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PRO: Racism

The war on drugs targets People of Color

Scott Akins, Professor of Sociology at Oregon State University, and Clayton Mosher, Associate Department Chair of Sociology at Washington State University, 2020 (“Oregon Just Decriminalized All Drugs – Here's Why Voters Passed This Groundbreaking Reform,” Scott Akins and Clayton Mosher, The Conversation, December 10, 2020, US News, <https://www.usnews.com/news/best-states/articles/2020-12-10/oregon-just-decriminalized-all-drugs-heres-why-voters-passed-this-groundbreaking-reform>)

Another aim of decriminalization is to mitigate the significant racial and ethnic disparities associated with drug enforcement. Illegal drug use is roughly comparable across race in the U.S. But people of color are significantly more likely to be searched, arrested and imprisoned for a drug-related offense. Drug crimes can incur long prison sentences. Discretion in drug enforcement and sentencing means prohibition is among the leading causes of incarceration of people of color in the United States – an injustice many Americans on both sides of the aisle increasingly recognize. Freed up from policing drug use, departments may redirect their resources toward crime prevention and solving violent crimes like homicide and robbery, which are time-consuming to investigate. That could help restore some trust between law enforcement and Oregon's communities of color.

Drug policing is racialized

Nkechi Taifa, Senior Fellow at Columbia University's Center for Justice, 2021 (“Race, Mass Incarceration, and the Disastrous War on Drugs,” May 20, 2021, Brennan Center, <https://www.brennancenter.org/our-work/analysis-opinion/race-mass-incarceration-and-disastrous-war-drugs>)

Before the War on Drugs, explicit discrimination — and for decades, overtly racist lynching — were the primary weapons in the subjugation of Black people. Then mass incarceration, the gradual progeny of a number of congressional bills, made it so much easier. Most notably, the 1984 Comprehensive Crime Control and Safe Streets Act eliminated parole in the federal system, resulting in an upsurge of geriatric prisoners. Then the 1986 Anti-Drug Abuse Act established mandatory minimum sentencing schemes, including the infamous 100-to-1 ratio between crack and powder cocaine sentences. Its expansion in 1988 added an overly broad definition of conspiracy to the mix. These laws flooded the federal system with people convicted of low-level and nonviolent drug offenses. During the early 1990s, I walked the halls of Congress lobbying against various omnibus crime bills, which culminated in the granddaddy of them all — the Violent Crime Control and Safe Streets Act of 1994. This bill featured the largest expansion of the federal death penalty in modern times, the gutting of habeas corpus, the evisceration of the exclusionary rule, the trying of 13-year-olds as adults, and 100,000 new cops on the streets, which led to an explosion in racial profiling. It also included the elimination of Pell educational grants for prisoners, the implementation of the federal three strikes law, and monetary incentives to states to enact “truth-in-sentencing” laws, which subsidized an astronomical rise in prison construction across the country, lengthened the amount of time to be served, and

solidified a mentality of meanness. The prevailing narrative at the time was “tough on crime.” It was a narrative that caused then-candidate Bill Clinton to leave his presidential campaign trail to oversee the execution of a mentally challenged man in Arkansas. It was the same narrative that brought about the crack–powder cocaine disparity, supported the transfer of youth to adult courts, and popularized the myth of the Black child as “superpredator.” With the proliferation of mandatory minimum sentences during the height of the War on Drugs, unnecessarily lengthy prison terms were robotically meted out with callous abandon. Shockingly severe sentences for drug offenses — 10, 20, 30 years, even life imprisonment — hardly raised an eyebrow. Traumatizing sentences that snatched parents from children and loved ones, destabilizing families and communities, became commonplace.

Impartial drug laws don’t exist

Nkechi Taifa, Senior Fellow at Columbia University’s Center for Justice, 2021 (“Race, Mass Incarceration, and the Disastrous War on Drugs,” May 20, 2021, Brennan Center, <https://www.brennancenter.org/our-work/analysis-opinion/race-mass-incarceration-and-disastrous-war-drugs>)

In many instances, laws today are facially neutral and do not appear to discriminate intentionally. But the disparate treatment often built into our legal institutions allows discrimination to occur without the need of overt action. These laws look fair but nevertheless have a racially discriminatory impact that is structurally embedded in many police departments, prosecutor’s offices, and courtrooms. Since the late 1980s, a combination of federal law enforcement policies, prosecutorial practices, and legislation resulted in Black people being disproportionately arrested, convicted, and imprisoned for possession and distribution of crack cocaine. Five grams of crack cocaine — the weight of a couple packs of sugar — was, for sentencing purposes, deemed the equivalent of 500 grams of powder cocaine; both resulted in the same five-year sentence. Although household surveys from the National Institute for Drug Abuse have revealed larger numbers of documented white crack cocaine users, the overwhelming number of arrests nonetheless came from Black communities who were disproportionately impacted by the facially neutral, yet illogically harsh, crack penalties. For the system to be just, the public must be confident that at every stage of the process — from the initial investigation of crimes by police to the prosecution and punishment of those crimes — people in like circumstances are treated the same. Today, however, as yesterday, the criminal legal system strays far from that ideal, causing African Americans to often question, is it justice or “just-us?” Fortunately, the tough-on-crime chorus that arose from the War on Drugs is disappearing and a new narrative is developing. I sensed the beginning of this with the 2008 Second Chance Reentry bill and 2010 Fair Sentencing Act, which reduced the disparity between crack and powder cocaine. I smiled when the 2012 Supreme Court ruling in Miller v. Alabama came out, which held that mandatory life sentences without parole for children violated the Eighth Amendment’s prohibition against cruel and unusual punishment. In 2013, I was delighted when Attorney General Eric Holder announced his Smart on Crime policies, focusing federal prosecutions on large-scale drug traffickers rather than bit players. The following year, I applauded President Obama’s executive clemency initiative to provide relief for many people serving inordinately lengthy mandatory-minimum sentences. Despite its failure to become law, I

celebrated the Sentencing Reform and Corrections Act of 2015, a carefully negotiated bipartisan bill passed out of the Senate Judiciary Committee in 2015; a few years later some of its provisions were incorporated as part of the 2018 First Step Act. All of these reforms would have been unthinkable when I first embarked on criminal legal system reform. But all of this is not enough. We have experienced nearly five decades of destructive mass incarceration. There must be an end to the racist policies and severe sentences the War on Drugs brought us. We must not be content with piecemeal reform and baby-step progress.

Drug policing causes prison overcrowding

Kathleen Miles, Executive Editor at the Berggruen Institute, 2014 (“Just How Much The War On Drugs Impacts Our Overcrowded Prisons, In One Chart,” March 10, 2014, updated December 6, 2017, Huffington Post, https://www.huffpost.com/entry/war-on-drugs-prisons-infographic_n_4914884)

America's prisons are dangerously overcrowded, and the war on drugs is mainly to blame. Over 50 percent of inmates currently in federal prison are there for drug offenses, according to an infographic recently released by the Federal Bureau of Prisons (see chart below). That percentage has risen fairly consistently over decades, all the way from 16 percent in 1970. The second-largest category, immigration-related crimes, accounts for 10.6 percent of inmates. This means that people convicted of two broad categories of nonviolent crimes -- drugs and immigration -- make up over 60 percent of the U.S. prison population. And what was the drug of choice for those convicted of drug offenses? Marijuana, according to the U.S. Sentencing Commission (see chart below). Between October 2012 and September 2013, 27.6 percent of drug offenders were locked up for crimes related to marijuana, followed by powder cocaine (22.5 percent), methamphetamine (22.5 percent), crack cocaine (11.5 percent), heroin (8.8 percent) and other (7.2 percent), according to the Sentencing Commission. As the number of people convicted of drug offenses has gone up, the federal prison population has increased -- almost 790 percent since 1980, when there were only about 25,000 inmates, according to a 2012 Congressional Research Service report. Today, there are more than 215,000 inmates in federal prison, the BOP reports. The facilities haven't caught up. They're so crowded that it's endangering the lives of inmates and corrections officers, BOP Director Charles Samuels Jr. recently testified. To manage this population, the bureau is putting two or three bunks in a cell, and converting television rooms and open bays into sleeping quarters. Still, “challenges remain as the inmate population continues to increase,” Samuels said. In recent months, the Obama administration has portrayed the country's tough drug policies as unjust and pledged to seek early release or lighter initial sentences for low-level, nonviolent drug offenders. Lawmakers in the House and Senate have introduced identical bills that would cut the length of mandatory prison sentences for certain drug crimes -- now set at 5, 10 and 20 years -- in half. In December, President Barack Obama commuted the sentences of eight federal inmates who were convicted of nonviolent crack cocaine offenses. Six of them were serving life sentences. America's "war on drugs" has aimed to eradicate drug abuse through strict laws and harsh enforcement within and beyond U.S. borders. The policies date back a century, though the term was only coined in 1971. And for years now, that war on drugs has been considered a failure. Illegal drugs have become cheaper and more concentrated, which suggests the world supply is actually increasing.

According to United Nations estimates, global consumption of opiates, cocaine and marijuana increased by 35 percent, 27 percent and 9 percent, respectively, between 1998 and 2008.

Over-imprisonment recreates racist structures

Christopher Petrella, teaching fellow at Harvard, 2013 (“The Legacy of Chattel Slavery: Private Prisons Blur the Line Between Real People and Real Estate With New IRS Property Gambit,” February 4, 2013, Truthout, <https://staging.truthout.org/articles/the-legacy-of-chattel-slavery-private-prisons-blur-the-line-between-real-people-and-real-estate-with-new-irs-property-gambit/>)

The striking overrepresentation of African-Americans in the only private, for-profit facility in Virginia operated by a REIT suggests that the containment of African-Americans – and people of color more generally – in that prison still functions primarily as a source of profit extraction, rather than as a resource for rehabilitation. In this scenario, “real estate” serves as a proxy for blackness. What’s worse is that this trend extends far beyond Virginia. In a first-of-its-kind study recently published by The Society Pages, my colleague, Josh Begley, and I found that people of color are overrepresented in private prisons relative to their public counterpart institutions in states like California, Texas and Arizona. Whereas the primary objective of public corrections agencies, ostensibly, is the promotion of public safety and personal growth through rehabilitation, private prison firms – which house around 8 percent of the prison population in the US – are first accountable to their shareholders. Companies like the GEO Group are legally obligated to increase shareholder value, an imperative that inherently compromises any deep commitment to rehabilitation, social re-entry or recidivism reduction. GEO’s successful conversion to a Real Estate Investment Trust ultimately proves that for all of its vainglorious depictions of high quality “residential treatment services,” its unquenchable pursuit of profit erodes the difference between people of color – particularly African-Americans – and property, between real people and real estate.

