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Canada

Fraser Institute Digital Publication / April 2001
Sensible Solutions to the Urban Drug Problem

edited by Patrick Basham

Medicalization

A "Third Way" to Drug Policy

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A "third way" to drug policy

Medicalization is a new strategy for American drug policy reform. It approaches drug use as an issue of public health rather than of criminal justice. Its advocates consider it a more rational and humane alternative to the present militaristic approach of federal, state, and local law enforcement. Some would argue it respects and promotes human dignity and autonomy while realistically dealing with substance abuse. But advocates of the present policy fear medicalization is a dangerous first step towards complete legalization of drugs proscribed by the state. On the other hand, others complain that medicalization merely replaces the prison bed with the hospital bed. Worse, they see it as a dangerous extension of state power to the medical profession, an ominous enhancement of the "therapeutic state." Yet, more careful consideration of medicalization might lead to an alternative conclusion. Medicalization might not be incipient drug legalization but might still respect and advance the autonomy of the individual. Neither classic prohibition, nor decriminalization, medicalization might represent a "third way" to drug policy in the twenty-first century.

In November 1996, voters in California and Arizona approved ballot measures making medicalization a major policy-reform option. California voters allowed people to possess and use marijuana for medical purposes at the recommendation of a medical doctor. Arizonans went further. With passage of Proposition 200, the *Drug Medicalization, Prevention, and Control Act of 1996*, they permitted patients to possess and use any illicit drug, provided they receive a written prescription for its use from a licensed medical doctor who, in turn, obtains a concurring second opinion from another doctor. In addition, the Arizona measure gave recreational drug offenders probation and rehabilitation rather than prison time for the first two convictions. No prison is allowed for "nonviolent" drug offenders until the third conviction. On the other hand, those convicted of violent crimes while under the influence of an illicit drug must serve their entire sentence, without the opportunity for parole. Finally, the measure made eligible for release from prison all inmates serving time for "simple" drug possession with no other offences, pending approval by the state's Board of Executive Clemency.

Arizona searches for a new approach

A year earlier, business, professional, academic, political, and clerical leaders from Arizona met to explore alternatives to the drug policy in effect since the early 1970s. After 30 years of a "War on Drugs," they surveyed the results. Teenage drug-use is back on the increase. America's prison population is at an all-time high, with the overwhelming majority serving time for drug-related crimes. More people in the United States are

incarcerated, per capita, than in any other country in the free world. The civil liberties of America's citizens are under unprecedented assault. From "search and seizure" and asset forfeiture abuses to wire-tapping and other privacy invasions to the gestapo-like investigation of retailers' sales records (searching for customers who fit a drug dealer "profile"), Americans are witnessing the steady erosion of constitutionally guaranteed rights in the name of achieving a "drug-free America." Yet, despite the threats to our civil liberties—despite the explosion in the number of prisons and prisoners—despite the billions of dollars spent on surveillance, interdiction, prisons, and law enforcement—illicit drugs are more available and more potent than ever while drug prices are steady or decreasing. America's inner cities are now hellish war zones, overrun by drug-dealing gangs. And, there is no evidence of a significant effect on teenage drug-use. This ad hoc group of leaders from Arizona was interested in finding a way out of the "box" in which those designing drug policy are trapped.

This took courage. The drug-policy establishment has succeeded in putting in place an intense, state-driven education and propaganda machine. This makes it very difficult to challenge the prevailing doctrine without risking the epithets of "soft on drugs" or "pro-drug." At first, the group met in a clandestine manner. Participants were very cautious about expressing their views. As the group members became more comfortable with each other, they became more convinced of each other's sincerity and intentions. It was unanimously agreed that America's drug policy was a failure. It needed to be revamped. Reform was needed most acutely in policies dealing with the two principle categories of "non-violent" drug offenders: those who possess drugs for recreational use and those who do so for medicinal purposes. Arizonans for Drug Policy Reform was thus established.

I served as medical spokesperson for this group, which developed and promoted the *Drug Medicalization, Prevention, and Control Act of 1996* (Proposition 200). We started by commissioning Celinda Lake to conduct focus-group studies across Arizona to examine how citizens felt about the drug issue. (Ms Lake built her reputation as one of the nation's best focus-group leaders by conducting dozens of focus groups that helped Bill Clinton develop his 1992 presidential campaign message.) Focus groups are different from polls, in that all questions are open-ended. The strategy behind focus groups is to let people express their opinions freely rather than forcing them into a "funnel," as often happens with polls.

