Imagining
drug legalization

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IT IS REMARKABLE that the debate over drug legalization ebbs and flows without a fleshed-out proposal for what drug legalization means and how it would work. The absence of such a proposal focuses the debate on the costs and chances for success of the current “drug war” and perhaps of prohibition generally, but not on those of legalization. The lack of a fleshed-out legalization proposal makes it extremely difficult to assess or to criticize the legalization position. Skeptics vainly try to fix their sights on a moving target. Criticisms are brushed aside on the ground that they are based upon a distorted view of drug legalization. Those attuned to the debate are asked to endorse drug legalization “in principle” and to think about implementation later.

While advocates of drug legalization agree that the war on drugs is doomed to failure, they do not agree on how drugs should be le-

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I am very grateful to Chester Mirsky and Lynn Zimmer for comments and suggestions, to Boaz Morag for excellent research assistance, and to the Filomen D’Agostino and Max Greenberg Research Fund of New York University School of Law for financial support.
galized. The libertarian wing of the legalization movement favors a free market in mood- and mind-altering drugs similar to the market that now exists for alcohol and cigarettes. Some more-pragmatic legalization proponents seem to want a government-run or heavily regulated system of drug distribution, while others favor turning over the distribution of psychoactive drugs to health-care professionals. These different visions or intuitions about the nature of drug legalization, however, have not been put forward as carefully drafted proposals.

The goal of this article is to flesh out the various legalization options, to show what kind of policy choices each would entail, and to suggest serious problems of implementation. In short, I propose to advance the drug-legalization debate by focusing on the costs of legalization in practice, rather than in principle.

**Treating all drugs like alcohol and cigarettes**

The simplest, yet boldest, scenario for drug legalization is to lift the criminal prohibitions on manufacture, distribution, sale, possession, and use of all mood- and mind-altering drugs, thereby allowing them to be manufactured and marketed as freely as alcohol and cigarettes.¹ What would be the implications?

Imagine a society with a psychoactive-drug industry similar to the alcoholic-beverage and tobacco industries. Drug legalization would substitute legitimate businesspeople and corporations for organized-crime importers, wholesalers, and retailers. The new entrepreneurs would be in a position to reap much greater profits than their underworld predecessors, who had to cope with the risks of imprisonment and forfeiture as well as underworld ripoffs and assassinations. They would also benefit from the increased consumer demand that would come from lower prices, greater reliability of drug products, and the removal of legal norms against using psychoactive substances.

Paralleling what occurred at the end of alcohol prohibition, some of the people who have gotten rich from illegal drugs would probably launder their images and play key roles in the now-legal distribution system. The South American drug barons would cer-

tainly continue to control the supply of cocaine, and since their sales to American importers would be legal (at least under American law), their position in South American politics would be greatly strengthened—a development that might not ease tensions between those countries and the United States.

In the United States itself, the legalized drug industry that would quickly emerge would probably resemble both the alcohol and cigarette industries. Some American farmers and agribusinesses would abandon their current crops in favor of marijuana, opium, mushrooms, and other psychoactive substances that can be grown on American soil. As for the mood- and mind-altering drugs that are now produced in underground laboratories, like methamphetamines, barbiturates, hallucinogens, and synthetic opiates, they would become legitimate products for pharmaceutical laboratories; opiates in particular would probably be added to alcoholic and nonalcoholic beverages, over-the-counter tonics, and even food, as was the case in the nineteenth century. In the immediate aftermath of legalization, entrepreneurs would also invest heavily in research and development to come up with new psychoactive drugs to meet the tastes of a fickle multibillion-dollar market that has no loyalties to a single type of drug, much less to any particular brand.

For those, including many proponents of drug legalization, who do not believe that such consumer demand would emerge, consider the current consumption of tobacco products, alcoholic beverages, popular mood drugs like Valium and Prozac, and all kinds of tranquilizers, barbiturates, and amphetamines, not to mention illicit drugs. Americans have not demonstrated themselves to be prudent, cautious, and conservative consumers of mood- and mind-altering drugs. Everywhere we look in American society, we can see the use of chemicals to solve problems or to enhance happiness, and this use is often culturally and institutionally encouraged.

