FREQUENTLY ASKED QUESTIONS

1. Don’t crime, violence and drug use go hand-in-hand?

According to the Department of Justice’s own report, “[o]f all psychoactive substances, alcohol is the only one whose consumption has been shown to commonly increase aggression.”1 Rather, the only true correlation between illegal drugs and violence is the violence resulting from the fact that the drugs are illegal. “Illegal drugs and violence are linked primarily through drug marketing: disputes among rival distributors, arguments and robberies involving buyers and sellers, property crimes committed to raise drug money and, more speculatively, social and economic interactions between the illegal markets and the surrounding communities.”2 It is more likely that any correlation is a pattern of behavior linking those who use illicit substances and those prone to violence.

Different drugs have different effects. Marijuana and tobacco have little association with violence. Opiates have an anesthetizing effect, making violence less likely, although withdrawal from opiate addiction could add to aggressive behavior.4 Most people who use some type of drug do not go on to commit property or violent crimes. Just because some people do is no reason to lock everyone else up just for their drug use. The people who do commit the property and violent crimes should be locked up for those crimes.

Even if this DEA assertion was true, then the goal should be to decrease drug use, and incarcerating people for drug use has not been shown to be as effective or economical as treatment and education in decreasing drug use.5

2 Id.
3 Id. For example, “[a]mong alcohol abusers, those who also abuse other psychoactive substances, who are diagnosed with antisocial personality disorder, and whose parents have been diagnosed as alcohol abusers are at especially high risk of chronic violent behavior…. Anecdotal reports notwithstanding, no research evidence supports the notion that becoming high on hallucinogens, amphetamines, or PCP stimulates violent behavior in any systematic manner. The anecdotes usually describe chronic users with histories of psychosis or antisocial behavior, which may or may not be related to their chronic use of drugs.”
4 Id. “Marijuana and opiates temporarily inhibit violent behavior, but withdrawal from opiate addiction tends to exaggerate both aggressive and defensive responses to provocations.” Some European governments are actually allowing soccer fans to smoke cannabis in order to subdue a sometimes violent crowd, hoping that it will replace alcohol for some. “It’s OK to smoke dope, England fans told,” Paul Kelso, Friday, June 11, 2004, The Guardian (UK).
5 Treatment: Effective (But Unpopular) Weapon Against Drugs, RAND Review (Spring 1995), available at http://www.rand.org/publications/randreview/issues/RRR.spring95.crime/treatment.html; The Benefits and
2. **We have made significant progress in reducing drug use in this country, why should we abandon our efforts now?**

We are not advocating the abandonment of efforts to reduce the problems associated with drug abuse but rather a different approach to the current one of treating drug use as a criminal issue rather than a social and medical issue. The current approach is not cost-effective and only exacerbates the problems. The current “war on drugs” is not winnable and state and local governments should be able to pursue alternative approaches to deal with the problems associated with drug abuse in ways that are best for their communities. As with other problems faced by this country, when one approach is not working, we try other alternatives.

In 2003, an estimated 19.5 million Americans were current illicit drug users.\(^6\) This was an increase in 3.6 million from 2001,\(^7\) and an increase in 8.1 million people since 1992.\(^8\) This is not “progress in reducing drug use,” and it is too many people to try to incarcerate. The number of drug offenders in local jails around the United States rose 36 percent from 1996 to 2001, the largest growing group. In 2000, drug offenders made up 57 percent of federal inmates and 21 percent of state inmates. Drug offenders were 59 percent of the growth in federal prisons.\(^9\) Further evidence that the current policy is not working is the Anti-Drug Abuse Act of 1988, where Congress asserted there could be “no substitute for total victory,”\(^10\) and “the declared policy of the United States was to create a Drug-Free America by 1995.”\(^11\) Nearly ten years after that target year of 1995, 8.2 percent of the population uses illicit drugs.\(^12\)

3. **Won’t the legalization of drugs lead to increased use and increased addiction levels?**

It depends what is meant by legalization. A system where all drugs are available to all adults at a local drug store might lead to increased use and addiction. The DEA often does not define what is meant by legalization leading one to assume they mean

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\(^7\) 2003 National Survey on Drug Use and Health (formerly the National Household Survey on Substance Abuse), U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration. Current illicit drug users meaning they had used an illicit drug in the month prior to the survey. The number of users did not change from 2002. See 2002 National Survey on Drug Use and Health.

