# Resolved: The United States federal government should legalize all illicit drugs.

#### Overview

The US has been engaged in a ‘war on drugs’ for the past 50 years. Use of illicit drugs carries steep criminal punishment and high prison sentences. However, the risk of punishment has not decreased drug use, and enforcement of drug laws is racialized. These problems have prompted many activists to call for change in US drug policy. Some even advocate for decriminalization or legalization of all illicit drugs.

However, it is important to note that there are key differences between legalization and decriminalization. While decriminalization means that possession of small quantities of a drug will not result in criminal prosecution, it still prohibits selling, cultivating, or possessing large quantities of a drug. Legalization allows for the sale and cultivation of a drug, usually in accordance to regulations set by the government. Legalization creates a legal commercial market for the drug. For example, this resolution would make it possible to buy heroin at a store or pharmacy in circumstances set by federal law.

There is little precedent for legalizing all drugs. In 2001, Portugal decriminalized all drugs, and Oregon followed in 2020. Portugal’s law was successful in decreasing the harmful effects of drug abuse. A few years must pass before we understand the true effects of Oregon’s law.

The affirmative’s main points surround the health benefits of legalization, an end to incarceration for drug offenses, and the effect on the black market. The negation’s main arguments include increasing access to drugs, the failure of government regulation (especially during the opioid epidemic), and the impact of legalization of marijuana on the black market.

#### Additional Sources

<https://www.hrw.org/news/2016/10/12/us-disastrous-toll-criminalizing-drug-use>

<https://www.brookings.edu/articles/drug-legalization-time-for-a-real-debate/>

<https://www.nytimes.com/2021/10/20/opinion/20argument-legalizing-vs-decriminalizing-drugs.html>

<https://www.aclu.org/other/against-drug-prohibition>

<https://truthout.org/articles/legalizing-all-drugs-is-just-the-beginning-of-a-compassionate-drug-policy/>

<https://www.pbs.org/newshour/politics/oregon-1st-state-to-decriminalize-possession-of-hard-drugs>

<https://www.usatoday.com/story/news/nation/2021/02/01/oregon-decriminalizes-all-drugs-offers-treatment-instead-jail-time/4311046001/>

<https://www.unaids.org/en/resources/presscentre/featurestories/2020/march/20200303_drugs>

https://www.businessinsider.com/countries-experimenting-with-liberal-drug-laws-2016-3

# Pro

#### We stand in affirmation of the following:

The United States federal government should legalize all illicit drugs

### Definitions

#### Legalize

Alcohol and Drug Foundation 21

Alcohol and Drug Foundation, “Overview: Decriminalization vs legalization”, 04/28/2021, https://adf.org.au/talking-about-drugs/law/decriminalisation/overview-decriminalisation-legalisation/

Drug legalisation removes all penalties for possession and personal use of a drug. Regulations are typically established to manage where and how the legal drug can be produced, sold, and consumed. Criminal or civil penalties may apply if production, sale or consumption occur outside of regulations. An example of a legalised drug is alcohol.

#### Illicit Drugs

Tyler and Legg 21

Mara Tyler (writer for healthline) and Timothy J. Legg (board-certified as both a geriatric and psychiatric mental health nurse practitioner and a licensed psychologist), Healthline, 08/31/2018, https://www.healthline.com/health/addiction/illicit-drugs

Illicit drugs are those that are illegal to make, sell, or use. They include: cocaine, amphetamines, heroin, and hallucinogens. Many illicit drugs are highly addictive and pose serious risks. Using these drugs usually begins as an experiment or because of curiosity. Other times, it may start from using prescription pain medication prescribed to treat an illness or injury.

### Framework

#### Cost benefit analysis

The framing for today’s round ought to be cost benefit analysis. If we demonstrate that legalizing all illicit drugs will cause more good than harm, we should win the round.

### Contention 1: Health

#### Criminalization of drugs harms efforts to treat or stop addiction

Volkow 21

Nora D. Volkow (MD and director of the National Institute on Drug Abuse (NIDA), which supports most of the world’s research on the health aspects of drug use and addiction), Health Affairs, “Addiction Should Be Treated, Not Penalized,” 04/27/2021, <https://www.healthaffairs.org/do/10.1377/hblog20210421.168499/full/>

Drug use continues to be penalized, despite the fact that punishment does not ameliorate substance use disorders or related problems. One analysis by the Pew Charitable Trusts found no statistically significant relationship between state drug imprisonment rates and three indicators of state drug problems: self-reported drug use, drug overdose deaths, and drug arrests. Imprisonment, whether for drug or other offenses, actually leads to much higher risk of drug overdose upon release. More than half of people in prison have an untreated substance use disorder, and illicit drug and medication use typically greatly increases following a period of imprisonment. When it involves an untreated opioid use disorder, relapse to drug use can be fatal due to loss of opioid tolerance that may have occurred while the person was incarcerated.

#### Criminalization reduces the likelihood of receiving treatment

Human Rights Watch 16

Human Rights Watch, “US: Disastrous Toll of Criminalizing Drug Use”, 10/12/2016, https://www.hrw.org/news/2016/10/12/us-disastrous-toll-criminalizing-drug-use#

Four decades after US President Richard Nixon declared a “war on drugs,” rates of use have not significantly declined. People who need treatment often find it is unavailable, and criminalization tends to drive people who use drugs underground, making it less likely that they will get care and more likely that they will engage in unsafe practices that make them vulnerable to disease and overdoses.

#### Portugal has benefitted from decriminalization

Atkins and Mosher 20

Scott Atkins (professor in the Sociology department at Oregon State University) and Clayton Mosher (professor in the Sociology department at Washington State University), US News, “Why Oregon Just Decriminalized All Drugs”, 10/10/2020 https://www.usnews.com/news/best-states/articles/2020-12-10/oregon-just-decriminalized-all-drugs-heres-why-voters-passed-this-groundbreaking-reform

In Portugal, full decriminalization has proven more humane and effective than criminalization. Because drug users don't worry about facing criminal charges, those who need help are more likely to seek it – and get it. Portugal's overdose death rate is five times lower than the EU average – which is itself far lower than the United States'. HIV infection rates among injection drug users also dropped massively since 2001.

### Contention 2: Stop Mass Incarceration

#### Criminalization of illicit drugs puts millions of people behind bars

Sawyer and Wagner 20

Wendy Sawyer (Research Director at the Prison Policy Initiative) and Peter Wagner (attorney and the Executive Director of the Prison Policy Initiative), Prison Policy Initiative, “Mass Incarceration: the Whole Pie 2020”, 03/24/2020, https://www.prisonpolicy.org/reports/pie2020.html

It’s true that police, prosecutors, and judges continue to punish people harshly for nothing more than drug possession. Drug offenses still account for the incarceration of almost half a million people, and nonviolent drug convictions remain a defining feature of the federal prison system. Police still make over 1 million drug possession arrests each year, many of which lead to prison sentences. Drug arrests continue to give residents of over-policed communities criminal records, hurting their employment prospects and increasing the likelihood of longer sentences for any future offenses.