PRO: Public Health

Legalization helps public health

Benjamin Taub, neuroscience researcher and graduate of University College London, 2021

("Legalizing All Drugs Could Bring Public Health Benefits, Researchers Argue," April 30, 2021, <https://www.iflscience.com/policy/legalizing-all-drugs-could-bring-public-health-benefits-researchers-argue/>)

The idea of legalizing all illicit drugs represents a dramatic departure from the status quo, and while no country has yet taken this radical step, a new paper in the journal Drug Science, Policy and Law suggests that it may be the only way to rectify certain drug-related harms. According to the authors, legalization would allow for all aspects of drug use to be regulated, thereby resolving safety issues, expanding access to addiction treatment, and eliminating the violence associated with black market trafficking. The researchers examine four possible models for future drug policies before concluding that legalization represents "our only way out of the public health and criminal justice crises that have been driven by drug policy globally." The first option to be analyzed is continuing with the punitive drug laws that currently predominate worldwide. Global efforts to eradicate drug use through prohibition began in earnest with the UN Single Convention on Narcotic Drugs in 1961 – yet, as the study authors point out, drug use has only increased in the past six decades, with more than 20 percent of people having used cannabis illegally in certain countries. Aside from failing to curb drug use, the researchers argue that prohibition has also made narcotics considerably more dangerous. For instance, the fact that substances must be purchased illicitly means they are not subject to quality control, and therefore often contain toxic impurities or additives. Most notably, fentanyl-laced street heroin has driven an alarming rise in overdose deaths in the US, and the authors foresee an escalation of this crisis if current laws remain unchanged. In addition, placing the lucrative narcotics market in the hands of criminals has allowed for the creation of a horrifically violent black market, with drug smuggling networks also facilitating the trafficking of weapons, people, and illicit donor organs. Moving on, the researchers assess the possibility of expanding current drug laws to ban the use of legal substances such as alcohol and tobacco. However, citing the shocking increase in organized crime that accompanied the introduction of Prohibition in the US in the 1920s, they conclude that re-adopting such an approach would only lead us back down a similar path. The authors then turn their attention to the possibility of decriminalizing drugs, which would remove criminal penalties for possession while production and sale would remain illegal. Such an approach has already been adopted by Portugal, where addiction rates have plummeted since all drugs were decriminalized in 2001, allowing problem users to seek treatment rather than face time in prison. However, decriminalization is riddled with contradictions that can only be overcome by authorities agreeing to "turn a blind eye" to the entire narcotics supply chain. After all, if people are allowed to possess drugs, then someone, somewhere, has to be allowed to sell them. Finally, the prospect of legalization is discussed, along with strategies for regulating a legal drugs market. Doing so would prevent a "free for all" by ensuring that vital restrictions are placed on sale and use while also controlling potency. As the authors point out, legal alcohol sales do not extend to dangerous concoctions containing 100 percent ethanol, or the right to drink at work, for example.

Legalization helps public health – Portugal proves

Susan Ferreira, writer for The Guardian, 2017 (“Portugal’s radical drugs policy is working. Why hasn’t the world copied it?” December 5, 2017, <https://www.theguardian.com/news/2017/dec/05/portugals-radical-drugs-policy-is-working-why-hasnt-the-world-copied-it>)

In 2001, nearly two decades into Pereira’s accidental specialisation in addiction, Portugal became the first country to decriminalise the possession and consumption of all illicit substances. Rather than being arrested, those caught with a personal supply might be given a warning, a small fine, or told to appear before a local commission – a doctor, a lawyer and a social worker – about treatment, harm reduction, and the support services that were available to them. The opioid crisis soon stabilised, and the ensuing years saw dramatic drops in problematic drug use, HIV and hepatitis infection rates, overdose deaths, drug-related crime and incarceration rates. HIV infection plummeted from an all-time high in 2000 of 104.2 new cases per million to 4.2 cases per million in 2015. The data behind these changes has been studied and cited as evidence by harm-reduction movements around the globe. It’s misleading, however, to credit these positive results entirely to a change in law. Portugal’s remarkable recovery, and the fact that it has held steady through several changes in government – including conservative leaders who would have preferred to return to the US-style war on drugs – could not have happened without an enormous cultural shift, and a change in how the country viewed drugs, addiction – and itself. In many ways, the law was merely a reflection of transformations that were already happening in clinics, in pharmacies and around kitchen tables across the country. The official policy of decriminalisation made it far easier for a broad range of services (health, psychiatry, employment, housing etc) that had been struggling to pool their resources and expertise, to work together more effectively to serve their communities. The language began to shift, too. Those who had been referred to sneeringly as drogados (junkies) – became known more broadly, more sympathetically, and more accurately, as “people who use drugs” or “people with addiction disorders”. This, too, was crucial.

Legalization will force the US to address public health concerns

German Lopez, Senior Correspondent at Vox, 2015 (“How one renegade country could unravel America’s war on drugs,” December 20, 2015, Vox, <https://www.vox.com/2015/12/15/10172324/drug-war-end>)

If drugs become more accessible through countries that legalize, then it would likely make sense for the US to shift to treating currently illicit drugs more like it treats alcohol and particularly tobacco today. After all, the drug war’s traditional supply-side approach would likely become futile once there were places legally mass producing and shipping psychoactive drugs around the world — there would simply be too much supply to prevent a price collapse. The US could take some preventive measures. It could, for instance, legalize, regulate, and tax drugs that are currently illegal. Legalizing would likely drive down the price of drugs further, and it would certainly make them more accessible. But the US could take steps — high taxes, restrictions on which places can sell drugs, and so on — that would make the drugs relatively difficult to get while still making them safer to obtain than they would be in a completely unregulated black

market. But this approach has limits. If the US were to make drugs too inaccessible, it would likely give way to a gray market — one that deals with technically legal products, but in an illegal way. This is essentially what New York state has seen with tobacco: Since cigarette taxes are so high, many people smuggle cigarettes from other states to resell them in New York for marked-up prices that are still lower than the taxed prices. This is a big market in New York City in particular: As much as 60 percent of cigarettes sold in the five boroughs are untaxed. "I don't know what the highest tax [for drugs] we could collect is," Caulkins said. "But I'm really skeptical that we could prevent the price decline." The US could also step up education efforts, including awareness campaigns focused on harm reduction and even warning labels that make it very clear certain drugs are dangerous. Public health experts widely credit these types of efforts for bringing down rates of cigarette smoking, which plummeted, according to federal data, from 42.4 percent of US adults in 1965 to 19 percent in 2011. But the best approach may be for the US to step up its public health approach toward drugs. This is something that some developed countries are already doing. Portugal, for one, in 2001 decriminalized drugs and set up commissions that essentially connect addicts to treatment, as the European Monitoring Centre for Drugs and Drug Addiction explained in its report on Portugal's drug policies. So far, the approach has produced promising results: Drug-related deaths and HIV transmission rates — from needle use — are down. (An important distinction: Decriminalization removes criminal penalties for personal drug possession, but selling drugs remains illegal.) Similarly, the US could decriminalize drug possession, keep the sales of drugs illegal, and expand drug abuse treatment programs. The US has actually engaged in some of this in recent years, with a greater focus on drug courts that try to put drug addicts into treatment instead of jail or prison.

Other countries are making steps toward legalization – Norway proves

Reuters Staff, 2021 ("Norway proposes easing of drugs law in bid to help addicts," February 29, 2021, Reuters, <https://www.reuters.com/article/us-norway-politics-drugs/norway-proposes-easing-of-drugs-law-in-bid-to-help-addicts-idUSKBN2AJ1FM>)

OSLO (Reuters) - Norway should loosen its strict laws against recreational drug use, switching focus to treatment rather than jail or fines for those in possession of small quantities, the minority centre-right government proposed on Friday. The Nordic nation has one of Europe's highest drug-induced mortality rates, EU data shows, a fact the government hopes to change, but the legislation is politically controversial and it remains unclear whether it will be passed by parliament. "Decades of criminal punishment has not worked," Liberal Party leader and Education Minister Guri Melby told a news conference. "We will no longer stand by and watch people being stigmatised and called criminals when they are in fact ill." Drugs, including heroin, cocaine and cannabis, would remain illegal and subject to confiscation by police, under the government's proposal. But possession of small quantities would no longer be punished. Instead, counselling will become mandatory, and a refusal to seek help could result in a fine. Rich from oil and with a generous welfare state, Norway is frequently named among the world's best places to live, topping last year's United Nations Human Development Index, among other things. The country's record on drugs has been mixed, however, with a strict policy seen by some as part of the problem rather than the solution. "I believe young people can be motivated

to change behaviour without the threat of force or criminal punishment,” Health Minister Bent Høie of the Conservative Party said.

PRO: Black Market

Black market drugs cause multiple harms

The Week, Staff, 2015 ("Why all drugs should be legal. (Yes, even heroin.)" January 10, 2015, The Week, <https://theweek.com/articles/445005/why-all-drugs-should-legal-yes-even-heroin>)

But if the goal is to minimize harm — to people here and abroad — the right policy is to legalize all drugs, not just marijuana. In fact, many legal goods cause serious harm, including death. In recent years, about 40 people per year have died from skiing or snowboarding accidents; almost 800 from bicycle accidents; several thousand from drowning in swimming pools; more than 20,000 per year from pharmaceuticals; more than 30,000 annually from auto accidents; and at least 38,000 from excessive alcohol use. Few people want to ban these goods, mainly because while harmful when misused, they provide substantial benefit to most people in most circumstances. The same condition holds for hard drugs. Media accounts focus on users who experience bad outcomes, since these are dramatic or newsworthy. Yet millions risk arrest, elevated prices, impurities, and the vagaries of black markets to purchase these goods, suggesting people do derive benefits from use. That means even if prohibition could eliminate drug use, at no cost, it would probably do more harm than good. Numerous moderate and responsible drug users would be worse off, while only a few abusive users would be better off. And prohibition does, in fact, have huge costs, regardless of how harmful drugs might be. First, a few Economics 101 basics: Prohibiting a good does not eliminate the market for that good. Prohibition may shrink the market, by raising costs and therefore price, but even under strongly enforced prohibitions, a substantial black market emerges in which production and use continue. And black markets generate numerous unwanted side effects. Black markets increase violence because buyers and sellers can't resolve disputes with courts, lawyers, or arbitration, so they turn to guns instead. Black markets generate corruption, too, since participants have a greater incentive to bribe police, prosecutors, judges, and prison guards. They also inhibit quality control, which causes more accidental poisonings and overdoses. What's more, prohibition creates health risks that wouldn't exist in a legal market. Because prohibition raises heroin prices, users have a greater incentive to inject because this offers a bigger bang for the buck. Plus, prohibition generates restrictions on the sale of clean needles (because this might "send the wrong message"). Many users therefore share contaminated needles, which transmit HIV, Hepatitis C, and other blood-borne diseases. In 2010, 8 percent of new HIV cases in the United States were attributed to IV drug use. Prohibition enforcement also encourages infringements on civil liberties, such as no-knock warrants (which have killed dozens of innocent bystanders) and racial profiling (which generates much higher arrest rates for blacks than whites despite similar drug use rates). It also costs a lot to enforce prohibition, and it means we can't collect taxes on drugs; my estimates suggest U.S. governments could improve their budgets by at least \$85 billion annually by legalizing — and taxing — all drugs. U.S. insistence that source countries outlaw drugs means increased violence and corruption there as well (think Columbia, Mexico, or Afghanistan). The bottom line: Even if hard drugs carry greater health risks than marijuana, rationally, we can't ban them without comparing the harm from prohibition against the harms from drugs themselves. In a society that legalizes drugs, users face only the negatives

of use. Under prohibition, they also risk arrest, fines, loss of professional licenses, and more. So prohibition unambiguously harms those who use despite prohibition.

