to feel the massive heat of the people's anger.

The right to use present illegals is unwise, unnecessary and counter productive in terms of BCAPL goals in the real political world.

Dyer also claims that many enlightened leaders are now discussing not whether to end Prohibition but how to regulate new legals after the demise of Prohibition. I find it difficult to see how anyone can read Dyer's article, and still think that an RTC declaration has any relevance whatever to the advancement of our cause.

Historically, the USA got rid of Prohibition by cancelling the 18th amendment; there was no reference whatsoever to the abstraction in that case: "adults shall have the right to consume alcohol."

Why add this dubious and complicating 'right' to further infuriate the fearful and to more deeply alienate those large numbers of people whose livelihood depends on their service as troops in the Drug War? Once we add 'rights' we increase legal costs and make policing even more difficult. (See addendum)

Two final paragraphs from Dyer's article:

"A majority of Australia's state health ministers approved a heroin prescription trial last year, but were blocked by Prime Minister John Howard (who faces an election next month). Vancouver is considering a similar program, which would be a first in North America. 'Filling prisons or hospital beds with substance abusers does not make any public policy sense' said police chief Bruce Chambers in a July press conference, while chief coroner Larry Campbell stated bluntly: 'It's time someone stepped forward and said the war on drugs is lost. We cannot pretend to be winning the war.'"

No less an authority than Raymond Kendall, secretary-general of Interpol, said in 1994: "The prosecution of thousands of otherwise law-abiding citizens every year is both hypocritical and an affront to individual, civil and human rights...Drug use should no longer be a criminal offence." But given the power

of the US government and the international legal barriers it has erected, nobody is able to sign a separate peace in this war. What they are doing, instead is deserting one by one."

We should be discussing how to regulate; e.g.: What's wrong with a skull and cross bones warning on alcoholic beverages? And descriptions of fetal alcohol syndrome? Would we not also need accurate information on the total repertoire of impacts produced by the new "legals" when common sense has prevailed?

If BCAPL and VIHRC still think that asserting a right is more important than getting on with the battle, at least there should be reference to personal responsibility for all ensuing problems. There are naive and ignorant people in every society. It would be criminal for the state not to include in its statement of 'the right to consume' some sort of advisory caveat e.g. 'These...are possible effects of this drug and Society has the right to demand that you, as a consumer, will be responsible for any untoward consequences of your consumption.' (This would be a good idea for alcohol and tobacco as well.)

Please reconsider both the necessity and the possible serious damage, which RTC may do to our long-term success in destroying Prohibition.

Yours truly, Gilbert Currie-Johnson

P.S. Final Note: I regret the necessity laid upon me to write this letter,. It is always peculiarly annoying when "one of us" sounds off. On the other hand, I do not regret being a whistle blower: they are always in short supply.

#### Addendum

My position is that Aristotle's Golden Mean should be a balance between individual and collective needs.

Whether it be truth, the whole truth and nothing but the truth, some of us have a feeling, perhaps inchoate and intuitive rather than explicit and crystal clear, that we are already paying a significant price for the zeal displayed by our courts and judges in making decisions which tend to defend the offender at the expense of the victim (actual or potential).

An example: In the post midnight hours, during a severe storm, a police officer has stopped an erratic driver. It appears that he is drunk, just think how it complicates his work when he has to contact a lawyer by phone before he can administer a breathalyzer test. Is it any wonder that the R.C.M.P. runs over budget and we will have less police protection as a result?

In the name of common sense, where is the Golden Mean between over-protection of the citizen and under-protection of police power? Is it possible in the real world to overprotect the citizens at the expense of equal justice for all? (Please recall my maxim)

Thank God for Justice Mme. L'Heureux of the Supreme Court of Canada, who is the only member of that body to question ridiculous near-the-line decisions of that august body.

I am not suggesting that there be no concern for individual rights especially in the light of Chretien's recent APEC capers, but I am also concerned about the right of police to have reasonable freedom to apprehend criminals and to expect significant sentences when they are apprehended for serious,

violent crimes. Two of the reasons for this are too much emphasis on right and the War on Drugs."

#### Henry Boston's Reply

Dear Gilbert:

Thank you very much for your generous gift to the League, which I especially appreciate, because you do not agree with our mast head, or with the Right To Choose. I also thank you for photocopies of relevant articles from various newspapers, and particularly for your letters, which no doubt express views shared by others, and therefore give me an opportunity to explain our position more clearly.

My position is based on my understanding of what is my responsibility.

I once buried a man called Jim who had killed himself with alcohol, but although I was involved I didn't feel responsible for his death, and I still don't.

He had been laid off from work in a mill because he had been impaired by alcohol when at work, and was sent away for rehabilitation. His wife came to see me and explained that his work at the mill was finished. They would not rehire him because for a second time they had sent him away for rehabilitation.

Then she produced an envelope from her pocket and said, "If he gets this he will drink himself to death. It is his pension check."

"So what are you going to do with it?" I asked.

"I want you to keep it." she said.

"I can't keep it. It isn't mine."

"I am not taking it home" she said. "If I do he will get it."

And putting it down she left.

I regarded the envelope with misgivings. After she had gone I took it to his place of work. The manager said to me: "We can't keep it. It is his, and we have sent it to him."

But they didn't mail it.

After Jim had been rehabilitated and returned home he came to see me. He did not at first explain why, but eventually he asked me for his pension check, explaining that his wife said that I had it. I told him that I had returned it to the mill.