#### Criminalization of illicit drugs ruins lives

Human Rights Watch 16

Human Rights Watch, “US: Disastrous Toll of Criminalizing Drug Use”, 10/12/2016, https://www.hrw.org/news/2016/10/12/us-disastrous-toll-criminalizing-drug-use#

The massive enforcement of laws criminalizing personal drug use and possession in the United States causes devastating harm, Human Rights Watch and the American Civil Liberties Union (ACLU) said in a joint report released today. Enforcement ruins individual and family lives, discriminates against people of color, and undermines public health. The federal and state governments should decriminalize the personal use and possession of illicit drugs. The 196-page report, “Every 25 Seconds: The Human Toll of Criminalizing Drug Use in the United States,” finds that enforcement of drug possession laws causes extensive and unjustifiable harm to individuals and communities across the country. The long-term consequences can separate families; exclude people from job opportunities, welfare assistance, public housing, and voting; and expose them to discrimination and stigma for a lifetime. While more people are arrested for simple drug possession in the US than for any other crime, mainstream discussions of criminal justice reform rarely question whether drug use should be criminalized at all.

#### Black people are targeted by the justice system for drug crimes

Sentencing Project 21

The Sentencing Project, “Report to the United Nations on Racial Disparities in the U.S. Criminal Justice System,” 04/19/21, https://www.sentencingproject.org/publications/un-report-on-racial-disparities/

The rise of mass incarceration begins with disproportionate levels of police contact with African Americans. This is striking in particular for drug offenses, which are committed at roughly equal rates across races. “One reason minorities are stopped disproportionately is because police see violations where they are,” said Louis Dekmar, the president of the International Association of Chiefs of Police, and chief of LaGrange, Georgia’s police department. The chief added: “Crime is often significantly higher in minority neighborhoods than elsewhere. And that is where we allocate our resources.” Dekmar’s view is not uncommon. Absent meaningful efforts to address societal segregation and disproportionate levels of poverty, U.S. criminal justice policies have cast a dragnet targeting African Americans. The War on Drugs as well as policing policies including “Broken Windows” and “Stop, Question, and Frisk” sanction higher levels of police contact with African Americans. This includes higher levels of police contact with innocent people and higher levels of arrests for drug crimes. Thus: More than one in four people arrested for drug law violations in 2015 was black, although drug use rates do not differ substantially by race and ethnicity and drug users generally purchase drugs from people of the same race or ethnicity. For example, the ACLU found that blacks were 3.7 times more likely to be arrested for marijuana possession than whites in 2010, even though their rate of marijuana usage was comparable. The highest officials in New York City had “turned a blind eye to the evidence that officers are conducting stops in a racially discriminatory manner,” Judge Shira A. Scheindlin concluded regarding the city’s stop-and-frisk tactic, declaring it unconstitutional in 2013. The policy, which broadly targeted male residents of neighborhoods populated by low-income people of color to uncover drugs and weapons, was shown to be ineffective, and this assessment was further validated when New York City continued its crime decline after scaling back Stop and Frisk. Yet other localities continue to deploy the practice.18) New York City, like many other cities, remains reluctant to scale back Broken Windows Policing, a public safety approach that relies on clamping down on petty offenses and neighborhood disorder. Between 2001 and 2013, 51% of the city’s population over age 16 was black or Hispanic. Yet during that period, 82% of those arrested for misdemeanors were black or Hispanic, as were 81% of those who received summonses for violations of the administrative code (including such behaviors as public consumption of alcohol, disorderly conduct, and bicycling on the sidewalk.). Yet research shows that order-maintenance strategies have had only a modest impact on serious crime rates and have caused great damage to communities of color.20) These strategies also expose people of color to a greater risk of being killed during a police encounter. In addition to pursuing policies that bring little gain in crime reduction and impose great costs on people of color, policymakers and criminal justice leaders have been late to address discriminatory policies for which they provide no justification—such as biased use of officer discretion and revenue-driven policing. Thus: In recent years, black drivers have been somewhat more likely to be stopped than whites but have been far more likely to be searched and arrested. The causes and outcomes of these stops differ by race, and staggering racial disparities in rates of police stops persist in certain jurisdictions—pointing to unchecked racial bias, whether intentional or not, in officer discretion. A closer look at the causes of traffic stops reveals that police are more likely to stop black and Hispanic drivers for discretionary reasons—for “investigatory stops” (proactive stops used to investigate drivers deemed suspicious) rather than “traffic-safety stops” (reactive stops used to enforce traffic laws or vehicle codes). Nationwide surveys also reveal disparities in the outcomes of police stops. Once pulled over, black and Hispanic drivers were three times as likely as whites to be searched (6% and 7% versus 2%) and blacks were twice as likely as whites to be arrested. These patterns hold even though police officers generally have a lower “contraband hit rate” when they search black versus white drivers. “Ferguson’s law enforcement practices are shaped by the City’s focus on revenue rather than by public safety needs,” the Civil Rights Division of the Department of Justice (DOJ) concluded in 2015, after the police killing of Michael Brown brought national attention to police-community tensions in the St. Louis, Missouri suburb. The DOJ found that black residents’ disproportionate rate of police stops, searches, and arrests resulted from city officials’ growing reliance on municipal fines and fees which police officers and court officers were exhorted to deliver through aggressive enforcement of traffic violations and petty offenses. ArchCity Defenders, authors of an early and influential white paper on the troubled municipal court system, has demonstrated that many other St. Louis municipalities have similar or worse practices than Ferguson. B. Pretrial African Americans were incarcerated in local jails at a rate 3.5 times that of non-Hispanic whites in 2016.27) These disparities stem in part from the policies and practices of policing described earlier, but are compounded by those introduced at this stage of processing. Given that nearly two-thirds (65%) of people in jail in 2016 were being detained prior to trial, policies and decisions influencing pretrial detention play a key role in driving the disparity in the jail population and beyond.28) Pretrial detention has been shown to increase the odds of conviction, and people who are detained awaiting trial are also more likely to accept less favorable plea deals, to be sentenced to prison, and to receive longer sentences. Seventy percent of pretrial releases require money bond, an especially high hurdle for low-income defendants, who are disproportionately people of color.29) Blacks and Latinos are more likely than whites to be denied bail, to have a higher money bond set, and to be detained because they cannot pay their bond.30) They are often assessed to be higher safety and flight risks because they are more likely to experience socioeconomic disadvantage and to have criminal records. Implicit bias also contributes to people of color faring worse than comparable whites in bail determinations. C. Sentencing Although African Americans and Latinos comprise 29% of the U.S. population, they make up 57% of the U.S. prison population.31) This results in imprisonment rates for African-American and Hispanic adults that are 5.9 and 3.1 times the rate for white adults, respectively—and at far higher levels in some states.32) Notably, these disparities exist for both the least and most serious offenses: Of the 277,000 people imprisoned nationwide for a drug offense, over half (56%) are African American or Latino.