\(^8\) 2001 National Survey on Drug Use and Health. In 2001, 15.9 million Americans were current illicit drug users, or 7.1 percent of the population. This was up from 6.3 percent of the population in 1999 and 2000.


\(^12\) Id. Section 5251-B.
depenalization of all drugs without a regulatory system in place, which would explain how the reports they cite come to their conclusions. However, a strict system of government regulation would treat each drug differently according to its harm. Some of the harder drugs would be available to addicts in a prescribed maintenance regimen. This method of distribution is not likely to encourage new users to try drugs for the first time when they are viewed as medicine for sick people, not a way to have fun. However, even if there were still an increase in use, it is better than the current method of arresting and incarcerating users.

If people choose to try drugs, it should only be of concern to that individual unless that person commits a crime against another person or property. The majority of people are able to decide for themselves if something is or is not right for them. The government currently uses incarceration to show that it does not endorse drug use, yet millions of people do drugs anyway. An honest campaign educating people about the harms of these substances could show that the government is still concerned about the harm that drug use can cause to people. The recent success of the reduction of tobacco use demonstrates how people can be educated and decide for themselves not to use a harmful substance that is nevertheless legal for them to use.

Although the DEA claims that drug laws were enacted due to Americans realizing that legalized drugs were harmful to individuals and society, the history of drug prohibition is much more complicated.13 The DEA also likes to point to 12-year-olds using cannabis in Alaska after it was decriminalized for a period in the 1970’s and 1980’s, but 12-year-olds use cannabis even when it is not decriminalized. If a drug such as cannabis is only “decriminalized” and not put into a regulated scheme of distribution, then there is no way to put age limits on who can buy the drug. One study comparing drug use in the United States, Norway and the Netherlands concluded “that reductions in criminal penalties have little effect on drug use, at least for marijuana.”14 Studies doing cross-state comparisons between states with decriminalized and nondecriminalized use of marijuana also show little difference, or a weak difference, in the prevalence of marijuana use.15

4. Won’t any revenues generated by taxing legalized drugs quickly evaporate in light of the increased social costs?

There is no evidence of an increase in social costs so drastic it would drain any revenues generated. We currently are paying outrageous costs for the criminal justice system and the collateral harms to families, courts, communities and society with the war on drugs. With a regulated system, millions of dollars will be saved from criminal justice budgets. Revenues generated by taxing legalized drugs can go toward the social health system for treatment on demand and education on the effects of drugs. These

13 See the History and Culture section of the report.
investments should help inhibit much increase in social costs. It is hard to say how much will be saved when people are able to get the treatment they need, families will not be ripped apart with parents or their children incarcerated, addicts can rebuild their lives without the costs of a criminal record and space is available in our prisons and jails to incarcerate those criminals who perpetrate violent and property crimes on society. Currently society is paying all of these costs without the help of revenue from the drugs, which is going only to drug dealers. Incarcerating people is certainly not the best way to deal with social costs because it only adds to them. As with alcohol, which causes way more social costs than currently illicit drugs, we do not put people in prison for drinking but address the social harms alcohol causes.

Homeless people, runaways, and mentally ill people who are addicts despite prohibition are not assisted by being put in jail. They need addiction treatment and other social services that address the underlying issues that led to the addiction in the first place. Many counties are having a harder time affording social service programs due to increasing criminal justice expenses consuming the majority of budgets without any assistance from revenue of the sale of the drugs.

Young mothers are using drugs while pregnant currently even though there is a prohibition on drugs. Even though there is no scientific evidence that babies born to mothers who used cocaine during pregnancy have long term mental and physical problems, a new approach could help reduce that number because mothers would not be afraid of the threat of incarceration or losing their child by seeking treatment for an addiction while they are pregnant.

Lawsuits have only hindered the tobacco industry but they have not put the tobacco and alcohol industries out of business. Safeguards could be put in place so that people could not sue the government for their choice to take drugs, especially with a good program in place to educate would-be users about the harms of the various drugs. This program could include information on the packaging (like warnings on cigarette packages) and/or warnings at the location of sale or distribution.

