

The pros and cons of prohibiting drugs

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Abstract

In September 2012, a group known as Australia 21 called for a rethink on the prohibition against illegal drugs. If the response from Australian Federal, State, and Territory Governments is any guide, the call fell on deaf ears. In recent years, even scholarly debate about the merits of prohibition appears to have subsided. This paper acknowledges that social and financial costs of the prohibition against illegal drugs but argues that prohibition also prevents a great deal of harm. The multifarious nature of drug-related harm and the differences between people in the weight assigned to various harms makes it impossible say what policy best minimizes drug-related harm.

Keywords

Cannabis, decriminalization, depenalization, harm reduction, heroin, prohibition

Introduction

In September 2012, a group known as Australia 21 called for a rethink on the prohibition against illegal drugs (Douglas & McDonald, 2012). Calls of this sort do not normally excite much media interest, but this call received plenty of attention. One reason for the attention was that Australia 21 has some very eminent people on its board; including a former secretary of defence, a former professor of epidemiology, and a former commissioner of police. Another was that the report employed some fairly dramatic tactics to get its message across.

The cover depicted what appeared to two very distressed parents underneath a title which read: “The prohibition of illicit drugs is killing and criminalizing our children and we are all letting it happen” (Douglas & McDonald, 2012). The body of the report claimed that the “War on Drugs” had failed, that the biggest beneficiaries of prohibition are those in league with organized crime and those corrupted by it and that politicians support prohibition simply because they want to look tough on law and order (Douglas & McDonald, 2012, p. 15). The report concluded that: “It is time to stop sloganeering and insist . . . that Australia . . . have an informed public debate about the alternatives to a

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policy that has failed disastrously and is criminalizing our young” (Douglas & McDonald, 2012, p. 23).

To date, the challenge thrown down by Douglas and McDonald (2012) has not been taken up. Neither the Federal Government nor any State or Territory Government has offered a detailed defence of prohibition. A search of Australian criminology and health journals also failed to reveal any response to the call by Australia 21. The National Drug Strategy mentions prohibition once (in the context of supply reduction) but offers no comment on the merits of prohibition as a means of curbing the demand for illicit drugs (Ministerial Council on Drug Strategy, 2011).

The purpose of this paper, therefore, is to discuss the pros and cons of prohibition. In what follows, the term “prohibition” refers to the blanket prohibition against use, possession, sale, cultivation, manufacture, or import of certain specified drugs. The term “decriminalization” refers to the complete removal of sanctions for drug use and/or possession. The term “partial legalization” refers to laws which legalize the provision of certain otherwise prohibited drugs (e.g. heroin) to certain classes of user (e.g. heroin-dependent people) by certain classes of supplier (e.g. medical practitioners). Since the case against prohibition is well known and easier to state than the case in favor of prohibition, we begin with it.

The cons of prohibition

One of the biggest problems with the prohibition against illegal drugs is the expense of enforcing it. In 2005, Moore (2005) estimated that Australia spends somewhere between \$432 million and \$707 million annually on drug law enforcement. Despite this, about one in 10 Australians over the age of 14 use an illicit drug at least once a year. Nearly 40% have tried an illicit drug at some stage in their lives (Australian Institute of Health and Welfare, 2011, pp. 8–9).

Incapacitation makes it much harder to use illegal drugs, but there is no evidence that imprisoning drug users has any effect on their willingness to continue using illegal drugs. Indeed, if anything, the evidence suggests that imprisonment exerts no effect (Spohn & Holleran, 2002). There is plenty of evidence, on the other hand, that a criminal conviction or a record of imprisonment can seriously hamper a person’s future earnings and employment prospects (Fagan & Freeman, 1999; Good, Pirog-Good, & Sickles, 1986; Hunter & Borland, 1999; Sampson & Laub, 1993).

Because prohibited drugs are expensive, dependent drug users often resort to crime to fund their purchases of illegal drugs. Rates of offending are far higher among drug-dependent offenders than they are among offenders who are not dependent on illegal drugs (Blumstein, Cohen, Roth, & Visser, 1986, p. 74). It is reasonable to suppose that they would not do this, or at least they would not do it as frequently, if partial legalization resulted in dependent users paying less for the drugs they consume (Ribeaud, 2004).

