Letters

Drug Decriminalization

Thank you for Ethan A. Nadelmann's superb article (1 Sept., p. 939) on the folly of drug prohibition. If Daniel E. Koshland, Jr., had studied this article, he might have come to the conclusion that the experiment he calls for (Editorial, 22 Sept., p. 1309) has already been done. The criminalization of drug use has already succeeded in turning a problem into a catastrophe.

I fear that any evaluation of antidrug efforts, be it in a formal experiment or not, would emphasize the readily quantifiable end point of the number of people using drugs. A "get tough" policy, such as that of the Bush Administration, could be a success with that criterion.

Consider that the following have all been initiated as part of the war on drugs: people are losing cars, homes, and even their children without due process; casual drug users are jailed; people suspected of absolutely nothing are subject to random drug tests; colleges and other institutions are threatened with heavy financial penalities unless they capitulate to federal demands that they burden their bureaucracies with antidrug programs; government is seeking ever greater access to personal financial records; grade school children are encouraged to turn in drug users to authorities; and the society in general is inundated with alarmist propaganda which grossly exaggerates the inherent dangers of drugs.

The full implementation of such measures would indeed diminish the use of prohibited drugs—along with any other behavior the government wishes to suppress. The sudden growth of state repression is symptomatic of leaders who view people as too irresponsible or too stupid to be trusted with liberty.

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Koshland parallels American prohibition of alcohol (1920–1933) with "prohibition for drugs" today. Unfortunately the experience with alcohol prohibition he refers to appears to be based on media impressions, which in turn are based on repeal propaganda of the 1920s and images from old movies.

For almost a quarter of a century, historians have suggested that the national prohibition of alcohol, rather than being "highly costly and counterproductive," as Nadelmann asserts, was, in fact, on balance, successful (*1*).

The old popular stereotype was that national prohibition did not work, caused the growth of crime and other unfavorable developments, and increased the use of alcohol. Standard historical works that take into account substantial geographical variation have shown that in fact prohibition worked relatively well (even laws against murder do not bring total compliance). Per capita alcohol consumption declined to very much less than half the preprohibition (1910) figure and remained low for decades even after 1933, much to the distress of the newly legalized liquor industry; indeed, the preprohibition rate was not reached again until the early 1970s. This change occurred despite the fact that the national government and most state governments made only weak efforts to enforce the law. The decrease in alcoholic psychoses—an independent index—was extremely dramatic, even in "wet" states like New York (in which the admission rate declined from about 10% to 1.9%) (*2*). Except possibly in a local situation such as Chicago, prohibition was incidental to crime, and the crime wave of the 1920s was strictly a newspaper creation (*3*), perpetuated by the entertainment media.

Important and valid arguments support both sides of the debate about how best to deal with drug use. The experience with alcohol prohibition, if used, would reinforce arguments to continue, not end, prohibiting drugs.

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The cogency of Nadelmann's arguments appears to rest more on logic than on empirical evidence. We suggest that the reader examine an actual case of drug decriminalization—Iran's prerevolution experience with "controlled" opium legalization, carried out between 1968 and 1979 (*1*). The rationale for and objectives of that policy closely match the aims of the decriminalization policy advocated by Nadelmann.

Briefly, after years of being unable to prevent the steady flow of opiates from Afghanistan and Pakistan, and in order to eradicate domestic cultivation of the poppy, Iran initiated a program of limited legalization of opium. The prime motivation for the policy was to move away from the punitive-deterrent philosophy and legalistic approach, the hallmarks of the past "failed" policies, toward what was viewed as a "realistic" approach to fighting the drug war. In its early stages, the program was praised by domestic and international experts alike for its innovative approach and its potential as an alternative paradigm for other countries with serious drug problems (*2*). The new policy divided Iran's drug using population into *legal* ("registered") and *illicit* groups. The former consisted of those opium addicts who were judged "incorrigible" and therefore not amenable to treatment and rehabilitation. Included were all opium addicts 60 years and older, as well as certain chronically and terminally ill patients. All the remaining drug users were classified as illicit addicts.

The core assumptions of the policy were that, by creating "registered addicts," addicts who could legally purchase inexpensive opium to meet their drug needs, the policy would (i) deter illicit drug traffickers from the neighboring countries; (ii) shift resources and treatment efforts toward the younger drug users who had a greater chance of recovery; and (iii) reduce drug-induced crimes, given that many addicts would have legal access to low-priced opium.