Some weeks later we heard that he had left home and was living in the woods. Then there were reports that he was mentally deranged. A search party was organized and after three days searching his dead body was found in a barn with a whiskey bottle beside it. I don't believe that even if I had kept the check I could have prevented this from happening. There were other reasons. I think he had decided that this was the way he wanted to go.

On the other hand if I don't fight against laws prohibiting substances, I am responsible for heroin overdose deaths. My Government had prohibited heroin, and opium, from which heroin is derived. This made regulated heroin and opium unavailable.

An adventurous young man, who wanted to experience life, went to a bar where he drank beer and purchased illegal heroin. The heroin he bought was presumably unregulated, i.e., he did not know how strong it was, and he overdosed on it. When so-

called friends saw that he had overdosed they removed all illegal substances from the premises before calling an ambulance. The fear the penalties produced was exactly what they were intended to do by my Government who established them. If I do not protest against this law I am responsible for these penalties and for the fear they produce. So if I do not protest against this law I am responsible for the behaviour of so-called friends who removed evidence before calling an ambulance.

If I don't fight against laws prohibiting substances I will also be responsible for police telling lies to arrest people and put them in prison. Police are driven to do this by the laws made by our Government prohibiting sale and possession of certain substances. These substances are purchased and used in secret, and those whose job is to enforce the law are consequently obliged to deceptively sell, or pretend to want, the prohibited substance, so as to catch sellers and purchasers. This undermines respect for the police and respect for Government. Consequently some people trust the statements of traffickers of illegal substances more than they trust the Government. The only way that I can live with myself, is to try to point out that the laws which our Government has made cause overdose deaths and also cause police dishonesty.

The Government, and those who support Government decisions, think prohibiting a substance is a moral attitude, but I don't believe that morality controls someone else's behaviour; as Cardinal Gibbons said early in this century, "A law of this kind interferes with the personal liberty and rights of the people and creates hypocrisy on the part of the public."

You say at the end of your letter, "If the BCAPL and VIHRC still think that asserting a 'right' is more important than getting on with the battle, at least there should be reference to personal responsibility for all ensuing problems." But we believe that asserting the right is "getting on with the battle", and that the public is already aware of 'ensuing problems' and has addressed them through the law, i.e., laws against impaired driving and assault. Substance abuse has also been addressed by Alcoholics Anonymous, and Narcotics Anonymous.

We want a change in the law, and this will require, if the Government is to be aware of our complaint, that all of us pull together. If you want a change in the law the first step has to be to claim the right to choose, for individual adults. It is this first basic step which is necessary in any battle against the prohibition of substances. You cannot fight a war while the enemy is in your trenches. First you must get the enemy out of the trenches. If the Government supposes that we should not be free to decide what substances we use, then the Government is going to decide this for us and the Government is in our trenches. Establishing that the individual has the right to choose is basic, and there is no point in fighting any battle unless this right is recognized.

If governments recognize that individual adults have the right to choose we hope and expect that they will also see it is their responsibility to regulate supplies, and inform purchasers about hazards in use. This applies especially to chemically produced substances such as heroin. But we also hope that a change in the law will make available less powerful alternatives available such as opium.

Of course we expect people to be responsible for what they do after ingesting a substance. But I am not willing to accept responsibility for their use of a substance, or for their behaviour

after they have used it. I think that as a supporter of the League you are free to add a caveat stressing that they are responsible for "untoward consequences of their consumption. But I want to point out that you and I as voters are responsible for what the Government which represents us decides. We are not in the same way responsible for someone else's substance use. If someone wants to overdose on a legal regulated substance, that is not our responsibility. Doctors have a responsibility to advise people about their substance use, but I am not a doctor, and do not accept that responsibility.

You say "Under the wording of RTC (Right to Choose) what is to stop a person from demanding and exercising the right to sniff paint thinner", etc.? This problem is not created by the wording of the Right to Choose, but is a fact of life under existing regulations. Under the present system there is nothing to stop any one from purchasing paint thinner and sniffing it. This can only be prevented by the knowledge of the effect of sniffing paint thinner. We have to learn to live with what exists in the world. Education, not legislation, is the answer.

In your letter you refer to a meditative maxim: "Every good idea or principle, carried to its logical conclusion without careful consideration of all the relevant factors in implementation, begins to defeat, and eventually will defeat its own ends", and you supply illustrations to explain its meaning and relevance. I would like to explain what I mean, by using your illustrations.

I reply to your meditative maxim that if an idea defeats its own ends then there is something wrong with the idea.

E.g. you say firstly: "Christians by over emphasising unity and conformity of belief, killed compassion and freedom, became horrendous persecutors and destroyed, for all time, unity and conformity of faith for the church."

I hold that what was wrong was to confuse unity with conformity of belief. Unity, as I see it, is based on love. Love values and even rejoices in the individuality of each one. Love unites the members even when they do not agree. You yourself are an example of this in contributing to our cause even when you don't agree with what we are saying. You accept us, and honestly present your view point. Your disagreement has not prevented you from contributing either financially or verbally.

In fact that is what unity is. Unity is a relationship in which each member is free to express itself in communication with other members. This is different from the conception of unity adopted by the Roman Catholic Church, and expressed in your letter. The difference may be seen by rewriting the last verse of Paul's hymn to love. Paul wrote: "So faith, hope, and love abide, these three; but the greatest of these is love." ! (Cor. 13:13). But if unity is confused with uniformity the verse would then read: "Faith, hope and obedience abide, these three; but the greatest of these is obedience."

The church broke up not because love was wrong, but because it was denied. Perhaps the church has learned a lesson. Unfortunately the word love means different things, and this has caused some confusion. Some have gone astray because of an interpretation which they have put on the word "love". Love as a Christian quality has a universal application, but romantic love has destroyed many marriages.