Legalization reduces crime

Julian Morris, Senior Fellow at the Reason Foundation, 2018 (“Does Legalizing Marijuana Reduce Crime?” Reason Foundation, September 28, 2018, <https://reason.org/policy-brief/does-legalizing-marijuana-reduce-crime/>)

The evidence presented in this brief suggests that legalization of marijuana for medical or recreational use results in: 1. Patients substituting marijuana for other drugs, including opiates. 2. Marijuana consumers substituting legitimate marijuana for illicit marijuana. 3. A significant reduction in crimes associated with marijuana production, distribution, sale and possession. 4. Reductions in other crimes, including some property and violent crimes. These effects vary by location, with reductions in property and violent crimes being most pronounced in locations close to the Mexican border due to the diminution of activities of Mexican drug trafficking organizations and affiliated gangs. Medical marijuana legalization also appears to be associated with a reduction in drunk driving. The effects of the legalization of marijuana for recreational use are less clear. In addition, there is evidence that depenalization of possession increases the demand for marijuana. In states that have not also legalized marijuana either for medical or recreational use, this may lead to increases in crime (though the evidence is weak). However, in states that have legalized marijuana for either medical or recreational use, any adverse effects of such increased demand are more than offset by reductions in crime associated with legalization. The largest benefits in terms of crime reduction, with the possible exception of traffic-related crimes, come from the legalization of marijuana for adult recreational use. Moreover, given the strong relationship between the reduced price of marijuana and reduced criminal activity associated with marijuana production, distribution and supply, these benefits are likely to be stronger in markets that are more competitive.

PRO: Financial incentives

Decrim allows POC to reap the benefits

John Hudak, Deputy Director – Brookings Center for Effective Public Management, 2020

("Marijuana's racist history shows the need for comprehensive drug reform," June 23, 2020, Brookings, <https://www.brookings.edu/blog/how-we-rise/2020/06/23/marijuanas-racist-history-shows-the-need-for-comprehensive-drug-reform/>)

As the conversation around the country centers on policing, criminal and racial justice, and social equity, the topic of the War on Drugs must play a central part. For decades, the War on Drugs has been a tool to target Black and Brown Americans and change life trajectories in those communities for millions of people. The protests and policy debates across this country seek to change both the outcomes processes, practices, and institutions that produce those outcomes. One significant institution contributing to racial inequity is American drug policy. The second edition of my book *Marijuana: A Short History* will be released on June 30th, and it explores the explicitly racist roots of cannabis policy in the United States as well as the broader War on Drugs. It highlights how politicians across the political divide spent much of the 20th century using marijuana as a means of dividing America. By painting the drug as a scourge from south of the border to a "jazz drug" to the corruptive intoxicant of choice for beatniks and hippies, marijuana as a drug and the laws that sought to control it played on some of America's worst tendencies around race, ethnicity, civil disobedience, and otherness. My book discusses how U.S. government officials first painted cannabis as an insidious substance flowing across the border like immigrants from Mexico. Next, the government described cannabis as a drug for the inner city and for Blacks, while also lying about it, leading to murder, rape, and insanity. Next, political opponents of Richard Nixon and Ronald Reagan designed and enforced laws to target a variety of groups across America. All along, one consistent target for the nation's cannabis laws were communities of color. Despite cannabis usage rates between whites and non-whites being similar, Black Americans are arrested for cannabis offenses at a rate of nearly 4:1, compared to whites. And in a nation with nearly 700,000 cannabis-related arrests each year (a number that was over 800,000 a few years ago), these policies affect an enormous number of Americans. Over the past several years, states and localities have passed legalization and decriminalization reforms in an effort to rein in such arrest numbers. In states that have legalized, arrests have fallen dramatically; although in many such places, racial disparities in arrests have changed little. Legalization or decriminalization are steps in the right direction, but as *Marijuana: A Short History* points out, such policies only help fix the present and future. Most of those reforms do little to fix the past. In an effort to fix the harms of the drug war, some states, via their legalization laws and others through subsequent legislative changes, have used record expungement for low-level cannabis offenses in an effort to right those wrongs. However, the impact of the broader War on Drugs is more lasting and institutionalized than record expungement can overcome. (Although the book discusses Illinois' newest cannabis legalization law and the more comprehensive and systematic efforts it includes.) The future of cannabis policy in the United States, however, must include expungement (preferably, automatic expungement), but also more comprehensive efforts to help the communities that have been ravaged by the War on Drugs. Legalizing cannabis doesn't undo past arrests, and record

expungement doesn't make up for the years and decades of fewer educational, employment, and other related opportunities as a result of that drug arrest. Nor does record expungement assist the people who have been negatively affected by a family member's drug arrest and/or incarceration. As states legalize cannabis or seek to adjust their existing cannabis legalization policies, there are a few areas in which policy can help those most profoundly impacted by the War on Drugs. First, there must be an effort to retrain police, post-legalization in ways that help address existing and ongoing racial disparities. Police departments can use changes to cannabis laws as an ideal opportunity to address some of the behaviors, choices, and biases that contribute to inexcusable disparities that exist between non-whites and white's arrest rates. In addition, more effective policies must be implemented in legalizing states to create new and lasting ownership opportunities for people of color and those with previous, low-level cannabis convictions. Several states have tried to craft policies to accomplish such goals, but they have largely fallen short of expectations. Access to business licenses is a critical part of that process, but so, too, is free business consulting for new entrepreneurs and greater access to reliable capital. That access to capital cannot simply be funding for opening a business, but the cannabis industry thus far shows us that even businesses that get off the ground have trouble thriving, leading to the sale, merger, and closure of businesses. Helping business owners remain competitive is key. Next, as states tax cannabis heavily—especially relative to other consumer products—governments must decide the most effective means of spending that money. States have directed funds toward transportation, education, mental health services, and policing, among other areas. However, community reinvestment to those communities, something my colleague Makada Henry-Nickie and I call the “Cannabis Opportunity Agenda,” is critical. This can be achieved by returning cannabis revenue back to Black and Brown communities, through not opening up more cannabis companies, but by supporting the type of community and economic activity that improves individuals' well-being and achievement while lowering crime rates. For decades, the criminal justice system in the United States extracted from Black and Brown America money, human beings, and opportunity. The legal cannabis industry can help return what was taken. The history of cannabis policy demonstrates that racism was institutionalized and enforced in specific communities, and it is now legalization that must institutionalize the means for their recovery.

Stopping drug policing helps the government budget

Julian Adorney, SEO analyst for Colorado SEO Pros, Author at The Federalist, 2018 (“To Cut the Deficit, End the Drug War,” February 14, 2018, <https://www.iheart.com/content/2018-02-14-to-cut-the-deficit-end-the-drug-war/>)

Republicans in Congress are taking heat for passing a \$400 billion budget deal, which critics on the left point out will balloon the nation's deficits. Luckily, there's an easy way for the GOP to reclaim its mantle of fiscal responsibility. Ending the war on drugs would raise revenue without raising taxes, cut a bloated government program, and cut the deficit by over \$80 billion per year. Abolishing the war on drugs could raise revenue by empowering Americans to work, broadening the tax base. In 2015, 469,545 people were imprisoned in the United States for drug offenses. That's almost half a million Americans who are rotting in prison instead of being allowed to work and pay taxes. If a mechanic is caught with marijuana in his pocket and goes to prison, he could

spend years languishing in a cell instead of working. His community loses out on his labor. Taxpayers lose too, because prison transforms a hardworking man into a net drain on government budgets. Even once convicts do their time and are released, their earnings suffer. According to Pew, a nonprofit think tank, people who have been incarcerated earn 40 percent less than they would if they had never gone to prison, even controlling for other factors. Inmates lose skills in prison; that mechanic is languishing behind bars, not fixing cars. And employers are often wary of hiring criminals, even non-violent ones. Many employers ask prospective employees if they've ever been incarcerated, and those who answer yes rarely get called back. If the mechanic has to work at Walmart when he gets out because his former employer won't hire convicts, he'll plummet from middle-class to destitute. A drug conviction can haunt citizens for the rest of their lives, permanently capping their income and ruining their ability to provide for their families. "Ending the drug war could ignite a boom in the middle class." Ending the drug war could ignite a boom in the middle class, because hundreds of thousands of Americans would no longer be trapped in low-income jobs by their criminal history. Some of those locked up by the war on drugs are entrepreneurs. Dealing drugs isn't too unlike running a small company, with overhead and clients and the need to differentiate yourself in a crowded market. If we stop locking up these men and women, the nonviolent ones will be free to start new companies and develop new products. Rapper and business mogul Jay Z got his start dealing. How many would-be moguls like Jay Z, who were unlucky enough to be caught by police, are behind bars instead of starting new record labels and creating wealth? By freeing people to work and start businesses, legalization could broaden the tax base and cut the deficit, while improving the fortunes of destitute Americans who would no longer rot in a cell. The drug war could also broaden our tax base another way. Legalized drugs would bring in plenty of tax revenue, because drug dealing is big business. Americans spend \$100 billion per year on illegal drugs, according to the White House Office of Drug Control Policy. Right now, most of that money funds gangs and organized crime. But legalizing drugs could help the United States pay down our enormous debt instead of padding gangsters' pockets. Economists Katherine Waldock and Jeffrey Miron examine the idea of legalizing drugs nationwide and taxing them like alcohol and tobacco, with a 50 percent sin tax. Even accounting for the fact that such a high tax would reduce demand, the authors estimate it could bring in \$46.7 billion in tax revenue per year. "The war on drugs is one of the country's most expensive programs." Legalization will also show that the GOP is serious about cutting government spending. The war on drugs is one of the country's most expensive programs. It employs bureaucrats, police, judges, lawyers and prison guards. It requires building expensive new prisons. Prison alone costs an average of \$30,000 per inmate, between medical care, feeding, housing and guarding the inmates. According to research by Waldock and Miron, our current drug policy costs federal, state, and local governments a combined \$41.3 billion per year. Even that understates the true cost, because the drug war pushes thousands of Americans onto the welfare rolls by imprisoning parents. According to a study by the National Institute of Health, families with an incarcerated parent are twice as likely to use food stamps and 1.5 times as likely to use Medicaid or SCHIP (State Children's Health Insurance Program), versus families with free parents. If a mother is thrown in prison for a few grams of crack, her husband and kids will need some way to fill the gaping hole in their finances to keep eating. Nobody wants to be trapped on welfare, but when a

