What research question do you need answered?

March 22, 2008

I hope to find an answer to exactly what should be legal and for what reason and how it would benefit the economy and help to eliminate crime rings built around drug empires around the world. I would also like to find an answer to how it would clean out the prison system and free up room for "real criminals."

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Legalization Of Drugs: The Myths And The Facts

Robert L. Maginnis, Family Research Council

Abstract

March 20, 2006

Despite data which strongly supports the continuation of effective drug abuse prevention, treatment and enforcement programs, some prominent Americans support legalizing illicit drugs. For example: George Shultz, former President Reagan's Secretary of State, says that Legalization would destroy profit motives and reduce the crime rate, "We make a mistake by not legalizing drugs. Legalization would reduce our crime rate if drugs were legalized." "Look at tobacco, the most addictive drug, and we've reduced its use by 90%," wrote Surgeon General Joyelyn Elders in a 1994 call for a study to legalize drugs. "I think what the Surgeon General said was absolutely courageous and correct." [9]

Most Americans want to know the truth about drugs and expect public policy to be based on facts and not myths. Yet myths about illegal drugs abound. Consider:

Myth #1: Illicit Drugs Are No Worse Than Legal Drugs Like Alcohol And Tobacco

Marijuana advocates cite the legalization Lindenburg Center wrote in the Wall Street Journal, "Marijuana is safer than other substances such as nicotine and steroids. Most people who use marijuana have no problem with it." [10]

Yale law professor Steven B. Duke, who wrote America's Longest War: Rethinking Our Treagi, Crusade Against Drugs, believes,"Our biggest, worst drug problem is the tobacco problem. Legalizing drugs will reduce the use of alcohol, which is far more dangerous than any popular illegal drug." [11]

The fact that some dangerous substances are legal does not mean that all dangerous substances should also be legal — especially when there are significant differences between the substances in question. Clearly alcohol and tobacco can be quite harmful. They have a major impact on morbidity and mortality in the United States. Alcohol is a cause or contributing factor in more than 50,000 deaths each year and nearly half of all murders, sexual assaults, robberies and other violent crimes. More than 40,000 babies are born at risk each year because their mothers drink alcohol during pregnancy [11].

Similarly, tobacco kills over 400,000 people each year in the United States, and the British medical journal Lancet, estimates that tobacco is the cause of death for 20 percent of the people in the developed world [12].

Nevertheless, a given dose of nicotine or crack is far more dangerous than a drink of alcohol. Alcohol has an addiction rate of 10 percent whereas cocaine has an addiction rate as high as 75 percent [13].

And when cocaine is combined with marijuana, it can be deadly. According to a study in Pharmacology, Biochemistry and Behavior, an increase in heart rate due to cocaine was markedly enhanced if preceded by smoking marijuana [14]. The dual use creates greater risk of overdose and more severe cardiovascular effects from the cocaine. An article in Schizophrenia Research found that up to 60 percent of schizophrenic patients used non-prescription psychoactive drugs [15].

By itself, marijuana is a dangerous drug as well. A joint of marijuana is far more carcinogenic than a cigarette. Microbiologist Tom Klein of the University of South Florida reports, "We've tried working with [marijuana smoke], and it's so toxic, you just put it near the immune system and it's like the immune system dies. Yakan found that THC, the active ingredient in marijuana, suppresses some immune system responses and enhances others." [16]

A study in the Journal of Allergy and Clinical Immunology found that marijuana smoke is often contaminated by the fungus, Aspergillus. [17] Another study in the Journal of the American Medical Association found that cases of allergic skin reactions with the fungus came from recreational use of contaminated marijuana. [18]

A study in Drug and Alcohol Dependence found that marijuana [marijuana] users react very slowly in performing motor tasks and suffer disability in personal, social and vocational areas. They also indicate a higher score for neurotic and psychotic behavior. [19]

A study in American Review of Respiratory Diseases found that marijuana smoke is as irritating as tobacco smoke; when used together, marijuana and tobacco cause the small oxygen-exchanging parts of the lung to shed cells that first become inflamed [20].

A 1995 study in the New England Journal of Medicine suggests that illicit drugs such as marijuana and cocaine interfere with male sperm production [21]. A study in Cancer found that the children of women who smoke marijuana are 11 times more likely to contract leukemia [22].

