

Should We Continue the "War on Drugs"?

The War on Illegal Drugs Must Continue

Advocate: Theodore Dalrymple, a physician and psychiatrist who works in a British prison. A contributing editor of *City Journal*, he recently wrote *Life at the Bottom: The Worldview that Makes the Underclass* (Chicago: Ivan R. Dee, 2001).

Source: "Don't Legalize Drugs," *City Journal*, Volume 7, Number 2 (Spring 1997).

The War on Drugs Is Counterproductive

Advocates: Eric L. Jensen, Professor of Sociology at the University of Idaho; Jurg Gerber, Professor in the College of Criminal Justice, Sam Houston State University; and Clayton Mosher, Associate Professor of Sociology, Washington State University, Vancouver.

Source: "Social Consequences of the War on Drugs: The Legacy of Failed Policy," *Criminal Justice Policy Review*, Volume 15, Number 1 (March 2004): 100–121.

The debate over whether marijuana (and perhaps other illegal drugs) should be decriminalized is not a debate over whether elementary school children be able to buy marijuana at the candy store or smoke a joint in the school cafeteria after lunch. The question is instead whether to decriminalize the sale of illegal drugs (such as marijuana, cocaine, and opium), which is punishable by criminal sanctions, and regulate their sale and use much as regulate alcohol and tobacco; perhaps *more* strictly, but that is a point of detail and not the fundamental issue.

Though most conservatives are vehemently against drug decriminalization, there are many leading conservatives—Ethan Nadelmann, for example, Nobel Prize economist Milton Friedman, conservative columnist William F. Buckley, and others—who view the U.S. drug policy not only as a disastrous expensive failure but also as a fundamental infringement on our right of citizens to make our own decisions about things that affect only ourselves.

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not harm others. While those who favor decriminalization are more likely to fall on the liberal side, many liberals also adamantly oppose the decriminalization of drugs.

While currently the U.S. "war on drugs" is being pursued fervently, complete with a "drug czar" and an enormous prison population, other countries—the Netherlands is a noteworthy example—take a very different approach to the problem of drugs. In the Netherlands, marijuana is legally available on a "coffee shop" model, in which shops selling small quantities of marijuana are regulated by local ordinance (and those that prove troublesome are shut down, analogous to the shutting down of U.S. taverns that lose their liquor licenses). While there is dispute concerning the level of drug addiction in the Netherlands, most studies indicate that the rate of adult addiction and teenage drug use is lower than in the United States, and there is no dispute that the violent crime rate there is only a fraction of ours. While other European countries do not have as liberal a policy as the Netherlands, neither do they have policies as harsh as those of the United States, particularly toward the use of marijuana.

There are two major lines of argument concerning drug decriminalization. One is that the current criminal policy is and will remain a costly failure, so we are better off trying a new policy to deal with this ineradicable problem. In this argument, the sociological question of what effect decriminalization would have—on drug addiction, violence, law enforcement—looms large. The other argument is that even if the current criminal program worked, it should still be rejected as a paternalistic program that violates our right of free choice (including the right to make bad choices that harm only ourselves). In the second argument the key question is what are the rights of individuals to make their own decisions (including harmful ones) as opposed to the right of the state to regulate behavior that might harm the individual and perhaps indirectly damage the state?

Points to Ponder

- Dalrymple acknowledges the importance of freedom, but he opposes the "freedom" of butterflies and children. What concept of freedom does Dalrymple favor? Which concept of "freedom" seems more plausible? Are there other models for "freedom" than the two discussed by Dalrymple?
- Dalrymple rejects the "pragmatic" argument for legalization: the argument that legalizing drugs would have good practical effects in reducing crime. He claims that legalizing drugs would *possibly* produce another effect, which would possibly lead to *increased* crime. What is the possible effect on which his argument hinges, and how plausible is his supposition?
- Dalrymple claims that "Amsterdam, where access to drugs is relatively unproblematic, is among the most violent and squalid cities in Europe." In fact, Amsterdam in 2001 had a homicide rate of 3.1 for each 100,000 of population, which is comparable to other European cities, and far lower

than in U.S. cities (the 2001 homicide rate in New York City was 6.6, in London was 12.6, in Chicago 15.6, and in Detroit 39.3). The Netherlands has significantly less heroin addiction and drug addiction, and significantly fewer drug-related deaths, than in France, Germany, and England, and the rate is far lower than in the United States. And rather than "squalid," it is generally regarded as a particularly clean and beautiful city, and a wonderful place for walking or biking. If Dalrymple is wrong in this claim, does it undercut any key elements of his argument?