The crime committed by drug users to raise funds to purchase illicit drugs is only part of the problem. As the NSW Police Royal Commission so graphically revealed, prohibition creates incentives and opportunities for corruption. This can undermine public faith in democratic institutions and public confidence in the rule of law. Because they cannot resort to the law to resolve their disputes, the principals of organized crime often

end up resorting to violence. Some of the violence now being played out in South Western Sydney appears to fall into this category (AAP, 2013).

The tactics employed by police to discourage street-level drug use and dealing are sometimes inimical to public health. Interviews with drug users carried out by Maher, Dixon, Swift, and Nguyen (1997) in the late 1990s suggested that fear of detection and arrest sometimes prompted heroin users to share needles and inject too quickly. The former practice increases the risk that blood-borne viruses such as HIV and Hepatitis C will be transmitted. The latter increases the risk of fatal overdose. Other researchers have confirmed these findings (Weatherburn, Lind, & Forsythe, 1999).

The pros of prohibition

So much for the “cons” of prohibition. We come now to the “pros.” There are many ways of reducing the harm associated with illegal drugs (e.g. providing clean injection equipment to injecting drug users), but one of the surest is to reduce or limit aggregate levels of drug consumption. The figure below illustrates the point by plotting the fall in male lung cancer against the fall in the prevalence of male cigarette smoking.

Although Figure 1 depicts the relationship between cancer and smoking prevalence, it is important to remember that heavy users of most drugs account for most of the harms. In general, therefore, drug-related harm is much more closely tied to aggregate consumption (i.e. quantity or weight consumed) than it is to prevalence of use. Prohibition could be said to constrain aggregate consumption of illegal drugs in three ways:

1. First, by limiting the legitimate opportunities for illicit drug use;
2. Second, by raising the non-monetary costs associated with drug use; and,
3. Third, by making drug use expensive.

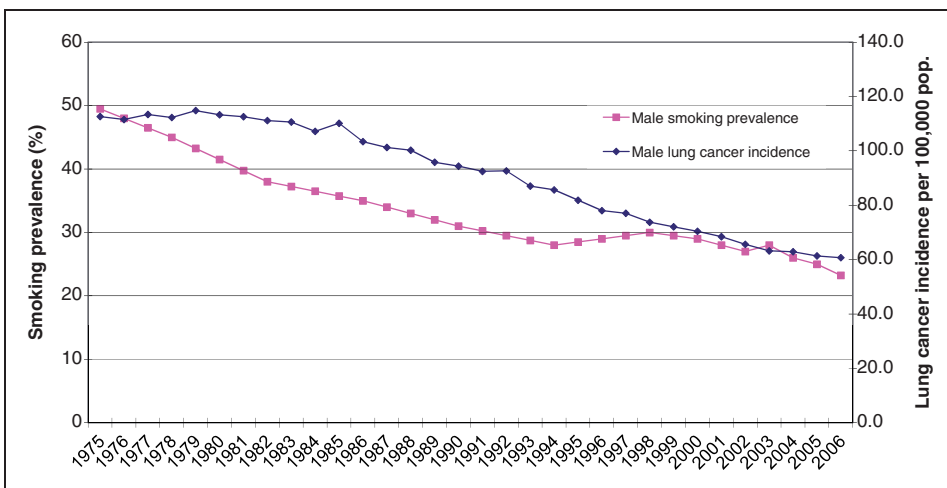


Figure 1. Male lung cancer incidence and male smoking prevalence.

In what follows, we take a look at the evidence bearing on each of these mechanisms, starting with deterrence.

Deterrence

Restricting the legitimate occasions for drug consumption has a significant and sometimes substantial effect on drug consumption.