Mothers who smoke marijuana also contribute to low birth weight and developmental problems for their children and increase the risk of accidents similar to those caused by fetal alcohol syndrome by as much as 500 percent [23].

Kael Strathorn, a professor at the University of Miami's Sylvester Comprehensive Cancer Research Center, reports finding large numbers of marijuana smokers among younger cancer patients. While only 17 percent of the patients in his study were marijuana smokers, two-thirds of the patients younger than 45 smoked cannabis [24].

Since the 1970s, there have been more than 10,500 scientific studies which demonstrate the adverse consequences of marijuana use. Many of these studies show upon data collected when most of the marijuana plants in the U.S. was far less potent than that available today. Indeed, drug czar Lee Brown says that marijuana on the streets today is up to 10 times more potent than a generation ago. This fact contributes to its addictive nature [25].

Myth #2: Legalization Will Drive The Crime Rate Down

Syndicated columnist Abigail Van Buren endorses legalization. She wrote in her column, "Dear Abby," that, "The legalization of drugs would put drug dealers out of business. "She added that it "would also reduce the present drug profit motive and create a perpetual source of tax revenue." [26]

Former Surgeon General Elders told a National Press Club luncheon, "Sixty percent of violent crimes are drug- or alcohol-related... Many times they're robbing, stealing and all of these things to get money to buy drugs... I do feel that we would markedly reduce the crime rate if drugs were legalized." [27]

Professor Steven Duke told an America Online computer network audience, "Without a doubt, the problem of violent crime would be ameliorated by legalizing drugs. I think drug prohibition causes half of our serious crime." [28]

Rep. Barney Frank (D-MA) supports legalization. "We make a mistake, with the
The new president of the American Bar Association, George Bushnell, favors legalization of marijuana and cocaine. He believes the legal drug business would be less violent than the present one.

Legislation against the production of such drugs as cocaine and marijuana would impose no new tax burdens on the government. In fact, it would make possible a reduction of the present expenditures for the enforcement of drug laws. The United States spends annually on drug wars $2 billion and on illegal drugs $238 billion. The costs are enormous. The costs of the drug wars are not the only costs. The cost of doing business with the drug traffic is enormous.

From 1971 to 1973, the number of federal and state convicts, and thus of convicts in our prisons and jails, increased by 30 percent. There are now over 2 million convicts in the United States. Of these, 700,000 are drug convicts. The cost of these convicts to the taxpayers is nearly $6 billion a year. The drug wars do not make the traffickers any more honest. They are corrupting our young men and women, our police, and the courts.

The legal drug business would be much less serious than the present one. It would be conducted by the legitimate drug companies in the world. The legitimate drug companies would pay taxes on their profits. The legitimate drug business would be under the control of the government. It would be a legitimate business that would be legal.

The legal drug business would be much less expensive than the present one. It would be much less violent. It would be much less corrupting. It would be much less expensive. It would be much more productive. It would be much more legitimate. It would be much less harmful to our society. It would be much less harmful to our economy. It would be much less harmful to our culture. It would be much less harmful to our young people. It would be much more beneficial to our society. It would be much more beneficial to our economy. It would be much more beneficial to our culture. It would be much more beneficial to our young people.

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and vomiting resulting from radiation treatment or other causes.”

Medicine, states, “There is no indication that marijuana is effective in treating nausea and vomiting…marijuana smoking is beneficial because “the government has prevented the scientific study of the effects of marijuana on nausea and vomiting.” Others claim that marijuana can be used to treat the side-effects of chemotherapy such as nausea and vomiting.

John Merritt testified that Burton needed marijuana to keep him from going blind.[] Burton has a rare form of low-tension glaucoma. At Burton’s trial, ophthalmologist Dr. John Marks of Liverpool, England promoted Great Britain’s “enlightened” drug programs. “The results are zero drug-related deaths, zero HIV infection among injecting drug takers, and reduction of 50 percent in property crimes. And perhaps most puzzling of all, a fall in the incidence of addiction, among the public at large…80 percent.”