- Jensen, Gerber, and Mosher argue that long prison terms for drug offenders ultimately lead to an increase in criminal behavior. In their analysis, what are the steps from higher rates of imprisonment to higher rates of crime?

Don't Legalize Drugs

Theodore Dalrymple

There is a progression in the minds of men: first the unthinkable becomes thinkable, and then it becomes an orthodoxy whose truth seems so obvious that no one remembers that anyone ever thought differently. This is just what is happening with the idea of legalizing drugs: it has reached the stage when millions of thinking men are agreed that allowing people to take whatever they like is the obvious, indeed only, solution to the social problems that arise from the consumption of drugs.

Man's desire to take mind-altering substances is as old as society itself—as are attempts to regulate their consumption. If intoxication in one form or another is inevitable, then so is customary or legal restraint upon that intoxication. But no society until our

own has had to contend with the ready availability of so many different mind-altering drugs, combined with a society so zealous of its right to pursue its own pleasures in its own way.

The arguments in favor of legalizing the use of all narcotic and stimulant drugs are twofold: philosophical and pragmatic. Neither argument is negligible, but both are mistaken, in my belief, and both miss the point.

The philosophic argument is that in a free society, adults should be permitted to do whatever they please, always provided that they are prepared to take the consequences of their own choices and that they cause no direct harm to others. The philosophical classic for this point of view is John Stuart Mill's famous essay *On Liberty*. "The only purpose for which power

Theodore Dalrymple, "Don't Legalize Drugs," *City Journal*, Volume 7, No. 2 (Spring 1997). Reprinted with permission from *City Journal*.

City was 6.6, in LA 7.1, and in the Netherlands has been 1.5, and significantly lower than England, and the Netherlands is not a "squalid," it is a beautiful city, and a wonder. In this claim, does it

terms for drug offenders. In their analysis, what are the higher rates of crime?

Drugs

content with the reality of many different minds combined with a commitment to its right to pursue its own way.

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philosophic argument is that adults should be free to do whatever they please, provided that they are not causing the consequences of their actions to others. The basic point of view is that the famous essay *On Liberty* is the basis for which pro-

can be rightfully exercised over any member of the community, against his will, is to prevent harm to others," Mill wrote. "His own good, either physical or moral, is not a sufficient warrant." This radical individualism allows society no part whatever in shaping, determining, or enforcing a moral code: in short, we have nothing in common but our contractual agreement not to interfere with one another as we go about seeking our private pleasures.

In practice, of course, it is exceedingly difficult to make people take all the consequences of their own actions—as they must, if Mill's great principle is to serve as a philosophical guide to policy. Addiction to, or regular use of, most currently prohibited drugs cannot affect only the person who takes them—and not his spouse, children, neighbors, or employers. No man, except possibly a hermit, is an island; and so it is virtually impossible for Mill's principle to apply to any human action whatever, let alone shooting up heroin or smoking crack. Such a principle is virtually useless in determining what should or should not be permitted.

Perhaps we ought not be too harsh on Mill's principle: it's not clear that anyone has ever thought of a better one. But that is precisely the point. Human affairs cannot be decided by an appeal to an infallible rule, expressible in a few words, whose simple application can decide all cases, including whether drugs should be freely available to the entire adult population. Philosophical fundamentalism is not preferable to the religious variety; and because the desiderata of human life are many, and often in conflict with one another, mere philosophical

inconsistency in policy—such as permitting the consumption of alcohol while outlawing cocaine—is not a sufficient argument against that policy. We all value freedom, and we all value order; sometimes we sacrifice freedom for order, and sometimes order for freedom. But once a prohibition has been removed, it is hard to restore, even when the new-found freedom proves to have been ill-conceived and socially disastrous.