In your second example, the patriotism of Hitler adopted a blind pride instead of an illuminating humility. If Hitler had been a humble man and led Germans in humility then German

leadership would have benefited, instead of threatening, the world.

Jesus said: "Blessed are the meek for they shall inherit the earth." Meekness and humility are forms of love. The meek and humble value the contribution of others more than their own contribution. I don't believe that either the meek or the humble or the loving will defeat their own ends.

I believe that the statement in our mast head is valid and necessary. What is wrong with the present system is that love is denied in the prohibition of substances. Just as the church tried to enforce conformity and confused that with unity, so the United Nations is trying to enforce obedience or conformity to its views about substances.

I value the assessment in the *Globe and Mail* for September 26, 1998, over an article by Gwynne Dyer, that we are seeing the last days of the War on Drugs, but I reject the suggestion, in the same article, that because of the attitude of the United States Federal Government, we have to "cheat", or as you have put it, that "Mainly as a result of pressure from the USA, the United Nations has so boxed in the right to end Prohibition that full legalization is not an option at this time." I would like to contrast this with the statement of Amnesty International, which has challenged the United States in a 150 page report concluding: "Across the country thousands of people are subjected to sustained and deliberate brutality at the hands of police officers. Cruel, degrading and sometimes life-threatening methods of constraint continue to be a feature of the U.S. criminal justice system."

I think we do an injustice to the United States if we suppose that they are not capable of recognizing that they have made a mistake.

Henry Boston

#### Editor's Addendum: Salutory Quotes

"Sadly, the very concept of a closure of the free market in drugs is likely to ring vague and abstract to most people today. But the personal and social consequences of a policy based on such a concept are anything but abstract or vague. Every aspect of our life that brings us into contact with the manufacture, sale, or use of substances of pharmacological interest to people has been utterly corrupted. The result is that, in all the complex human situations we call "drug abuse" and "drug abuse treatment" the voluntary coming together of honest and responsible citizens trading with one another in mutual trust and respect has been replaced by the deceitful and coercive manipulation of infantilized people by corrupt and paternalistic authorities, and vice versa. The principal role of medical, and especially psychiatric, professionals in the administration and enforcement of this chemical statism is to act as double agents—helping politicians to impose their will on the people by defining self-medication as a disease, and helping people to bear their privations by supplying them with drugs. This is a major national tragedy whose very existence has so far remained unrecognized." (Thomas Szasz, *Our Right to Drugs*, Ch.1)

"Till men have been some time free, they know not how to use their freedom. The natives of wine countries are generally sober. In climates where wine is a rarity intemperance abounds. A newly liberated people may be compared to a northern army encamped on

the Rhine or the Xeres. It is said that, when soldiers in such a situation first find themselves able to indulge without restraint in such a rare and expensive luxury, nothing is to be seen but intoxication. Soon, however, plenty teaches discretion; and, after wine has been for a few months their daily fare, they become more temperate than they had ever been in their own country. In the same manner, the final and permanent fruits of liberty are wisdom, moderation, and mercy. Its immediate effects are often atrocious crimes, conflicting errors, skepticism on points most clear, dogmatism on points the most mysterious. It is just at this crisis that its enemies love to exhibit it. They pull down the scaffolding from the half finished edifice: they point to the flying dust, the falling bricks, the comfortless rooms, the frightful irregularity of the whole appearance; and then ask in scorn where the promised splendour and comfort is to be found. If such miserable sophisms were to prevail, there would never be a good house or a good government in the world...

There is only one cure for the evils which newly acquired freedom produces; and that cure is freedom. When a prisoner first leaves his cell he cannot bear the light of day: he is unable to discriminate colours, or recognise faces. But the remedy is, not to remand him into his dungeon, but to accustom him to the rays of the sun. The blaze of truth and liberty may at first dazzle and bewilder nations which have become half blind in the house of bondage. But let them gaze on, and they will soon be able to bear it. In a few years men learn to reason. The extremes of violence of opinion subside. Hostile theories correct each other. The scattered elements of truth cease to contend, and begin to coalesce. And at length a system of justice and order is educed out of the chaos.

Many politicians of our time are in the habit of laying it down as a self-evident proposition that no people ought to be free till they are fit to use their freedom. The maxim is worthy of the fool in the old story who resolved not to go into the water till he had learnt to swim. If men are to wait for liberty till they become wise and good in slavery, they may indeed wait for ever." (ESSAYS of Macaulay; Milton)

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#### THEATRE PRESENTATION

We have a director who is interested in and willing to work on a theatre presentation regarding drug prohibition.

Anyone interested in participating in any capacity, please contact Henry Boston by phone at 250-386-4699 or Email: [henryboston@bcl.com](mailto:henryboston@bcl.com)

#### A BRIEF FORAY INTO THE QUESTION OF DRUG POLICY

Judge Bald and his followers disagreed, perceiving in 'the deliberate suppression of a possible benefit for the sake of avoiding probable evil' the infringement of one of humanity's main rights—that of enjoying the liberty of its evolution, a liberty no other creature [has] ever known. (Vladimir Nabokov: *Ada*, chapter 21)

The BCAPL has not concerned itself thus far with the details of the 'drug policy' debate; we regard all prohibitions on personal

choices as to what we as adults shall ingest, to be an unreasonable (and implicitly unconstitutional) interference in the decisions one makes in the process of conducting one's life. This is the ethical aspect, which the BCAPL has always focused on. Some individuals' drug use may produce certain harms, however, and the question arises as to what specific legal mechanisms are needed, (if they do not presently exist), to protect others from such drug-related harm. Due to the paucity of reasonable, knowledgeable opinion on the subject, this month we will expose those readers who are unfamiliar with it to a glimpse of the work of the late Chester Mitchell – latterly, Associate Professor of Law, Carleton U., Ottawa. What follows are various loosely connected excerpts from Mitchell's works in an attempt to present, using limited space, some of his principal ideas.