Borland, Chapman, Owen, and Hill (1990), for example, found that the introduction of a ban on workplace smoking in Australian public service offices reduced overall rates of smoking, particularly among heavier smokers (25 + cigarettes a day), whose cigarette consumption six months after the ban had been introduced had fallen by over 25%. Similar findings have been obtained in the United States by Farrelly, Evan, and Sfekas (1999), with the largest fall coming from the heaviest tobacco consumers. Fichtenberg and Glantz (2002) later confirmed these findings in a systematic review of 26 studies on workplace smoking bans evaluated in the UK and the US.

Prohibiting drug use can be thought of as reducing the legitimate occasions of drug use to zero. If the pattern for tobacco is any guide, we would expect prohibition to reduce illicit drug consumption and we would expect the effects to be most pronounced among frequent users of illicit drugs. Supporting this, in 2001, Weatherburn, Jones, and Donnelly (2003) asked a representative sample of 600 18- to 29-year-olds in NSW whether they would use more cannabis if it were legal. About 16% of those who had never used cannabis, 78% of monthly users, and more than 90% of weekly users said they would.

Studies examining the effects of changes to the law concerning drug use and possession, however, sometimes present a very different picture. In 1987, the South Australian Government introduced a “cannabis expiation” scheme, under which those caught using or possessing small amounts of cannabis were given an infringement notice and a fine. Donnelly, Hall, and Christie (1998) examined trends in the lifetime and weekly prevalence of cannabis use, before and after the scheme was introduced. They found no significant difference in the growth rate for weekly cannabis use. The prevalence of lifetime cannabis use *did* increase significantly faster in South Australia than in the rest of Australia; but no faster than in some “prohibition” States, such as Tasmania.

Single (1989) conducted the first major review of marijuana decriminalization in the United States and Canada. He examined trends in the prevalence of cannabis use in 11 US States where penal sanctions for the use and possession of small amounts of cannabis were removed, back in the early 1970s. Broadly speaking, he found no differences in cannabis use trends between States that prohibited cannabis use and states that decriminalized it.

In 2001, all drug possession and use offences in Portugal became administrative offences. Hughes and Stevens (2010) evaluated the reforms and found that the prevalence of illicit drug use in Portugal increased slightly in the seven years following decriminalization but cited evidence suggesting that “problematic drug use” (defined as injecting drug use or long duration/regular use of opioids, cocaine, and/or amphetamines) had actually declined over this period. They took this as “strong evidence that the Portuguese decriminalization has not increased the most harmful forms of drug use” (Hughes & Stevens, 2010, p. 1008).

These studies are often cited by advocates of drug decriminalization in support of their claim that decriminalization has no effect on drug consumption. Actually, they provide much less support than is conventionally assumed.

To begin with, the legal changes in question were not examples of decriminalization. They were examples of depenalization, that is, the removal or softening of penal sanctions. In Portugal, for example, it is still possible to be sanctioned for drug use and possession. The sanctions include community service, fines, suspensions of professional licenses, and bans on attending certain places (Hughes & Stevens, 2010). Softening penalties is very different from removing them altogether. The law's capacity to engender compliance is not only or even primarily a function of the penalties attached to non-compliance (Licht, 2008; Tyler, 1990).

Second, the fact that drug use (including problematic drug use) did not increase following depenalization does not by itself show that depenalization has no adverse effects. Other factors not controlled for in these simple "before-after" comparisons may be responsible for the results. Depenalization, for example, would not be expected to exert much effect if enforcement of prohibition prior to depenalization was fairly weak or if the price of illegal drugs rose following the policy change. Drug-related harm might be expected to remain constant or even fall after decriminalization if the population of drug users was aging or if depenalization was accompanied by an expansion of treatment, which it was in Portugal (Hughes & Stevens, 2010).

More sophisticated studies, which take some of these factors into account, have found evidence that depenalization influences cannabis consumption. Saffer and Chaloupka (1995, 1998) and Pacula, Chriqui, and King (2003) found the impact of depenalization on marijuana smoking in the United States to have been positive and significant. Similar positive effects in Australia have been reported by Williams (2004), Zhao and Harris (2004), and Damrongplisit, Hsio, and Zhao (2010). The latter study is particularly noteworthy because it controlled for the possibility that cannabis users might migrate to depenalization states. This greatly increased the estimated effect of cannabis depenalization in Australia (from around 5 to 16.3%).