History provides evidence that legalization of drugs in foreign nations has not been successful. For example, opium was legalized in China earlier this century. That decision resulted in 80 million addicts and it took a half-century to repair the damage.[]

Myth #5:

Other Nations Have Successfully Legalized Drug Use

Mr. Nad-endre points to foreign nations when he writes, “We can learn much from Europe and Australia, where governments have turned their backs on the war on drugs.” They began by accepting the obvious: that it is both futile and dangerous to try to create a drug-free society.[]

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Myth #6:

Legalization Would Lead To Health Benefits

Nadendre states, “We should immediately decriminalize the sale and possession of small amounts of marijuana and make it easily available by prescription to those suffering from cancer, AIDS, multiple sclerosis and other diseases.” He tells Rolling Stone readers, “DEA’s own administrative law judge, Francis Young declared in 1988, marijuana is possibly One of the safest therapeutically active substances known to man.”[]

Arnold S. Fiedach, former president of the Drug Policy Foundation, calls the medical use of certain illegal drugs. He claims there is “no scientific or ethical reason why government denies heroin and marijuana to people suffering from cancer, glaucoma, multiple sclerosis, and other diseases.”[]

In January 1994 the Clinton Administration decided to relax the federal ban against the use of marijuana for medical reasons. Allen St. Pierre, deputy director of the National Organization for the Reform of Marijuana Laws (NORML), commented on the review decision: “This is encouraging to see that the public health service is going to get information about the efficacy of marijuana as a pharmaceutical agent…” marijuana can never be made available to people suffering pain or going blind, it’s never going to be legalized more generally.”[]

Legalization advocates cite cases like that of James Burton, who has glaucoma. Drug agents seized his home for growing marijuana, and he now lives in the Netherlands where “I can buy or grow marijuana legally, and I don’t have the police on my back.”[]

But he has a rare form of low-tension glaucoma. At Burton’s trial, ophthalmologist Dr. John Marks of Liverpool, England promoted Great Britain’s “enlightened” drug programs. “The results are zero drug-related deaths, zero HIV infection among injecting drug takers, and reduction of 50 percent in property crimes. And perhaps most puzzling of all, a fall in the incidence of addiction, among the public at large…80 percent.”

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A research review published in the Annals of Pharmacotherapy found no scientific studies that confirmed the benefit of the use of crack cocaine on HIV-1 infection. The use of marijuana might actually be counterproductive because it poses a needling and sexual endangerment to the already compromised immune systems of AIDS patients.[87]

Two studies in a 1991 book entitled Drugs of Abuse by Immunoologists found that the active ingredient in marijuana, THC suppresses or interferes with the function of white blood cells, which fight infection. THC could reduce the fighting power of white blood cells,[88] and chronic marijuana use can be lethal to people who have weakened immune systems, because the THC reduces the fighting power of the body's white blood cells.[89]

It is alleged that the problem may be worse today because marijuana is more addictive. The pre-legislation Lindesmith Institute challenged this in a recent Wall Street Journal article. The myth that marijuana is three times as potent [and therefore more addictive] as it was in the 1970s is based on a misleading comparison. The potency of today's marijuana is measured by a legal and diverse number of confiscated marijuana samples. The potency of 1970s marijuana was measured by a small and unrepresentative number of DEA-sampled samples.[90]

But the DEA cites tests of THC content. For example, the marijuana seized at Woodstock '93 had 1 percent THC, in 1974 the average THC was 3.6 percent; and samples analyzed in 1972 were 21.9 percent. Based on these findings, DEA claims that marijuana may be between 10 and 60 times as potent as the Weenies in the 1960s.[90]

ONDCP director Lee Brown confirms the addictive nature of marijuana. "The public may have grown more blur about marijuana over the years. The marijuana on the streets today is up to 10 times more potent than the available to teenagers a generation ago."[97]

Cocaine is, of course, more addictive than marijuana. President William Howard Taft identified cocaine as "More appealing in its effects than anything Hollywood is producing in the United States." He wanted it banned back in 1910, and the ranks of cocaine addicts grew before the substance was outlawed in 1914.