Mitchell bases his approach on the observance of just and democratic principles, noting that "current drug laws are elitist and undemocratic because they minimize voter input and reject citizen autonomy while granting unjustified drug control monopolies to police and physicians."

"Democratically", he states, "the drug control question is fairly framed when every citizen is asked: what restraints on your own drug use will you accept in order to defend yourself against the social costs imposed by the drug use of others? Beside offering a lengthy speculation on how voters will answer this question, I will examine public choice mechanisms and contemporary democratic systems and review the type of measures required to increase democratic control of law making. Arguably, lack of democracy and constitutional protection permitted politicians to create the war on drugs in the first place. This does not imply that significant drug reform cannot be accomplished within the current institutional framework. Repeal of alcohol Prohibition in 1932 is a possible precedent. Without serious democratic reform, however, drug law revisions will likely occur piecemeal without assurance that government will not launch equally ill-considered wars in the future against other targets such as cosmetics or pop music, both currently prohibited by Iranian authorities...[Those] Iranian authorities prohibited pop music because they claim it is addictive, licentious, socially harmful and associated with increased violence. Islamic fundamentalists, like the Puritans view music and some forms of personal adornment in the same way that North American politicians view marijuana and cocaine. The Iranian 'war against rock music' may strike us as silly, but their lawmakers acted with as much scientific evidence and concern for civil liberties as ours do in warring against drugs."

"In order to consider every point of view, [my] book analyses all the existing models of drug regulation. In broad terms, five major legal systems of drug regulation can be identified. These are criminal law prohibition, medical prescription, rationing, taxation and private law. Principles of justice require that if drug use is legally regulated, then all psychoactive drug users and producers should be assigned to one system. Fairness demands would be satisfied if all drugs were prohibited, if all were prescription-only, or if all were free of public law restrictions. To assist citizens in making this hypothetical choice I examine each regulatory scheme on a best-case basis. That is, I try to make the best possible case for a uniform criminal law prohibition of all drugs and then speculate on whether most people would willingly inflict such a system on themselves. The evidence suggests that prohibition and medical prescription would be the least favoured choices for a uniform drug regulation program. Between rationing, taxation and private law the choice is less obvious."

This idealized framework may seem unrealistic and remote from current political realities but it need not be adopted to serve a

useful function. Evaluating the competing drug control paradigms in uniform, idealized isolation provides a clear and convenient basis for judging their strengths and weaknesses...Still, while...limited reform would solve the most pressing drug control problems, it would do little to help us avoid similar disasters in the future."

Regarding relative drug harmfulness in general, Mitchell notes that "At various times, coffee, alcohol, tobacco, and nitrous oxide were branded as grave social menaces threatening the very existence of civilization. Grave social menaces do exist. Twentieth century wars have claimed about 80 million lives so far. Starvation, parasites and infectious diseases are also major threats, as are pollution and environmental degradation. Drug use is not a major threat. Drug use mostly injures drug users themselves, and the injuries are mostly chronic, with late onset. Drug use kills people, but primarily by limiting their old age, not by cutting them down as young adults...Even if prohibition could enforce total abstinence, our major problems would still be with us."

[Ernest Drucker (professor of epidemiology and social medicine at Montefiore Medical Center/Albert Einstein College of Medicine, Senior fellow of the Lindesmith Center, and editor-in-chief of the journal, *Addiction Research*), offers the following:

*When it comes to drugs, public health data usually focus on the most negative outcomes (disease and death) and the "hard realities" of drug use: addiction, overdose, AIDS, crime, domestic violence. But this is only part of the picture. In the vast majority of cases, the positive aspects of drug use, such as psychological benefits and social involvements, outweigh any harm. Because of the stigma attached to illegal drug use, these "soft realities" are largely ignored in public discourse. But they can be inferred from public health data.*

*While tens of millions of Americans have used illicit drugs—70 to 80 million marijuana, 40 million cocaine, and 20 million heroin—the number of heavy or problematic users is only 5 percent to 10 percent of those figures, similar to the proportion seen with alcohol. Public health data on moderate alcohol use (one or two drinks per day) suggest it is not only harmless but actually beneficial. I suspect a similar case could be made for other drugs, which are often used (successfully) to "self-medicate" anxiety, depression, and attentional difficulties.*

(Drucker sees "drug use" only through his medical lens. Peter McWilliams, author of *Ain't Nobody's Business If I Do*, does less so, and perceives such practices as primarily "enjoyable, productive, illuminating, or healing. These are precisely the experiences most people who take drugs have – that's why people continue to take them." (Daily Variety Magazine, Dec. 1, 1997))

Salient observations are made by Mitchell regarding the caprices of present drug classification: "Political biases are allowed nearly free reign in the regulation of drugs because lawmakers in democracies and dictatorships alike enjoy legislative licence to classify drugs any way they please. Numerous legal categories can be created and any drug can be assigned to any category. Legislators need not demonstrate that drug use is dangerous; they need merely assert that it is harmful. Drug classifications are not based on drug effects, harmfulness, addictiveness or any objective measure. Instead, drugs are grouped according to the legal restrictions imposed on their users, producers or sellers. Obviously such a scheme is entirely circular – a drug is declared a 'narcotic' not because its chemical structure resembles morphine, not because it induces drowsiness, and not because it is especially dangerous, but because legislators assign it to the 'narcotic' classification. Without



factual tests, burdens of proof or constitutional laws to impede them, politicians can make any substance a 'narcotic'. (In thirteen states marijuana is a narcotic, but in thirty-seven states it is a hallucinogen. In three states LSD is a narcotic.) Since the drug laws served, and still serve, as an indirect means of inflicting unethical and unconstitutional discrimination against minorities, the only complete ethical remedy is to abolish discrimination and treat all drug users alike." [The pharmacological classification has changed in Canada, since the passing of Bill C8, and is now more 'logically' restrictive.]