To meet the drug needs of the legal addicts, the government legalized the "controlled" poppy cultivation by selected farmers and took direct charge of opium processing and distribution to these addicts. Upon registration at a local health center, the qualified addict received monthly coupons needed to purchase a prescribed quantity of opium at a price well below street value from designated pharmacies and vendors. For younger illicit addicts, the policy called for aggressive treatment and rehabilitation efforts through the expansion of existing treatment facilities and the development of new centers throughout the country.

What were the actual consequences of this policy? First, there was an instant rush by the elderly to register as "legal addicts" in order to obtain the coupons needed for purchasing low-cost legal opium. By 1976, the number of individuals officially registered as "addicts" had swelled from 20,000 to nearly 200,000, and the government estimated that the number of individuals who were actually purchasing "legal" opium had reached 400,000. Corruption and fraud had permeated all production stages, including cultivation, processing, and distribution.

Meanwhile, legalization was severely undercutting the treatment programs. The younger illicit addicts who were the prime target of the expanded treatment efforts were receiving most of their opium from the legal sources (*3*). In effect, many legal addicts had become "pushers." The policy created an easily accessible opium supply source for the very individuals it had target-

ed for treatment and rehabilitation. The legalization policy also produced a greater societal tolerance of opium use.

The lessons from Iran's experience with "controlled legalization" offer a telling counterexample to the advocates of decriminalization. Undoubtedly there are strong legal and economic arguments in favor of some version of a policy of contraband drug legalization. But such arguments by themselves cannot support the epidemiological claim that legalization would stem the rising tide of drug abuse. There is, however, an analogy, taken from economics, that seems more fitting to drug abuse than to material production. According to Say's Law, "supply creates its own demand." Analysts would be well advised to keep this dictum in mind as they contemplate alternative drug policies.

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Koshland writes that one should observe with "scientific detachment" the present war on drugs. Other scientific spokesmen have stated that the scientist's main contribution to this "war" should be in "developing medications in order to treat addiction" (*1*).

Koshland also states that the Administration's program should "evaluate the problems of poverty, minorities, and civil rights in relation to drug use"; these are important areas, but very difficult to analyze scientifically. Koshland states that the program "should not be compromised by ancillary requirements relating to the general ambience of society." There are, however, other major problems related to the waxing and waning of the drug epidemic that might be subjected to scientific scrutiny and to quantification: the epidemic spread of dependence-producing drugs in all layers of society, especially among adolescents; the impact of drugs on fetal development, brain maturation, school performance, and the dropout rate; the effect of drugs on industrial productivity, absenteeism, public health (such as the spread of AIDS) and health care delivery; and, finally, their effect on inter-American and international policies.

Koshland says that "the country is faced today with a situation similar to prohibition" and that "[t]hose who read history know well how ineffective the law was in that case." This historical episode is not the only one that can be invoked to predict the effectiveness of drug prohibition. After enactment of the Harrison Act in 1914, there was an 80% reduction in cocaine and opiate addiction, observed years later, between 1930 and 1960 (*2*). Restrictive legislations controlled availability and consumption of these drugs in Western and Eastern Europe during the same period. The major epidemics of opium smoking in China 100 years ago, which affected nearly a third of its population, were curtailed by national and international interdiction measures (*3*) and so was the Japanese epidemic of intravenous amphetamines in the 1950s (*4*). More recent examples of effective restrictive legislation against heroin and amphetamine consumption have been reported from Sweden to

Singapore (*5*). These social experiments, which span our century, indicate that when a popular consensus is associated with political determination, widespread use of opiates or of major psychostimulants may be drastically reduced. In each of these instances, a program even more drastic than the one presented by President Bush was implemented. Conversely the legalization of use and possession of cannabis, cocaine, and heroin in Italy and Spain has been associated with major epidemics of the use of these drugs. In 1988, more than 300 deaths by overdose of cocaine and heroin were reported in Spain; 900 were reported in Italy. These figures are higher per capita than those reported in the United States today. These countries are now attempting to restore interdiction measures.

The present answer to the control of illicit drug use is, to the best of our knowledge and on the basis of massive experimentation, a policy of interdiction. However, implementation of that policy is not a foregone conclusion in the United States because it requires a general consensus, something that does not seem to prevail in the scientific community. So one may wonder whether Koshland's conclusion—"the tough experiment is under way. If it fails legalization is next"—is justified.

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I was not impressed by Nadelmann's lengthy drug legalization apologia. Given the weakness of the scientific arguments and the significant speculative content, it should have been printed as "opinion," with equal space for an opposing view.