Two dispositions were immediately discerned from the focus groups: (1) people overwhelmingly felt the drug war was a failure; and (2) people strongly opposed the alternatives of decriminalization and legalization. Thus, there appeared to be a paradox in that they wanted a fundamental change in drug policy but could not accept the alternatives to prohibition: legalization or decriminalization. This did not mean, however, that they opposed significant reform of drug policy. For example, focus-group participants

firmly opposed the drug war's "Do Drugs, Do Time" strategy. They believed treatment was much more appropriate than punishment in prisons. Their belief that drug users should not be in prison was so strong that they were willing to parole existing offenders. Furthermore, they believed that when it came to prescribing drugs—even marijuana, heroin, and LSD—the relationship between patient and doctor superseded government control. It was on the basis of these findings that we designed Proposition 200. We were confident the people in Arizona were ready to try a new way that was neither classic "zero-tolerance" prohibition nor decriminalization.

Critics attack medicalization

The drug-war establishment opposed Proposition 200 from the outset. Critics claimed the initiative was a "smoke screen" for legalization of drugs. They warned that medicalization was the first step in the incremental legalization of all illicit drugs. We countered that there was nothing inherent in our proposed reforms that, in any way, furthered the cause of legalization. The drugs in question were still prohibited for recreational use. But, 30 years of experience with chemical dependency had taught Americans that drug users were not necessarily evil or dangerous people. In many cases, they were our friends and relatives. The crazed, malevolent dope fiend that most Americans were warned about in earlier years now had a face—in many cases, it was the face of a son or daughter, a brother or sister. Locking these people up like criminals was no longer a reasonable remedy for substance abuse. Rather, like abuse of alcohol, abuse of illicit drugs was more of a medical problem than a "law-and-order" problem. We needed to "medicalize" our drug policy.

We also pointed to political leaders such as former Senators Dennis DeConcini and Barry Goldwater—leaders on record as staunch opponents of illicit drug use—who were our supporters. Senator DeConcini appeared in television advertisements for the campaign. John R. Norton, former Deputy Secretary of Agriculture for the Reagan Administration and, at the time, President of the Goldwater Institute, a conservative public-policy research institute, was chairman of Arizonans for Drug Policy Reform and was heard in radio advertisements. Steve Mitchell, a former policeman and Deputy US Attorney, appealed to voters to support Proposition 200 in television advertisements, exclaiming that our current drug policy is "just not working … it's time to try another way." These spokesmen could not be accused of being denizens of the drug culture.

The opposition argued that probation and treatment without incarceration for non-violent drug users would remove the "hammer" (as the Maricopa County Attorney put it) of prison as punishment for non-compliance. Therefore, medicalization would not work. We countered that the use of drugs among teenagers was on the increase and that we were losing the drug war, despite the presence of this "hammer." Further, the

futures and lives of many youths were being destroyed by subjecting them to prison life where illicit drugs are often plentiful and readily available and where these youths are exposed to violent sociopaths (Rivera 2000). Some drug abusers become drug addicts while in prison, where inmate-dealers team up with corrupt prison guards to provide drugs to convicts with nothing better to do, while doing time, than to get "high." It is cynically joked that our current drug policy is not really "Do Drugs, Do Time" but rather "Do Time, Do Drugs." A troubled youth experimenting with drugs might be forever placed on the path toward a life of crime and drugs by use of this "hammer."

Critics also argued that there was no recognized medical use for marijuana or other illicit drugs. Even if marijuana or other illicit substances had medically proven benefits, they believed that the federal Food and Drug Administration (FDA) should approve these drugs for medical use before permitting their medical use. This argument is not valid. For years, it has been common knowledge among Americans that marijuana has medicinal value. By now, many people know of a person whose misery from cancer chemotherapy or the malnutrition and wasting from AIDS has been helped by smoking marijuana. In 1937, when the United States Congress banned marijuana with the Marijuana Tax Act, the American Medical Association testified in Congress against the ban, citing medicinal applications for the drug then already known. Also, most Americans are well aware of, and upset by, the slow, painstaking, and often politicized methods employed by the federal Food and Drug Administration. Much publicity has been given to the plight of cancer and AIDS patients, who do not have time to wait and who are denied a chance at therapy because of the FDA's procrastination. Arizona's voters simply did not find it a major problem that a severely ill person should use a non-approved drug, especially under the guidance or recommendation of a doctor. The recent explosion in the popularity of "alternative medicine" in the United States, with its use of unapproved (though legal) or unconventional herbal drugs and therapies, is a manifestation of the public's impatience with, and resentment towards, external control over their health-care decisions.