Mitchell examines the essential differences and/or similarities between *psychoactive* drugs and brings to light some revealing results: "...no scientific tests can distinguish licit from illicit drugs...Whether a drug is considered 'hard' or 'soft', 'medicinal' or 'abusive', addicting or benign is primarily determined by politics, not pharmacology...Cross cultural and historical comparisons confirm that our drug discriminations are artificial...Alcohol today is not usually classified as medicine, but for millennia alcohol was lauded as excellent treatment for practically all diseases...Physicians may assume that alcohol's medical eclipse was due to their acquisition of superior substitutes...but there is little evidence to show that new sedatives are more medicinal than alcohol..." Of particular interest are the machinations of drug classification for the medical industry: "If the inventors of Valium had reported that their new drug was very similar to alcohol they might have been denied both patent protection and regulatory approval... Marketing medical psychoactives also depends on product differentiation, so among the benzodiazepines, for instance, flurazepam (Dalmane) is marketed as a sleeping pill whereas diazepam (Valium) is sold as a daytime tranquilizer although they could, in fact, be reversed. Drug specificity is therefore stressed even when a drug has many other effects than the ones advertised. Drugs like phenothiazine, lithium, amphetamine, iproniazid and others were relabelled when their 'side effects' proved more valuable than their 'main effect.' Chlorpromazine, the first 'wonder drug' for schizophrenia, was first marketed as an antihistamine. What about other antihistamines? Gordon Claridge admits that 'hayfever remedies' produce drowsiness and lethargy, which are typical signs of sedation, but he claims such drugs 'would not be considered psychotropic in the accepted sense.' By 'accepted sense' Claridge means customary medical practice. A drug's full range of possibilities is ignored although its specified action, say for anxiety, may not even be its major action...although drugs have specific physiological impact, their effects upon behaviour and experience are 'largely nonspecific...and general' but ...in the case of illicit and medical drugs the illusion of specific effect holds sway. The specific effects desired...are labelled the 'main effects' and all other effects 'are labelled side effects, regardless of whether they are positive, negative, uncomfortable, dangerous, or massive...[thus the specificity of drugs is] to quite a considerable extent, a fiction."

"Drug specificity is also stressed in medicine to distinguish licit from illicit chemicals. Borrowing a sexual metaphor, medical psychoactives are represented as prim, god-fearing women who decorously serve as angels of mercy without inciting lust or debauchery. On the other hand, bad drugs like marijuana are uncouth, wicked temptresses who lead men astray. To redeem marijuana it must be transformed by industry into THC, the 'active ingredient' in *cannabis sativa*, and then it must be taken as pills available only through physicians, as copulation was once legally available only with the approval of priests. Then, THC medicine must be officially available only for recognized afflictions like glaucoma. Dozens of apparently precise pharmacological categories

falsely imply that medical psychoactives possess only specific actions. This specificity allows the drugs to masquerade as specialized weapons ('magic bullets') in the physician's arsenal. These commercial and professional biases make medical categorization unsuitable for legal purposes because law must take into account not only what a drug now happens to be used for, but also what it could be used for."

In the course of his study, Mitchell reviews and incorporates a plethora of works by others. Some comments: "As Eldridge noted in 1967, almost all drug control analysts begin with a preconceived usually implicit assumption that illicit drug use is 'an intrinsically depredating evil.' This view, Eldridge suggests, is the product of 'misconceptions...kept viable by a succession of inaccurate information, sometimes innocent and sometimes artful, which has in time created a whole body of dope mythology effectively blocking public support for a dispassionate inquiry.' The antidote to the misconceptions is to recognize and publicize the fact that psychoactive drugs are a unified class of substances. Drug laws are unethical on two counts: first because they unfairly distinguish between drugs, and second, because they unfairly distinguish between drugs and other socially harmful behaviours. The remaining issue...is what legal restraints on the right to use drugs would be reasonable and just."

"State coercion" says Mitchell, "is justified on the basis of an unmet, bona fide need for collective defense; therefore, the degree of coercion employed must be proportional to the harm defended against. Extreme harms, like homicide, call for severe responses whereas minute dangers, like illegal parking, merely justify the mildest legal restraints. The ethical demand for proportional punishment is quite obvious, yet disregard for this rule is flaunted by modern drug control legislation." Estimation of harm is more often based on "apprehended fears rather than actual damage. This can produce invalid results because fears about drugs, spiders, snakes or Soviets are not always fair or even remotely realistic. The successful maligning of heroin as a 'devil drug' illustrates this problem. Without hearing or reading a shred of scientific evidence, and usually without any personal experience with the drug, most people are convinced that heroin causes social damage comparable to plague or war. Misconceptions, propaganda, and ignorance are hardly reliable foundations on which to build effective laws."