Although a new scheme probably would not completely eliminate the black market, it would drastically reduce it. People who can get their drug legally would much rather do that than risk arrest. People who are addicted would not want to be arrested and not be able to get their drug, so they will probably stick with a scheme that allows them to get their drug without the risk of arrest and in a way that ensures safety and purity.

5. Are there any compelling medical reasons to prescribe marijuana or heroin to sick people?

It is very hard in this country to do any research on the medical efficacy of marijuana. Researchers must go through the DEA for approval, but they deny or stall applications because they say it goes against international treaties. Lyle Craker, PhD, the director of the Medicinal Plant Program at the University of Massachusetts-Amherst, filed an application with the DEA in June 2001 to establish a facility to grow cannabis plants for FDA approved research. In July of 2004, after the DEA still had not responded to the application despite letters from two senators in late 2003, Dr. Craker filed a lawsuit against the DEA trying to force a decision on his application. Despite being authorized by the federal government to do medical marijuana research, he is not allowed to grow it to do the research.

Marinol, an FDA approved prescription drug, is a synthetic form of the active ingredient in marijuana, tetrahydrocannabinol or THC, so there is agreement that THC has medical benefits. However, patients complain that Marinol, which is taken in capsule form, is not as effective as the actual cannabis plant. People taking it for nausea have a hard time keeping the pill down long enough to work. Others say it is too slow acting, while others experience debilitating psychoactive effects from the pure THC that can impair cognitive functioning and motor skills. Patients feel that they have more control over dosing by smoking it, and some researchers believe that it may be the “synergistic mixture of active compounds” that gives the marijuana plant is therapeutic quality. A recent study is showing findings that cannabis may alleviate symptoms of multiple sclerosis in the long-term. The early stages of the study seemed to indicate that short-term improvements seemed to come from cannabis improving patients’ moods, but long term effects are showing that it may help reduce muscle spasticity and improve overall disability.

While there are probably political reasons why many health associations in the United States have not come out in support of medical marijuana, many health associations have and there are thousands of medical doctors who support it and prescribe it. The American Nurses Association has come out in support of patients’ rights to access medical marijuana, as have the American Academy of Family Physicians, American Medical Association, Government stalling medical marijuana study, researchers charge, Amednews.com (August 23/30, 2004), at http://www.ama-assn.org/amednews/2004/08/23/gvbf0823.htm#5.

21 A comprehensive list of organizations that support access to medical marijuana available at http://www.norml.org/index.cfm?Group_ID=3390#preAAFP.
Medical Student Association, American Public Health Association, American Society of Addiction Medicine, and the National Academy of Sciences Institute of Medicine (IOM).

Heroin was introduced commercially as a medicine in 1898 by the German company Bayer. It is a semisynthetic drug derived from morphine but stronger than morphine. Morphine has a legitimate medical use as a pain medication, and heroin was widely used as a pain medication in the early 1900’s until it became on the controlled substances in 1914 under the Harrison Narcotic Act. Today, many countries are prescribing heroin to heroin addicts in a maintenance regime to help the addict maintain a normal life and potentially choose to wean off the drug.

6. Haven’t legalization and decriminalization of drugs been a dismal failure in other nations?

Strict prohibition in other nations has been a dismal failure with thousands of people being imprisoned or executed. For more information about the drug policy in other nations, see the International Trends section.

Although the Netherlands effectively decriminalized cannabis in 1976, a study funded by the U.S. National Institute on Drug Abuse (NIDA) and the Dutch Ministry of Health found no evidence that the decriminalization of marijuana leads to increased drug use. A 1997 study comparing lifetime marijuana use in people ages 12 and older put the number in the Netherlands (15.6%) at the same level or lower that other European countries employing a prohibition method like the United States, and significantly lower than the U.S. (32.9%).

Many European countries are trying alternatives to traditional criminal approach to drug addiction. Switzerland, the Netherlands and Germany are among the countries trying heroin maintenance. The programs in Switzerland and the Netherlands, which have been in existence for the longest time, have seen reductions in petty crime and drug-

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24 American Medical Student Association, House of Delegates Resolution #12 (March 1993).
30 See International Trends section.
related deaths. Switzerland has seen a savings in the treatment over criminal investigations in prison terms. The DEA likes to point out the “Needle Park” experiment, but that has been scrapped by Switzerland and replaced with the heroin maintenance program. The Swiss know to try another approach when one approach is not working. Germany has also seen a reduction in drug-related deaths, which it attributes to harm reduction programs like safe consumption rooms and heroin maintenance.

