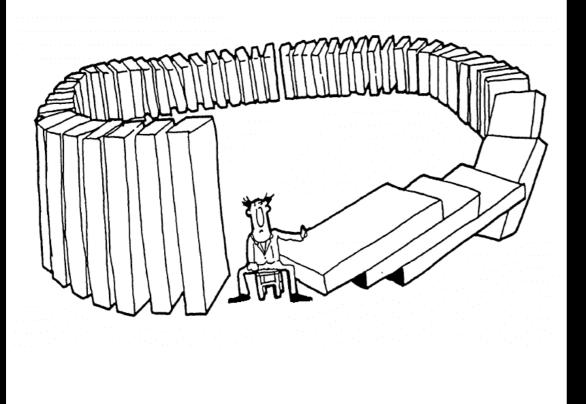
IRON LAW OF PROHIBITION

the harder the enforcement, the harder the drugs

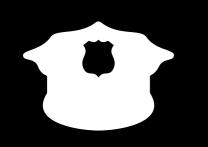


Richard C. Cowan

...[public] policy has aggravated our society's chronic problems with drugs by mounting a propaganda and enforcement campaign that erodes crucial distinctions between more and less dangerous drugs, makes the marketing of the more dangerous variety the preferred option for dealers, and increases health risks, crime, and corruption.

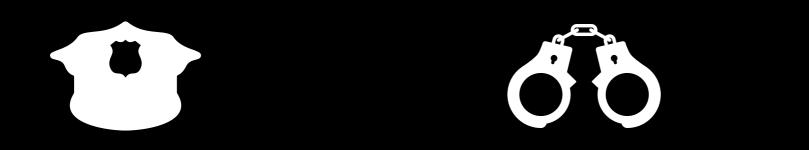
HOW THE NARCS CREATED CRACK: National Review Magazine, December 5, 1986 The economic laws of supply and demand apply to illicit markets as well as sanctioned markets. Prohibition influences the content, price and incentives for participating in the market as a buyer or seller.

What happens when supply is made illegal for a commodity that is in demand?



- 1. Supply is constrained by more than demand resulting in scarcity, which promotes price increases.
- 2. Forcing supply into the illicit market reduces information flow about the quality and availability of a drug, reducing price competition, which promotes more price increases.
- 3. Risk reduces competition among dealers as less motivated sellers leave and others are incarcerated, which widens profit margins and raises incentives for remaining sellers.

What happens when supply is made illegal for a commodity that is in demand?



- 4. Outsized profits draw in people who might otherwise be law abiding, spreading corruption and disdain for the law for those who participate.
- 5. Profits drive more conspicuous and aggressive marketing and specialization of supply, falling prices and increasing usage, which draws the attention of the forces that outlawed the substance in the first place.

What happens when supply is made illegal for a commodity that is in demand?



6. In response, policy makers "get tough" by increasing minimum sentences, "three-strikes" laws, and more draconian rhetoric against those who use drugs and more racist rhetoric to motivate public support for action. This drives out smaller and more risk averse dealers, leaving organized criminal organizations in control, now benefiting from even higher profit margins and corrupted institutions such as law enforcement.

What happens when supply is made illegal for a commodity that is in demand?



Producing and distributing more potent and dangerous drugs becomes a logical, market strategy to increase profits for the equivalent level of risk.

the harder the enforcement, the harder the drugs





strengthened prohibitions increased enforcement dehumanization of those who use drugs retributive and draconian punishment

more potent and dangerous supply increased public corruption

& Wine

Distilled Spirits

oonshine

Passage of the 18th Amendment to the US Constitution in 1919.



an in the set of

Circa 1925, automobiles became more available and useful to both law enforcement and alcohol distributors, incentivizing higher potency.

Bootlegger Wagon, Creative Commons During prohibition, "rum running" was a far better profit strategy given that the risks were the same but the sale price per gallon was far higher.

During the 1980s, in the same way, tiny pieces of crack cocaine was easier to carry and distribute than powder form cocaine.

Crack had the added benefit of a more efficient but shorter lasting high, causing customers to return more frequently to resupply.

Interestingly, the bulkiest illegal drug until recently, marijuana, was discarded for more potent drugs causing users to be induced to more intoxicating and dangerous substances.