Even Mill came to see the limitations of his own principle as a guide for policy and to deny that all pleasures were of equal significance for human existence. It was better, he said, to be Socrates discontented than a fool satisfied. Mill acknowledged that some goals were intrinsically worthier of pursuit than others.

This being the case, not all freedoms are equal, and neither are all limitations of freedom: some are serious and some trivial. The freedom we cherish—or should cherish—is not merely that of satisfying our appetites, whatever they happen to be. We are not Dickensian Harold Skimpoles, exclaiming in protest that "Even the butterflies are free!" We are not children who chafe at restrictions because they are restrictions. And we even recognize the apparent paradox that some limitations to our freedoms have the consequence of making us freer overall. The freest man is not the one who slavishly follows his appetites and desires throughout his life—as all too many of my patients have discovered to their cost.

We are prepared to accept limitations to our freedoms for many reasons, not just that of public order. Take an extreme hypothetical case: public

exhibitions of necrophilia are quite rightly not permitted, though on Mill's principle they should be. A corpse has no interests and cannot be harmed, because it is no longer a person; and no member of the public is harmed if he has agreed to attend such an exhibition.

Our resolve to prohibit such exhibitions would not be altered if we discovered that millions of people wished to attend them or even if we discovered that millions already were attending them illicitly. Our objection is not based upon pragmatic considerations or upon a head count; it is based upon the wrongness of the would-be exhibitions themselves. The fact that the prohibition represents a genuine restriction of our freedom is of no account.

It might be argued that the freedom to choose among a variety of intoxicating substances is a much more important freedom and that millions of people have derived innocent fun from taking stimulants and narcotics. But the consumption of drugs has the effect of reducing men's freedom by circumscribing the range of their interests. It impairs their ability to pursue more important human aims, such as raising a family and fulfilling civic obligations. Very often it impairs their ability to pursue gainful employment and promotes parasitism. Moreover, far from being expanders of consciousness, most drugs severely limit it. One of the most striking characteristics of drug takers is their intense and tedious self-absorption; and their journeys into inner space are generally forays into inner vacuums. Drug taking is a lazy man's way of pursuing happiness and wisdom, and the

shortcut turns out to be the dead end. We lose remarkably by not being permitted to take

The idea that freedom is the ability to act upon one's will is surely very thin and hardly begins to capture the complexities of human existence; a man whose appetite for law strikes us not as liberated but enslaved. And when such a narrow conceived freedom is made the touchstone of public policy, a definition of society is bound to follow: a culture that makes publicly sanctioned self-indulgence its highest good can long survive; a radicalism is bound to ensue, in which limitations upon personal behavior are experienced as infringements of basic rights. Distinctions between the important and the trivial, between freedom to criticize received wisdom and the freedom to take LSD, are precisely the standards that separate societies from barbarism.

So the legalization of drugs cannot be supported by philosophical argument. But if the pragmatic arguments in favor of legalization were strong enough, it might overwhelm all objections. It is upon this argument that proponents of legalization base the larger part of their case.

The argument is that the overwhelming majority of the harm done to society by the consumption of presently illicit drugs is caused not by their pharmacological properties but by their prohibition and the resultant criminal activity that prohibition always calls into being. Simple economics tells us that a supply invariably grows up to meet a demand; and if the demand is widespread, suppression is useless. Indeed, it is harm

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since—by raising the price of the com-
modity in question—it raises the prof-
its of middlemen, which gives them an
even more powerful incentive to stim-
ulate demand further. The vast profits
to be made from cocaine and heroin—
which, were it not for their illegality,
would be cheap and easily affordable
even by the poorest in affluent
societies—exert a deeply corrupting
effect on producers, distributors, con-
sumers, and law enforcers alike.
Besides, it is well known that illegality
in itself has attractions for youth
already inclined to disaffection. Even
many of the harmful physical effects
of illicit drugs stem from their illegal
status: for example, fluctuations in the
purity of heroin bought on the street
are responsible for many of the deaths
by overdose. If the sale and consump-
tion of such drugs were legalized, con-
sumers would know how much they
were taking and thus avoid overdoses.