breadwinner's income suddenly vanishes, her family may not feel like they have a choice. The drug war also creates intergenerational poverty, which means slower economic growth and bigger deficits down the line. In Daedalus, a leading social sciences journal published by MIT, criminologists noted children with incarcerated parents are more likely than their peers to end up in poverty and on welfare. Conservatives have long recognized that a strong family is important to help children grow up right — what should we expect when we lock up hundreds of thousands of parents? The drug war, like most government programs, is unlikely to end on its own — no matter how much it costs. If Drug Enforcement Administration bureaucrats ever actually won the war, they would lose funding and their jobs. By contrast, the worse the problem gets, the more money they can demand, because epidemics require enormous resources to fight. That's one reason the drug war's been completely ineffective, with 66 percent more Americans using drugs in 2010 than in 1970. If conservatives want to restore fiscal discipline to Washington, they need to stop giving this expensive program a pass.

Legalizing helps a post-COVID economic recovery

Kris Krane, Director of Cannabis Development for KCSA Strategic Communications, 2020

("Cannabis Legalization Is Key To Economic Recovery, Much Like Ending Alcohol Prohibition Helped Us Out Of The Great Depression," May 26, 2020,

<https://www.forbes.com/sites/kriskrane/2020/05/26/cannabis-legalization-is-key-to-economic-recovery-much-like-ending-alcohol-prohibition-helped-us-out-of-the-great-depression/?sh=6184934a3241>)

It's no surprise that states across the country have looked to cannabis to help their ailing economies. The cannabis industry currently employs nearly 250,000 full time jobs, more than four times the number of coal industry workers in the country, and the same number of jobs estimated to have been lost by the ratification of the 18th Amendment that outlawed alcohol production and sales. And these numbers only scratch the surface for an industry that remains illegal federally and in nearly 80% of the states. While alcohol prohibition was enacted during the "Roaring 20's," a time of economic prosperity and largess, by the time the Great Depression hit, the mood of the country had shifted substantially in favor of repealing prohibition, fueled by arguments from anti-prohibition advocates that legalizing alcohol would provide much needed tax revenue and jobs to an ailing economy. It is estimated that the federal government alone forfeited \$11 billion in alcohol related taxes during prohibition years, a number the government could hardly afford during a period of runaway unemployment and economic pain. Today, unemployment claims have reached record highs once again, with 36 million Americans having filed for unemployment benefits during the past two months of the Covid-19 crisis, a spike unmatched at any time since the country began tracking such figures shortly after WWII. At a time when Americans need jobs in record numbers and governments need new sources of tax revenue, continuing the country's 70+ year experiment of cannabis prohibition, when two thirds of Americans support its repeal, is simply economically reckless. According to a recent study by New Frontier Data, national legalization in the United States could result in \$128.8 billion in tax revenue, and an estimated 1.6 million new jobs. Indeed, the numbers from states with legal cannabis during this health and economic crisis back up these claims. Even in a time of economic downturn unprecedented since the Great Depression, cannabis sales remain robust in states

where they are legal. April cannabis sales in Illinois, the first full month of sales under the state's stay-at-home order, eclipsed \$37 million, making it the second highest month of sales since the state program began in January. In Oregon cannabis consumers bought \$89 million in legal cannabis, a 45% increase over the same month in 2019. States across the country have reported similar sales increases. As the country emerged from alcohol prohibition, these kinds of increases in tax revenue and employment did in fact come to pass. While repealing prohibition alone did not end the Great Depression, it provided a substantial portion of the money needed for critical New Deal projects that put millions of Americans to work during the bleakest of economic times. Alcohol and other excise taxes brought in \$1.35 billion to the federal government in 1934, the first full year following the end of prohibition, compared to just \$420 million from income taxes. As states continue to deal with the budget fall out of the current economic crisis, many will undoubtedly look to legalization, and the resulting boom in cannabis taxes, as an obvious solution to replenish depleted state coffers. Alcohol prohibition also had an unintended consequence that has become the stuff of American storytelling legend: the rise of organized crime and the gangster era typified by brutality of criminals like Al Capone and Lucky Luciano who took over control of the alcohol trade in the absence of regulated and licensed businesses. After all, prohibiting alcohol never stopped Americans from seeking it out and consuming it, much like millions of Americans today enjoy cannabis even in states where it remains illegal to do so.

PRO: Effectiveness

Decriminalization is a better use of funds

Scott Akins, Professor of Sociology at Oregon State University, and Clayton Mosher, Associate Department Chair of Sociology at Washington State University, 2020 (“Oregon Just Decriminalized All Drugs – Here's Why Voters Passed This Groundbreaking Reform,” Scott Akins and Clayton Mosher, The Conversation, December 10, 2020, US News, <https://www.usnews.com/news/best-states/articles/2020-12-10/oregon-just-decriminalized-all-drugs-heres-why-voters-passed-this-groundbreaking-reform>)

Arresting, prosecuting and imprisoning people for drug-related crimes is expensive. The Harvard economist Jeffrey Miron estimates that all government drug prohibition-related expenditures were US\$47.8 billion nationally in 2016. Oregon spent about \$375 million on drug prohibition in that year. Oregon will now divert some the money previously used on drug enforcement to pay for about a dozen new drug prevention and treatment centers statewide, which has been found to be a significantly more cost-effective strategy. Some tax revenue from recreational marijuana sales, which exceeded \$100 million in 2019, will also go to addiction and recovery services. Oregon spent about \$470 million on substance abuse treatment between 2017 and 2019. Not everyone who uses drugs needs treatment. Decriminalization makes help accessible to those who do need it – and keeps both those users and recreational users out of jail.

Drug prohibition doesn't work

Scott Akins, Professor of Sociology at Oregon State University, and Clayton Mosher, Associate Department Chair of Sociology at Washington State University, 2020 (“Oregon Just Decriminalized All Drugs – Here's Why Voters Passed This Groundbreaking Reform,” Scott Akins and Clayton Mosher, The Conversation, December 10, 2020, US News, <https://www.usnews.com/news/best-states/articles/2020-12-10/oregon-just-decriminalized-all-drugs-heres-why-voters-passed-this-groundbreaking-reform>)

In 1971, President Richard Nixon declared drugs to be "public enemy number one" and launched a "war on drugs" that continues today. The ostensible rationale for harshly punishing drug users is to deter drug use. But decades of research – including our own on marijuana and drugs generally – has found the deterrent effect of strict criminal punishment to be small, if it exists at all. This is especially true among young people, who are the majority of drug users. This is partly due to the nature of addiction, and also because there are simply limits to how much punishment can deter crime. As a result, the U.S. has both the world's highest incarceration rate and among the highest rates of illegal drug use. Roughly 1 in 5 incarcerated people in the United States is in for a drug offense. Criminologists find that other consequences of problematic drug use – such as harm to health, reduced quality of life and strained personal relationships – are more effective deterrents than criminal sanctions. Because criminalizing drugs does not really prevent drug use, decriminalizing does not really increase it. Portugal, which decriminalized the personal possession of all drugs in 2001 in response to high illicit drug use, has much lower rates of drug use than the European average. Use of cocaine among young adults age 15 to 34, for

example, is 0.3% in Portugal, compared to 2.1% across the EU. Amphetamine and MDMA consumption is likewise lower in Portugal.

Prohibition doesn't decrease drug use; decriminalization doesn't increase it

The Week, Staff, 2015 ("Why all drugs should be legal. (Yes, even heroin.)" January 10, 2015, The Week, <https://theweek.com/articles/445005/why-all-drugs-should-legal-yes-even-heroin>)

On that question, available evidence is far from ideal, but none of it suggests that prohibition has a substantial impact on drug use. States and countries that decriminalize or medicalize see little or no increase in drug use. And differences in enforcement across time or place bear little correlation with uses. This evidence does not bear directly on what would occur under full legalization, since that might allow advertising and more efficient, large-scale production. But data on cirrhosis from repeal of U.S. Alcohol Prohibition suggest only a modest increase in alcohol consumption. To the extent prohibition does reduce use drug use, the effect is likely smaller for hard drugs than for marijuana. That's because the demands for cocaine and heroin appear less responsive to price. From this perspective, the case is even stronger for legalizing cocaine or heroin than marijuana; for hard drugs, prohibition mainly raises the price, which increases the resources devoted to the black market while having minimal impact on use. But perhaps the best reason to legalize hard drugs is that people who wish to consume them have the same liberty to determine their own well-being as those who consume alcohol, or marijuana, or anything else. In a free society, the presumption must always be that individuals, not government, get to decide what is in their own best interest.

Zero-tolerance doesn't work – Colombia proves

Vanda Felbab-Brown, Director – Brookings Initiative on Nonstate Armed Actors, and Catalina Niño, Brookings Project Coordinator – FESCOL, 2021, ("Legalizing drugs and illegal economies is no panacea for Latin America and the rest of the world," Brookings, March 31, 2021, <https://www.brookings.edu/on-the-record/legalizing-drugs-and-illegal-economies-is-no-panacea-for-latin-america-and-the-rest-of-the-world/>)

CN: In the case of Latin America, and specifically in Colombia, what are the biggest challenges in fighting organized crime and drug trafficking? How should governments adjust their strategies to better face those challenges? VFB: As I've alluded to, Colombia is unique in the Andean region in how its political leaders and government officials are wedded to the so-called zero-coca policy – namely, that all coca needs to be eliminated in a particular area or community before the community receives any kind of socio-economic, alternative livelihoods, support from the state. The zero-coca policy was the hallmark of the Uribe administration, and is again a key feature of Duque administration – such as in the way the administration ties titles to all coca being eradicated in a community. It was also a policy of prior governments, including of the Santos administration, and goes back to the 1980s. Yet this zero-coca approach in Colombia has failed over and over again; and it will continue to fail. CN: Why? VFB: Destroying all coca rapidly is easy. Bringing in adequate legal livelihoods is hard and takes many more years than eradicating a particular coca plot, which only takes days. I've often urged, and want to emphasize again, that Colombia would benefit enormously from moving away from the zero-coca mindset; it

should learn from effective strategies in Thailand and policy experimentation in Bolivia — demanding, for example, that in a development area, such as a PDET, each family eliminates 30% of its coca fields to start with, and once certain development targets are reached, another 20% or 30%, for example, would be eliminated. Such a sequenced approach gives both the communities and the state a stake in working toward the establishment of viable legal economies and livelihoods without leaving farmers who agree to eradicating their drug crops high and dry and without income, thus making them sour on collaborating with the state. The community could also be informed that once certain development targets are reached and legal income reaches and stays at certain level, all coca will be eradicated, forcibly if necessary. The zero-coca attitude is often justified by the narrative that even if only a few bushes of coca are standing in a particularly community they will attract violent trafficking groups and thus bring violence. However, eliminating all coca without alternative livelihoods already being actually in place, not merely promised, also generates violence, alienates local communities from the state, and thrusts them into the hands of violent nonstate actors. The right response from the state would instead be to prioritize secure delivery of goods and services to communities selected for legal rural development efforts, and to minimize access by violent trafficking groups.