### Contention 3: Black Market

#### Legalizing drugs shuts down the black market

Lopez 16

German Lopez (Senior Correspondent for Vox), Vox, “America can end its war on drugs. Here's how.”, 04/25/2016, https://www.vox.com/2016/4/25/11445454/end-war-on-drugs

But why go for legalization and regulation? There are two main reasons for this, Rolles argued: One, it completely eliminates the black market for drugs that enables so much violence around the world, particularly Latin America. Two, it could potentially make drug consumption safer. The first point is relatively uncontroversial. It is clear that the war on drugs has had an enormously negative effect in several countries around the world, particularly Mexico in recent years. Again, a study found that violence from the drug war caused Mexico's life expectancy to stagnate — and, in men's cases, drop — after decades of increases. On the second point, Rolles argues that legalizing and regulating drugs could make for safer drug use. So if people get their drugs from a regulated source, governments can ensure there's nothing that would make an already dangerous substance even more dangerous (such as fentanyl in heroin). It may also eliminate the incentives in the black market to make drugs as potent as possible, since in a black market it's much easier to smuggle a highly potent pound of a drug (such as heroin) than it would be to smuggle a few pounds of something that's not as potent (such as smoked opium).

#### National legalization is the only way to stop the black market

Walsh 20

Mathew Walsh (Contributor to the Brown Political Review), Brown Political Review, “The State of the Marijuana Black Market”, 01/08/2020, https://brownpoliticalreview.org/2020/01/the-state-of-the-marijuana-black-market/

In the long term, national uniformity in cannabis laws is the only solution to this problem. As long as most states outlaw recreational marijuana, black market demand—and the ability for growers to earn untaxed money through illegal exportation—will exist. While increasing enforcement could also stifle the still-thriving black market, it would defy much of the logic behind legalization, which sought to end Drug War-era strategies that were both ineffective and harmful to Black and Latinx communities. With a Republican majority in the Senate and no consensus in the Democratic House on cannabis, national legalization is a distant goal. Thus, a black market borne out the cross-state exportation is inevitable.

### Extra Cards:

#### Research becomes more accessible

Ali 21

Ismail Lourido Ali (the director and counsel of policy and advocacy at the Multidisciplinary Association for Psychedelic Studies (MAPS)), Pharmacy Times, “Expert: Legalization of Psychedelic Drugs Would ‘Broaden Access to Research’”, 11/10/21, https://www.pharmacytimes.com/view/expert-legalization-of-psychedelic-drugs-would-broaden-access-to-research-

Ali explained investigators are often going to be working in an exception category, in which it's permitted to do their research with the right permissions from the DEA. With legal access, a wider range of research from a wider range of sources would be possible. “For example, anyone can do research on tomatoes right now; some is considered more legit than others. But I think, similarly, if you're doing research on psychedelics, you better have a DEA license, because that's the only way you can publish it,” Ali said. “So, I think that it would broaden access to research if there were legal access.”

#### Criminalization is expensive

Atkins and Mosher 20

Scott Atkins (professor in the Sociology department at Oregon State University) and Clayton Mosher (professor in the Sociology department at Washington State University), US News, “Why Oregon Just Decriminalized All Drugs”, 10/10/2020 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.

#### Legalizing drugs allows us to regulate them

Dalgarno, O’Rawe, and Hammersley 21

Phil Dalgarno (Professor at Glasgow Caledonian University), Steve O’Rawe (Professor at University of the West of Scotland), and Richard Hammersley (Professor at University of Hull), Drug Science, Policy, and Law, “Illegal drugs in the UK: Is it time for considered legalisation to improve public health?”, 04/28/21, https://journals.sagepub.com/doi/full/10.1177/20503245211005351

Option 4: We consider the legalisation and strictly enforced regulation of all common types of drug for personal, non-medical use. This is the thorny subject that needs to be debated. It is fraught with difficulty, being laden with emotion and with media-driven preconceptions and misconceptions, but as we have stated earlier, there are now many countries, states and regions that are fully legalising and regulating cannabis (GDPC, 2018). We are not proposing a “free for all”, and a range of legally binding and strictly observed caveats would be in place concerning, in particular, the regulation, specifically applied to the supply and distribution of currently illegal substances. When drugs are regulated, then it is also possible to develop mature policies and practices about where and how they should be consumed. For example, which forms of opiate or opioid would be available and at what potencies? The popularity of alcohol does not extend to selling 100% ethanol in convenience stores, or drinking whilst working. The ban on smoking in public premises became popular even with smokers. It would also be possible to discuss pricing and the appropriate forms of different substances that should be sold, with a view to reducing the social and financial costs of illegal drug problems.

#### Criminalization fails to deter drug use

Atkins and Mosher 20

Scott Atkins (professor in the Sociology department at Oregon State University) and Clayton Mosher (professor in the Sociology department at Washington State University), US News, “Why Oregon Just Decriminalized All Drugs”, 10/10/2020 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.

#### Portugal’s decriminalization has been successful in reducing drug use and death

Ferreira 17

Susana Ferreira (freelance writer and producer), The Guardian, “Portugal’s radical drugs policy is working. Why hasn’t the world copied it?”, 12/05/2017, 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.

#### Portugal, which decriminalized all drugs in 2001, has better healthcare for people addicted to drugs

Bajekal 18

Naina Bajekal (reporter for Time), Time, “Want to Win the War on Drugs? Portugal Might Have the Answer”, 08/01/2018, https://time.com/longform/portugal-drug-use-decriminalization/

While there is still a debate about the policy and how easily it could apply to other countries, it is clear that on the ground in Portugal, healthcare workers feel better equipped to help addicts. Fonseca was surprised and moved by their dedication to people “largely forgotten by the rest of society.” That’s in spite of austerity measures introduced two years after Portugal’s 2010 financial crisis, when the government merged the 1,700 staff of its autonomous drug agency with its national health service. Although Fonseca says centers still lack adequate funding, two state-sponsored outreach teams—made up of psychologists, social workers and nurses—continue to travel each day to find addicts and get them the treatment they need. “The teams would go to the most dangerous parts of Lisbon and create real relationships,” he says.

#### The war on drugs had a disproportionate impact on black families, cementing inequality

Mann 21

Brain Mann (reporter for NPR), NPR, “After 50 Years Of The War On Drugs, 'What Good Is It Doing For Us?'”, 06/17/2021, https://www.npr.org/2021/06/17/1006495476/after-50-years-of-the-war-on-drugs-what-good-is-it-doing-for-us

The United States has waged aggressive campaigns against substance use before, most notably during alcohol Prohibition in the 1920s and 1930s. The modern drug war began with a symbolic address to the nation by President Richard Nixon on June 17, 1971. Speaking from the White House, Nixon declared the federal government would now treat drug addiction as "public enemy No. 1," suggesting substance use might be vanquished once and for all. "In order to fight and defeat this enemy," Nixon said, "it is necessary to wage a new all-out offensive." Studies show from the outset drug laws were implemented with a stark racial bias, leading to unprecedented levels of mass incarceration for Black and brown men. As recently as 2018, Black men were nearly six times more likely than white men to be locked up in state or federal correctional facilities, according to the U.S. Justice Department. Researchers have long concluded the pattern has far-reaching impacts on Black families, making it harder to find employment and housing, while also preventing many people of color with drug records from voting.