Moreover, since society already
permits the use of some mind-altering
substances known to be both addictive
and harmful, such as alcohol and nico-
tine, in prohibiting others it appears
hypocritical, arbitrary, and dictatorial.
Its hypocrisy, as well as its patent
failure to enforce its prohibitions
successfully, leads inevitably to a
decline in respect for the law as a
whole. Thus things fall apart, and the
center cannot hold.

It stands to reason, therefore, that
all these problems would be resolved
at a stroke if everyone were permitted
to smoke, swallow, or inject anything
he chose. The corruption of the police,
the luring of children of 11 and 12 into
illegal activities, the making of such
vast sums of money by drug dealing
that legitimate work seems pointless

and silly by comparison, and the turf
wars that make poor neighborhoods
so exceedingly violent and dangerous,
would all cease at once were drug tak-
ing to be decriminalized and the sup-
ply regulated in the same way as
alcohol.

But a certain modesty in the face
of an inherently unknowable future is
surely advisable. That is why prudence
is a political virtue: what stands to rea-
son should happen does not necessari-
ly happen in practice. As Goethe said,
all theory (even of the monetarist or
free-market variety) is gray, but green
springs the golden tree of life. If drugs
were legalized, I suspect that the
golden tree of life might spring some
unpleasant surprises.

It is of course true, but only triv-
ially so, that the present illegality of
drugs is the cause of the criminality
surrounding their distribution.
Likewise, it is the illegality of stealing
cars that creates car thieves. In fact,
the ultimate cause of all criminality is
law. As far as I am aware, no one has
ever suggested that law should there-
fore be abandoned. Moreover, the
impossibility of winning the "war"
against theft, burglary, robbery, and
fraud has never been used as an argu-
ment that these categories of crime
should be abandoned. And so long as
the demand for material goods out-
strips supply, people will be tempted
to commit criminal acts against the
owners of property. This is not an
argument, in my view, against private
property or in favor of the common
ownership of all goods. It does suggest,
however, that we shall need a police
force for a long time to come.

In any case, there are reasons to
doubt whether the crime rate would

fall quite as dramatically as advocates of legalization have suggested. Amsterdam, where access to drugs is relatively unproblematic, is among the most violent and squalid cities in Europe. The idea behind crime—of getting rich, or at least richer, quickly and without much effort—is unlikely to disappear once drugs are freely available to all who want them. And it may be that officially sanctioned antisocial behavior—the official lifting of taboos—breeds yet more antisocial behavior, as the “broken windows” theory would suggest.

Having met large numbers of drug dealers in prison, I doubt that they would return to respectable life if the principal article of their commerce were to be legalized. Far from evincing a desire to be reincorporated into the world of regular work, they express a deep contempt for it and regard those who accept the bargain of a fair day’s work for a fair day’s pay as cowards and fools. A life of crime has its attractions for many who would otherwise lead a mundane existence. So long as there is the possibility of a lucrative racket or illegal traffic, such people will find it and extend its scope. Therefore, since even legalizers would hesitate to allow children to take drugs, decriminalization might easily result in dealers turning their attentions to younger and younger children, who—in the permissive atmosphere that even now prevails—have already been inducted into the drug subculture in alarmingly high numbers.

Those who do not deal in drugs but commit crimes to fund their consumption of them are, of course, more numerous than large-scale dealers. And it is true that once opiate addicts,

for example, enter a treatment program, which often includes maintenance doses of methadone, the rate at which they commit crimes falls markedly. The drug clinic in my town claims an 80 percent reduction in criminal convictions among addicts once they have been stabilized on methadone.

This is impressive, but it is not certain that the results should be generalized. First, the patients are carefully selected; they have some motivation for change, otherwise they would not have attended the clinic in the first place. Only a minority of addicts attend the clinic, therefore it is not safe to conclude that, if other addicts were to be stabilized on methadone, their criminal behavior would similarly diminish.