"Exaggerated fears" he continues, "are often sustained because self-esteem is heightened by the presence of hated scapegoats. The more wicked, nasty and degenerate the scapegoat, the kinder, more benevolent and understanding the persecutors feel. Politicians compete in outlandering heroin because they know it makes most voters feel good about themselves."

"The democratic challenge is to measure public opinion in a way that is both accurate and fair. Forced-choice analysis...is a potentially useful tool in meeting that challenge. A forced-choice survey establishes a relative scale of wrongfulness by having respondents choose the least obnoxious of two harms. Would you, for example, prefer being offered heroin or being compelled at gunpoint to have your leg crushed?"

"If you and almost everyone else prefer the first crime we can safely conclude that it should be punished less severely than the second crime. By running through a number of such choices, an entire hierarchy of wrongs can be constructed ranging from littering to murder. The superiority of this method lies in importing a market-like costing mechanism into ethical choices. People's spending choices reflect their real scale of values because everyone has limited resources. What is spent on X cannot also be spent on Y. A market-like forced choice departs from the usual survey of public attitudes about drug control. These surveys employ a costless, non-

comparative approach and thus elicit superficial, unrealistic and biased responses. People might be asked: "Do you favour longer prison terms for heroin traffickers?" The question provides no incentives for the respondents to acquaint themselves with the facts. Worse, a 'yes' answer costs respondents nothing. It may even spark a warm glow of civic pride as they strike a small blow against a group identified by government as terrible enemies of society. Since little personal is at stake in answering the question, respondents can indulge their fantasies. In contrast, a forced-choice survey puts a great deal at stake. A vote for severe penalties against heroin sales, in the example above, would hypothetically cost a crushed leg."

"Informal tests of the above choice found that no one preferred violent assault to being offered heroin. Indeed, heroin touting was preferred to every victimizing crime mentioned. Nonetheless, some politicians and commentators call for the death penalty against heroin retailers and wholesalers. One quickly learns, however, that they make the demand not for their own sake but for the sake of others. One recent editorial page letter writer suggested that heroin marketers should be executed because 'they are condemning thousands to death by the very nature of their trade.' I confidently predict that this man would, himself, much prefer an offer to purchase heroin over a crushed leg because he would reject the offer of heroin and no harm would be done. But many unfortunate sods, he would argue, cannot resist the temptation to use heroin, and once fallen they are quickly launched into the short, nasty, brutish life of a degraded, enslaved addict. Apart from its empirical inaccuracy, this argument is noteworthy for its anti-democratic stance: other, weaker adults are not fit to make a choice about drugs, so their votes and preferences are to be discounted or prohibited. To sweeten this unpalatable fascism, reflexive mention is made of children. Children must be saved from dangerous temptations, so we must execute the tempters. But state intervention is actually not very important in most children's lives as they already toil under the close protection and dictatorial control of their parents. Since children are so closely regulated by these extra-legal forces, the case for state intervention is weakest for children and strongest for adults."

"Continuing with adult preferences, I suspect that very few people would prefer any physical harm over the opportunity to participate in any given vice offence. Even minor harms, like theft of \$10, would not be chosen over being offered an illicit drug. This choice is sensible. Vice offences are usually consensual, and thus being offered the chance to indulge causes no harm since one can readily decline. But drug-related costs are, to some extent, imposed on innocent third parties who have not consented. I may decline to purchase heroin while my neighbour makes the opposite choice. Consider then a forced-choice between having your neighbour take an illicit drug and having your bicycle stolen. In the case of caffeine, alcohol or tobacco most of us are indifferent to our neighbour's habits or even welcome their drug use because we enjoy our own use of these drugs more when in company. Illicit drugs are different, even if pharmacologically equivalent, because they are illicit. Users of illicit drugs (outside medical circles) now diverge from the norm by being younger, more rebellious, more often male, less often white and middle class than average. Some people will interpret the forced choice just presented as a choice between a bicycle theft and a person who 'does heroin.' But I want the choice to convey a situation in which one's neighbours remain the same except for their occasional or frequent recourse to some illicit drug. If forced to actually investigate the real costs such drug use would impose (by observing the drug-using neighbour's reactions), most people would not prefer to suffer the theft of their bicycle. Indeed, there are probably many nuisances more annoying than drug-using

neighbours. Consider neighbours who burn garbage outside, who let their property deteriorate, who race motorcycles on the street at night, who are aggressively rude or who keep dogs that bark constantly. The results of a carefully conducted forced-choice survey should demonstrate that our neighbour's drug use is hardly on a par with nuisances, let alone serious crimes."

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Essential to the calculus of justice is the notion of fairness: "The essence of fairness is to balance one's rights against one's obligations. Your rights are obligations someone else owes you. Your obligations are someone else's rights. The lender's right to be repaid is the flip side of the debtor's obligation to pay. The right to hear the truth counterpoises the obligation not to lie. A citizen's right to vote is the government's obligation to permit that vote. The perpetual difficulty in effecting justice is that we naturally tend to demand excessive rights while denying our full obligations. This imbalance is painfully evident in the case of drug users. Alcohol users demand, as a right of self defence, that potential users of cannabis, cocaine or morphine not engage in using these drugs. Yet at the same time, alcohol users ignore the reciprocal claim from marijuana users. In other words, alcohol users demand an obligation from others that they themselves refuse to honour. Fairness requires that we demand only those restraints on other's drug use that we also inflict on our own drug use. To protect ourselves from some drug use while imposing drug-related costs ourselves on other people is the rankest kind of injustice..."

"The inquiry into what sort of drug control systems we should adopt can be conducted in a fair way only if voters are forced to choose a system that will affect all drug use, including their own."