#### National criminalization of marijuana is the reason that the black market increased in response to legalization; legalizing drugs nationally still solves

Fertig 19

Natalie Fertig (writer in Washington, D.C., covering cannabis and politics), Politico, “How Legal Marijuana Is Helping the Black Market”, 07/21/19, https://www.politico.com/magazine/story/2019/07/21/legal-marijuana-black-market-227414/

In the end, many advocates say, states can do much more to fight the black market, but it will never be fully gone until the federal government gets involved. As long as marijuana is treated the same as heroin under federal law, the regulatory map across the country will remain open to exploitation by those on the illicit side of the industry. “Cannabis consumers are rational economic actors,” Hudak, the Brookings ot expert, said. “They’re probably going to pick the cheaper option. In a lot of states, that would mean black market cannabis.” Adam Smith, of the Oregon Craft Cannabis Alliance, says the ability for legal farmers to access markets like New York would solve Oregon’s problem. Give cannabis farmers legal interstate commerce, and you incentivize them to get into the legal market.

#### Legalization of marijuana did not increase use

Pereira 21

Ivan Pereira (reporter for ABC), ABC, “Marijuana use did not climb following legalization in states: Study”, 09/27/2021, https://abcnews.go.com/US/marijuana-climb-legalization-states-study/story?id=80265523

Recreational pot has become legal for more Americans, but despite that ease of access, marijuana use hasn't ignited, a study released Monday found. An article published in The Journal of the American Medical Association found there was no increase in cannabis use among the general population or among previous users after their states legalized marijuana. Washington state and Colorado became the first states to legalize recreational marijuana in 2012, after which marijuana use saw a slight increase among Hispanic and white participants, researchers said. The study also found there were no changes in cannabis use or cannabis use disorder for individuals between the ages of 12 and 20 in the states that legalized the substance.

#### Legalizing marijuana did not increase teen drug use

Rapaport 19

Lisa Rapaport (reporter for Reuters), Reuters, 07/08/2019, “Legalizing pot tied to less teen marijuana use”, https://www.reuters.com/article/us-health-teens-marijuana-laws/legalizing-pot-tied-to-less-teen-marijuana-use-idUSKCN1U32HL

Marijuana legalization laws don’t appear to increase teen pot use and instead may have the opposite effect, a U.S. study suggests. To see how teen marijuana use compares in states with and without such laws, researchers examined survey data on substance use collected from 1.4 million adolescents between 1993 and 2017. During that period, 27 states and Washington, D.C. legalized medical marijuana and seven states legalized cannabis for recreational purposes. Medical marijuana laws didn’t appear to influence whether teens used marijuana, the study authors reported in JAMA Pediatrics. Recreational marijuana laws, however, were associated with an 8% decline in the odds that teens would report trying cannabis in the previous 30 days and a 9% decrease in teens reporting frequent use. Reduced supply may explain why, said lead study author Mark Anderson, an associate professor in agricultural economics at Montana State University in Bozeman. “It may actually be more difficult for teens to obtain marijuana as drug dealers are replaced by licensed dispensaries that require proof of age,” Anderson said by email. “Selling to minors becomes a relatively more risky proposition after the passage of these laws.”

# Con

#### We stand in negation of the following:

The United States federal government should legalize all illicit drugs

### Definitions

#### Legalize

Alcohol and Drug Foundation 21

Alcohol and Drug Foundation, “Overview: Decriminalization vs legalization”, 04/28/2021, https://adf.org.au/talking-about-drugs/law/decriminalisation/overview-decriminalisation-legalisation/

Drug legalisation removes all penalties for possession and personal use of a drug. Regulations are typically established to manage where and how the legal drug can be produced, sold, and consumed. Criminal or civil penalties may apply if production, sale or consumption occur outside of regulations. An example of a legalised drug is alcohol.

#### Illicit Drugs

Tyler and Legg 21

Mara Tyler (writer for healthline) and Timothy J. Legg (board-certified as both a geriatric and psychiatric mental health nurse practitioner and a licensed psychologist), Healthline, 08/31/2018, https://www.healthline.com/health/addiction/illicit-drugs

Illicit drugs are those that are illegal to make, sell, or use. They include: cocaine, amphetamines, heroin, and hallucinogens. Many illicit drugs are highly addictive and pose serious risks. Using these drugs usually begins as an experiment or because of curiosity. Other times, it may start from using prescription pain medication prescribed to treat an illness or injury.

### Framework

#### Cost benefit analysis

The framing for today’s round ought to be cost benefit analysis. If we demonstrate that legalizing all illicit drugs will cause more harm than good, we should win the round.

### Contention 1: Black Market Grows

#### Regulators and law enforcement are too slow to create safe illicit drugs and eliminate the black market

Fertig 19

Natalie Fertig (writer in Washington, D.C., covering cannabis and politics), Politico, “How Legal Marijuana Is Helping the Black Market”, 07/21/19, https://www.politico.com/magazine/story/2019/07/21/legal-marijuana-black-market-227414/

What’s happening to Meguerian is a window into one widespread side effect of marijuana legalization in the U.S.: In many cases it has fueled, rather than eliminated, the black market. In Los Angeles, unlicensed businesses greatly outnumber legal ones; in Oregon, a glut of low-priced legal cannabis has pushed illegal growers to export their goods across borders into other states where it’s still illegal, leaving law enforcement overwhelmed. Three years after Massachusetts voters approved full legalization of marijuana, most of the cannabis economy consists of unlicensed “private clubs,” home growing operations and illicit sales. Though each state has its own issues, the problems have similar outlines: Underfunded law enforcement officers and slow-moving regulators are having trouble building a legal regime fast enough to contain a high-demand product that already has a large existing criminal network to supply it. And at the national level, advocates also point to another, even bigger structural issue: Problems are inevitable in a nation where legalization is so piecemeal.

#### When Colorado legalized Marijuana, black market activity increased

Ferrugia 19

John Ferrugia (reporter for PBS), PBS, “How Colorado’s marijuana legalization strengthened the drug’s black market”, 7/15/2019, https://www.pbs.org/newshour/show/how-colorados-marijuana-legalization-strengthened-the-drugs-black-market

Some states that have legalized marijuana for recreational use have experienced a surge in the drug’s black market activity. In particular, Colorado has become a haven for underground marijuana cultivation, sale and export, prompting questions about how legalization led to some unforeseen consequences. John Ferrugia of Rocky Mountain PBS has the story.