Third, depenalization *has* sometimes been accompanied by an increase in cannabis use. As MacCoun and Reuter (2001) point out, in 1976, the Dutch adopted a formal written policy of not enforcing the prohibition against cannabis possession wherever the quantities involved were 30 g or less. Initially this change had no effect on cannabis use. From the mid 1980s onwards, however, the number of Dutch coffee shops selling cannabis began to grow, and the prevalence of cannabis use grew with it.

Fourth, even if it were true that decriminalizing cannabis use and possession had no effect on cannabis use in the United States or Portugal or the Netherlands, it would not follow that drug decriminalization in general has no effect on any form of drug use at any time or with any group. Decriminalization of drug use and possession at a time when use is rising may have very different long-term effects than when the prevalence of drug use is at its peak (Behrens, Caulkins, Tragler, & Feichtinger, 2000; Caulkins, Dworak, Feichtinger, & Tragler, 2000). The effects of decriminalizing highly addictive drugs, such as heroin (Anthony, Warner, & Kessler, 1994) or drugs that increase the risk of violent behavior, such as amphetamines (McKetin, McLaren, Riddell, & Robins, 2006), may be very different to those associated with cannabis.

Fifth, the studies reviewed by Single (1989) and the study conducted by Donnelly et al. (1998) had little capacity to measure changes in drug consumption among existing drug users. This is a significant limitation because what matters most from a harm reduction viewpoint is not whether removal of penal sanctions prompts non-users to try drug use, but whether it increases consumption among existing heavy drug users. They, after all, account for the vast majority of drug-related harm.

The studies reviewed by Single (1989) examined changes in the prevalence of drug use rather than changes in consumption among regular users. Donnelly et al. (1998) tested for changes in consumption, but the power of their study to detect them was fairly limited. They only had a 27% chance of detecting a 3% point increase in weekly cannabis use overall; and a 15% chance of detecting a doubling of cannabis use among the critical 14- to 29-year-old age group (see Weatherburn et al., 2003).

Some studies, it should be noted, find depenalization of cannabis use only has limited effects. Williams (2004), for example, found that depenalization of cannabis use in Australia was associated with an increase in the prevalence of use only among males over the age of 25. She also found no effect of depenalization on frequency of use among existing users. The first of these findings, however, was not confirmed by Damrongplisit et al. (2010), who found decriminalization in Australia had more widespread effects. The second is hard to reconcile with the stated intentions of cannabis users observed in Weatherburn et al. (2003). On balance, most of the evidence emanating from studies which make some attempt to control for extraneous factors, does suggest that prohibition constrains illicit drug consumption.

Non-monetary costs

We now turn to the issue of non-monetary costs. One of the consequences of prohibition is that it forces drug users to expend a lot more effort obtaining the drugs they want. Their burdens include the risk of arrest, the possibility of police harassment, the risk of assault by other drug users who want to “rip off” their stash, and the risk of violence from dealers who want to enforce payment of unpaid debts. These “non-monetary” costs have been said to act as a brake on drug consumption, just as monetary costs do (Moore, 1972).

This hypothesis is supported by several observations. To begin with, when drug users are asked why they are entering treatment, two of the factors most frequently cited are fear of prison and troubles with the police and courts (Bammer & Weekes, 1993; Tsogia, Copello, & Orford, 2001; Weatherburn et al., 1999). At the height of the Australian heroin epidemic, for example, Weatherburn et al. (1999) asked 511 heroin users in South Western Sydney whether they wanted treatment for heroin use or, if they were in treatment why they were there. Just fewer than half the sample said that reducing involvement in crime and avoiding trouble with the police and courts was “very important.”

To test the veracity of this claim, Weatherburn et al. (1999) divided their sample into those who wanted treatment and those who did not. They then regressed the likelihood of wanting to be in treatment against various measures of contact with the criminal justice system. They found that the higher the number of contacts, the greater the likelihood of wanting to be in treatment. When they regressed the probability of being in

treatment against the same factor, they found the same result. Importantly, these effects held up in the face of controls for age, gender, ethnicity, years of heroin use, average daily heroin expenditure, association with other heroin users and whether or not the respondent had dependent children.