7. Alcohol has caused significant health, social and crime problems in this country; wouldn’t legalizing drugs only make the situation worse?

Once again it depends on their definition of “legalized.” Not all drugs would need to be available as extensively as alcohol. Some drugs, like cannabis, may have a substitution effect where people choose it over alcohol. That may actually decrease the health, social and crime problems associated with alcohol. As mentioned in question 1, the ability to obtain other drugs easier would not necessarily lead to crime problems because “alcohol is the only one whose consumption has been shown to commonly increase aggression,” and by reducing the black market in drugs, there will be a reduction in crime.

It is true that the sale and consumption of alcohol creates enormous social, economic, medical and legal problems in our state and around the nation. In fact, one estimate of the overall economic cost of alcohol abuse was $185 billion. An estimated 30 to 50% of hospital admissions, 70% of hospital admissions for people over the age of 60, and 35% of crimes are connected to the use of alcohol, as are the four leading causes of accidental death: traffic accidents (50%), fires (48-64%), falls and drownings (38%).

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32 In Switzerland, drug related deaths fell by over half between 1992 and 1999. Switzerland had a 60% reduction in crime in the first six months of treatment, with the Netherlands showing similar numbers. Lowe, Kristine, *Revisiting approaches to heroin addiction*, The Guardian (UK), March 21, 2002.


35 Estimate from 1998. “More than 70 percent of the estimated costs of alcohol abuse for 1998 were attributed to lost productivity ($134.2 billion), including losses from alcohol-related illness ($87.6 billion), premature death ($36.5 billion), and crime ($10.1 billion). The remaining estimated costs included health care expenditures ($26.3 billion, or 14.3 percent of the total), such as the costs of treating alcohol abuse and dependence ($7.5 billion) and the costs of treating the adverse medical consequences of alcohol consumption ($18.9 billion); as well as property and administrative costs of alcohol-related motor vehicle crashes ($15.7 billion, or 8.5 percent); and criminal justice system costs of alcohol-related crime ($6.3 billion, or 3.4 percent).” National Institute on Alcohol Abuse and Alcoholism Action Alert No. 51, January 2001, U.S. Dept. of Health and Human Services.

36 Newhouse, Eric, *Silent killer wreaks havoc on all parts of body*, Alcohol: Cradle to Grave Series, Great Falls Tribune (Montana) (September 29, 1999).


39 Substance Abuse: The Nation’s Number One Health Problem, Institute for Health Policy, Brandeis University, 1993.
The problems caused by the use of other drugs are relatively small in comparison. With all of the problems of alcohol, it would stand to reason that the DEA would be advocating the prohibition of alcohol, but that is never the case.

8. **Drug control spending is a minor portion of the U.S. budget and compared to the costs of drug abuse, isn’t drug control spending miniscule?**

The drug control spending on the federal level is way too large, even if it seems minor compared to other areas of spending. The national drug control budget for fiscal year 2005 is set at $12.6 billion.\(^4\) On the local level, criminal justice spending can take up a majority of budgets. In King County, the budget for law and justice services is 70% of the general fund and threatening to take over the whole budget.\(^4\) Money could be saved by in criminal justice resources, and some money could be made from revenue of drug sales.

9. **Isn’t drug prohibition working?**

See the response to assertion 2. The DEA points to the success of alcohol prohibition, yet the problems of prohibition far outweighed the successes, leading to its repeal.

10. **Wouldn’t legalization have an adverse effect on low-income communities?**

Currently families are torn apart when parents are incarcerated. People in low-income communities are disproportionately affected by the war on drugs. Poor people have a much harder time accessing treatment. The poor would have greater access to treatment and families could stay together. Illegal drug markets are operating out in the open in low-income communities. These communities could benefit by taking the market off the streets and the crime and violence associated with it.

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\(^{42}\) King County Commission on Governance, Report and Recommendations March 2004, Executive Summary, Pg. 1.