CON: Health consequences

Lower prices increase usage

Wayne Hall, Professor at University of Queensland – Australia, and Michael Lynskey, Professor at National Addiction Centre – New Zealand, 2020 (“Assessing the public health impacts of legalizing recreational cannabis use: the US experience,” *World Psychiatry*, June 19, 2020 (Published online May 11 2020), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7215066/>)

If experience with alcohol and tobacco is a reasonable guide, we would expect declines in cannabis prices to be followed by increases in the frequency of use among existing users^{31, 32, 78}. There is some evidence of increased frequency of use in response to the relatively small declines in cannabis prices that occurred under prohibition ⁷⁹. It is more difficult to estimate how much cannabis use may increase when cannabis prices fall by 30 - 50% ⁸⁰. Household survey data suggest that lower cannabis prices have increased the frequency of use among adult cannabis users in US states that have legalized recreational cannabis^{78, 81, 82}. Surveys in Colorado and Washington State have found mixed evidence on the impacts of cannabis legalization on adolescent cannabis use. There was an increase in cannabis use among students after legalization in Washington State, but a decrease among adolescents in Colorado^{83, 84}. No changes in cannabis use were reported among youth in two surveys in Washington State conducted the year before and the year after legalization of recreational use was implemented ⁸⁴. Darnell and Bitney ⁸⁵ did not find changes in youth cannabis use in Washington State between 2002 and 2016. Anderson et al ⁸⁶ failed to find an increase in youth cannabis use in the Youth Risk Behavior Surveys in the four years before and the three years after the legalization of recreational use. Dilley et al ⁸⁷ reported very similar results in analyses of Youth Risk Behaviour Surveys in Washington State. Cerdá et al ⁸¹ recently compared trends in regular past 30 day cannabis use and cannabis use disorders among adolescents and young adults in US states that have and have not legalized recreational cannabis use, using data from the US drug household survey, the National Survey on Drug Use and Health. They found suggestive evidence of a small increase in these outcomes among 12 - 17 year olds, but did not find any similar effects among those aged 18 - 25 years. They were cautious in interpreting the former, because they estimated that the small increases could be due to unmeasured confounders. This was a less plausible explanation for similar increases observed in regular cannabis use and cannabis use disorders among adults 26 years and older ⁸¹.

Use increases hospitalization – cannabis proves

Wayne Hall, Professor at University of Queensland – Australia, and Michael Lynskey, Professor at National Addiction Centre – New Zealand, 2020 (“Assessing the public health impacts of legalizing recreational cannabis use: the US experience,” *World Psychiatry*, June 19, 2020 (Published online May 11 2020), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7215066/>)

Cannabis - related hospitalizations have increased in Colorado after recreational cannabis use was legalized. These increases have been in addition to earlier increases that occurred after the legalization of medical cannabis use ⁸⁸. After cannabis legalization in Colorado there have also been increases in hospitalizations for cannabis abuse and dependence ⁸⁹, motor vehicle

accidents and injuries related to cannabis abuse 90 , and head injuries attributed to an increase in falls 91 . An increase in emergency department presentations for hyperemesis in Aurora, Colorado was reported after medical cannabis use was legalized in 2000, and a further increase after recreational use legalization 92 . A 46% increase in the incidence of cyclic vomiting was reported between 2010 and 2014 in the Colorado State Inpatient Database 93 . An increase in cannabis - related emergency department presentations has been reported after legalization in Boulder, Colorado for childhood poisonings, psychological distress in adults, severe vomiting, and severe burns in users who had attempted to extract THC from cannabis oils using butane 94 . Calcaterra et al 95 analyzed trends in cannabis - and alcohol - related presentations to a hospital network in Colorado that provided emergency medical care to low - income patients in two periods: January 2009 to December 2013 and January 2014 to December 2015. The rate of cannabis - related presentations increased steeply in the latter period, while presentations involving alcohol were unchanged. Cannabis - related presentations were more likely to involve younger adults and more likely to lead to hospitalization, especially for psychiatric care. In Colorado, emergency department presentations for mental illness with a cannabis - related code increased five times faster than mental illness presentations without such a code between 2012 and 2014 88 . The largest increases were for persons who received diagnoses of schizophrenia and other psychotic disorders, suicide and intentional self - harm, and mood disorders 96 . A review of pediatric cases from 1975 to 2015 found more unintentional cannabis ingestion by children in US states that had legalized medical and recreational cannabis use 97 . This increase prompted limits on package and serving sizes of edible cannabis products in 2017 98 . Despite these changes, pediatric hospital visits and calls to poison centres for cannabis ingestion increased after 2017. Similar increases in accidental poisoning among children and adolescents were reported in Massachusetts before and after the legalization of medical cannabis use, despite the use of child - proof packaging and warning labels 99 .

Frequent use creates dependence

Wayne Hall, Professor at University of Queensland – Australia, and Michael Lynskey, Professor at National Addiction Centre – New Zealand, 2020 (“Assessing the public health impacts of legalizing recreational cannabis use: the US experience,” World Psychiatry, June 19, 2020 (Published online May 11 2020), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7215066/>)

More frequent use of potent cannabis may increase the prevalence of cannabis dependence, i.e. more cannabis users will experience impaired control over their cannabis use despite such use harming them 43 . The 9% risk of dependence among lifetime users in the US in the early 1990s may increase in those who use more potent cannabis products 44 . Daily cannabis users have impaired co-gnitive performance that appears to be reversed by abstinence 45 . Adolescents and young adults who are regularly intoxicated during their schooling have poorer educational attainment 46 . Cannabis - related cognitive impairment may also occur in older adults who regularly use cannabis for recreational purposes 47 . Daily cannabis use is associated with an increased risk of psychotic symptoms or a diagnosis of a schizophreniform psychosis in prospective epidemiological studies 48, 49. These risks are higher in those who begin cannabis use in adolescence, those who use it more often and for longer 48 , and those who use strains

with high THC and/or low cannabidiol 50 . Psychotic symptoms occur two years earlier on average in regular cannabis users 51 , and persons with a psychosis who continue to use cannabis have more frequent episodes and longer periods of hospitalization for their illnesses 52 . In major European cities, an association has been reported between average cannabis potency and the incidence of psychosis 53 . Heavy cannabis users can develop a hyperemesis syndrome 54 , with severe abdominal pain and cyclical vomiting. The syndrome is most often reported by daily cannabis users in the absence of any other medical cause 55 . It is relieved by hot bathing 56 , resolves when users abstain from using cannabis, and may recur if they restart cannabis 54 . A small number of deaths have been attributed to complications of this syndrome 57 . Case series and a case - control study 58 suggest that heavy cannabis smoking may increase cardiovascular disease risk in young heavy cannabis smokers 59, 60, 61. Middle - aged men who have had a myocardial infarction may experience angina if they smoke cannabis 62 , and are at increased risk of a recurrence if they are cannabis users 63, 64, 65. Cannabis - only smokers report more cough, sputum and wheezing than persons who do not smoke cannabis 66, 67, 68, 69, 70, 71, and these symptoms remit if they quit 72 . However, cannabis smokers do not appear to be at higher risk of chronic obstructive pulmonary disease 72, 73. Systematic reviews have not found an association between cannabis use and head or neck cancer 74 , or lung cancer 75 . By contrast, a meta - analysis of three studies 76 found a small increase in risk of testicular cancer among high - frequency cannabis users and in those who had used cannabis for ten or more years.

CON: Legal drugs

Some legal drugs are sold illegally

Kids Help Phone, e-mental health services for children, teens, and young adults, 2018 (“Drugs and alcohol: Important things to know,” June 19, 2018, (updated December 7, 2021), <https://kidshelpphone.ca/get-info/drugs-and-alcohol-important-things-know/>)

Some legal drugs are sold illegally to people without prescriptions looking to use them recreationally. These can include: Strong pain medication: opioids like oxycodone (OxyContin, Percodan, etc.), hydrocodone, morphine, fentanyl, codeine, methadone, oxymorphone, Demerol (meperidine), etc. Anxiety and sleep disorder medication: benzodiazepines like Xanax (alprazolam), Valium (diazepam), Serax (oxazepam), Ativan (lorazepam), Rivotril (clonazepam), etc. Medications used to treat attention deficit hyperactivity disorder (ADHD): stimulants like Adderall, Dexedrine, Ritalin (methylphenidate), Desoxyn, Dextrostat, etc. Some drugs are produced and sold illegally. The most commonly used illegal drugs are stimulants (cocaine, crack, speed, etc.), LSD, PCP, heroin and “club drugs” (Ecstasy, etc.).