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Mitchell comments on the rights issue with regard to drug use (a point of view emphasized by the BCAPL), in reviewing other drug policy commentators: "Randy Barnett suggests that an analysis stressing the injustice of drug laws is preferable because, if done properly, it will render most cost-benefit calculations superfluous. Detailed strategies for regulating drug behaviours are endless: one cannot possibly test them all. But a rights-based approach to drug control eliminates in advance all the methods that abuse human rights. The more stringent the rights, the fewer control methods will survive to be tested. Barnett also favours rights as the best device for constraining legislators. The problem with basing policy decisions on a consequential analysis is the pervasive ignorance policy makers have about the consequences of their laws. If facts about costs and benefits are to matter, the necessary incentives need to be built into the legislative process. Such incentives are largely absent, which is why legislators can prohibit drugs merely by declaring them to be hazardous."

"Erich Goode, in *Drugs in American Society*, recognizes that current drug laws abuse civil liberties. For Goode, one of the major costs of prohibition is the sacrifice of 'privacy, civil liberties, freedom from surveillance, the rights of suspects...and freedom from cruel and unusual punishment.' While each drug represents some special problems of regulation, Goode stresses the need to regulate the use and sale of all psychoactive substances. The central policy question Goode poses is not drug specific; rather he argues that given a 'population of heavy drug users...how can we minimize harm to everyone involved?' He argues that the fuss over a relatively minor group of heroin users is misplaced, that drug laws are prejudiced against young, non-white, poorer and non-medical users, and that illicit drugs are not scientifically distinct from licit



drugs. Moreover, drug use is comparable to other risky or impairing activities like mountain climbing, motorcycling and playing football. Goode does not propose a regulatory program for either drugs or these 'social psychoactives', but his work points toward some form of uniform control built on a recognition of a right to use drugs. He suggests that a basic right to alter one's consciousness may be no less fundamental than the freedom to read or to experiment with sex, food, music or sports. To be legally accurate, though, I should emphasize that in the U.S. and Canada, citizens have no right to eat what they choose, wear whatever clothing they like, or listen to whatever music they wish. Like drug users in 1850, music consumers today are not seriously regulated, but there is no constitutional guarantee that their favorite composers will not be banned tomorrow. Such things do happen – in Turkey, Kurdish music is outlawed...our own legislators could prohibit German Baroque music merely by asserting that Beethoven and his ilk are overly exciting, habit forming stepping stones to "hard" music like heavy metal rock. That German music threatens interest in local composers and encourages passive, socially unproductive behaviour."

However, "New rights, such as the right to use any drug, are normally rejected as 'odd, frightening or laughable,' according to Christopher Stone, who cites as examples the development of legal rights for children, women and minorities. Stone explains that the American Founding Fathers 'could speak of the inalienable rights of all men, and yet maintain a society that was, by modern standards, without the most basic rights for Blacks, Indians, children and women. There was no hypocrisy, emotionally no one felt that these other things were men.' Today most judges similarly feel that certain drug users deserve special oppressive treatment."

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Mitchell's conclusion? "Fairness requires that if all psychoactives are essentially equivalent, they should be assigned to a single regulatory system. There are five possible systems to choose from: criminal law prohibition, medical prescription, rationing, tax-licensing and the free market. I will speculate on which restraints on their own drug use individuals would accept in order to protect themselves from either the drug use of others or the effects of their own drug consumption. Once the drug control question is framed so as to take fairness seriously, reliance on either criminal law or medical controls will be shown to be untenable."

"Since selective prohibition and prescription policies now dominate drug regulation, a justice-based reform argument faces two major challenges: the decriminalization of illicit psychoactives and the demedicalization of prescription psychoactives. Legal scholars have focused on the issue of decriminalization, but many decriminalizers go only so far as to advocate the transformation of criminal users into 'patients'. This compromise policy merely shifts drugs and drug users from the control of one inappropriate system to another. It is ill-conceived because drug use is not directly a medical concern. To pretend otherwise is to disguise a legal, ethical and political problem as a purely technical matter best left to the medical profession. This does not imply that technical pharmacological data should be ignored, merely that interpretations of such data should not be accepted on faith alone. For example, it is often assumed uncritically that all new psychoactives should be marked as 'medicines' rather than as competitors to alcohol and tobacco. It is also assumed that legal classifications reflect major and valid differences between the drugs classified...I recommend...a public law system employing tax disincentives designed to duplicate many of the features of a collective tort action against those responsible for generating drug-related damages. Mild but universal

sanctions applied to all drug use will better protect society than extreme penalties applied rarely, haphazardly and unfairly against minority drug use."

#### The Legal Principles

1. Legal restraint is only justified when it opposes a genuine social threat that is not adequately limited by non-legal controls.
2. Those wishing to impose legal restrictions should be compelled to prove the necessity for their proposed law. Enforcing this rule may well be the most important single step in minimizing social costs while maximizing personal freedoms.
3. Legal measures should be proportional to the harm defended against and they should be applied fairly both as between wrongdoers and wrongdoings.
4. To protect citizens from abusive government actions, firmly entrenched, specific constitutional limits guaranteeing one's basic choice of food, drug, music, apparel, and so on should be enacted to prevent lawmakers (whether legislators, judges or voters) from creating unjust laws.