Studies of police crackdowns on open-air drug markets provide a further line of evidence on the issue. Falcato et al. (2001) in Switzerland kept a record of the monthly number of admissions to methadone clinics in Zurich before, during and after the closure of the Letten drug scene in February 1995. This was an area around the abandoned Letten railway station where large numbers of drug users congregated after the notorious “needle park” in Zurich was closed down in 1992. Falcato et al. (2001) found that the closure of Letten increased the rate of entry into treatment without producing any reduction in the rate of retention in treatment.

Studies like these suggest that the non-monetary costs of drug use act as a brake on consumption, in part because they encourage drug users into treatment. To the extent that treatment reduces drug-related harm, then, prohibition could be said to deserve some of the credit.

Monetary costs

This brings us to the issue of monetary costs. The sensitivity of demand for a product to changes in its price is what economists call its price elasticity. An elasticity of -1.0 means that when the price of a commodity increases by 1%, consumption of the commodity falls by 1%. An elasticity of zero means that changes in the price of a commodity have no effect on consumption. In this case, those who want the commodity simply spend more money to get what they want.

It used to be thought that the price elasticity of addictive drugs would be zero or very small, and that users would respond to higher drug prices by committing more drug-related crime to fund the additional cost of their drug habits. This turns out not to be the case. In his meta-analysis, Gallet (2013) found price elasticities of around -0.5 to -0.6 for heroin and cocaine and -0.2 to -0.3 for cannabis. In other words, the available evidence suggests that a 10% increase in the price of heroin or cocaine would reduce consumption by between 5 and 6%, while a 10% increase in the price of cannabis would reduce consumption by between 2 and 3%. These effects are comparable to those found for alcohol and tobacco (Gallet, 2013).

If prohibition keeps the prices of heroin and cocaine 10 times higher than they would be in a legal market, then it keeps consumption of heroin and cocaine about five times lower than it would otherwise be. This should help to suppress drug-related harm, and the evidence suggests that it does. Dave (2005) examined the empirical relationship between cocaine and heroin prices and hospital ED admissions for 21 US cities. He found the price elasticities associated with cocaine and heroin ED episodes were -0.27 and -0.10 , respectively. He also estimated that a 10% increase in prices would prevent about 11,000 hospital visits, with savings of between \$21 and \$47 million.

It is not necessary to look overseas to find evidence that demand for addictive drugs is price elastic. The best local evidence comes from the heroin shortage in Australia. Around Christmas 2000, the price of a gram of heroin rose from \$218 to \$320, while the purity dropped from 60% to around 20%. Adjusted for purity, the real price of a

gram of heroin rose from around \$360 to over \$1200. Within six months of heroin prices tripling, median weekly expenditure on heroin among the regular users surveyed by Weatherburn, Jones, Freeman, and Makkai, 2003 fell by 36%, from \$550 a week to \$350 a week.

The drop in expenditure was accompanied by an extraordinary drop in drug-related harm. In the period leading up to the heroin shortage, robbery, and theft offences were all rising. In the eight years after the heroin shortage, robbery rates fell by 38%; burglary by 50%; motor vehicle theft by 56%; and general theft by 37% (Australian Bureau of Statistics, 2009). The fall in heroin consumption produced health benefits as well. The most notable and the most important effect was a 67% reduction in fatal and non-fatal opioid overdoses. Deaths in Australia due to opioids declined from 1116 in 1999 to 386 in 2001 among those aged 15–54 years. Hepatitis C notifications also decreased (Degenhardt, Day, Gilmour, & Hall, 2006).

Of course, some contest the claim that drug law enforcement caused the heroin shortage (see, for example, Dietze & Fitzgerald, 2002; Wodak, 2008). It is fair to say that the evidence on law enforcement's role in causing the heroin shortage is inconclusive, although Degenhardt, Reuter, Collins, and Hall (2004) present a compelling critique of alternative explanations for the shortage. The quantity of drug seized, however, is not the main way in which prohibition influences drug prices. The main way is through what Reuter (1983) has termed the structural consequences of illegality (see also Reuter & Kleiman, 1986).