Illegal drug abuse causes health problems

Mayo Clinic, nonprofit American health center, No Date (“Prescription drug abuse,” <https://www.mayoclinic.org/diseases-conditions/prescription-drug-abuse/symptoms-causes/syc-20376813>)

Physical dependence and addiction Because commonly abused prescription drugs activate the brain's reward center, it's possible to develop physical dependence and addiction. Physical dependence. Physical dependence (also called tolerance) is the body's response to long-term use. People who are physically dependent on a drug may need higher doses to get the same effects and may experience withdrawal symptoms when cutting back or abruptly stopping the drug. Physical dependence may also become evident if a drug the body becomes adjusted to over time, even without dosage change, is stopped abruptly. Addiction. People who are addicted to a drug can have physical dependence, but they also compulsively seek a drug and continue to use it even when that drug causes significant problems in their lives. Other consequences Other potential consequences include: Engaging in risky behaviors because of poor judgment Using illegal or recreational drugs Being involved in crime Motor vehicle accidents Decreased academic or work performance Troubled relationships

Prescription drug abuse is an epidemic

Patti Richards, contributor to Talbott Recovery, No Date, (“2018 Prescription Drug Abuse Statistics You Need To Know,” Talbott Recovery, <https://talbottcampus.com/prescription-drug-abuse-statistics/>)

Prescription drug abuse is a serious and growing problem in the United States. The 2016 National Study on Drug Use and Health reported that an estimated 28.6 million Americans age 12 and over used illicit drugs during the month prior to the study. That means roughly one in 10 people struggle with some level of substance use, including addiction to prescription drugs.1 When a person takes a prescription drug for a nonmedical reason, it can quickly lead to

addiction and the need for drug treatment. In fact, 33% of those who misused in high school ended up with an addiction at some point in their life.² Let's take a closer look at the current prescription drug epidemic in the United States: 18 million people misused at least once in the past year. ³ Most abused prescription drugs fall under four categories, based on the number of people who misuse the drug: Painkillers – 3.3 million users Tranquilizers – 2 million users Stimulants – 1.7 million users Sedatives – 0.5 million users¹ More people report using controlled prescription drugs than cocaine, heroin, and methamphetamine combined. That puts prescription drugs second behind marijuana when it comes to illicit drug use.

This increases crime rates – crackdown is key

Deborah Becker, Senior correspondent at WBUR ("Prescription Drugs Lead To Spike In Crime Rates," May 9, 2011, WBUR, <https://www.wbur.org/news/2011/05/09/crime-rx-drugs>)

"There's a direct correlation between prescription drugs and a rash of house and car breaks here," said Dennis Police Sgt. Cleve Daniels. Daniels said addicts are stealing valuables to trade or sell for drugs, or they're breaking into homes just to raid medicine cabinets. Daniels helped collect hundreds of pounds of unused prescription medicine during the National Prescription Drug Take-Back Day on April 30. Dennis was one of 173 sites in Massachusetts where residents dropped off their unused prescription drugs. More than 12,000 pounds of drugs were collected in Massachusetts — between 200 and 300 pounds was collected in Dennis alone. Daniels said most of the drugs were turned in by residents who want to keep them away from the addicts targeting the area's empty summer houses and the homes of elderly residents. Dennis patrolman Tim Downs said it's gotten to the point where some thieves actually know when people are getting their prescriptions refilled. "We have one particular case that it appears that every time someone gets their medication they're getting broken into," Downs said. The most popular pills on the Cape right now are 30 milligram Percocets, which are usually melted and then injected. They have a street value of about \$30 a pill and an addict typically uses between four and eight pills a day. But Dennis police Det. Damon Reinhold said the addicts he's arresting are anything but typical. "They seem to come from normal backgrounds — college kids, kids who were athletes in high school, kids who seemed to have everything together," Reinhold said. "When we do our search warrants we see these kids living in these deplorable conditions, and I mean deplorable — rental houses — it's like the stuff you see on TV, needles all over the floor, used needles everywhere, rubbish...they're flop houses." Reinhold thinks the best way to address the problem is to mandate tougher jail sentences. But 20-year-old Clinton, a heroin addict who has been clean for the past two years but wanted his last name withheld, said authorities should crack down on the supply instead. "I didn't know anybody who got their supply through prescriptions," Clinton said. "I knew people who would send a bunch of guys to Florida, maybe 10 guys who would go to the pill mills there. Then these guys would bring back 1,000 pills each, maybe more, and bring them directly to the Cape. That's how everyone who I knew was getting their supply." Because prescription drug abuse is the nation's fastest growing drug problem, the state and federal governments are cracking down with prescription monitoring programs. Ironically, these programs could be contributing to the spike in crime. Police say if it's harder for addicts to get a doctor's prescription, they resort to doing whatever it takes to get the pills, which usually means criminal activity.

CON: Safety

Cartels are a national security crisis

Daniel S. Morgan, Army's senior fellow at the Council of Foreign Relations, former employee of the White House – supporting the U.S. National Drug Control Strategy, 2018 (“America’s biggest national security crisis: Drug wars,” May 11, 2018, The Hill, <https://thehill.com/opinion/national-security/387066-americas-biggest-national-security-crisis-drug-wars>)

The expansion of the Mexican drug war to America is the greatest threat to our society. Past successes in interdiction along waterways and efforts to curb supply and demand, such as Plan Colombia in the early 2000s, only resulted in adaptive efforts by drug cartels to meet demand. According to the Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration, the use of illicit drugs has consistently increased. There is no higher priority than defending the American people, their communities and their future. The United States should galvanize resources and leadership toward drug demand and supply reduction. Cartels, like any business, compete with one another to meet drug demand and control importation and distribution across the United States. These violent organizations have expanded their influence up and down the supply chain, from production networks in South America to distribution hubs in American cities. The DEA’s 2016 National Drug Threat Assessment reports that cartels continue to form relationships with local gangs, who in turn commit violent crimes as retail-level drug distributors. Law enforcement indicates that cartels, or Transnational Criminal Organizations (TCOs), connect with gangs for street distribution of illicit drugs based on geography and familial ties. These gangs share the primary goal of generating money and influence. America should expect these organizations to expand distribution networks by, with and through interaction with gangs; their presence across the United States is demonstrated in the 2016 National Drug Threat Assessment. No other organization possesses capabilities that can challenge TCO dominance over the U.S. drug trade. According to Department of Justice estimates, TCOs are active in over 1,000 U.S. municipalities. Law enforcement reporting indicates that gangs continue to grow in numbers and expand their criminal activities. Approximately one-third of law enforcement jurisdictions report increases in threats and attacks by gangs against police. Over 50 percent of jurisdictions surveyed by the FBI’s National Gang Intelligence Center report that street gang membership and gang-related crime has increased since last year. This growing relationship potentially can lead to violence over competition between gangs and TCOs. The complexity and indirectness of the relationship between gangs and cartels remains murky and difficult for law enforcement. According to the 2015 National Gang Center Intelligence Report, over 50 percent of law enforcement jurisdictions report high levels of street-level drug sales and approximately 25 percent of the jurisdictions report large-scale distributions among gangs. Cartels provide gangs with money and power, and their relationship helps TCOs maintain land routes across the U.S.-Mexico border and through America’s heartland. Gang involvement in illicit drug distribution and TCO expansion represent a serious safety and health concern for America’s future. The next chapter of our so-called “drug war” is developing quietly, while political belligerence and rhetoric mask the reality of the future. Peter Zeihan, an expert in geopolitical risks, calls this the single greatest geopolitical

threat to the American way of life — more than Iran, North Korea, China or Russia. Drug poisoning is the leading cause of injury death in the United States. Since 2009, drug poisoning deaths have outnumbered deaths by firearms, motor vehicle crashes, suicide and homicide. While the current opioid crisis presents a grave threat, the methamphetamine threat has remained prevalent and the cocaine threat appears to be rebounding. American demand for drugs, along with poor immigration policies; imbalanced drug control efforts among interdiction, prevention, education and treatment; a hyper-focus on counterterrorism at the expense of domestic threats; and a lack of leadership at the national level have enabled the situation. If cartels are willing to go to war over competition for transport routes in Mexico, it is not impossible to imagine increased violence between gangs and cartels and U.S. law enforcement. Sadly, the root of the problem — demand for drugs — remains a constant. The problem, however, is not a zero sum game. Demand will always exist. This situation is a problem of comprehensive mitigation that requires aggressive, nonpartisan and sustainable national leadership to protect the future leaders of America.

Safety and treatment can be combined without legalization

Brett Tolman, Former U.S. Attorney in Utah, 2017 (“It’s not soft on crime to improve public safety outcomes in the justice system,” May 20, 2017, Washington Examiner, <https://www.washingtonexaminer.com/its-not-soft-on-crime-to-improve-public-safety-outcomes-in-the-justice-system>)

Our law enforcement agencies need more tools to keep the public safe. When I was in office, I abided by the three mandated objectives for prosecutors: punishment, deterrence and rehabilitation. That last object is too often overlooked but, by rethinking our approach to low-level, nonviolent offenders, many of whom struggle with substance abuse or mental health challenges, we are adding another tool to accomplish our public safety mission. Prisons are ill equipped to treat drug addiction or mental illness. If we want to root out the behavior behind the criminal act, we must look at proven alternatives to incarceration, such as drug courts and expanded access to mental health treatment. We should also take steps to strengthen job training and rehabilitation programs in prison in an effort to break the vicious cycle that keeps many people in and out of jail. Expanding the tools available to law enforcement would ensure they have the resources to focus on the most dangerous crimes and consequential criminals. By spending more time and money investigating these serious criminals, we make our communities much safer. We have the data to prove these smart-on-crime policies work. Successful criminal justice reforms in the states have lowered crime and recidivism rates, an important goal for those who protect and serve. Between 2010 and 2015, 31 states have reduced their imprisonment rates and seen a drop in crime. Texas, for example, enacted reforms in 2007 that diverted cases dealing with low-level offenses to drug or mental health courts. As a result, incarceration rates fell and taxpayers saved over \$2 billion. The Lone Star State now enjoys its lowest crime rates since 1968. Criminal justice reforms have produced similar results in Connecticut, South Carolina, and Georgia. If states, both big and small, can do this, then so can the federal system. Anyone who thinks I am somehow soft on crime should look at the countless dangerous criminals we put away. But the tough sentences we apply to these violent felons and serious drug deals aren't the right answer for every convicted criminal. We need a smarter

approach that makes the federal justice system more efficient and produces better outcomes and safer communities.

Commercial legalization will increase substance abuse

Vanda Felbab-Brown, Director – Brookings Initiative on Nonstate Armed Actors, and Catalina Niño, Brookings Project Coordinator – FESCOL, 2021, (“Legalizing drugs and illegal economies is no panacea for Latin America and the rest of the world,” Brookings, March 31, 2021, <https://www.brookings.edu/on-the-record/legalizing-drugs-and-illegal-economies-is-no-panacea-for-latin-america-and-the-rest-of-the-world/>)

CN: In your opinion, what should be the main objective of drug policy? And which would be its key elements, so it would be successful? VFB: The main objective of drug policy should be to minimize three harms: of drug use, of the drug trade, and of drug policies themselves. It should be to save as many lives as possible while enhancing the rule of law and reducing violent criminality. The difficulty in achieving this overarching objective is that reducing each of the three threats and harms – use, trade, and policy – requires difficult tradeoffs; and different societies at different times will make different judgments about these tradeoffs and ways to achieve them and thus also of what the right tools are. Very broadly stated, I believe that the policy should be to keep most illegal drugs illegal, with the exception of cannabis.