Bootlegger Wagon, Creative Commons

the harder

strengthened prohibit increased enforceme

Beer & Wine

Coca Leaf

Powder Cocaine

rder the drugs

more potent and dangerous supply increased public corruption

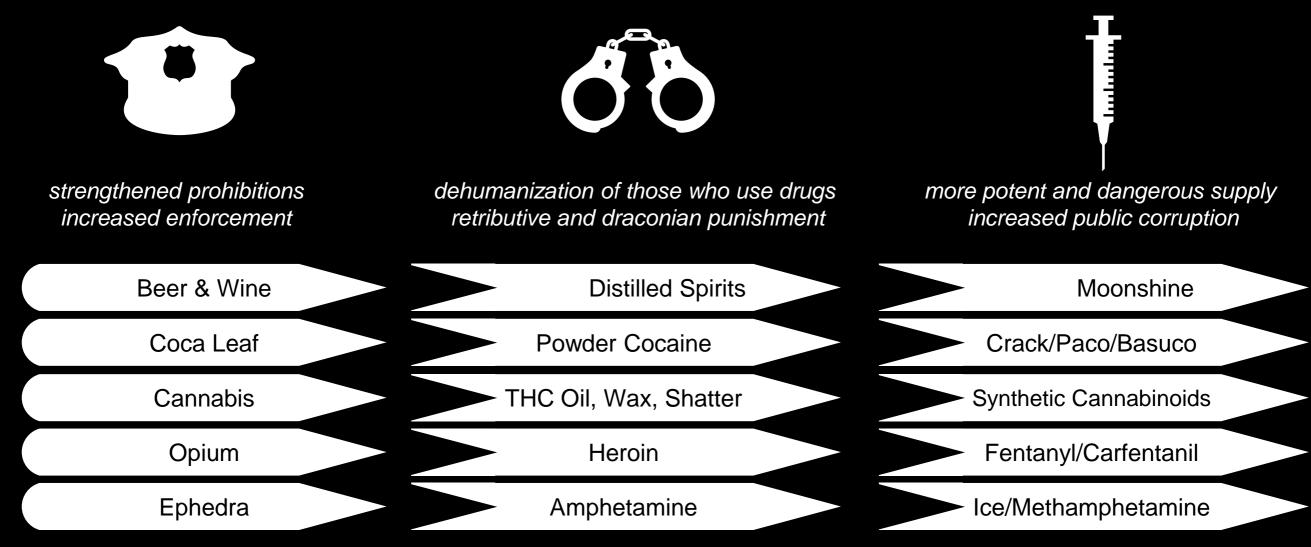
Moonshine

Crack/Paco/Basuco

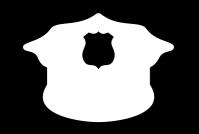
Circa 3000 BC, the coca leaf was used by the Incas to counter the effects of life at high altitudes. In 1859, cocaine was isolated from the coca leaf. Though no medicinal purpose was described, around 1884 when Sigmund Freud began using the drug himself he proposed that it could "cure depression and sexual impotence."

In the late 1970s, following the advent of the "War on Drugs" the Medellín Drug Cartel developed crack as a more efficient way to expand the US market and make transportation easier.

the harder the enforcement, the harder the drugs



the harder the enforcement, the harder the drugs







strengthened prohibitions increased enforcement

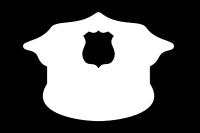
dehumanization of those who use drugs retributive and draconian punishment

more potent and dangerous supply increased public corruption



If the "Iron Law of Prohibition" accurately describes the relationship of increasing enforcement to increasing potency, what change explains the advent of Tranq?

the harder the enforcement, the harder the drugs





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Fentanyl cut w/Xylazine

- Xylazine (veterinary tranquilizer) increasingly involved in overdose.
- Prevalence rose from 0.36% of fatal overdose deaths in 2015 to 6.7% in 2020 and fentanyl was found in 98% of xylazine-involved deaths.
- Ethnographic data suggest xylazine increases short duration of fentanyl, adds euphoria.
- Xylazine presents novel health risks, e.g. abscesses, naloxoneresistant overdose.

DRUG CONTROL



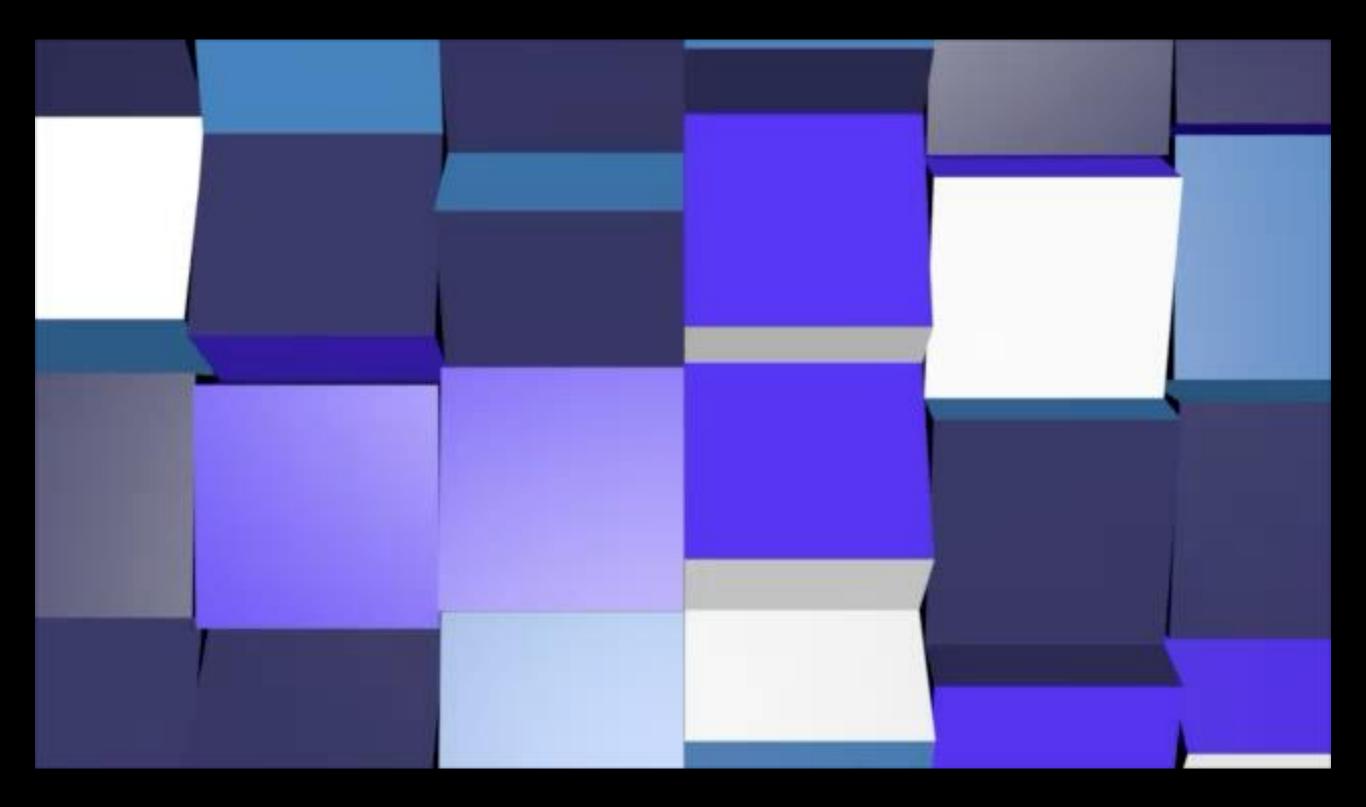
The Inaugural Event in our Rolling Ridge Voices and Stories Series:

THE CHINESE EXCLUSION ACT OF 1882

Building bridges of understanding through historical education and contemplative listening



American (and global) drug policy were conceived largely in ignorance and many, if not most, were passed and enforced not to control drugs but to control groups and classes of people.







National Library of Medicine

- Opium use in the United States was common in the 19th century and was commonly prescribed by physicians.
- Though most physicians understood its addictive properties, few thought of it as a problem. Users were often middle and upper class white women who did not experience much social stigma or ill health effects. Physicians themselves were frequently heavy users.





- Following the British—Chinese Opium Wars (1839 and 1856), an estimated one quarter of adult Chinese men were thought to be opium dependent. This period coincided with male dominated Chinese immigration to the US.
- In 1906, the Philippine Opium Investigation Committee presented a report to the Senate focusing on opium trafficking in various Asian regions stating that "[Opium is] one of the gravest, if not the gravest, moral problems of the Orient."





- Rife with racial bias, the report attributed opium use to the loss of the ability of the Chinese to be amused, reflecting the prevalent white attitudes about Chinese of the era.
- The committee recommended that foreigners who used opium illegally should be deported at the time of their third offense.





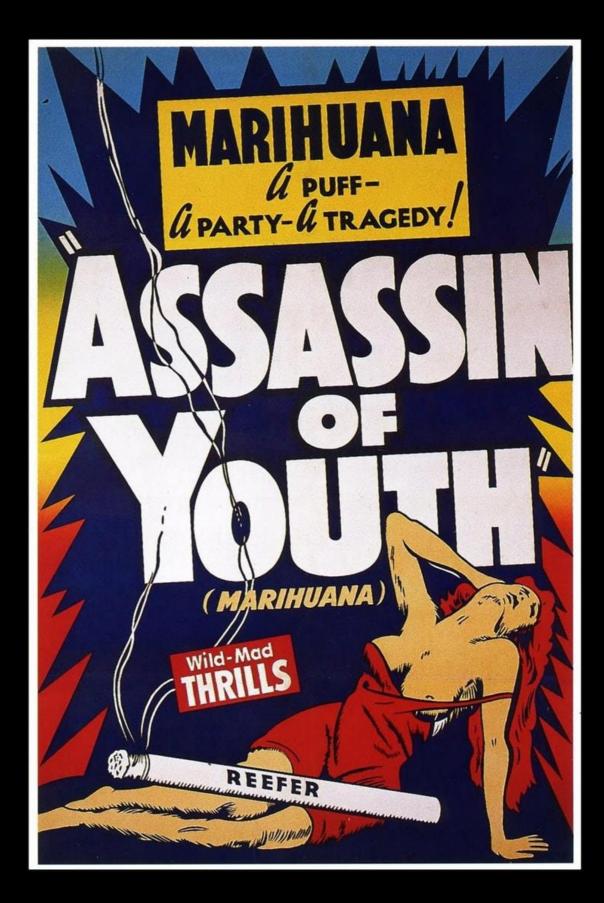
- In 1909, a bill in Congress was passed banning the import of opium and authorizing criminal and immigration penalties for violation.
- Lest we think the debate was different then that it is today, Rep. Keifer of Ohio worried that passage would cause manufacturing in the US and Rep. Gaines of West Virginia suggested it might create an illegal import market. These minority views were not broadly held and thus the bill was passed without objection.





Myths and misconceptions about drugs and the effectiveness of drug policy has led to extraordinary public expenditures that neither increase public safety nor reduce the abuse of substances in society.

All this at the cost of impoverishing the very social and public health programs could actually increase public safety and decrease harmful drug dependence.