Nadelmann's smoke screen of statistics and pseudo-economics skirts the real issue, which is whether we want to create, as a society, a positive or negative attitude toward drugs. Legal approbation for drugs sends a pro-drug message to those in our society least able to resist them, including our children. The use of psychoactive drugs is physically and psychologically self-destructive as well as socially costly far in excess of the monetary costs of enforcement. This is why we have, and should maintain, laws against drugs.

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Society lost the drug war before it started by accepting the concept that consumption of addictive drugs for pleasurable effects is okay if the drugs are alcohol; nicotine in tobacco products; or caffeine in coffee, tea, and soft drinks. Allowing use of some drugs but not others makes it hypocritical to expect people to say no to drugs deemed illegal, because the destructive effects of legal drugs are often greater than those of some illegal drugs. For example, how many millions of lives have been ruined by alcohol addiction versus marijuana addiction? The legal drug, alcohol, causes many more deaths and ruined lives than the illegal drug, marijuana.

To win the drug war, we will have to accept the premise that any use of addictive drugs is wrong, except in medical treatment.

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Response: Burnham is correct in asserting that prohibition contributed to a decline in alcohol consumption, particularly among lower income Americans (*1*). Yet we must be wary of thereby assuming that prohibition was, on balance, a success. The most dramatic decline in alcohol consumption in the United States occurred not during the period during which the 18th Amendment was in effect (1920–1933), but between 1916 and 1922. The enactment of prohibition statutes by many states during this period as well as the government's closing of breweries and distilleries during World War I undoubtedly contributed to this decline. But factors other than criminal laws also played a significant, perhaps more important, role. The temperance movement was highly active and successful during this time in disseminating information about the dangers of alcohol. The patriotic fervor aroused by the war contributed to a spirit of self-sacrifice and alcohol temperance derived from the need to conserve grain and "an atmosphere of hostility toward all things German, not the least of which was beer" (*2*). In short, many factors coalesced during this period to reduce the extent of alcohol consumption and alcohol-related ills (*3*).

Burnham notes that the admission rate for alcohol psychoses to New York state hospitals declined from 10% in 1909 through 1912 to 1.9% in 1920 (*1*). Yet this decline occurred largely before national prohibition and in a state that had *not* enacted its own prohibition law. Similarly, alcoholic admissions to Bellevue Hospital in New York City dropped from 4.99 (per 1000 New Yorkers aged 25 to 64) in the peak year of 1910 to 2.85 in 1919, then dropped dramatically to 0.73 in 1920 and 0.81 in 1921, and then rose steadily to 2.44 in 1933 (*4*). First admissions for alcohol psychoses to New York state mental hospitals evidenced similar trends (*5*). Another study Burnham cites indicates that the estimated rate of chronic alcoholism in the United States dropped from 1248 in 1910 and 1202 in 1915 to 681 in 1920 and remained at approximately that level throughout Prohibition (*6*). By almost all accounts, alcohol consumption was higher in the middle and end of national prohibition than it was at the beginning—despite the substantially greater resources devoted to enforcement during the later years.

Burnham's contention that prohibition was largely incidental to crime is also difficult to sustain. Between 1923 and 1933, the proportion of the U.S. population incarcerated in federal and state prisons and reformatories increased approximately 50% (from 73 to 110 per 100,000 total population) (7, p. 34). By contrast, the proportion had remained constant between 1910 and 1923, the years during which alcohol consumption declined most dramatically (7, p. 34). Similarly, the proportion of the population imprisoned in jails increased 61% between 1923 and 1933 (from 26 to 42 per 100,000 population), after apparently declining significantly from 1910 (7, p. 78). The number and proportion of inmates incarcerated in federal prisons increased dramatically from 12% of the 5,426 committed in 1909–14 to 43.4% of the 47,322 committed in 1929–1934 (7, p. 154). Although these figures do not prove that alcohol prohibition caused higher rates of crime, they do suggest relationships.

More important, alcohol prohibition added a criminal dimension to most aspects of alcohol production and distribution. Even if most participants in the alcohol market were never arrested, tens of millions of Americans were, directly or indirectly, participants in an illicit activity and typically perceived themselves as such. Criminal enterprises reaped billions of dollars in revenues, paid protection money to many thousands of government officials, and engaged in violent interactions with one another. The results of Prohibition, Frederick Lewis Allen wrote (*3*, p. 82) "were the bootlegger, the speakeasy, and a spirit of deliberate revolt which in many communities made drinking 'the thing to do.'

Perhaps the most telling indictment of the