Commercialized legalization of “hard drugs” will unleash substance-abuse disorder on an order of magnitude that an illegal market cannot: It will destroy the lives of many individuals, families, and communities. However, drug policy should not imprison non-violent users of any of the illegal drugs. The policy should be to vastly expand access to treatment and harm reduction programs. Supply-side policy should involve law enforcement strategies to reduce violence, as well as to minimize the most dangerous flows, such as of synthetic opioids. In addition to trying to reduce the violence proclivity of criminal groups by strong law enforcement measures, smart drug-policy design means prioritizing law enforcement against labor non-intensive illicit economies, such as against trafficking or production of synthetic drugs, and postponing actions against labor-intensive aspects of the illegal drug economy – namely, the cultivation of drug crops – until after legal livelihoods are available. In any case, for any public or anti-crime policy to be effective, it must be adapted to local cultural and institutional settings.

Reducing violence necessitates legal intervention

Vanda Felbab-Brown, Director – Brookings Initiative on Nonstate Armed Actors, and Catalina Niño, Brookings Project Coordinator – FESCOL, 2021, (“Legalizing drugs and illegal economies is no panacea for Latin America and the rest of the world,” Brookings, March 31, 2021, <https://www.brookings.edu/on-the-record/legalizing-drugs-and-illegal-economies-is-no-panacea-for-latin-america-and-the-rest-of-the-world/>)

CN: From your perspective, what is -or should be- the difference/distinction between drug policy, strategies against organized crime and policies to reduce violence. VFB: Focusing on violence reduction as an element of anti-crime strategies is critical. It is a necessary priority. It cannot be achieved without an effective law enforcement strategy, such as, for example, merely by legalization without crucial law enforcement efforts accompanying them. Even legal markets

need to be policed, and policed intensively. Even legal markets can be violent. At the same time, badly designed law enforcement counternarcotics strategies can exacerbate violence in criminal markets. As I said before, reducing violence requires beefing up the deterrence capacity of law enforcement and judicial institutions and matching targeting patterns to particular local settings and objectives, such as focusing on middle-level targeting in one large law enforcement swoop instead of piecemeal high-value-targeting of drug capos. Reduction of the violence will require dramatically reducing impunity and achieving effective prosecution rates of over 50% for violent crimes; it also requires thinking through how particular law enforcement moves could trigger violence among criminal groups or against the state, and prepositioning forces to prevent that. When dealing with pandillas numbering tens of thousands, instead of “cartels” of hundreds, anti-violent strategies many also include public health approaches of mobilizing disruptors of violence, teaching anger management strategies and providing other psycho-social tools designed to reduce gang member proclivity toward violence. They should also include focused deterrence strategies, as well “deradicalization” of gang members, through creating jobs for them, and community-healing processes, including legal mechanisms for dispute resolution so that populations are not locked into festering disputes in which they rely on nonstate armed actors to adjudicate them. Bottomline: Reducing violence must be front and center of any anti-crime and drug policy. And the means chosen to reduce violence must match the strategic and individual drivers of violence – which will vary situation by situation. But there are some general proscriptions: The goal of violence reduction should not be pursued in ways that turn a blind eye toward or augment official corruption. Nor should violence be reduced through bargaining deals with criminal groups a la Jamaica or Brazil that essentially amount to “paying for peace”.: Such bargains of delivering construction contracts or public goods as a way to pacify criminal groups without systematically bringing the state into the violence-prone slum, poor neighborhood or rural territory are vulnerable to the moral hazard of groups instigating violence over and over again to obtain handouts. The state needs to be committed to bringing in security, rule of law, and public goods to all of its citizens and territories, even without having to wait for violence to trigger it. And the extension of multifaceted state presence needs to be prioritized and sequenced to create sustainable and ever-expanding territories of state presence.

Targeted policing is better

Vanda Felbab-Brown, Director – Brookings Initiative on Nonstate Armed Actors, and Catalina Niño, Brookings Project Coordinator – FESCOL, 2021, (“Legalizing drugs and illegal economies is no panacea for Latin America and the rest of the world,” Brookings, March 31, 2021, <https://www.brookings.edu/on-the-record/legalizing-drugs-and-illegal-economies-is-no-panacea-for-latin-america-and-the-rest-of-the-world/>)

But how does one go about effective targeting? First, it requires that its objective is as much to reduce violence as it is to reduce flows. The goal is to create such deterrence capacity of law enforcement that drug trafficking becomes as nonviolent as in Western Europe and East Asia, and drug retail becomes as nonviolent as in U.S. suburbia, instead of as violent as it is in the center of various cities, such as Baltimore. Second, targeting patterns must be matched to local circumstances. So-called decapitation strategies — also known as high-value targeting — are often highly ineffective in responding to drug trafficking groups, because replacing leaders in the

illegal drug trade is very easy. The targeting can also be highly counterproductive if the fragmentation it causes exacerbates violence, as it has in Mexico. Focusing on middle-level targeting – rounding up as much of the middle operational layer of a criminal or drug trafficking group as possible in one law enforcement swoop – is a much more effective strategy. But my criticism of premature eradication or of high-value targeting doesn't mean that I believe that legalization will displace dangerous blood-thirsty traffickers from a newly legal economy or turn thugs into nice men. A lot of other aspects would have to come into effect for that to be the outcome, including much strengthened law enforcement that has strong deterrence capacity, a strong functional judicial system promoting the rule of law, and a strong regulatory regime that has the capacity to prevent institutional and policy capture by vested interests. In the absence of these crucial factors, legalization will merely allow criminals to operate in a newly legal economy, often with the same violent practices as they practiced in the illegal space. Thus, avocado farming in Mexico is dominated by extortion by violent criminal groups; and fights over land and territorial control among them are as much about access to legal economies as to local drug retail markets or drug routes. Corruption networks can also strongly operate, and often do, in legal economies where the rule of law is weak. The broader point is: fix your justice and law enforcement institutions, strengthen their deterrence capacity and the rule of law, and then contemplate whether or not to make a particular economy legal or illegal. In the context of high violence and poor rule of law, legalization will not fix institutional problems or the societal problems of intense violence perpetrated by nonstate actors.

Cartel power has increased due to COVID

Vanda Felbab-Brown, Director – Brookings Initiative on Nonstate Armed Actors, and Catalina Niño, Brookings Project Coordinator – FESCOL, 2021, (“Legalizing drugs and illegal economies is no panacea for Latin America and the rest of the world,” Brookings, March 31, 2021, <https://www.brookings.edu/on-the-record/legalizing-drugs-and-illegal-economies-is-no-panacea-for-latin-america-and-the-rest-of-the-world/>)

First, the pandemic has dramatically increased the number of people whose livelihoods are dependent on illegal economies and thrust them into the hands of organized crime groups and militant groups that sponsor illegal economies. Between 150-200 million people have already been pushed into poverty from the middle class, a loss of a quarter of a century's anti-poverty efforts in just eight months. Although there have been shifts in types and patterns of illegal economies, modes of trafficking –higher shipments of drugs instead of smurfing; greater use of drones for trafficking; reinforcement of switching toward synthetic drugs; a temporary decrease of street predatory crime and a large rise of online crime followed by new increases of predatory crime — the power of criminal groups has grown tremendously as a result of COVID-19: both their political capital and often also their physical capabilities. At the same time, at an aggregate level, states have become much weaker vis-à-vis criminal groups: The economic devastation of COVID-19 has decimated government budgets, necessitating even deep cuts of law enforcement budgets, thereby augmenting all kinds of pre-existing institutional deficiencies of law enforcement forces, including their brutality and corruption. If the number of cops is cut too low, crime thrives – law enforcement becomes overwhelmed; getting away with all kinds of crimes becomes easy; and criminal influence over corrupt officials grows. Even large institutional

budgets are no guarantee of effective and legitimate law enforcement efforts to incapacitate criminals and deter criminal activity. Globally, government struggles to respond effectively to COVID-19 have weakened the legitimacy of states and governments in multifaceted ways – once again to the benefit of illicit economies and their sponsors. COVID-19 has shifted more power away from states to criminal and militant groups. Most dangerously, COVID-19 and government responses have also reinforced the very economies (illegal and legal) that are critical sources of zoonotic disease emergence and disastrous global pandemics – namely, wildlife poaching and trafficking, logging, and mining. Logging in Brazil and the Amazon has not slowed down; its illegal and legal elements have intensified. In both countries, powerful resource extraction lobbies have succeeded either in getting new legislation passed to wave environmental concerns to allow more habitat destruction (thus speeding up the rate and extent of viral spillovers); or in allowing the loggers to enjoy higher permissive settings with minimal to nonexistent action by law enforcement. Poaching has also increased as rangers are deprived of salaries from governments or collapsed ecotourism, and desperate populations have lost legal incomes in rural areas or cities and moved to rural areas, where they engage in in poaching and logging.

CON: Cost

Legalization is expensive

Centennial Institute – Colorado Christian University (“Economic and Social Costs of Legalized Marijuana,” <https://www.dfaf.org/economic-and-social-costs-of-legalized-marijuana/>)

The Centennial Institute at Colorado Christian University recently published a study to better understand the economic and social costs of legalized marijuana. No matter your beliefs, we all deserve to know what the effects will be to our economy and society at large. The push for legalization has been coined “big tobacco 2.0” and to be honest, we couldn’t have named it better. Unfortunately, like tobacco, we will not see the true long-term health and economic repercussions of marijuana commercialization for decades to come. However, this report found serious and disturbing short-term consequences that should not be ignored. Here are some of the important findings from the report: For every dollar gained in tax revenue, Coloradans spent approximately \$4.50 to mitigate the effects of legalization. Costs related to the healthcare system and from high school drop-outs are the largest cost contributors. Research shows a connection between marijuana use and the use of alcohol and other substances. Calls to Poison Control related to marijuana increased dramatically since legalization of medical marijuana and legalization of recreational marijuana. 69% of marijuana users say they have driven under the influence of marijuana at least once, and 27% admit to driving under the influence on a daily basis. The estimated costs of DUIs for people who tested positive for marijuana only in 2016 approaches \$25 million.