The array of newly legalized psychoactive drugs would have to be sold somewhere, either in specialty “drug stores” or in currently existing liquor stores, tobacco shops, or even supermarkets. Since legalization proponents mean to keep drugs out of the hands of children, drug sales would probably be limited to licensed shops in the same way that alcohol in many places can be sold only in licensed liquor stores to people at least twenty-one years of age. These new “drug stores” might well resemble liquor stores, varying in their product lines according to the clientele they serve. But
since consumers, for the foreseeable future, would need a great deal more knowledge about the properties and effects of newly legalized mood- and mind-altering drugs, there might well be demand for proprietors and sales personnel with specialized knowledge and expertise. We can certainly anticipate the proliferation of consumer-oriented drug magazines like High Times to advise consumers on the properties and effects of old and new psychoactive drugs, ideas for mixing drugs, and on the best places for purchasing and consuming different types of drugs.

Likewise, it does not seem farfetched to foresee the emergence of social establishments catering to people who wish to ingest psychoactive substances in a convivial and social atmosphere. If currently illicit drugs were put on the same footing as cigarettes and alcohol, we should expect to see the drug equivalent of bars and taverns—or, if you will, the legalized version of opium dens and crack houses.

This sketch of a drug-legalization model based upon the current marketing of alcohol and tobacco obviously neglects many issues. I will touch upon just four. The first concerns the relationship of a policy of legalized psychoactive drugs to the regulation of all drugs, medications, and food. Could heroin, cocaine, and speed be sold over the counter like alcohol and cigarettes, while Valium, sleeping and diet pills, some cough medicines, and antibiotics remain available only on a doctor's prescription? If so, people who could not obtain sleeping pills without seeing their doctors could purchase heroin and hypodermic needles from a drug store on the way to or from work. How long could the logic of such a situation last? Wouldn't it inevitably lead, as free-market advocates of drug legalization propose, to the complete dismantling of the regulatory system for food and drugs?

A related question is whether mood- and mind-altering drugs would be covered by the food and drug laws at all. Currently, before any prescription or over-the-counter drug can be sold to the public, it has to be proven "safe and effective for a specified use" under very stringent testing criteria that often involve years of multistage scientific testing and many millions of dollars. Would currently illegal mood- and mind-altering drugs have to meet those same criteria, or would they—like alcohol and cigarettes—be exempt from FDA drug regulation, so that their manufacturers would be required only to specify accurately the ingredients of the products and the possible damage to the health of their users?
Since the properties and effects of mood- and mind-altering opiates, cocaine products, amphetamines, and hallucinogens are less well known to the public than those of alcohol and tobacco, and because new designer drugs are always pouring onto the market, a strong argument can be made in favor of stringent pharmaceutical testing like that required for antihistamines, aspirins, and antibiotics. This, however, would make full-scale legalization a very long-term process. If some currently illegal drugs did not obtain approval under current FDA standards, moreover, they would continue to be purchased and sold on the black market—the elimination of which is one of the legalization movement’s primary goals. Thus the logic of drug legalization points toward the virtually unregulated sale of any product that any drug producer wishes to offer to the public. (If free-market theorists are correct, of course, consumers would not be left entirely unprotected, since market sources of information on mood- and mind-altering drugs would soon become available.)

A third key issue is cost and taxation. Some legalization advocates propose high taxes so that consumers of psychoactive drugs will pay for the networks of regulation and treatment devoted to drug administration and rehabilitation. The majority of drug-legalization advocates, however, see the heavy taxation of drugs as a major problem because, in their view, high prices “force” drug users to steal, rob, and sell their bodies in order to obtain money to buy drugs. From this point of view, for legalization to be successful drugs must be cheap and accessible. If not, the black market would remain in place since it would undersell the legal market, and indigent consumers would continue to commit crimes in order to obtain money to buy drugs even after legalization. However, some legalization proponents appear to favor high taxes on psychoactive drugs lest drugs be too attractive to consumers, especially when compared with heavily taxed alcoholic beverages.


3Professor Ethan Nadelmann of Princeton seems to take both positions. He sees the possibility of massive tax revenues as an appealing feature of legalization, but emphasizes the need for low drug prices in order to remove the need to resort to crime to obtain money for drugs. See his article “The Case for Legalization” in The Public Interest, no. 92 (Summer 1988).
It is mere speculation that making psychoactive drugs legal and inexpensive will reduce drug-related crime. It is also possible that, in a world of legal drugs, drug experimenters and regular users will wish to increase their consumption; if so, they might still need as much money as they did under prohibition when drugs were more expensive. Moreover, legalization would cause economic hardship for many drug users because it would deprive them of the income that they currently derive from participation in the black-market distribution system. Black-market wholesalers and distributors, unless they are given a profitable role in the legalized distribution system, cannot be expected simply to wither away. More likely, they will continue to compete fiercely with one another and with the legalized market for as much of the drug market as possible. That might mean underpricing the legal market and providing more powerful drugs than are available on the legal market.