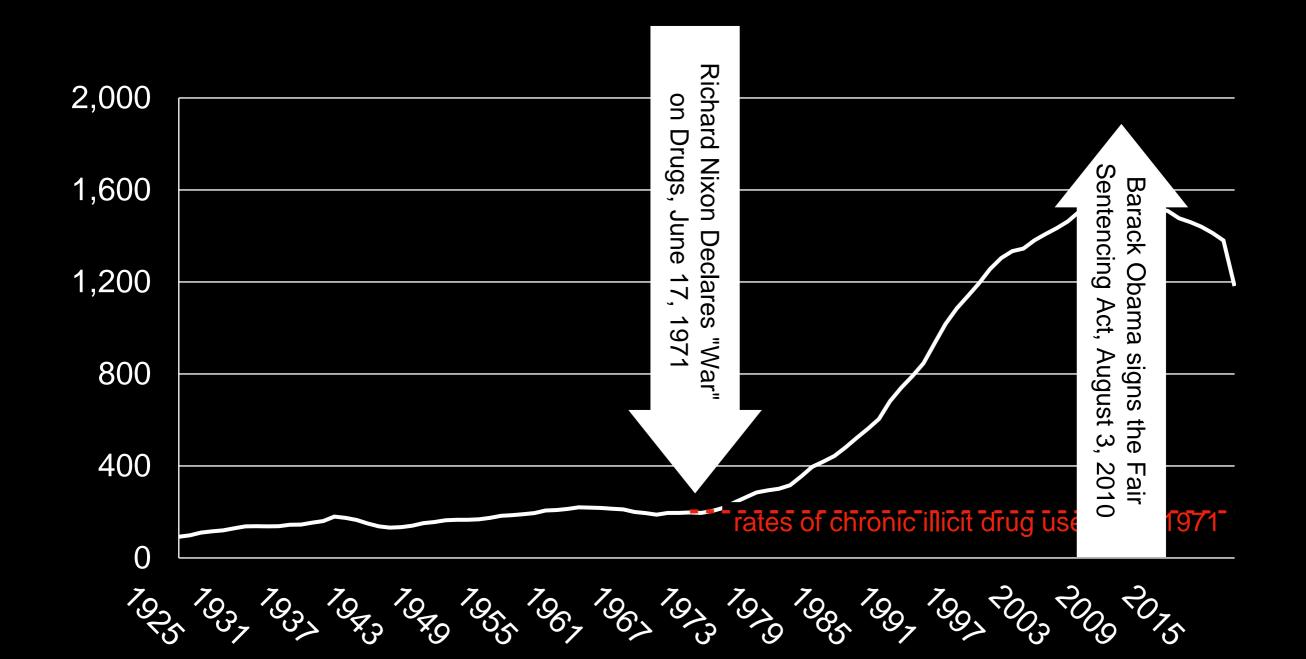






In the 1930s, cannabis use was associated with Black and Mexican populations, though evidence was thin for that "fact." When the federal government passed the Marihuana Tax Act of 1937, drafters interchanged the Spanish spelling to emphasize the dangerous and foreign threat.

Prison Population in the United States (in millions)



Bureau of Justice Statistics Prisoners Series

Organization for Economic Co-operation and Development

... is an intergovernmental organization with 38 member countries, founded in 1961 to stimulate economic progress and world trade. It is a forum whose member countries are committed to democracy and the market economy, providing a platform to compare policy experiences, seek answers to common problems, identify good practices, and coordinate domestic and international policies of its members.



Incarceration Rates among OECD Nations

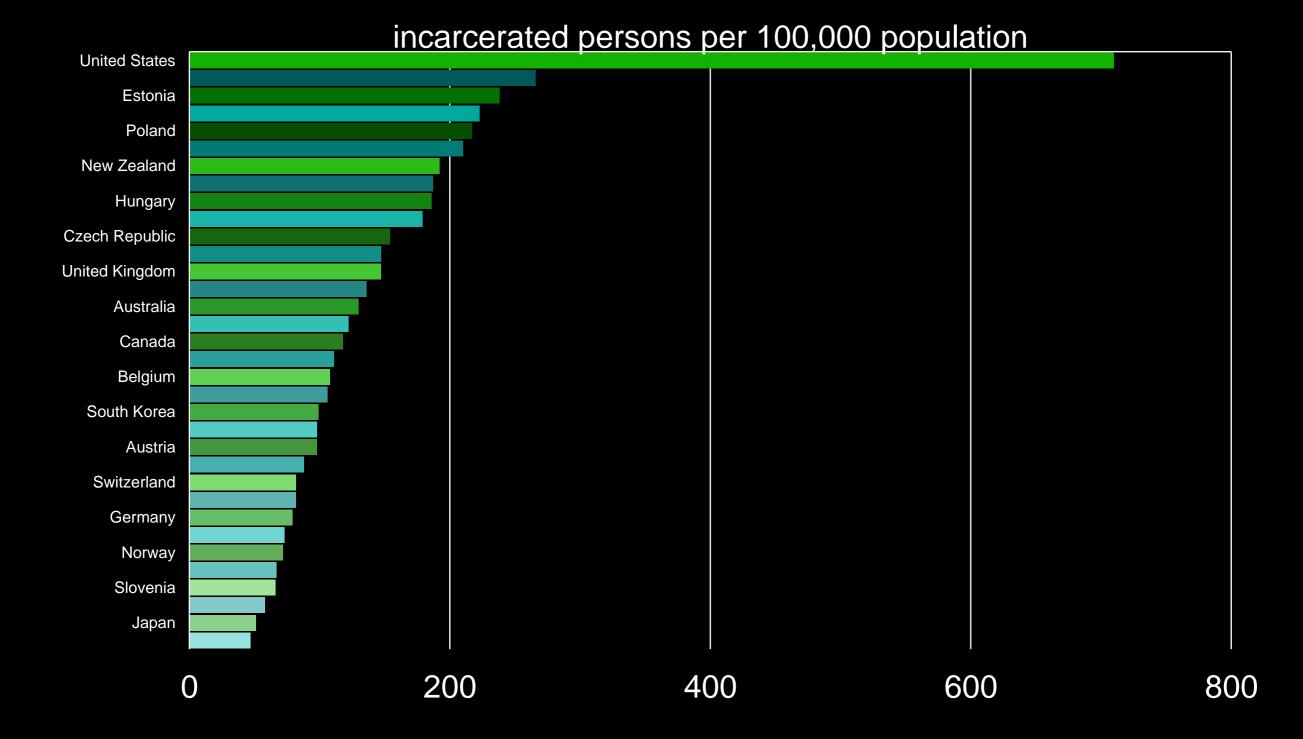
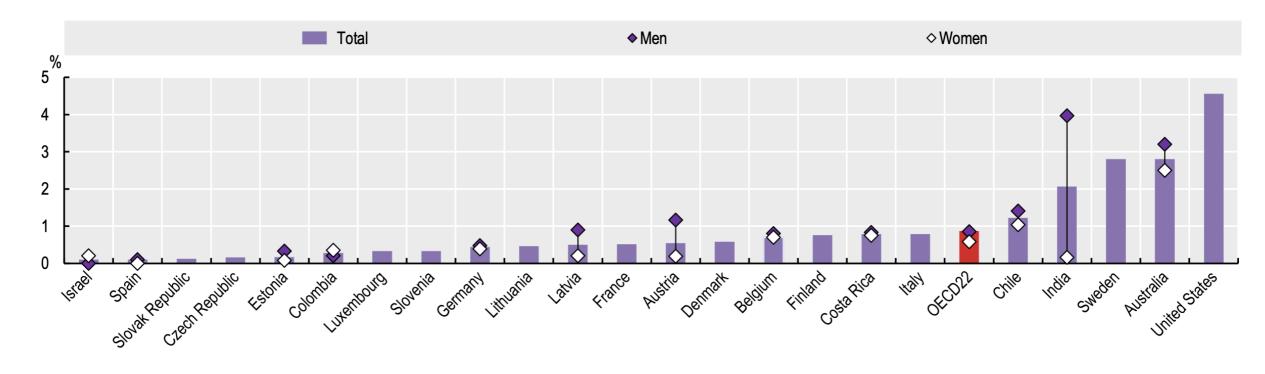
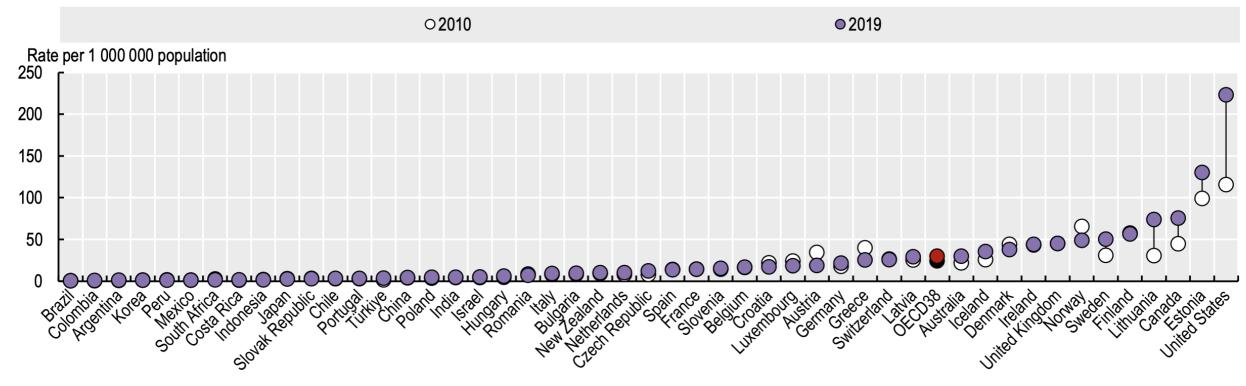