#### Legalization does not stop the black market from thriving

Detrano 19

Joseph Detrano (CAS Science Writer), Rutgers Center for Alcohol and Substance Abuse Studies, “Cannabis Black Market Thrives Despite Legalization,” 10/31/2019, https://alcoholstudies.rutgers.edu/cannabis-black-market-thrives-despite-legalization/

“It’s time to end the War on Marijuana”, declares an ACLU article aimed at exposing the staggering racialization of cannabis-related arrests. Remarking on the tremendous focus police departments had placed on the enforcement of possession laws prior to legalization, it laments the billions of taxpayer dollars that could be re-focused to community improvement projects if such laws were to go away. And there’s nothing wrong with this promise – a black market designed to facilitate the sale of an illegal substance should dissipate as that substance becomes legalized. This destruction of the illegal marijuana market makes logical sense – so much so that it became one of the primary arguments used by pro-legalization politicians to promote the drug. So now, years after the first legalization of recreational cannabis in 2012, the illegal markets should be fading into obscurity. But many attentive residents of legalized states know that this promise hasn’t panned out. Cannabis’ illegal market is anything but dying; in some cases, it’s more active than it has been in years. Take California for example: first in the nation to legalize the medical use of the drug in 1996, the state would go on to legalize recreational use in 2016. But in just the past year, the state reported several massive illegal cannabis busts, with 20 tons of cannabis confiscated off a series of farms, $8 million worth of plants found in a thought-abandoned warehouse alongside a busy highway, and 100+ illegal operations busted in the southern town of Anza – just over the last three or four months. What’s more, police reports suggest that arrests for pot crimes have increased following the drug’s legalization. Among such reports are a series of police records secured by the Los Angeles Times in early 2019 – compared to the rates of cannabis smuggling from before legalization was implemented, the documents suggest that arrests have risen as much as 166% since 1996. And this smuggling is occurring too quickly and too frequently for law enforcement to handle, says Sgt. Ray Kelly of the Alameda County Sheriff’s Office. Sgt. Kelly told The Los Angeles Times that his officers regularly intercept smugglers attempting to depart with large quantities of the drug. Kelly and his department “find it in about 50-pound quantities…the carry-on rate for luggage”, and seemed doubtful that the enforcement is catching all the traffickers. This troubling event touches on one of the several underlying reasons as to how cannabis’s more dubious markets are managing to survive despite legalization, as recent data suggests that California produces nearly five times the amount of cannabis as is legally consumed. And the off-state smuggling business that could be created by such a surplus can only be strengthened by the drug’s industrialization. As former dealers and growers fail to keep up with the marketing and brick-and-mortar convenience of fast-growing commercial options such as NETA, they naturally attempt to go where their prime competition cannot, packing up thousands of dollars worth of leaves and shipping them out of state. But this is not to say that total legalization will bring an end to this underground market either. While it may end the current drug smuggling rush, there are distinct advantages that local, underground pot salespeople have over licensed dispensaries. Perhaps the most significant of these advantages is the possibility for local dealers to sell bud at far lower prices. Thanks to significant $9.25 tax per ounce of flower required from dealers and an additional 15% excise tax required from the consumer, legal options in CA may end up far pricier than their underground counterparts.

### Contention 2: Regulation will Fail

#### As demonstrated by the Opioid epidemic, the US has a history of failing to regulate dangerous drugs

Lopez 17

German Lopez (Senior correspondent at Vox), Vox, “I used to support legalizing all drugs. Then the opioid epidemic happened.”, 09/12/2017, https://www.vox.com/policy-and-politics/2017/4/20/15328384/opioid-epidemic-drug-legalization

But with the harder drugs, there’s a lot of room to mess up — as the opioid epidemic demonstrates. I’m not the first person to make this connection. For RealClearPolicy, Robert VerBruggen wrote that the opioid epidemic has forced him to confront some of his libertarian views on legalization. While he “was never so naïve as to think there would be no increase in drug use or abuse if drugs were legal,” he ultimately figured the cost-benefit analysis would land in favor of legalization and against prohibition. “But,” he added, “it sure looks like loosening control of a drug made all hell break loose, and that's not what I would have predicted, say, ten years ago.” A bottle of prescription painkillers. Education Images/UIG via Getty Images I asked Ethan Nadelmann, the retired executive director of the Drug Policy Alliance, about this. As someone who has spent a career thinking about this issue, he acknowledged that the opioid epidemic “should give you pause” in terms of backing full free-market legalization. Nadelmann suggested this is a failure in the US in particular. In a recent meeting with some Swiss officials, he brought up concerns similar to mine, and the officials remarked that the US’s failures in the opioid epidemic shouldn’t hinder legalization efforts in Europe. After all, across the Atlantic, opioids have been more strictly regulated and an overdose crisis has so far been averted. But the US did fail. Horribly. There are many things that could have been done to stop the opioid epidemic in its tracks: The Food and Drug Administration (FDA) could have blocked or restricted the use of opioids — to better account for the risks of addiction and overdose, as well as the lack of scientific evidence that opioids are even effective for chronic pain. The Drug Enforcement Administration (DEA) could have limited the supply of opioids and taken stronger legal action against companies that carelessly let their drugs proliferate to unscrupulous prescribers, instead of focusing on bit players, like pill mills that popped up across the country. Yet the government didn’t do much of anything for years. Kathleen Frydl, a drug policy historian, summarized some of the FDA’s failures: From the misguided approval and branding of OxyContin, on the basis of information the FDA knew to be faulty, to the puzzling approval of the similar single-entity, extended-release opioids of Opana in 2006 and Zohydro in 2013, the FDA operates on the belief that opioids are beneficial in managing chronic pain, although there is to date no persuasive evidence of their effectiveness, and only mounting proof of their morbid risk. Also damning is the fact that most of the criminal and civil prosecution of drug companies for “misbranding” their opioid products as less addictive has come at the hands of U.S. Attorneys and whistleblowers, even though the law that defines the violation, the Food, Drug, and Cosmetic Act, falls well within the purview of the FDA. Aggressive in opioid approvals, the FDA has been lethargic in responding to the consequences. The DEA, meanwhile, has the power to set production quotas for some opioids, like hydrocodone and oxycodone, produced for sales. It could have used this power, as it did during past drug crises, to limit the supply of these dangerous drugs. But Frydl pointed me to data that showed that the agency has since at least 1999 let the quota for opioids rise and rise and rise — effectively relinquishing a tool it could have used to limit the rapid growth of opioid use. Here, for instance, is the quota for oxycodone going back to 1999, which trended up even after the Centers for Disease Control and Prevention in 2011 declared the opioid crisis an “epidemic”: Much of this is the result of aggressive lobbying from pharmaceutical companies. Over the past decade, opioid producers and suppliers have spent more than $880 million at the federal and state level lobbying lawmakers to stop new regulations on their drugs, while calling on policymakers to actually loosen access to painkillers. That’s eight times as much as the gun lobby spent on its causes, according to Mother Jones. And it often worked: In Maine, for example, drugmakers successfully pushed for a bill that required insurers to cover opioid painkillers that are supposedly harder to abuse. In fact, the DEA admits that pharmaceutical companies played a key role in its decision making in its own statements. Here is the agency in 1999 after an unnamed company asked for a formal hearing about the quotas: “In addition, one company requested a hearing to address the aggregate production quota for oxycodone (for sale) or hydromorphone if the aggregate production quotas were not increased sufficiently. The DA [sic], based on the date [sic] provided, has increased the aggregate production quotas for both oxycodone (for sale) and hydromorphone and has determined that a hearing is not necessary.” The company didn’t even have to take part in a formal hearing to get what it wanted from the DEA. All of this should make it clear: Regulation failed. The reality, though, is this is a pattern that’s now popped up again and again in the US: America allows a dangerous, addictive drug, big companies excessively market it, and use and deaths spiral out of control. This may be a uniquely American problem — perhaps due to the country’s affinity for unfettered capitalism — but it’s something that’s happened multiple times before: with opioids, as well as alcohol and tobacco.