Furthermore, as consumption of mood- and mind-altering drugs increases, so too will the number of crimes committed under the influence of drugs. Consider just the crime of driving while intoxicated. Experts have come increasingly to see that drunk driving is a function of the overall level of alcohol consumption. I can't see why the same conclusion would not apply to other psychoactive drugs. Legalization would be bound to cause a major increase in the rate of driving under the influence of alcohol or drugs, already one of this country's most serious social problems.

The fourth key issue is the legal liability of manufacturers and sellers of psychoactive drugs. As far as I can tell, the legalization debate has left this matter completely untouched, but its resolution will have very significant consequences for whether legalization could even get off the ground. If manufacturers and retailers fear liability for suicides, overdoses, accidents, addictions, and intentional and negligent injuries to others, they might be inhibited from entering the psychoactive-drug market in the first place. Perhaps the liability problem could be solved by allowing warning labels on drug packages to put the burden of risk on consumers,4 by granting statutory immunity to producers and retailers of recognized drug products, or by having government insure all manufacturers against drug casualties. Obviously, each of these solutions raises major problems and carries significant costs.

4For example: "WARNING—Crack is a powerful psychoactive product that can lead to hyperactivity, extreme depression, and addiction. Use only in moderate amounts. Use by pregnant women causes addicted and damaged babies."
A government-regulated system

Either because they do not believe that a free-market legalization policy like the one sketched above is desirable or because they doubt that it is politically acceptable, some advocates of drug legalization urge a "government-regulated system." Because, as far as I know, such a scheme has never been spelled out in print, it is necessary to speculate as to what it might mean.

Some proponents of this model of drug legalization seem to envision a government-run monopoly on mood- and mind-altering drugs. Immediately all sorts of questions come to mind. Which level of government—federal, state, or local—would be assigned the task of building a system for drug production and distribution? Is the government monopoly to extend to crop and laboratory production or solely to retailing? Why and how would government be a better or more responsible drug producer and distributor than private business?

Proponents of this position, if they have thought about the matter at all, probably favor control by the federal government, which Congress could accomplish by repealing all current drug laws and establishing a new federal bureaucracy to produce and to distribute psychoactive drugs. Otherwise, the battle for legalization would have to be fought out state by state or in the context of a federal constitutional amendment guaranteeing to the American people the right to ingest whatever substances they desire or banning all state prohibitions on the production, sale, possession, and use of psychoactive substances. Legalization under federal rather than state control would certainly be quicker and less complicated than waiting for all fifty states to develop political support for legalization and then to develop their own policies and institutions for drug production and/or retailing.

Assuming that the responsibility for drug legalization under the government-control model would ultimately fall upon the federal government, which parts of the drug-distribution system would the government take over and control? It seems unlikely that the federal government would itself go into the business of growing poppies, coca, marijuana, and psychedelic mushrooms, or that it would establish laboratories for the production of amphetamines, barbitu-

rates, LSD, and all sorts of designer drugs. With a few exceptions like the Tennessee Valley Authority, this has not been the pattern of government regulation in the United States, even in the defense sector.

More likely, political and administrative realities would dictate that government involvement go no further than government control over retail distribution of mood- and mind-altering drugs. Whether the government assumed an operating or merely a regulating role, we need to ask how its participation would produce a situation any different from that which would result from a free-market approach like the one imagined earlier.

Surely there is something to be learned from government regulation of alcoholic beverages and gambling. Some state governments currently have a monopoly over retail liquor stores. Visitors, however, might not notice much difference between these liquor stores and the privately operated stores of nearby states, except that the government stores tend to charge higher prices and have shorter operating hours. Both types of retail liquor stores, public and private, tend to carry all the name brands of alcoholic beverages. The state-owned liquor stores certainly have not attempted to implement anything like a “responsible liquor policy.” There is no rationing, nor are there any attempts to prevent alcoholics from making purchases or to persuade consumers to buy light wines and beers instead of hard liquor. In short, state-operated liquor stores seem to be driven by the profit motive just like private liquor stores. State lotteries follow this same pattern, seeking to maximize profits rather than to dampen the ardor of the gambler or to limit betting to people who can afford it.