During the late 1980s, Dr. Marie Neywoyner experimented with opiate addicts at Rockefeller University, giving them free morphine, and saw the addicts' daily tolerance for morphine rise swiftly. Her partner, Dr. Vincent Dole, commented, "The doses on which you could keep them comfortable kept going up and up: the addicts were never really satisfied or happy. It was an unending experience."[98] Neywoyner noted, "Most drug abusers simply want to get high. Because the body daily develops more tolerance for abused drugs, addicts must use escalating dosages to achieve euphoria.[99]

The DEA says that up to 75 percent of crack cocaine users could become addicts. And Mitchell Rosenberg believes that cheap and legal addiction. He explains that "given unlimited access to cocaine, lab animals will consume increasingly greater amounts until they die..."[90] He points out that in the U.S. there are between 650,000 and 2.4 million cocaine addicts.[91]

Dr. Mark Gold, formerly the research director at Fair Oaks Hospital in Summit, New Jersey, now a professor at the University of Florida medical school and a recognized expert on cocaine, states, "Whereas one out of ten alcoholics goes become alcoholics, one out of four users of cocaine become addicted. If, for example, cocaine becomes legalized and use rose from 6 million to 60 million, this would mean we would have 15 million addicts in need of treatment, without prospects for a complete cure, constantly weeping."[92]

Dr. Herbert Kleber of Columbia University suggests that legalizing cocaine would increase use to 60 percent. And Joseph A. Califano, founding president of the Center on Addiction and Substance Abuse at Columbia University, notes that any "stamp of legality" on cocaine would lead to big increases in the number of addicts and "a rise in harm to the health care spending."[93]

Myth #8: Legalization Is A Civil Liberties Issue

NORML's Allen Shire states, "If you took the illegality out, pot wouldn't mean anything to rappers... But it's an injustice they can sing about."[94]

Chicago commodities trader Richard Dennis has contributed more than $1 million to the pro-legalization Drug Policy Foundation. He opposes criminal penalties for drug use and states, "It's a self-evident proposition that people shouldn't go to jail for use of marijuana or alcohol or cocaine..."[95]

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Ricco drug use is not a victimless crime because the user's family, and society suffer social and economic costs. For example, drug use by pregnant mothers causes in utero damage to the child. It increases the risk of mortality, heart failure, and the risk of low birth weight, born frail and drug addicted among other problems. Drug abuse is a key factor in most child abuse cases. In Philadelphia, cocaine is implicated in half of the cases in which parents beat their children to death, and in 90 percent of all abuse cases. In the nation's capital, 90 percent of reported child abusers are also illicit drug abusers. In nearby Maryland, one-third of all car accidents involve drivers who test positive for marijuana. And a few years ago, a Corcoran paper took the lives of 16 and hurt another 175, because the train conductors were associated with illegal drugs.[96] If those drugs were legal, the result would have been no less lethal to the innocent victim.

CONCLUSION

There is no "civil right" to do what is wrong or harmful to yourself, your family, or your society. The facts show that legalization is a mistake for America because, illegal drugs are more addictive and dangerous than the legal drugs alcohol and tobacco, which is verified by thousands of scientific studies. Legalization would result in more crime such as driving while intoxicated, child abuse, including child pornography, random violent crime, and spree shootings/black markets. Legalization has no economic justification. Taxing illicit drugs would offset only a small portion of the social costs. Banning illicit drugs is not the alcoholism "Prohibition". Drug take reduce abuse and the medical costs associated with abuse. Legalization would only do the opposite. Other nations have learned that legalizing drug policies only leads to more addiction and unacceptable social consequences. Illicit drugs offer no offsetting health benefits. Rather, marijuana damages most major body systems and provides minimal help for glaucoma victims and only when they are constantly stoned. Cocaine is far more addictive than alcohol, and marijuana is at least 10 times more potent today than a generation ago.

Robert Maginnis is a policy analyst with the Family Research Council, a Washington, DC-based research and advocacy organization.

ENDNOTES

One such scholar is sociologist James A. Inciardi, director of the Center for Drug and Alcohol Studies at the University of Delaware. He strongly opposes legalization, but he has shown a willingness to take the idea seriously. He edited the 1991 book The Alcohol Studies at the University of Delaware. He strongly opposes legalization, but he has shown a willingness to take the idea seriously. He edited the 1991 book The

In 1986 Len Bias, a promising young basketball player, died suddenly in his room at the University of Maryland. He had recently consumed huge amounts of both alcohol and powdered cocaine. Coming at a time when the dangers of smokable cocaine, which was said to be instantly addicting and frequently deadly, the event helped push the war on drugs to unprecedented levels of hysteria and ferocity.