#### Opioids, despite being legal, have caused a crisis

National Institute on Drug Abuse 21

National Institute on Drug Abuse, “Opioid Overdose Crisis,” 01/29/2021, https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-crisis

In 2019, nearly 50,000 people in the United States died from opioid-involved overdoses. The misuse of and addiction to opioids—including prescription pain relievers, heroin, and synthetic opioids such as fentanyl—is a serious national crisis that affects public health as well as social and economic welfare. The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is $78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.

### Contention 3: Access Increases

#### It will become more socially acceptable to use dangerous drugs

Doyle 20

Kevin Doyle (contributor to Stat News), Stat News, “Decriminalization could help ease the nation’s drug epidemic, but the devil is in the details”, 11/17/2020, https://www.statnews.com/2020/11/17/drug-decriminalization-could-help-ease-the-nations-drug-epidemic-but-the-devil-is-in-the-details/

Once a substance becomes legal, as marijuana has in many states, it becomes socially acceptable in ways that will likely lead to increased rates of use. This has been true in nearly every area that has recently decriminalized or legalized marijuana. While most people can use marijuana relatively safely, some people develop cannabis use disorder, an established and accepted mental health diagnosis that often requires treatment by addiction treatment professionals.

#### Legalizing marijuana increased consumption

Lopez 19

German Lopez (Senior Correspondent for Vox), Vox, “A new study found marijuana legalization leads to more problematic use”, 11/13/19, https://www.vox.com/policy-and-politics/2019/11/13/20962924/marijuana-legalization-use-addiction-study

Pulling from the National Survey on Drug Use and Health (NSDUH), the study, published in JAMA Psychiatry, looked at how marijuana legalization changed whether people had used marijuana in the past month, whether they had used it frequently (20 or more days in the previous month), and whether they had met NSDUH’s criteria for cannabis use disorder, which ranges from problematic use to addiction, in the past year. The researchers focused on the first four states to legalize — Colorado, Washington, Oregon, and Alaska — and divided the findings among adolescents (12 to 17), young adults (18 to 25), and older adults (26 and older). The researchers found marijuana use, frequent use, and cannabis use disorder increased more among older adults in legalization states than in non-legalization states. Among older adults in legalization states, past-month use went from 5.65 percent to 7.1 percent, past-month frequent use went from 2.13 percent to 2.62 percent, and past-year cannabis use disorder went from 0.9 to 1.23 percent.

#### Hard drugs kill a lot of people every year

National Institute on Drug Abuse 21

National Institute on Drug Abuse, “Overdose Death Rates”, 01/29/2021, https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates

Figure 5. National Overdose Deaths Involving Heroin, by Other Opioid Involvement, Number Among All Ages, 1999-2019. The figure above is a bar and line graph showing the total number of U.S. overdose deaths involving heroin from 1999 to 2019. Drug overdose deaths involving heroin rose from 1,960 in 1999 to 15,469 in 2016. Since 2016, the number of deaths has trended down with 14,019 deaths reported in 2019. The bars are overlaid by lines showing the number of deaths involving heroin in combination with synthetic opioids other than methadone (primarily fentanyl) or without any other opioid from 1999 to 2019 (Source: CDC WONDER). Since 2012, the number of deaths involving psychostimulants (primarily methamphetamine, have risen significantly each year, with 16,167 deaths in 2019. Figure 6. National Overdose Deaths Involving Psychostimulants With Abuse Potential (Including Methamphetamine), by Opioid Involvement, Number Among All Ages, 1999-2019. The figure above is a bar and line graph showing the total number of U.S. overdose deaths involving psychostimulants with abuse potential from 1999 to 2019. Drug overdose deaths rose from 547 in 1999 to 16,167 in 2019. The bars are overlaid by lines showing the number of deaths involving psychostimulants in combination with synthetic opioids other than methadone (primarily fentanyl) or without any opioid. The number of deaths involving psychostimulants has increased steadily since 2014 regardless of opioid involvement (Source: CDC WONDER). Cocaine too, has increased steadily since 2014 with 15,883 deaths reported in 2019. Figure 7. National Drug Overdose Deaths Involving Cocaine, by Opioid Involvement, Number Among All Ages, 1999-2019. The figure above is a bar and line graph showing the total number of U.S. overdose deaths involving cocaine from 1999 to 2019. Drug overdose deaths involving cocaine rose from 3,822 in 1999 to 15,883 in 2019. The bars are overlaid by lines showing the number of deaths involving cocaine in combination with synthetic opioids other than methadone (primarily fentanyl) or without any opioid. The number of deaths in combination with synthetic opioids other than methadone has been increasing steadily since 2014 and is the main driver of cocaine-involved overdose deaths (Source: CDC WONDER).

### Extra Cards:

#### Drug tourism is a threat

Atkins and Mosher 20

Scott Atkins (professor in the Sociology department at Oregon State University) and Clayton Mosher (professor in the Sociology department at Washington State University), US News, “Why Oregon Just Decriminalized All Drugs”, 10/10/2020 <https://www.usnews.com/news/best-states/articles/2020-12-10/oregon-just-decriminalized-all-drugs-heres-why-voters-passed-this-groundbreaking-reform>

Another worry about decriminalization is that it will attract people looking to use drugs. So-called "drug tourism" hasn't really been a problem for Portugal, but it happened in Switzerland after officials in the 1980s and 1990s began officially "ignoring" heroin in Zurich's Platzspitz Park. People came from across the country to inject heroin in public, leaving discarded needles on the ground.