The high penalties associated with drug trafficking, coupled with the risk of apprehension, make drug trafficking very risky. Like insurance companies, drug suppliers seek to compensate themselves for these risks by demanding high premiums. These premiums are passed on to drug consumers in the form of higher prices. That is why the retail cost of drugs such as cannabis, heroin, and cocaine far exceeds the costs associated with their production and distribution. Oxycontin—a legal opioid, retails for about \$1.30 per 80 mg tablet on a PBS prescription. By comparison, a cap of heroin in Sydney at the moment costs about \$50. Even at this price, the cap will only be about 20–30% pure (Phillips & Burns, 2012).

Research in the United States suggests that the black-market price of cocaine in 2002 was between 2.5 and five times higher than the price that would prevail if the drug were legalized. The black-market price of heroin at the time was thought to be between eight and 19 times higher than it would be in a legal market (Grossman, Chaloupka, & Shim, 2002). Increasing investment in supply side drug law enforcement may not help push up the cost of drugs on the street. However, even if it does not, the mere fact that drug trafficking is illegal and punished with severe penalties tends to keep the price of illegal drugs much higher than it would otherwise be. This, in turn, keeps consumption and drug-related harm below what they would be in the absence of prohibition.

What policy minimizes drug-related harm?

We arrive, then, at the question of whether some other set of laws (besides prohibition) would produce the same or better outcomes at lower financial and social cost. For Australia 21 and many others concerned about the high cost of prohibition, the answer is an unqualified “yes.” The response is understandable. Prohibition *is* expensive

in both human and financial terms. Our statute books, however, are full of laws which are widely flouted, expensive to enforce and harmful to those we catch and prosecute. The laws against murder, insider trading, environmental pollution, corporate fraud, child sexual assault, and tax evasion are just a few examples. We accept these laws, despite their frailties and the enforcement cost associated with them because we think the social cost would be even higher if we abandoned them. And this is the nub of the matter. The standard against which we should judge any law is whether some other set of laws would produce the same or better outcomes at lower financial and social cost.

Some would argue that the only way to obtain an answer to this question is to change the law and evaluate the effects. This beguilingly simple argument glosses over the fact that large-scale policy experiments carry risks that are not always detectable in small-scale studies. Suppose, for example, we provide heroin to all dependent users. This will improve their health and well-being. But since dependent heroin users account for a large share of all heroin consumption, providing free heroin to them will reduce demand for heroin in the illegal market causing the price of illegal heroin to fall (Butler & Neil, 1994). This may encourage new users into the market and current users to consume more. It might be objected that none of these effects have been observed in evaluations of heroin trials to date (see, for example, Ribeaud, 2004). The experimental trials used to test the feasibility of heroin treatment, however, have been comparatively small compared with the population of heroin users (Hall, 1999). They are, for this reason, unlikely to have impacted on the market for heroin.

The risk of unintended consequences also arises in the context of drug decriminalization. A recent study by Adda, McConnell, and Rasul (2011) illustrates this point. They evaluated the impact of a localized policing experiment in which those caught in possession of small quantities of cannabis in the London borough of Lambeth were cautioned or warned rather than arrested. The aim of the policy was to allow police to focus more resources on serious drug crime. Adda et al. (2011) found that, instead of shifting their resources to the investigation of serious drug crime, police appeared to increase their focus on serious non-drug crime. This shift in focus led to a fall in serious non-drug crime but it was accompanied by an increase in cannabis consumption, in part because the experiment resulted in an increase in drug tourism (i.e. it attracted cannabis users from surrounding districts). Drug tourism and the shift in police focus away from drug-related crime were not the only unintended consequences that flowed from the Lambeth experiment. Adda et al. (2011) reasoned that any adverse welfare consequences flowing from depenalization should be reflected in falls in house prices. Their analyses confirmed this expectation, with house prices in Lambeth falling after the experiment by 6.1% more than across London as a whole during the same period.