In 1993 River Phoenix, a promising young actor, collapsed outside a Los Angeles nightclub and died shortly thereafter. Toxicological tests found that Phoenix, a strict vegetarian known for his “clean living,” had consumed a lethal mix of drugs, including cocaine and (probably) heroin. Phoenix’s death received prominent coverage for a while. There were a few stories lamenting the loss, a few more about drug use among twenty-somethings in L.A.’s fashionable hangouts. But not many people were prepared to conclude from the actor’s recklessness that “it could happen to anybody,” that the nation was at risk, or that desperate measures were necessary.

The contrast between the reaction to Len Bias’s death and the reaction to River Phoenix’s death is one of many signs that Americans are less obsessed with illegal drugs than they were in the late 1980s. Largely as a result of the change in public opinion, we haven’t heard much lately on this topic from bombastic drug warriors such as William Bennett (almost always referred to now as the “former secretary of education”) or Charles Rangel (whose Select Committee on Narcotics Abuse and Control no longer exists). This does not mean the prohibitionists are silent. But now opinion, we haven’t heard much lately on this topic from bombastic drug warriors such as William Bennett (almost always referred to now as the “former secretary of education”) or Charles Rangel (whose Select Committee on Narcotics Abuse and Control no longer exists). This does not mean the prohibitionists are silent. But now

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In 1993 River Phoenix, a promising young actor, collapsed outside a Los Angeles nightclub and died shortly thereafter. Toxicological tests found that Phoenix, a strict vegetarian known for his “clean living,” had consumed a lethal mix of drugs, including cocaine and (probably) heroin. Phoenix’s death received prominent coverage for a while. There were a few stories lamenting the loss, a few more about drug use among twenty-somethings in L.A.’s fashionable hangouts. But not many people were prepared to conclude from the actor’s recklessness that “it could happen to anybody,” that the nation was at risk, or that desperate measures were necessary.

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The intellectual rigor of prohibitionists like Inciardi is both an opportunity and a challenge for reformers. On the one hand, it allows them to cut through the nonsense and get down to the real issues. On the other hand, they'll be better off if they're not too easy, because they can't dismiss Inciardi as easily as Ed Meese or Joe Biden.

Arnold S. Trebach, a professor at The American University and president of the Drug Policy Foundation, is currently up to the task. He ably makes the case for legalization in about 25 pages, touching on all the major arguments. Inciardi is familiar with these arguments, and he addresses some of them in his earlier edition of the book. But the exchange suffers from the fact that Trebach and Inciardi chose not to read each other's manuscript and respond to them, which probably would have yielded a more focused debate. One reason they didn't go into the route may be that there is a certain amount of animosity between them. Trebach charges that Inciardi has misrepresented his views and treated other advocates of drug reform unfairly.

The first point Inciardi concedes, and the second point can be verified by reading his contribution to the book. Summarizing the views of Treaty E. Gossar, he writes: "What Szasz seems to be suggesting is that heroin, cocaine, and other dangerous drugs should be legislated; hence, the problems associated with their use would disappear." Szasz says nothing of this kind. It's undeniable that a certain number of people will hurt themselves, even run their lives, by misusing drugs, whether legal or illegal. But Szasz argues that such problems are properly beyond the purview of government, and he notes that "the drug problem," as a public policy issue, exists only because of state intervention.

For the most part, however, Inciardi understands the objections of his opponents and tries to rebut them with evidence. Responding to the claim that legalization would reduce theft by making drugs more affordable, he cites a recent RAND study indicating that criminal behavior tends to produce drug use. "It would appear that the inference of causality, that the high price of drugs on the black market causes crime, is simply not supported," he writes. But Inciardi concedes that "these same data also suggest that drugs drive crime in the careers of drug dealers or drug dealers..." If drugs drive crime, they also tend to intensify and perpetuate criminal careers. "If drugs drive crime," they write, "because they cost so much, legalization could reduce the number of criminals." This hypothesis is consistent with the finding that addicts control fewer property crimes once they have access to heroin or methamphetamine.

Although Inciardi wants to see the war on drugs continue, he joins Trebach in supporting several reforms aimed at "narm reduction," including needle-exchange programs and greater emphasis on treatment and rehabilitation. He also supports the reclassification of marijuana to make it available as a medicine. It is simply the humanitarian thing to do.