#### Teens were more likely to use marijuana in Washington after legalization

Eckhart 20

Kim Eckhart (reporter for the University of Washington News), University of Washington News, “Legal marijuana may be slowing reductions in teen marijuana use, study says”, 07/20/2020, https://www.washington.edu/news/2020/07/20/legal-marijuana-may-be-slowing-reductions-in-teen-marijuana-use-study-says/

The legalization of marijuana for Washington state adults may be thwarting a steady downward trend in teen marijuana use, according to new research from the University of Washington. The longitudinal study of more than 230 teens and young adults finds that teens may be more likely to use marijuana following legalization — with the proliferation of stores and increasing adult use of the drug — than they otherwise would have been. “When we think about marijuana legalization, a worry is that underage use may go up,” said Jennifer Bailey, the study’s lead author and principal investigator with the Social Development Research Group in the UW School of Social Work. “Early use and heavy use during adolescence can have a lot of negative health consequences, then and later in life, so we don’t want teen use to be going up.”

#### Oregon decriminalized drugs, not legalized them

Lopez 20

German Lopez (Senior correspondent for Vox), Vox, “America’s war on drugs has failed. Oregon is showing a way out.”, 11/11/2020, https://www.vox.com/future-perfect/21552710/oregon-drug-decriminalization-marijuana-legalization

On November 3, Oregon voters elected to decriminalize all drugs, including heroin and cocaine, so possessing small amounts of these substances no longer carries the threat of jail or prison time. The state’s voters also approved another ballot measure to legalize psilocybin, the main psychoactive compound found in magic mushrooms, in supervised therapeutic settings. Oregon voters had previously legalized marijuana for recreational and medical purposes, but it’s the first state in modern American history to legalize psilocybin and decriminalize some drug possession.

#### Illicit drugs are still illegal in Oregon, so some enforcement continues

Parafiniuk-Talesnick 21

Tatiana Parafiniuk-Talesnick (public health and quality of life reporter), Statesman Journal, “Oregon's new drug law goes into effect Monday. Here's what it does:”, 01/31/2021, https://www.statesmanjournal.com/story/news/2021/01/31/what-oregon-measure-110-drug-law-mean-decriminalize-drugs-cocaine-heroin-meth-oxy/4318668001/

What does Oregon's new drug law do? The measure reclassifies possession of small amounts of drugs as a civil violation. Offenders will face a $100 fine, which can be avoided by agreeing to participate in a health assessment. The Oregon Criminal Justice Commission estimated that yearly convictions for possession of a controlled substance would decrease by 3,679, or 90.7%. Measure 110 also funds addiction treatment and harm-reduction efforts by relocating tens of millions of dollars from the state's cannabis tax. Funds also are expected to come from state savings from reductions in arrests, incarceration and official supervision. How much is a 'small' amount? The measure makes possession of the following a noncriminal violation: Less than 1 gram of heroin. Less than 1 gram, or less than 5 pills, of MDMA. Less than 2 grams of methamphetamine. Less than 40 units of LSD. Less than 12 grams of psilocybin. Less than 40 units of methadone. Less than 40 pills of oxycodone. Less than 2 grams of cocaine. The measure also reduces from a felony to a misdemeanor simple possession of substances containing: 1 to 3 grams of heroin. 1 to 4 grams of MDMA. 2 to 8 grams of methamphetamine. 2 to 8 grams of cocaine. What is the difference between a misdemeanor and a civil violation? "Misdemeanor is the lower classification of crime below felony," Oregon State Police Capt. Timothy Fox said in an email. "With a crime, there is possibility of fines and jail time. (With) violations, there is only the possibility of fines." Will law enforcement arrest people with small amounts of hard drugs? If it's under the Measure 110 amounts for possession, then no. "Possession of small amounts of drugs will result in a citation, E violation, where it previously could have resulted in an arrest and the possibility of time in jail," Fox said. What does OSP think is important for people to understand about M110? Just because small amounts are decriminalized, it doesn't apply when a person has more than is specified under the law. "Possession of larger amounts of drugs, manufacturing and distribution are still crimes," Fox said.

#### Portugal decriminalized only the personal possession of drugs, not legalized them

Transform Drug Policy Foundation 21

Transform Drug Policy Foundation, “DRUG DECRIMINALISATION IN PORTUGAL: SETTING THE RECORD STRAIGHT.”, 05/13/2021, <https://transformdrugs.org/blog/drug-decriminalisation-in-portugal-setting-the-record-straight>

In 2001, Portugal decriminalised the personal possession of all drugs as part of a wider re-orientation of policy towards a health-led approach. Possessing drugs for personal use is instead treated as an administrative offence, meaning it is no longer punishable by imprisonment and does not result in a criminal record and associated stigma. Drugs are, however, still confiscated and possession may result in administrative penalties such as fines or community service.

#### Fentanyl is incredibly dangerous

Wakeman 16

Sarah Wakeman (MD and Fellow of the American Society of Addiction Medicine), Harvard Health Publishing, “Fentanyl: The dangers of this potent “man-made” opioid”, 08/05/2916, https://www.health.harvard.edu/blog/fentanyl-dangers-potent-man-made-opioid-2016080510141

Fentanyl is a synthetic opioid, meaning it is made in a laboratory but acts on the same receptors in the brain that painkillers, like oxycodone or morphine, and heroin, do. Fentanyl, however, is far more powerful. It’s 50-100 times stronger than heroin or morphine, meaning even a small dosage can be deadly. Its potency also means that it is profitable for dealers as well as dangerous for those who use it, intentionally or unintentionally. Increasingly heroin is being mixed with fentanyl so someone who uses what they think is heroin may in fact be getting a mixture with — or even pure — fentanyl. More recently, pills made to look like the painkiller oxycodone or the anxiety medication Xanax are actually fentanyl. This deception is proving fatal. It would be like ordering a glass of wine and instead getting a lethal dose of pure ethanol. While many people don’t know they are getting fentanyl, others might unfortunately seek it out as part of the way the brain disease of addiction manifests itself into compulsively seeking the next powerful high.

#### Using Cocaine is incredibly harmful

National Institute on Drug Abuse 16

National Institute on Drug Abuse, 05/06/2016, “What are the long-term effects of cocaine use?”, https://www.drugabuse.gov/publications/research-reports/cocaine/what-are-long-term-effects-cocaine-use