It is possible, of course, that government drug stores could operate quite differently from government liquor stores and lotteries. They might try to ration the type or amount of drugs that a consumer could purchase—for example, only so many grams of heroin or cocaine per day or week. But wouldn’t any attempt by the government to ration drug purchases defeat the whole purpose of drug legalization? Legalization proponents want to end the black market and to stop arresting and punishing people who sell or purchase drugs. Any rationing system would only perpetuate the black market and require criminal penalties for violators of the regulated system’s rules and procedures.

In any event, it is very hard to envision how rationing could work. Would every person be required to register with just one
store and maintain some type of drug-ration card? Even if that could be done, what would prevent people from selling their rations to one another? One can easily foresee innumerable possibilities for fraud. There would also be extensive opportunities for embezzlement and theft from the retail outlets, and they would, of course, be vulnerable to burglaries and robberies.

Indeed, if one takes the logic of legalization seriously, a government-controlled system of drug distribution might prefer to set a course just the opposite of rationing. To defeat the black market and all of the problems that legalization proponents attribute to the black market, it might be necessary to make all drugs easily and cheaply (even freely) available to whoever wants them. Only then would legalization have a chance of eliminating or significantly reducing the crime problems spawned by the need to raise money in order to purchase psychoactive drugs.

If the federal government operated a nationwide system of retail drug stores, it would have to face the question of liability for deaths, injuries, and genetic damage attributable to its drug sales. Over the past several decades we have come to hold the government to ever-higher standards of care and foresight in preventing personal and property damage of all kinds. The trend away from government immunity may prove politically difficult to reverse, especially when some potential victims will be innocent motorists and pedestrians, or children born to addicted mothers. But either Congress and the taxpayers will have to accept responsibility for these casualties or some kind of government immunity will have to be enacted.

Congress will also be faced with responsibility for funding, and perhaps operating, a ubiquitous health-care system to provide psychological and medical treatment to those drug users and abusers who suffer psychological and physical ill effects. Such treatment does not come cheaply. The *New York Times* recently reported that the charge for a week-long cocaine-detoxification program is $5,000, and the charge for a ten-day heroin-detoxification program is $6,500. There would seem a certain irony in one department of government supplying drugs and another treating and detoxifying the users of these drugs.

Many of the same problems that we have been identifying would occur even if a "government-controlled system" means, as Professor Nadelmann seems to envision, extensive government
regulation of a privately run production and distribution system. Here, the government's record in extensively regulating the gambling industries in Nevada and New Jersey might shed some light on how different a regulated industry would look from a nonregulated industry. Perhaps the government's chief regulatory success in these states is collecting a great deal of tax revenue. The casinos operate twenty-four hours a day, ply their customers with free alcohol, and employ an impressive range of strategies to separate the customer from his cash as quickly as possible.

If by extensive government regulation Professor Nadelmann means that the government would prohibit certain dangerous drugs altogether or would peg the strength of psychoactive drugs below what is available on the streets, we would be back to a system of partial prohibition. Partial prohibition might bring the worst of both worlds. It would legally provide some psychoactive drugs to American consumers, while other drugs, remaining illegal, would continue to be purveyed on the black market. It is not hard to imagine a black-market drug system coexisting comfortably with a legal distribution system. In effect, this is what we now have, alcohol and tobacco being legally distributed and other psychoactive drugs being distributed on the black market. Similarly, government lotteries have not dried up black-market gambling and numbers rackets. In many jurisdictions both systems of gambling are thriving.

Advocates of a government-controlled market are quick to point out that the government would forbid advertising and sales to minors. But even this minimalist regulation is easier said than done. There is some doubt that in a world of legalized drugs, the government could constitutionally forbid all advertising of drug products. It is quite likely that, as in the case of cigarettes, television advertising could be banned, but the government would not

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6 Actually, in his Summer 1988 Public Interest article Professor Nadelmann devotes only the following paragraph (out of twenty-eight pages) to an explanation of what he means by drug legalization:

There is, of course, no single legalization strategy. At one extreme is the libertarian vision of virtually no government restraints on the production and sale of drugs or any psychoactive substances, except around the fringes, such as prohibiting sales to children. At the other extreme is total governmental control over the production and sale of these goods. In between lies a strategy that may prove more successful than anything yet tried.... It is one in which government makes most of the substances that are now banned legally available to competent adults, exercises strong regulatory powers over all large-scale production and sale of drugs, makes drug treatment programs available to all who need them, and offers honest drug education programs to children.
and probably could not ban billboards and magazine advertisements. It certainly could not ban informative articles in magazines and newspapers about the properties and effects of drugs, much less verbal promotion of drugs by drug-store personnel, psychologists, entertainers, and public figures who advocate drug experimentation. In any event, not all legalization advocates really want to ban advertising. Some libertarian supporters of the legalization movement would probably oppose such restrictions on First Amendment grounds as well as on the ground that consumers need to be informed about the ingredients and the short- and long-term effects of the drug products available to them.

The government could prohibit drug sales to children, although the effectiveness of such age-specific prohibitions is extremely dubious. Nevertheless, implementing an age-specific prohibition raises some serious problems. Since alcohol currently cannot be sold to persons under twenty-one years of age, it would seem logical to set the same age threshold for heroin, cocaine, amphetamines, and the other currently illegal drugs. But this policy would again encounter the irony that drug legalization reinvents drug prohibition. A large percentage of the drug consumers in the United States are under twenty-one. To deny them legal access to drugs, and to subject them to arrest and punishment for purchasing such drugs, would seem to defeat much of the point of drug legalization. To set the threshold younger, say at eighteen or even sixteen, would make more sense, but set off a political maelstrom. It would also create an intolerable asymmetry with alcohol policy. It is hard to believe that we would make heroin and cocaine available at age eighteen, but beer and wine unavailable until age twenty-one.

A public-health system

Some advocates of drug legalization have urged adoption of a "public-health model."7 Again, the elements of such a model, to my knowledge, have never been spelled out in print, except for references to the "British system" under which, for a time, some doctors could legally provide heroin to some addicts in the course of treating them.8

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8New York State Senator Joseph Gallibler introduced a bill into the New York State Senate (S-1918, February 6, 1989) under which doctors and pharmacists would be licensed to sell controlled substances legally, as long as their places of business were
The so-called British system is now practically extinct even in Britain. Providing heroin to addicts in the course of their treatment was sensible when it came to a small number of middle-class people who had become addicted to drugs (usually opiates) during medical treatment and who wished to be cured. Such patients were not involved in a drug scene or subculture. The system broke down when it tried to cope with the pleasure-seeking addicts of the 1960s; medical authorities and addicts got into endless struggles over dosages and the form in which heroin would be provided.

The medical model that the British tried (and essentially abandoned) was applicable only to heroin addicts. People who wanted to experiment with or “chip” (use occasionally) heroin were not eligible for drug-maintenance programs. In a perverse way, such a system would provide an incentive to become addicted for those who desired to obtain free drugs from a clinic program. Still, much of the heroin that was dispensed in Britain was resold to nonaddicts. Even the clinics that were subsequently established to control prescribed heroin better could not cope with the demanding, manipulative addicts and were all but completely eliminated.9

Even if providing drugs to drug users in the course of a treatment program is judged a success, such a scheme makes sense only for certain drugs. The model does not apply to crack, LSD, PCP, and marijuana, or to casual and recreational users. Crack and cocaine users, for example, tend toward binges; they cannot be “stabilized” as heroin users sometimes can. Likewise, there is no “maintenance dose” for amphetamines. Doctors or clinics would simply have to give drug users whatever drugs they desired; any additional drugs, of course, could be purchased on the black market. Unwittingly, such a system would contribute to drug abuse rather than to drug rehabilitation.

If advocates of a medical model of drug legalization have in mind giving medical authorities licenses and responsibility for selling or giving away all psychoactive drugs, there is much cause for skepticism. Making medical authorities the gatekeepers to mood- and mind-altering drugs makes no more sense than making

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them the gatekeepers to alcohol and cigarettes. Doctors and other medical personnel are in the business of healing the sick and promoting good health. There is nothing in their mission or goals that makes it appropriate for them to decide who should be permitted to take crack, LSD, PCP, or marijuana over the weekend. Indeed, dispensing such drugs at the request or demand of drug users would be inconsistent with the Hippocratic Oath.\(^\text{10}\)

The impact of such a plan on the overburdened health-delivery system is alone reason enough to dismiss it out of hand. Drug seekers would crowd doctors' waiting rooms and hospital clinics, depriving other patients of timely access to health care. Dissatisfied "patients" would shop around for doctors who believed in promoting altered states of consciousness or who had decided to dispense drugs for pecuniary reasons, much as today some patients shop around for doctors who will prescribe amphetamines, Valium, Prozac, and many other prescription drugs.