Figure 4.7. Opioid use in the last 12 months among people aged 15-64, 2020 (or nearest year)



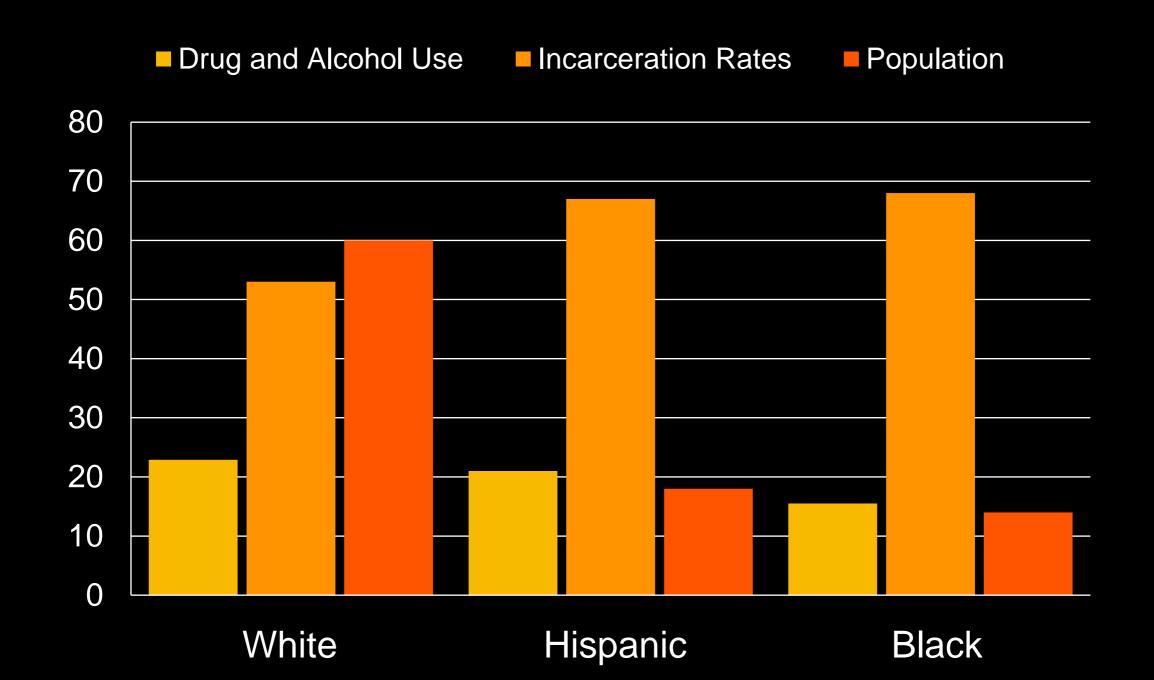
Source: UNODC, 2023, complemented with national sources for Australia.