Opponents next argued that, even if it could be shown that marijuana has medicinal benefits, there is no justification for allowing the medical use of all illicit drugs. Our response was to point out that many drugs once thought to be of no benefit have been found over the years to have medicinal applications. Heroin, or diacetyl-morphine, is used outside of the United States in hospital settings for pain control. Government-approved research is underway at American medical schools on the use of LSD in the treatment of drug addiction. The point is that medical science is constantly searching for new agents for easing or curing illnesses. Our current drug policy discourages research on a vast array of potentially helpful agents. If, despite this policy, substantial evidence points to the beneficial application of an additional illicit drug, it should not be necessary for doctors to circulate petitions for a ballot-initiative in order to expand the provisions for medicinal

use in an existing "medical marijuana" law. Proposition 200 offered safeguards against abuse by requiring two concurring opinions from independent physicians. Beyond that, it required sufficient research documentation to convince a court (if necessary) that use of the drug was appropriate for that particular clinical setting. Only if these requirements were met would a patient be allowed to use the illicit drug, free from the fear of prosecution. This allowed doctors the freedom to use their judgment in a humane fashion while preventing abuse of the law.

Finally, opponents warned that Proposition 200 would release from prison violent criminals who had struck a plea bargain with prosecutors to have a charge against them reduced to simple possession. But Proposition 200 allows release of prisoners only if the Board of Executive Clemency determines that the release of the prisoner does not endanger society. The Board has access to the prisoners' records and does not have to approve every prisoner for release. Respect for justice compels us to consider the release of those who are serving time for an act that the people have decided no longer deserves imprisonment.

National political leaders, including former Vice President Al Gore, former Attorney General Janet Reno, "Drug Czar" General Barry McCaffrey, Director of National Drug Control Policy, and former Presidents George Bush, Jimmy Carter, and Gerald Ford, participated in media events, warning voters of the "dangers" inherent in the initiatives in California and Arizona. Despite these efforts, the ballot measures easily passed, 56 percent voting in favour in California and 65 percent in Arizona.

A new metaphor for autonomy?

Advocates for continuing our failed drug policy were not the only ones to attack these ballot measures. The medicalization initiatives also caught strong criticism from the opponents of drug prohibition. Does medicalization further the autonomy of the individual, respect for the principle of self-ownership, the right to ingest and act according to one's own best judgment, as long as the rights of others are not infringed? Dr Thomas Szasz, one of the most important, rational, and articulate thinkers in the movement to repeal drug prohibition, believes medicalization is flawed and potentially dangerous.

Dr Szasz, Professor of Psychiatry at the State University of New York Health Center at Syracuse and author of such important works as *The Therapeutic State*, *Ceremonial Chemistry*, and *Our Right to Drugs: The Case for a Free Market*, fears the emerging trend of medicalization is a potentially lethal treatment for our nation's malignant drug policy.

Szasz decries the "therapeutic state" that now rules Americans. In an interview with journalist Randy Paige in 1991, he asserted: "The imagery in our country is that the most

important value is health. And in the name of health it is OK to lock up people, to beat people, to deprive them of their constitutional rights, and even to kill them. And this is led by physicians, psychiatrists, and politicians" (Trebach and Zeese 1992: 162).

In the "therapeutic state," unpopular behaviors have become "diseases" correctable by "treatment." Sometimes the treatment is compulsory. The Orwellian corruption of language allows people to become convinced that objective solutions exist for problems that are, in reality, subjective. Through language and the state, people attempt to avoid the fact that free will sometimes has unpleasant consequences. Writing in *The Lancet* in 1991, Szasz refers to this phenomenon as "the institutionalized denial of the tragic nature of life" (Szasz 1991: 28). The treatment of risky and unpopular behavior as a contagious disease justifies the state's coercive intervention into individual preferences and choices. When risky behavior is viewed by the state as a disease, moral autonomy no longer exists. When government is the ultimate enforcer of personal behaviour, when the state replaces the individual as the moral agent, totalitarianism is the unavoidable result.