#### The Regulatory Choices

1. Prohibition: sets unrealistic goals and even with mild sanctions, imposes disproportionate penalties on both drug use and distribution. In practice, prohibitions are always hypocritical in their coverage and in their administration, and thus prohibition would not be willingly applied to all drugs. The very high social costs and low benefits of current drug prohibitions can be improved upon by adopting the traffic enforcement model of small, standardized fines and minimal input from lawyers and courts. This system will work best with drugs if production, sale and use are all legal and only public use or impairment are prohibited.
2. Medical Prescription: is clearly superior to severe criminal prohibition but not adequate otherwise. Support for medical controls is based on the false assumption that physicians, as the monopolistic drug police, can prevent drug-related injuries and stop people from over-using psychoactives. Current medical controls could be significantly improved by granting nurses, pharmacists, psychologists and others the right to prescribe and by permitting them to prescribe any narcotic or restricted drug.
3. Private Law: this least restrictive legal alternative is a feasible drug control system in theory, but only if tort law is radically revitalized. If the incentives were adequate, and if legal firms and businesses could profitably aggregate plaintiff claims, tort actions would efficiently regulate drug quality and the honest disclosure of product dangers and defects. Seriously injured persons would be compensated for drug-related injuries.
4. Rationing: is much better suited than the alternatives listed above for efficiently limiting the total consumption of all drugs. In practice, rationing suffers from a number of defects but these are mostly avoidable. The best system for drug rationing would involve the issuance of coupons to all citizens, which they could use, trade or sell freely. This would allow total consumption to be scaled back gradually and it would force drug users to compensate non-users.
5. Taxation: is the most familiar alternative to prohibition because of long experience with taxing alcohol and tobacco products. Like rationing, tax controls are well-suited to mass application. Tax controls are not fail-safe, however, and like any penalty, taxes should be carefully limited. Drugs should be tax-free until proven guilty, and should bear taxes proportional to the social harm caused by their use. Ideally, drug tax revenues should be rebated to the public or earmarked for special projects.

Mitchell's criticisms of the system of medical regulation are particularly pertinent, in light of the present overweening urge on the part of many reformers to transfer control to this 'inappropriate system': "A prescription system forces drug users to accept medical supervision. Such coercion is much less onerous than forced confinement in a 'detoxification' centre, but the ethical difference is merely one of degree. Both surrender individual autonomy to medical authority in a state run system where physicians serve a police, rather than a medical, role."

This slippery problem has arisen to a large degree because "...physicians have broadened the accepted definition of what constitutes a medical problem. Examples of medical colonization include the application of the disease model of inadvertent ailments to alcohol and tobacco use and also to antisocial behaviour. In an article entitled 'Medicine as Patriarchal Religion', J. Raymond identifies a consistent tendency of physicians to appropriate greater chunks of life into the medical domain by means of 'theological paradigms.' Medical imperialism in crime or drug control is not founded primarily on scientific understanding or effectiveness, but is rather the result of proselytizing, political control, ideological conviction and historical circumstances."

"The literature on professional aggrandizement raises suspicions about the supposedly essential nature of mandatory prescription...In 1900...drugs were frequently sold 'on prescription', but such prescriptions were not like today's versions. Instead, prescriptions were voluntary and non-restrictive, like recipes...Now hundreds of psychoactives are either prohibited or made available only through physicians, who hold a legal monopoly as gatekeepers interposed between pharmaceutical producers and consumers. While the laws creating mandatory prescription purport to protect the public interest, the evidence available indicates that public protection does not justify mandatory prescription control of any drugs."

Mitchell imaginatively illustrates the (further) subterfuges which would develop were all psychoactives available by prescription only—as would be the case in a just system of uniform medical control: "...every prescription seeker would face medical scrutiny. The nature of this medical interview would vary. With script doctors, the money-for-prescription transaction would be brief and relatively painless. But some physicians would insist on being convinced of a client's genuine medical need. In that case, drug users would have to couch their motives in therapeutic terms, a not impossible task given that 'medicalese' is a fluid language. Millions would still take alcohol, caffeine and nicotine, but their intake

would become therapeutic. Their drugs would relieve headache, help cope with depression, aid social adjustment, explore the subconscious, improve self-actualization, control mood swings, reduce aggression, increase assertiveness, ease pain, lessen anxiety or alleviate stress. Officially, no one would take drugs simply for fun: all use would be medically instrumental. Taverns would be transformed into group therapy centres with psychiatrists, nurses and sex therapists replacing bartenders and waiters. Drug spas would specialize in hallucinogenic 'discover yourself' weekends. Uniform prescription would effect some positive changes, but even with liberal prescribing the program would not be very palatable. Presently, physicians prescribe Rx psychoactives mostly to children, young women and housewives. These are the least powerful groups in society, which is why their drug access was easiest to control medically. Users of recreational drugs are not so powerless. Users of tobacco, alcohol and coffee include most voters, most men, and occupational groups such as politicians, lawyers, accountants, business executives, truck drivers, unionized employees, and others who are as powerful as physicians. These groups will not willingly cede control of their traditional drug habits to physicians. For many drug users, the greatest cost of prescription alcohol would be submitting repeatedly as a humble petitioner before a physician for permission to do what is now a matter of personal choice."

(This is much too short a piece to do justice to Mitchell's work. Readers are encouraged to go further. Excerpts are from: *A Justice-based Argument for the Uniform Regulation of Psychoactive Drugs*, McGill Law Journal 31,2 1986 and *The Drug Solution: Regulating Drugs According to Principles of Efficiency, Justice and Democracy*, Carleton U. Press 1990. Footnotes have, regrettably, been omitted to save space. Drucker is from Reason Magazine, March 1998.)



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We apologize for the delays in producing this issue of the newsletter. So far we have aimed to publish 3 newsletters per year, and still intend to stick to this.

### BC ANTI-PROHIBITION LEAGUE MEMBERSHIP APPLICATION

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