With regular use, tolerance may develop so that higher doses, more frequent use of cocaine, or both are needed to produce the same level of pleasure and relief from withdrawal experienced initially. At the same time, users can also develop sensitization, in which less cocaine is needed to produce anxiety, convulsions, or other toxic effects. Tolerance to cocaine reward and sensitization to cocaine toxicity can increase the risk of overdose in a regular user. Users take cocaine in binges, in which cocaine is used repeatedly and at increasingly higher doses. This can lead to increased irritability, restlessness, panic attacks, paranoia, and even a full-blown psychosis, in which the individual loses touch with reality and experiences auditory hallucinations. With increasing doses or higher frequency of use, the risk of adverse psychological or physiological effects increases.2,7 Animal research suggests that binging on cocaine during adolescence enhances sensitivity to the rewarding effects of cocaine and MDMA (Ecstasy or Molly).Thus, binge use of cocaine during adolescence may further increase vulnerability to continued use of the drug among some people. Specific routes of cocaine administration can produce their own adverse effects. Regularly snorting cocaine can lead to loss of sense of smell, nosebleeds, problems with swallowing, hoarseness, and an overall irritation of the nasal septum leading to a chronically inflamed, runny nose. Smoking crack cocaine damages the lungs and can worsen asthma.2,3 People who inject cocaine have puncture marks called tracks, most commonly in their forearms, and they are at risk of contracting infectious diseases like HIV and hepatitis C (see "Why Are Cocaine Users at Risk for Contracting HIV and Hepatitis?"). They also may experience allergic reactions, either to the drug itself or to additives in cocaine, which in severe cases can result in death. Cocaine damages many other organs in the body. It reduces blood flow in the gastrointestinal tract, which can lead to tears and ulcerations. Many chronic cocaine users lose their appetite and experience significant weight loss and malnourishment. Cocaine has significant and well-recognized toxic effects on the heart and cardiovascular system. Chest pain that feels like a heart attack is common and sends many cocaine users to the emergency room. Cocaine use is linked with increased risk of stroke, as well as inflammation of the heart muscle, deterioration of the ability of the heart to contract, and aortic ruptures. In addition to the increased risk for stroke and seizures, other neurological problems can occur with long-term cocaine use. There have been reports of intracerebral hemorrhage, or bleeding within the brain, and balloon-like bulges in the walls of cerebral blood vessels. Movement disorders, including Parkinson’s disease, may also occur after many years of cocaine use.7 Generally, studies suggest that a wide range of cognitive functions are impaired with long-term cocaine use—such as sustaining attention, impulse inhibition, memory, making decisions involving rewards or punishments, and performing motor tasks.

#### Meth use causes significant harm

National Institute on Drug Abuse 19

National Institute on Drug Abuse, “What are the long-term effects of methamphetamine misuse?”, 10/16/2019, https://www.drugabuse.gov/publications/research-reports/methamphetamine/what-are-long-term-effects-methamphetamine-misuse

Long-term methamphetamine abuse has many negative consequences, including addiction. Addiction is a chronic, relapsing disease, characterized by compulsive drug seeking and use and accompanied by functional and molecular changes in the brain. As is the case with many drugs, tolerance to methamphetamine’s pleasurable effects develops when it is taken repeatedly. Abusers often need to take higher doses of the drug, take it more frequently, or change how they take it in an effort to get the desired effect. Chronic methamphetamine abusers may develop difficulty feeling any pleasure other than that provided by the drug, fueling further abuse. Withdrawal from methamphetamine occurs when a chronic abuser stops taking the drug; symptoms of withdrawal include depression, anxiety, fatigue, and an intense craving for the drug. In addition to being addicted to methamphetamine, people who use methamphetamine long term may exhibit symptoms that can include significant anxiety, confusion, insomnia, mood disturbances, and violent behavior. They also may display a number of psychotic features, including paranoia, visual and auditory hallucinations, and delusions (for example, the sensation of insects creeping under the skin).48 Psychotic symptoms can sometimes last for months or years after a person has quit using methamphetamine, and stress has been shown to precipitate spontaneous recurrence of methamphetamine psychosis in people who use methamphetamine and have previously experienced psychosis. These and other problems reflect significant changes in the brain caused by misuse of methamphetamine. Neuroimaging studies have demonstrated alterations in the activity of the dopamine system that are associated with reduced motor speed and impaired verbal learning. Studies in chronic methamphetamine users have also revealed severe structural and functional changes in areas of the brain associated with emotion and memory, which may account for many of the emotional and cognitive problems observed in these individuals. Research in primate models has found that methamphetamine alters brain structures involved in decision-making and impairs the ability to suppress habitual behaviors that have become useless or counterproductive. The two effects were correlated, suggesting that the structural change underlies the decline in mental flexibility. These changes in brain structure and function could explain why methamphetamine addiction is so hard to treat and has a significant chance of relapse early in treatment.

#### The Rehab industry is rife with problems, stopping people addicted to drugs from getting the care they need; this resolution does not fix this

Mann 21

Brain Mann (reporter for NPR), NPR, “As Addiction Deaths Surge, Profit-Driven Rehab Industry Faces 'Severe Ethical Crisis'”, 02/15/2021, https://www.npr.org/2021/02/15/963700736/as-addiction-deaths-surge-profit-driven-rehab-industry-faces-severe-ethical-cris

According to their peer-reviewed study, published in the February issue of the journal Health Affairs, many for-profit rehab programs charged inflated fees and used misleading sales practices to attract patients without evaluating their actual medical needs. It turns out the people answering the phones at for-profit rehab programs when Beetham's team called typically weren't nurses or therapists. They often weren't asking medical questions at all. They were sales people using aggressive marketing tactics to get credit card numbers while demanding a lot of cash up front, averaging more than $17,000. Researchers found the sales pitch at for-profit clinics often focused on things that have nothing to do with medical care. "It used to be a spa for the rich and famous," a rehab program sales person told one of Beetham's researchers, according to notes of the conversation provided to NPR. "It's got all this extra stuff, outdoor and indoor pools, five-star chef, massage, acupuncture." Despite the high price tag, however, Beetham's team found most programs don't provide evidence-based care using medications such as buprenorphine and methadone. "We actually found less than a third of the programs offered medication maintenance treatment, which is the gold standard of treatment," she said.

#### Legalization of Marijuana can create large corporate interests that push to get more people addicted

Lopez 16

German Lopez (Senior Correspondent for Vox), Vox, “Big Marijuana is coming — and even legalization supporters are worried”, 04/20/2016, https://www.vox.com/policy-and-politics/2015/12/2/9831980/marijuana-legalization-industry-business

The major concern with full legalization is that big, for-profit companies will get into the marijuana industry and market the drug in ways that encourage widespread use and abuse. Take, for instance, Big Alcohol, which has successfully lobbied to block tax increases and regulations on alcohol — all while marketing its products as fun and sexy during television programs as big as the Super Bowl, which is seen by millions of people, including children. Meanwhile, alcohol is linked to 88,000 deaths each year. "If we were a country with a history of being able to promote moderation in our consumer use of products, or promote responsible corporate advertising or no advertising, or if we had a history of being able to take taxes gained from a vice and redirect them into some positive areas, I might be less concerned about what I see happening in this country," Kevin Sabet, the co-founder of the anti-legalization group Smart Approaches to Marijuana, told me in 2015. "But I think we have a horrible history of dealing with these kinds of things." Drug policy experts like Mark Kleiman at New York University's Marron Institute and Beau Kilmer at the RAND Corporation point to Colorado, where one study of the state's pot market conducted by the Marijuana Policy Group for the Colorado Department of Revenue found the top 29.9 percent heaviest pot users in the state made up 87.1 percent of demand for the drug. For the marijuana industry, that makes the heaviest users the most lucrative customers.