Examples of the pervasive "therapeutic state" abound. The most prominent recent example of the state's propensity to treat risky behaviour as a disease is the attempt by political leaders to absolve tobacco smokers of their responsibility for choosing to smoke—a choice made by individually deciding the amount of risk one is willing to accept in return for an expected benefit. In the "therapeutic state," acceptable risk is determined not by the risk-taker but by the governmental overseer. A recent absurd demonstration of the lack of respect for autonomy came in late August 1997, when the Food and Drug Administration banned the active ingredient in "Ex-Lax," phenolphthalein, after animal experiments found that repeated administration of the drug to rodents, at 30 to 100 times the normal daily human dose, produced an increased risk of rodent cancers. There has not been a recorded instance of cancer related to the use of Ex-Lax in the drug's 100-year history. Yet, despite the safe track record of the drug, despite the fact that no user would consume 30 to 100 times the human dose unless attempting to commit a very grotesque form of suicide, the FDA decided that people could not properly choose a laxative without direction from the state.

Szasz considers our "therapeutic state" analogous to medieval Spain's "theocratic state." The people in medieval Spanish society did not believe in the separation of church and state but. rather, embraced their union. In the same way, he believes our society does not believe in the separation of medicine and state but fervently embraces their union. "The censorship of drugs follows from the latter ideology as inexorably as the censorship of books follows from the former," wrote Szasz in a 1978 article in *Reason* magazine (cited in Trebach and Zeese 1992: 115). Analogous to the Spanish Inquisition is the practice in today's society of "pharmacologic tolerance." Government-approved drugs are tolerated or even encouraged; drugs not officially sanctioned as therapeutic are considered

worthless or dangerous. This ignores the fact that any drug has benefits as well as harmful effects, depending upon the needs and context of the user. Failure to recognize this simple fact cancels any respect for autonomy.

From Dr. Szasz's perspective, the public-health model for the reform of drug policy can only be seen as a pernicious extension of the meddlesome "therapeutic state." At least, under the current drug policy, drug users are regarded as having autonomy. They make choices of their own free will, though they must be punished for making choices not sanctioned by society. Under the public-health approach, however, all moral autonomy is lost. A user of illicit drugs is "sick." He needs help. We must not punish him. Rather, we must force him to accept treatment.

Medicalization advocates like me who are sympathetic to Dr. Szasz's perspective believe that, in this case, medicalization is a unique exception to his generally correct analysis. When applied to drug policy, medicalization is not at all an extension of the state. Rather, it represents a radical rupture with the federal government's oppressive drug war.

Tracking polls in California and Arizona during the initiatives' campaigns revealed 60 percent support for the ballot measures. At the same time, however, only 25 percent of those polled actually believed the measures would pass.

Some medicalization advocates find it helpful to view these phenomena through a "post-modern" lens. Information from focus groups and tracking polls present an example of what post-modern philosopher Michel Foucault calls "subjugated knowledge." Subjugated knowledge is an implicit belief that people cannot express unless given the language to express it.

To the post-modernist, language is contextual. The focus-group studies revealed there was a radical resistance to the drug war that lacked a "narrative" with which to express itself. The common "metaphors" of resistance, legalization and decriminalization, were unsatisfactory. A new vocabulary took shape as a result of the focus-group experiences. Group members repeatedly articulated that drug abuse was really more of a "medical" issue. They noted that drug treatment—even if it did not work—was a more just form of "punishment." Thus, a new public-health "discourse" on drugs emerged. This new discourse represented a "half-way" position between prohibition and repeal of prohibition. Years of prohibitionist propaganda made anything other than a half-way position impossible.

A very significant feature of this new discourse of medicalization is that it is not a "top-down" narrative of control perpetuated by the government. Instead, the people have generated a language of resistance to oppressive and ineffective policies. This

discourse, therefore, is "percolating up" from citizens believing medical authorities can address the drug issue more effectively than government bureaucrats. By contrast, the tobacco "discourse" being fostered by the Clinton Administration is a "top-down" discourse of "medicalization." Thus, in the post-modern analysis, medicalization has a different meaning—a different "discourse"—depending on the context in which the term is used.

Szasz's error is that he takes the term "medicalization" to mean the transfer of power from the political dictator to the medical dictator. To be sure, the post-modernist would agree that medicalization is a metaphor of control. However, Foucault would argue there is no way "outside of" power. All human interactions involve power relations. Therefore, the only way of conceiving issues of autonomy is through empowerment. Medicalization used in the context of drug policy is actually a metaphor of empowerment.