**The cultural implications of legalization**

It is easy to understand people's frustration with the current drug problem and their willingness to consider diverse policy options. Advocates of drug legalization offer their proposal as if it were just one of many possible "policy options" for dealing with the drug problem. This is a massive understatement. Drug legalization would be more like a cultural revolution than a change in policy.

For better or worse American culture—and Western culture in general—is an alcohol culture. In hundreds of ways, many of which are merely taken for granted, alcohol serves as a symbol of good times, celebration, rites of passage, friendship, conviviality, romance, and success. People imbibe alcohol because they are happy, depressed, tense, relaxed, bored, or just thirsty. As a society, we consume more alcohol than milk. Our civilization is laced with norms about when and how much to drink. And over hundreds of

\(^{10}\)In her unpublished 1989 paper "Legalized Drugs?," Dr. Sheila Blume, clinical professor of psychiatry in the State University of New York at Stony Brook and Director of the South Oakes Institute of Alcoholism and Addictive Behavior Studies, has commented:

While many of us [physicians] work to help addicts recover (whether drug-free or through the use of methadone) few of us would be willing to perpetuate addiction whether the addict were young or old, pregnant or not. We would also be loath to place "take home" doses of these drugs in the hands of the addicts who could easily, and would surely[, they develop an instant black market in drug diversion, selling to children and anyone else willing to buy.
years, norms have developed to control alcohol excesses. Nevertheless, we continue to test the capacity of our culture to absorb massive amounts of alcohol safely. Alcohol abuse and alcohol-related health and social problems continue to exact a tremendous toll on our society. The devastating impact of alcohol on Native Americans and Eskimos demonstrates that not all societies can safely absorb the free flow of all psychoactive drugs.

The drug-legalization movement is urging us to consider the transformation of American society from an alcohol culture to a poly-drug culture in which a wide range of psychoactive drugs—including heroin, cocaine and crack, marijuana, amphetamines, hallucinogens, barbiturates, and designer drugs of all sorts—would instantly be made the legal equivalents of alcohol. These drugs would become as widely available as alcohol and would spawn commercial industries promoting and celebrating their use. It would be as if the United States had decided to multiply its alcohol experience many times over with dozens of new drugs. The impacts of such a revolution would surely be felt in every niche of our society and culture.

Advocates of drug legalization in effect are urging the country to engage in a massive experiment. Incredibly, their hypothesis is that by legalizing all drugs and reducing their cost, the drug problem will decline if not wither away. This defies everything we know about markets, deterrence, and the propensity of people—especially Americans—to seek chemical solutions to life's real or imagined problems and challenges. Moreover, if the legalization movement’s hypothesis proves wrong it will be too late to go back to the status quo ante. Returning to prohibition after a period in which millions of consumers developed a taste for new drugs would be a daunting challenge, to say the least.

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11 The National Institute on Alcohol Abuse and Alcoholism estimates that there are 9.1 million alcoholics and 6 million alcohol abusers in the United States. Alcohol accounts for approximately 15,000 highway deaths each year; it is involved in approximately half of all violent crimes and in one-quarter of admissions to general hospitals. See James B. Jacobs, Drunk Driving: An American Dilemma (University of Chicago Press, 1989).

12 Judge Robert Sweet states: "The present climate seems to me to be optimistic: there is an emphasis on health, diet, and what one ingests. If our society can learn to stop using butter, it should be able to cut down on cocaine." (See Drug Law Report, January-February 1990.) On the other hand, Professor Nadelmann writes in The Public Interest: "It is thus impossible to predict whether legalization would lead to much greater levels of drug abuse, and exact costs comparable to those of alcohol and tobacco abuse."
Given the extraordinary risks of such an experiment, and the fact that no other country in the world has sought to try it, one might have expected many people who today proclaim themselves to be "for legalization" to have demanded to know just what is meant by legalization, how it would work, and how it would affect key institutions of American society. Those questions are being asked all too infrequently. The legalization debate continues to be waged at an abstract and simplistic level. Perhaps the most important negative effect of this current debate is that it is diverting time, resources, and attention from the more pressing question of how to reform the war on drugs so as to reduce drug use more effectively, and to minimize social and economic costs while preserving civil liberties.