Second, a decline in convictions is not necessarily the same as a decline in criminal acts. If methadone stabilizes an addict’s life, he may become a more efficient, harder-to-catch criminal. Moreover, when the police in our country do catch an addict, they are less likely to prosecute him if he can prove that he is undergoing any kind of rehabilitation resembling psychiatric treatment. They return him directly to his dealer. Having once had a psychiatric consultation is an all-purpose excuse for a robber or a burglar; the police, who do not want to fill in the forms it now takes to charge an addict with anything in England, consider single contact with a psychiatrist sufficient to deprive anyone of responsibility for crime forever.

Third, the rate of criminal acts among those drug addicts who receive methadone from the clinic, though reduced, remains very high. The deputy director of the clinic estimates

After a treatment program, which often includes maintenance on methadone, the rate at which addicts commit crimes falls. At the drug clinic in my hospital, there is a 50 percent reduction in convictions among heroin addicts who have been stabilized.

It is not aggressive, but it is not passive. The results should be judged on the basis of the patients are seen. Some motivation to change they would not have had if they were in the first place. The majority of addicts attend, and it is not safe to conclude that addicts were to receive their criminal activities diminish.

The decline in convictions is the same as a decline in the use of methadone stabilizes. It may become a more difficult-to-catch criminal. The police in our country, if he can prove that anything remotely psychiatric treatment directly to his offense had a psychiatric treatment as an all-purpose alternative to a burglar; the police are not to fill in the 40-plus pages to charge anyone. In England, consider a person with a psychiatrist sufficient to have anyone of legal age commit crime forever.

The rate of criminal activity among addicts who receive treatment from the clinic, though it remains very high. The number of the clinic estimates

that the number of criminal acts committed by his average patient (as judged by self-report) was 250 per year before entering treatment and 50 afterward. It may well be that the real difference is considerably less than this, because the patients have an incentive to exaggerate it to secure the continuation of their methadone. But clearly, opiate addicts who receive their drugs legally and free of charge continue to commit large numbers of crimes. In my clinics in prison, I see numerous prisoners who were on methadone when they committed the crime for which they are incarcerated.

Why do addicts given their drug free of charge continue to commit crimes? Some addicts, of course, continue to take drugs other than those prescribed and have to fund their consumption of them. So long as any restriction whatever regulates the consumption of drugs, many addicts will seek them illicitly, regardless of what they receive legally. In addition, the drugs themselves exert a long-term effect on a person's ability to earn a living and severely limit rather than expand his horizons and mental repertoire. They sap the will or the ability of an addict to make long-term plans. While drugs are the focus of an addict's life, they are not all he needs to live, and many addicts thus continue to procure the rest of what they need by criminal means.

For the proposed legalization of drugs to have its much vaunted beneficial effect on the rate of criminality, such drugs would have to be both cheap and readily available. The legalizers assume that there is a natural limit to the demand for these drugs, and that if their consumption were

legalized, the demand would not increase substantially. Those psychologically unstable persons currently taking drugs would continue to do so, with the necessity to commit crimes removed, while psychologically stabler people (such as you and I and our children) would not be enticed to take drugs by their new legal status and cheapness. But price and availability. I need hardly say, exert a profound effect on consumption: the cheaper alcohol becomes, for example, the more of it is consumed, at least within quite wide limits.

I have personal experience of this effect. I once worked as a doctor on a British government aid project to Africa. We were building a road through remote African bush. The contract stipulated that the construction company could import, free of all taxes, alcoholic drinks from the United Kingdom. These drinks the company then sold to its British workers at cost, in the local currency at the official exchange rate, which was approximately one-sixth the black-market rate. A liter bottle of gin thus cost less than a dollar and could be sold on the open market for almost ten dollars. So it was theoretically possible to remain dead drunk for several years for an initial outlay of less than a dollar.

Of course, the necessity to go to work somewhat limited the workers' consumption of alcohol. Nevertheless, drunkenness among them far outstripped anything I have ever seen, before or since. I discovered that, when alcohol is effectively free of charge, a fifth of British construction workers will regularly go to bed so drunk that they are incontinent both of urine and feces. I remember one

man who very rarely got as far as his bed at night: he fell asleep in the lavatory, where he was usually found the next morning. Half the men shook in the mornings and resorted to the hair of the dog to steady their hands before they drove their bulldozers and other heavy machines (which they frequently wrecked, at enormous expense to the British taxpayer); hang-overs were universal. The men were either drunk or hung over for months on end.