These adverse outcomes do not necessarily vitiate decriminalization or partial legalization as policies. They do, however, show that experiments in drug policy involve potential risks as well as potential benefits. Repealing drug laws that are found to cause harm may be much easier than removing their effects. Indeed, as Kleiman, Caulkins, and Hawken (2011) point out, dealing with the aftermath of a failed policy experiment may take years. Even so, the risk of unintended consequences is not the most significant problem facing policy makers contemplating drug law reform. The most significant problem is that the measurement and comparative assessment of social costs in drug policy is fraught with difficulty. Many of the harms associated with drug

use, such as public anxiety, corruption, or public amenity, are difficult to quantify. To make matters worse, there is no public consensus on what harms matter the most or on what measures Governments should be permitted to take in managing those harms.

Some people are principally concerned about the health and welfare of drug users. Others are more concerned about the crime or public amenity problems they generate. Some are willing to see public money spent providing heroin to dependent users if it reduces drug-related morbidity and mortality. Others regard such policies as an anathema. Some see aggressive street policing as inimical to public health. Others welcome any action on the part of police which reduces public drug dealing and drug use. The spectacle of a suspected drug user being searched or “moved on” by police strikes some as an intolerable violation of civil liberty and others as an entirely appropriate exercise of police power to deal with the “scourge” of illicit drugs. The disagreements on these matters may appear to be driven by conflicting assumptions about the effects and effectiveness of particular policies for dealing with drug-related harm. To this extent, they might appear to be potentially resolvable through research. In some cases they may be. It would be heroic to assume, however, that all debates about drug policy are essentially debates about matters of fact. Different groups in the community weigh the nature and consequences of illegal drug use and efforts to combat it very differently. Policy makers ignore this at their peril. For them, the injunction to minimize harm always raises the question of whose harm they should be trying hardest to minimize.

Three important points flow from these considerations. The first is that, from a strictly scientific viewpoint, it is impossible to say what policy minimizes the harm associated with illegal drugs. The best we can hope do is to determine what policies are most effective in minimizing a specific measurable harm. Given what we have said about the difficulties of generalizing from small-scale experiments to large-scale programs, from one drug to another and from one location to another, finding the optimal minimization strategy for one drug-related harm is likely to be a herculean challenge. And yet solving that problem would still leave the general question of whether the benefits associated with a particular policy are worth the financial and social cost wide open for debate.

The second point is that the quantifiable harms, costs, and benefits of a particular drug policy are likely to vary greatly, depending on the drug and the context in which the policy operates.

It is, for example, one thing to decriminalize the use and possession of cannabis. It is quite another to decriminalize heroin, crack cocaine, and crystal methamphetamine. The health and dependence risks associated with the former drug, though very real, are nowhere near as severe as those associated with the latter (Nutt, King, & Phillips, 2010). In a similar vein, it is one thing to decriminalize use of a drug where the street price of the drug is very high and rates of initiation into the drug or transitions from casual to dependent use are likely to be correspondingly low. It is quite another to decriminalize where the price of the drug is low and where the drug is cheap and has significant potential to inflict further damage on communities that are vulnerable and/or have already been devastated by alcohol or some other drug (e.g. Indigenous Australians). Even for measurable harms, the optimal policy options are far from clear.

The third point is that, given all that we have discussed, it would seem quite unfair and unreasonable to suggest that: “The biggest winners from the current policy

[prohibition] are those in league with organized crime and those corrupted by it” (Douglas & McDonald, 2012, p. 14). Such statements do nothing to promote rational discussion of defects in current policy or alternatives to the prohibition against illegal drugs. There may well be a case for reforming the law surrounding use of illegal drugs. Highlighting the harms associated with existing policy, however, does not in and of itself establish a case for a policy change. To start a meaningful discussion about alternatives to prohibition, someone has to spell out an alternative to prohibition and explain in detail how it will alleviate the problems associated with prohibition without creating equally large problems of its own. This will require an acknowledgment that drug markets are a good deal more complex than participants in the Australia 21 roundtable on illegal drugs seem willing to admit.

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