Figure 4.6. Opioid-related death rates, people aged 15-60, 2010 and 2019



Source: IHME, 2021.

Drug Use and Incarceration Rates

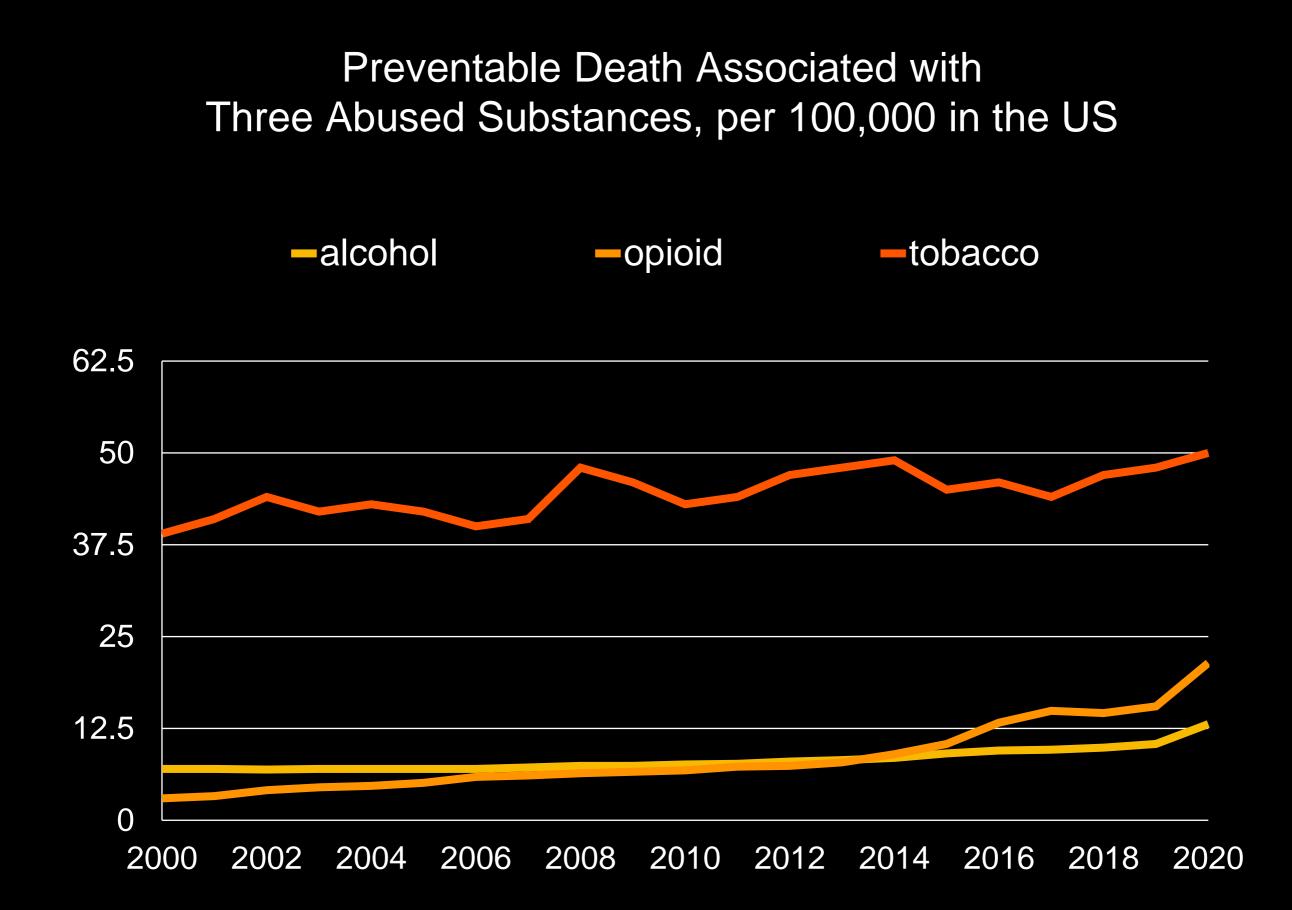


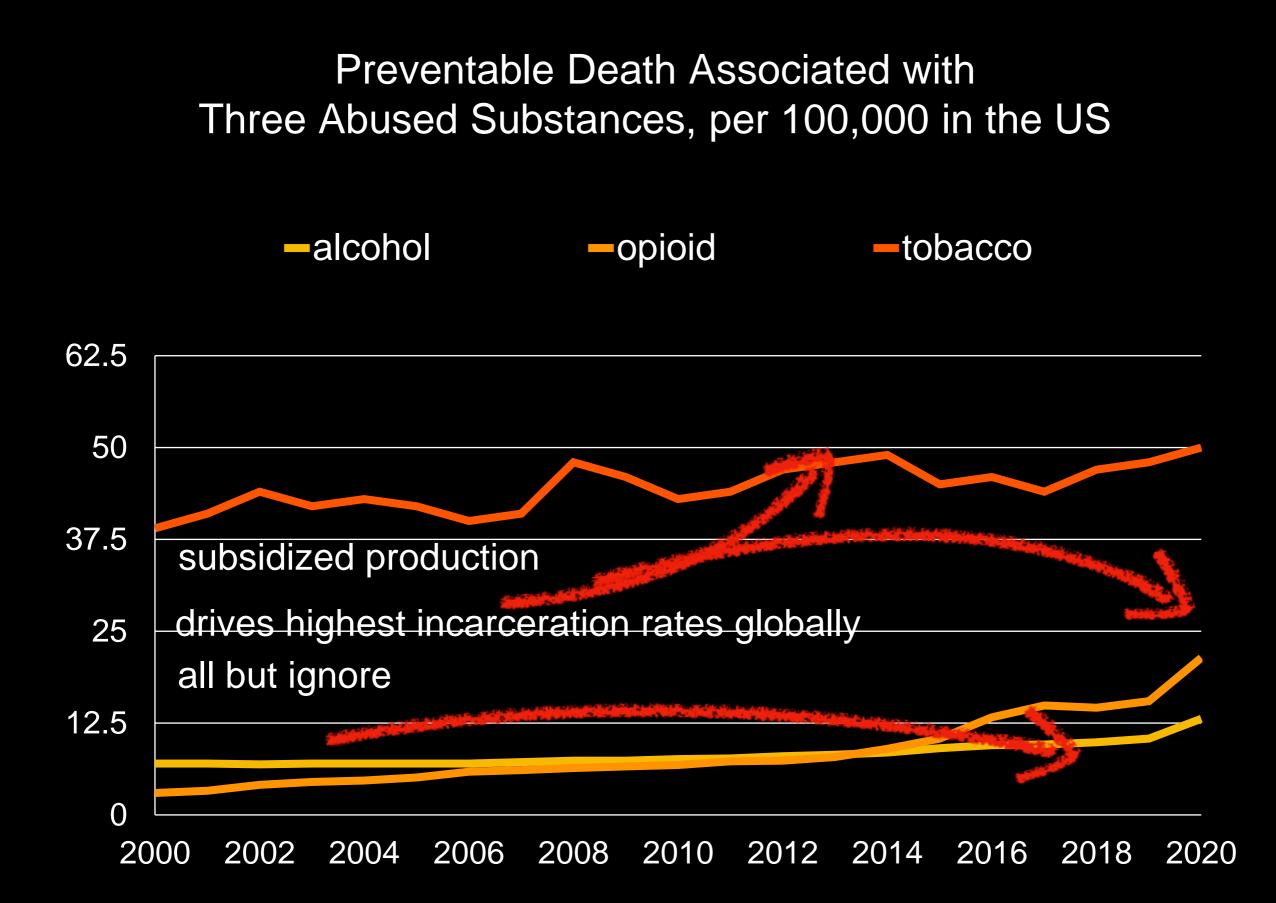
Judge Robert W. Sweet, U.S. District Court of New York

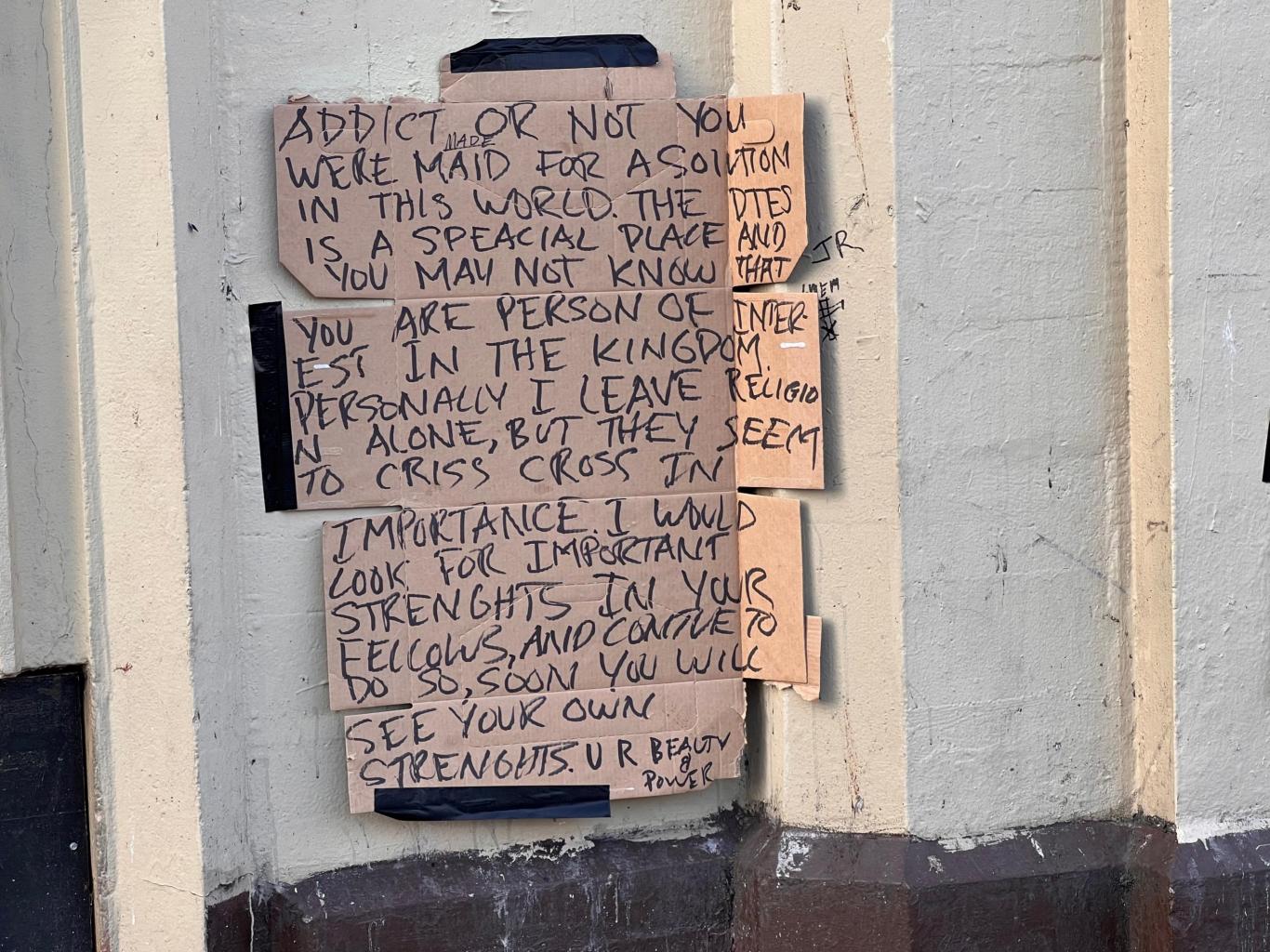
A public policy which permits the use and advertisement of alcohol and tobacco (which kill 400,000 annually), and a government policy which subsidizes tobacco, the most addictive of all drugs, cannot be reconciled with a mandatory 20 year prison term for a citizen who distributes a different form of mindaltering substance. (1992)