Sure, construction workers are notoriously liable to drink heavily, but in these circumstances even formerly moderate drinkers turned alcoholic and eventually suffered from delirium tremens. The heavy drinking occurred not because of the isolation of the African bush: not only did the company provide sports facilities for its workers, but there were many other ways to occupy oneself there. Other groups of workers in the bush whom I visited, who did not have the same rights of importation of alcoholic drink but had to purchase it at normal prices, were not nearly as drunk. And when the company asked its workers what it could do to improve their conditions, they unanimously asked for a further reduction in the price of alcohol, because they could think of nothing else to ask for.

The conclusion was inescapable: that a susceptible population had responded to the low price of alcohol, and the lack of other effective restraints upon its consumption, by drinking destructively large quantities of it. The health of many men suffered as a consequence, as did their capacity for work; and they gained a well-deserved local reputation for reprehensible, violent, antisocial behavior.

It is therefore perfectly possible that the demand for drugs, including opiates, would rise dramatically if their price to fall and their availability to increase. And if it is true that the consumption of these drugs in itself predisposes to criminal behavior (data from our clinic suggest), it is possible that the effect on the criminality of this rise in consumption would swamp the decrease resulted from decriminalization: there would have just as much crime aggregate as before, but many addicts.

The intermediate position of legalization, such as that espoused by Ethan Nadelmann, director of the Lindesmith Center, a drug research institute sponsored by financier George Soros, is empirically not the answer to drug-related crime. This view holds that it is too easy for addicts to receive drugs from doctors, either free of cost, and that they should be kept in municipal injecting rooms such as now exist in Zurich. But look at Liverpool, where 2,000 prescriptions for methadone are issued each week to a population of 600,000: once proud and prosperous city, the world capital of drug-money, the world capital of drug-related burglary, according to the police and independent researchers.

Of course, many addicts in Liverpool are not yet on methadone because the clinics are insufficient in number to deal with the demand: the city expended more money on clinics, perhaps the number of addicts in treatment could be increased tenfold. But would that solve the problem of burglary in Liverpool because the profits to be made

is perfectly possible for drugs, including those that were dramatically were and their availability. If it is true that the use of these drugs in itself reduces criminal behavior (as some suggest), it is also possible that the effect on the rate of crime is a rise in consumption of drugs, the decrease that would be the criminalization. We know as much crime is there, but many more

the same position on drug policy as that espoused by Nadelmann, director of the Center for Drug Policy Studies, a drug policy center sponsored by the Open Society Foundations. Soros, is emphatic that the answer to drug-related problems is to hold that it should be to receive opiates, either free or they should receive injecting rooms in Zurich. But in Zurich where 2,000 people receive methadone, the number of people for methadone in the prosperous city is still high. The problem of drug-motivated crime is still going to the police and researchers.

Many addicts in Liverpool are on methadone, but the clinics are insufficient to deal with the demand. It would need more money to increase the number of addicts. It would be increased five-fold. Would that solve the problem of drug-related crime in Liverpool? Would the profits to be made from

selling illicit opiates would still be large: dealers would therefore make efforts to expand into parts of the population hitherto relatively untouched, in order to protect their profits. The new addicts would still burgle to feed their habits. Yet more clinics dispensing yet more methadone would then be needed. In fact Britain, which has had a relatively liberal approach to the prescribing of opiate drugs to addicts since 1928 (I myself have prescribed heroin to addicts), has seen an explosive increase in addiction to opiates and all the evils associated with it since the 1960s, despite that liberal policy. A few hundred have become more than a hundred thousand.

At the heart of Nadelmann's position, then, is an evasion. The legal and liberal provision of drugs for people who are already addicted to them will not reduce the economic benefits to dealers of pushing these drugs, at least until the entire susceptible population is addicted and in a treatment program. So long as there are addicts who have to resort to the black market for their drugs, there will be drug-associated crime. Nadelmann assumes that the number of potential addicts wouldn't soar under considerably more liberal drug laws. I can't muster such Panglossian optimism.