Outside of the Drug Enforcement Administration, "there is remarkably wide agreement on this point," and "Practically everybody believes that marijuana should be available to patients who can benefit from it." It is also the DEA's chief concern. Andreas Gossar, a professor of psychiatry at the University of California, Irvine, has been a vocal critic of the war on drugs, especially of the way it has been conducted. He has written extensively on the subject, and his book "The War on Drugs: A Critical Appraisal" is widely regarded as a classic in the field.

The rest of the book discusses the redelivery of marijuana as a medicine. Gossar and Bialas describe numerous uses for the drug, from the systematic research and patients' experiences (much of this work is devoted to first-person accounts). It's well established that pot can relieve the excessive intracranial pressure caused by gliomas and relieve the nausea, vomiting, and appetite loss associated with cancer chemotherapy. It is also effective in the treatment of Parkinson's disease, seizures, and the symptoms of Alzheimer's disease. Marijuana has also been shown to relieve patients of their symptoms, including pain, spasm, and itching.

Much of the evidence about marijuana's medical value is anecdotal. This is hardly surprising, since making a drug illegal tends to dishearten researchers aimed at confirming its useful properties. Gossar and Bialas acknowledge the limitations of case studies, but they note that a number of widely used drugs -- including aspirin, insulin, barbiturates, and penicillin -- were never tested in controlled experiments. Furthermore, the effectiveness of marijuana is often so dramatic, with symptoms disappearing immediately after smoking and reappearing after the drug is taken. If these phenomena are typical, they suggest that marijuana can help at least some patients. And given the drug's unusual safety and low production cost, there is little to be lost by trying it.

Gossar and Bialas are skeptical that either a renewed federal program or a prescription system, operating alongside continued prohibition of recreational use, could provide marijuana to every patient who would benefit from it. "Opponents of marijuana as a medicine sometimes say that its advocates are insincere and are only using marijuana as a wedge to open the way for recreational use," they write. "Anyone who has studied the history of efforts to obtain legal marijuana for suffering people knows that this is false. The attitude falsely ascribed to advocates of medical marijuana is actually a mirror image of the government's attitude. The government is unwilling to admit that marijuana can be a safe and effective medicine because of a stubborn commitment to avoiding exaggeration of its dangers when used for other purposes. Par for the course that medical availability of marijuana would open the way to other uses, but was made medical use very, very difficult, the drug was removed from the U.S. Pharmacopoeia and National Formulary.

The chapters analyzing prohibition's impact on crime, civil liberties, and individual autonomy are especially effective. Duke and Gross add lively to the debate by distinguishing seven major ways in which the war on drugs "smothered by the intense politicization of the plant."

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abstinence. Most drug users who quit, including heroin addicts and tobacco addicts, do so without treatment. Hence the impressive improvements found in treatment studies are somewhat misleading.” In fact, without control groups we cannot safely conclude anything about the effect of treatment (as opposed to the passage of time) on people’s drug problems. Given the limitations of the research and the significant costs involved (often at public expense), more skepticism is justified.

Duke and Gross also seem to contradict themselves in their discussion of drug advertising. They want a “free and open debate” about the hazards and benefits of drugs, including comparisons between substances and forms. Yet they propose banning drug brands, the main incentive for advertising. Without brands, competition and the innovation it spurs would be crippled. Companies would have little incentive to come up with safer and better drugs if they could not tout the benefits of their products, and much useful communication would be stifled.

Finally, although Duke and Gross discuss the importance of moderation in drug use, their legislation plan would undermine it in two significant ways. First, they do not leave much, if any, room for parents to teach their children responsible drug habits. We would encourage courts to hold parents and others civilly and even criminally responsible for negligently providing access to such drugs, they write, adding that underage consumption should itself be considered “actionable or punishable harm.”

Second, they would continue use of the currently illegal drugs to the home. “There should be no ‘drug saloons’ or the modern equivalent of opium dens,” they write. Yet such establishments could help tame drug use by tying it to safe environments and interaction with other people. In Legalese R7, Trebach cites the old opium dens, which were generally calm and peaceful, and the success of Dutch cafes that sell marijuana as evidence that “drug saloons” would have a positive impact.

Despite these and a few other mistakes, Duke and Gross have produced an important book that should help change people’s thinking about drug policy. I hope my disagreements with them will seem more significant in a few years, since that will mean we are moving in the right direction.