New York Times. Obituary March 25, 2019



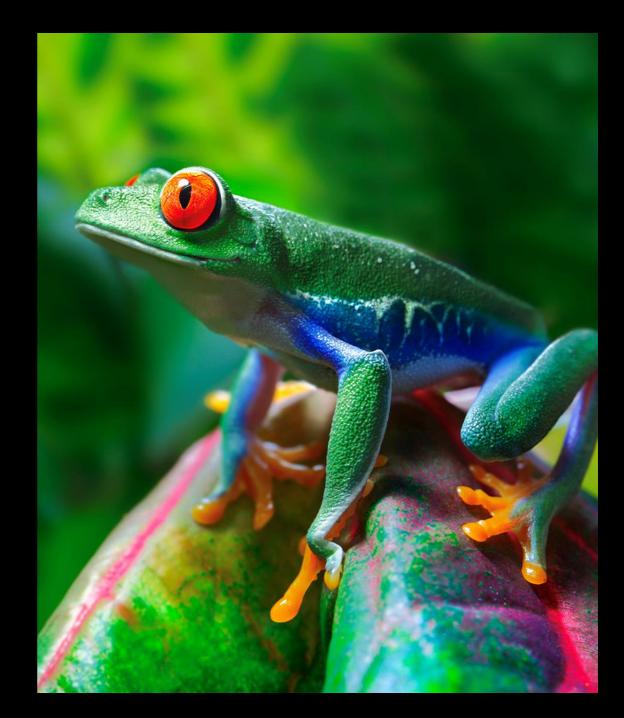




DRUG SCHEDULING

population control

Drug scheduling is an attempt to regulate drugs and drug sales. Schedules categorize drugs by their potential for medical use or for abuse. The potential for bodily damage is not a factor. In other words, the likelihood that a user may overdose or develop health issues has no impact on its classification.



Schedule I drugs have no acceptable medical use per the DEA. These drugs also have a high potential for abuse; this may or may not be due to addictive properties. Drugs that are considered "gateway drugs" (that is, substances that are often precursors to abuse of other, possibly more dangerous drugs) or deemed a public health risk may also be listed under Schedule I.



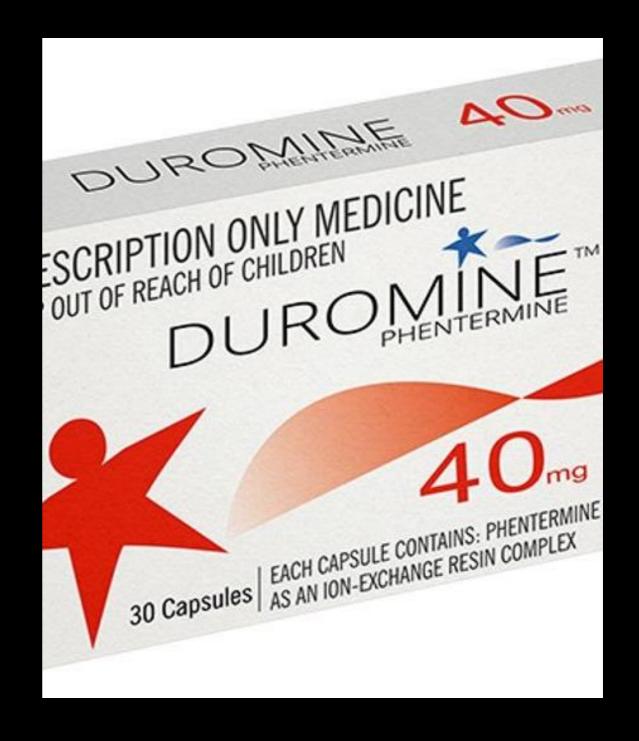
Schedule II drugs with a high risk of abuse and little-to-no medical use. Some of these include drugs that were once common prescriptions, such as Laudanaum.

There are 72 drugs classified as Schedule II. Some examples of Schedule II drugs are cocaine, fentanyl, methamphetamine, oxycodone, and hydrocodone.



Schedule III drugs "with a moderate to low potential for physical and psychological dependance" are classified as Schedule III. This category includes dozens of hormones, synthetic hormones, and hormone derivatives.

There are 130 drugs classified as Schedule III. Some examples of Schedule III drugs are anabolic steroids, codeine (< 900 ml per dosage), and ketamine.



Schedule IV drugs have a relatively low potential for dependence and abuse. Most Schedule IV drugs are prescription medications, some of which have been banned by the Food and Drug Administration.

There are 82 drugs categorized as Schedule IV. Some examples of Schedule IV drugs are narcotics, muscle relaxants, and commonly prescribed medications for anxiety and depression, such as alprazolam.



Schedule V drugs have little-tono risk of dependence or abuse. These substances are not typically available over-thecounter.

Fourteen (14) drugs are classified as Schedule V. One example of a Schedule V drugs are cough medicines with 100 to 200 ml of codeine per dose.