The problem of reducing the amount of crime committed by individual addicts is emphatically not the same as the problem of reducing the amount of crime committed by addicts as a whole. I can illustrate what I mean by an analogy: it is often claimed that prison does not work because many prisoners are recidivists who, by definition, failed to be deterred from further wrongdoing by their last prison

sentence. But does any sensible person believe that the abolition of prisons in their entirety would not reduce the numbers of the law-abiding? The murder rate in New York and the rate of drunken driving in Britain have not been reduced by a sudden upsurge in the love of humanity, but by the effective threat of punishment. An institution such as prison can work for society even if it does not work for an individual.

The situation could be very much worse than I have suggested hitherto, however, if we legalized the consumption of drugs other than opiates. So far, I have considered only opiates, which exert a generally tranquilizing effect. If opiate addicts commit crimes even when they receive their drugs free of charge, it is because they are unable to meet their other needs any other way; but there are, unfortunately, drugs whose consumption directly leads to violence because of their psychopharmacological properties and not merely because of the criminality associated with their distribution. Stimulant drugs such as crack cocaine provoke paranoia, increase aggression, and promote violence. Much of this violence takes place in the home, as the relatives of crack takers will testify. It is something I know from personal acquaintance by working in the emergency room and in the wards of our hospital. Only someone who has not been assaulted by drug takers rendered psychotic by their drug could view with equanimity the prospect of the further spread of the abuse of stimulants.

And no one should underestimate the possibility that the use of stimulant drugs could spread very much wider,

and become far more general, than it is now, if restraints on their use were relaxed. The importation of the mildly stimulant khat is legal in Britain, and a large proportion of the community of Somali refugees there devotes its entire life to chewing the leaves that contain the stimulant, miring these refugees in far worse poverty than they would otherwise experience. The reason that the khat habit has not spread to the rest of the population is that it takes an entire day's chewing of disgustingly bitter leaves to gain the comparatively mild pharmacological effect. The point is, however, that once the use of a stimulant becomes culturally acceptable and normal, it can easily become so general as to exert devastating social effects. And the kinds of stimulants on offer in Western cities—cocaine, crack, amphetamines—are vastly more attractive than khat.

In claiming that prohibition, not the drugs themselves, is the problem, Nadelmann and many others—even policemen—have said that “the war on drugs is lost.” But to demand a yes or no answer to the question “Is the war against drugs being won?” is like demanding a yes or no answer to the question “Have you stopped beating your wife yet?” Never can an unimaginative and fundamentally stupid metaphor have exerted a more baleful effect upon proper thought.

Let us ask whether medicine is winning the war against death. The answer is obviously no, it isn't winning: the one fundamental rule of human existence remains, unfortunately, one man one death. And this is despite the fact that 14 percent of the gross domestic product of the United States (to say nothing of the

efforts of other countries) goes to the fight against death. Was the war more expensively lost? Let us then abolish medical schools, hospitals, and departments of health. If every man has to die, it doesn't matter very much who does so.

If the war against drugs is lost, then so are the wars against speeding, incest, fraud, rape, arson, and illegal parking. Few of such wars are winnable. So let us do anything we choose.

Even the legalizers' argument—permitting the purchase and use of drugs as freely as Milton Friedman suggests will necessarily result in less governmental and other official interference in our lives—doesn't stand. To the contrary, if the use of narcotics and stimulants were to become socially universal, as is by no means possible, the number of situations in which compulsory checks upon people would have to be carried out, for reasons of public safety, would increase enormously. Pharmacies, banks, schools, hospitals—indeed, all organizations dealing with the public—might be obliged to check regularly and randomly on the drug consumption of their employees. The general availability of such drugs would increase the standards of innumerable agencies, public and private, to interfere in our lives and freedom from interference would be drastically shrunk.

The present situation is undoubtedly bad; but few are the evils so bad that they cannot be made better by a wrong policy decision.

The extreme intellectual arrogance of the proposal to legal-
ize drugs is evident in the