Legalization overburdens the economy

David Evans, Special Adviser to the Drug Free America Foundation, 2012 (“Marijuana Legalization’s Costs Outweigh Its Benefits,” October 30, 2012, U.S. News, <https://www.usnews.com/debate-club/should-marijuana-use-be-legalized/marijuana-legalizations-costs-outweigh-its-benefits>)

Legalization will cause a tremendous increase in marijuana use. Based on the experience elsewhere, the number of users will double or triple. This means an additional 17 to 34 million young and adult users in the United States. Legalization will mean that marijuana businesses can promote their products and package them in attractive ways to increase their market share. Increased marijuana use will mean millions more damaged young people. Marijuana use can permanently impair brain development. Problem solving, concentration, motivation, and memory are negatively affected. Teens who use marijuana are more likely to engage in delinquent and dangerous behavior, and experience increased risk of schizophrenia and depression, including being three times more likely to have suicidal thoughts. Marijuana-using teens are more likely to have multiple sexual partners and engage in unsafe sex. Marijuana use accounts for tens of thousands of marijuana related complaints at emergency rooms throughout the United States each year. Over 99,000 are young people. Despite arguments by the drug culture to the contrary, marijuana is addictive. The levels of THC (marijuana’s psychoactive ingredient) have never been higher. This is a major factor why marijuana is the number one drug causing young people to enter treatment and why there has been a substantial increase in the

people in treatment for marijuana dependence. Marijuana legalization means more drugged driving. Already, 13 percent of high school seniors said they drove after using marijuana while only 10 percent drove after having several drinks. Why run the risk of increasing marijuana use among young drivers? Employees who test positive for marijuana had 55 percent more industrial accidents and 85 percent more injuries and they had absenteeism rates 75 percent higher than those that tested negative. This damages our economy. The argument that we can tax and regulate marijuana and derive income from it is false. The increased use will increase the multitude of costs that come with marijuana use. The costs from health and mental wellness problems, accidents, and damage to our economic productivity will far out strip any tax obtained. Our economy is suffering. The last thing we need is the burden that legalization will put on us.

CON: AT Effectiveness (Pro)

Uruguay model is too new to be conclusive

Wayne Hall, Professor at University of Queensland – Australia, and Michael Lynskey, Professor at National Addiction Centre – New Zealand, 2020 (“Assessing the public health impacts of legalizing recreational cannabis use: the US experience,” *World Psychiatry*, June 19, 2020 (Published online May 11 2020), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7215066/>)

In 2013, Uruguay became the first nation to legalize adult cannabis use. It did so by allowing adults to use cannabis if they registered with the state and used one of three ways to obtain cannabis 18 : they could grow their own cannabis, join a cannabis growers’ club that would produce enough cannabis for its members, or purchase cannabis (produced under government licence) from pharmacies^{19, 20}. The policy was introduced in phases. In the first, registered cannabis users were allowed to grow their own cannabis. In the second, cannabis growers’ clubs were licensed. In the third, a small number of pharmacies were licensed to supply cannabis to registered users 1 . The Uruguayan model is still in the early stage of implementation. So, it is difficult to assess whether it has achieved its goals. Some have argued that the model is too re-strictive to undermine the illicit cannabis market^{20, 21}. So far only 6,965 persons have registered to grow their own cannabis and there are 115 cannabis clubs with 3,406 reg-istered members. Only 16 pharmacies (from a total of 1,200) supply cannabis, and 34,696 persons 1 have registered to purchase cannabis from pharmacies 22 . The total of 45,067 registered cannabis users comprise just under half the estimated number of cannabis users in Uruguay. We do not yet know what proportion of registered and unregistered cannabis users still purchase cannabis from the illicit market.

Canada model is too new to be conclusive

Wayne Hall, Professor at University of Queensland – Australia, and Michael Lynskey, Professor at National Addiction Centre – New Zealand, 2020 (“Assessing the public health impacts of legalizing recreational cannabis use: the US experience,” *World Psychiatry*, June 19, 2020 (Published online May 11 2020), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7215066/>)

In October 2018, Canada became the second nation to legalize the sale of cannabis to adults^{23, 24}. The goals of legalization were to eliminate the illicit cannabis market and regulate the production and sale of cannabis to protect public health and minimize youth uptake 25 . The federal government licenses and regulates cannabis producers; advertising of cannabis is not permitted; and cannabis products must be sold in plain packaging with health warnings. The minimum legal purchase age is 18 (unless a provincial government sets a higher one), and it is an offence to drive while impaired by cannabis. Provincial governments in Canada regulate wholesale and retail cannabis sales in the same way as they regulate alcohol 26 . Provinces with an alcohol retail monopoly can use the same regulatory approach for cannabis, and retail cannabis sales are allowed in provinces that licence for - profit retailers of alcohol. The Canadian federal government collects taxes on cannabis and shares these revenues with provincial governments. The sale of edible cannabis products and cannabis extracts began in October 2019, with taxes based on their THC content. As is the case with Uruguay, Canadian

policy is still at an early stage of implementation. So, it is too early to evaluate its impact. The remainder of this paper accordingly focuses on the impacts to date of the legalization of recreational cannabis use in the US.

Being anti-war-on-drugs doesn't necessitate legalization

Vanda Felbab-Brown, Director – Brookings Initiative on Nonstate Armed Actors, and Catalina Niño, Brookings Project Coordinator – FESCOL, 2021, (“Legalizing drugs and illegal economies is no panacea for Latin America and the rest of the world,” Brookings, March 31, 2021, <https://www.brookings.edu/on-the-record/legalizing-drugs-and-illegal-economies-is-no-panacea-for-latin-america-and-the-rest-of-the-world/>)

VFB: I don't like to use the term “war on drugs” because I don't think it is useful to talk about any kind of policy, including drug policy, without specificity. Such broad and sweeping concepts produce little policy usefulness. U.S. counternarcotics efforts over the past several decades have had some stable patterns; other have been evolving, and have varied administration by administration. Certainly, imprisoning drug user populations and some nonviolent street drug dealers have been highly counterproductive. Such policies do not reduce demand. They have destroyed the lives of nonviolent drug users, and can overwhelm prisons. We should move away from such policies: Users need treatment — including medical treatment and prescribed medications, and multifaceted support — not imprisonment. That does not mean, however, that drugs should be made legal. Indeed, with the exception of cannabis, I do not support drug legalization. Drugs such as cocaine, heroin, synthetic opioids, and methamphetamine are highly addictive and the substance-use disorder can destroy the lives of users, their families, and communities as much as imprisonment can. In the United States, we have been going through the most devastating drug epidemic ever in the U.S. history – the opioid epidemic. It started with legal prescription drugs and eventually mutated into heroin and then synthetic opioids. The last element – synthetic opioids, such as fentanyl — has been the deadliest; but the first element, legal prescription opioids, has been the critical culprit. The commercialization of necessary and vital prescription painkillers unleashed addiction levels that an illegal market could never achieve. Those who believe that legalization will solve problems of drug policy should learn from the U.S. disaster, and its equivalent in Canada where extensive harm-reduction approaches almost melted underneath the onslaught of commercialized legal prescription opioids. Those very same companies and their international branches that unleashed the opioid epidemic in the United States are actively promoting the same disastrous and nefarious policies abroad, including in Latin America and places such as Brazil and Mexico. On the supply side, in much of my writing, I warn of premature and highly counterproductive, eradication of drug crops without alternative legal livelihoods being in place. Such policies strengthen the political capital of criminal and militant groups in the way I've explained. But that doesn't mean, one again, that I believe drug trafficking should be legalized. Instead, I often urge prioritizing in targeting the labor non-intensive element of drug trafficking, such as by targeting trafficking. Creating legal jobs on a sufficient scale should be a critical element of most strategies for dealing with drug economies; though it is not relevant in some cases, such as in cracking down on fentanyl trafficking from China.

Economic claims are based on inconclusive research

Charles S. Gascon, Senior Economist at the Federal Reserve Bank of St. Louis, 2020 (“As More States Legalize Marijuana, Economics Comes into Play,” May 18, 2020, https://www.stlouisfed.org/publications/regional-economist/first-quarter-2020/states-legalize-marijuana-economics_

Research is still needed to understand the economic impact of recent state policy changes, and differences across states provide researchers with many real-world “experiments” to study. However, with marijuana remaining illegal at the federal level, these firms face additional challenges in operating their businesses, such as lack of access to banking networks or developing interstate supply chains. While legal marijuana has been touted as a means for improving the fiscal position of states through lowering enforcement expenditures and generating additional tax revenue, the reality is much more complex. First, taxation on medical marijuana use is inconsistent with tax policies on other drugs used in medical treatment. Over time one would expect these policies to converge if a consensus emerges on acceptable medical use. Second, increases in tax revenue from recreational sales likely overstate the fiscal impact or could be short-lived. Consumers are likely to spend a greater share of their income on marijuana and less on other taxable goods, such as alcohol.¹⁰ Furthermore, states may use the new tax revenue source as a replacement for existing revenue sources (or future revenue increases).¹¹ Third, as is the case with many types of “sin taxes”—taxes on products such as alcohol, tobacco and the lottery—individuals in lower income brackets are generally more likely to consume these products, thereby producing a regressive tax policy. Fourth, the reliance on sin taxes for revenue creates an incentive for policymakers to set a tax rate that maximizes revenue as opposed to a higher tax rate that would reduce consumption.

There are multiple scenarios to consider – not one clear answer

Charles S. Gascon, Senior Economist at the Federal Reserve Bank of St. Louis, 2020 (“As More States Legalize Marijuana, Economics Comes into Play,” May 18, 2020, https://www.stlouisfed.org/publications/regional-economist/first-quarter-2020/states-legalize-marijuana-economics_

While public discourse surrounding the legalization of marijuana often revolves around perceptions toward recreational drug use, an economic argument supporting (or opposing) legalization can be made regardless of one’s moral standing on use. The medical use of marijuana raises the question of potential medical benefits and costs. One could view any drug from the same lens by asking, do the potential benefits from appropriate use of the drug outweigh the costs or risk of abuse? What makes the medical marijuana market unique to those of other drugs (e.g., prescription narcotics) is how it is treated by policymakers. For example, states typically do not subject prescription drugs to state sales taxes, while medical marijuana has been subjected to both state sales and excise taxes. Therefore, medical marijuana is taxed more like alcohol or tobacco than a medical drug. The recreational use of any drug may create social costs, such as long-term health problems, injuries, accidents, unemployment, vagrancy and crime.⁸ As a result of these social costs, the free-market price is likely too low and therefore consumption is too high. Policymakers can attempt to solve this problem in two ways: first is

criminal enforcement, which increases the cost of supplying drugs, reducing supply in the market and subsequently pushing up prices. Second is taxation on purchases, which reduces the quantity demanded in the market by increasing the price. In theory, both policies could achieve the same outcome of reducing drug use to a socially optimal level. Policymakers face the difficult task of taking this theory to practice. Enforcement requires determining the most efficient techniques and the severity of penalization. Policymakers must also account for the adverse consequences of incarceration. On the other hand, taxation requires determining the optimal tax rate, which may vary for different types of consumers. Again, there may be a cost of enforcing this tax on those who seek to avoid payment.⁹ For both policies, the main challenge is determining the social cost of drug use, which ultimately determines the degree of necessary enforcement or taxation.