Viewed in the context of power relations in the real world in the late 1990s, the ballot measures have actually reversed statist drug control. The Arizona ballot measure allows doctors to prescribe all illicit drugs. The measure does not create another state-based bureaucracy for the distribution of the drugs but exempts both the doctor and the patient from prosecution for using unsanctioned, socially unacceptable drugs. Medicalization, in relation to drug policy, means doctors and patients standing against the federal government and its expansive appartus for regulating medicine and controlling drugs.

In supporting the medical use of marijuana and other illicit drugs, voters put the concerns of the suffering patient ahead of the concerns of political society. They rebelled against the governmental apparatus designed to approve or disqualify drugs, making the choice of drug an issue to be worked out between the patient and doctor—free from third-party interference of any kind. By "medicalizing" drug policy, voters reacted against the Food and Drug Administration, the Drug Enforcement Administration, and the medical-government complex. It is telling that the American Medical Association, the American Cancer Society, and several other major "establishment" groups that have become integral parts of the medical-government complex opposed the medicalization initiatives.

Reaction of the drug-war establishment

The defenders of the status quo did not readily accept the outcome of the vote on the initiatives. California's Attorney General, an opponent of that state's medical marijuana initiative, agreed begrudgingly to respect the decision of the voters. Unfortunately, the same could not be said of Arizona's drug-war establishment.

Immediately after the voting results were certified, then-Governor Fife Symington, claiming that the people were fooled by a "slick campaign," announced he planned to veto

the measure. When he was told by Arizona's Attorney General that it was against the Arizona constitution to veto a popular-ballot initiative, the governor sought reassurance from state legislative leaders that they would "fix the flaws" in the proposition.

In April 1997, Arizona's legislature narrowly passed two bills that effectively gutted Proposition 200. Such a legislative action was not constitutionally permissible in the state of California. Arizonans were outraged by the legislators' hubris. Polls, talk radio, and letters to the editors of Arizona newspapers demonstrated that the public viewed a ballot initiative to be an expression of the will of the people. They felt the outcome of such a vote must be respected and considered the legislature to be trespassing on the peoples' domain.

Arizona's constitution states that a bill passed by the legislature does not become law until 90 days after the governor signs it. During that time, any interested party can gather the requisite number of signatures on a petition to force the bill to be referred to the people for their approval or rejection at the next regularly scheduled general election. This action effectively "stays" the legislation pending the decision of the voters.

"Arizonans for Drug Policy Reform" created a new campaign committee, "The People Have Spoken," and announced a campaign to refer the two bills to the people at the next general election in November 1998. They gathered twice the number of required signatures. Many who signed the petitions admitted to voting against Proposition 200 in November 1996 but said that they were incensed by the arrogance of the political class and what they saw as its utter disregard for the popular initiative process. The legislature's attempt to gut Proposition 200 was thus derailed. The bills were put on hold pending the decision of the voters in November 1998.

The federal government also weighed in to protect the status quo. The American federal government has no jurisdiction in the area that deals with how particular states treat convicted drug felons and cannot prevent a state from establishing probation and treatment programs as substitutes for incarceration for violations of the state's drug laws. But the federal authorities believe they can act where federal drug laws are violated. If states choose not to prosecute patients who possess illicit drugs for medical use, the federal government still reserves the right to prosecute for possessing federally prohibited drugs. Nevertheless, it would be "bad politics" for federal law enforcement officials to round up patients with terminal cancer, AIDS, and neurological diseases and to incarcerate them for possessing marijuana. So instead, in February 1997 Drug "Czar," General Barry McCaffrey, Attorney General Janet Reno, Secretary of Health and Human Services Donna Shalala, and Drug Enforcement Administration Chief Thomas Constantine held a joint press conference where they announced that any doctor who prescribed marijuana for medical use pursuant to a state's "medical marijuana" law

would lose the federal license needed to prescribe narcotics. In addition, the doctor would be banned from participation in Medicare (the government's monopoly health-insurance plan for those over age 65) and Medicaid (the government's health-plan for the indigent). Thus, the federal authorities cast a chilling effect on doctors' ability to prescribe medicinal marijuana in accordance with their own state's law. This affects not only doctors in Arizona and California but also doctors in Virginia and Connecticut, where their state legislatures have allowed medical use of marijuana, with little national attention, since 1980.

As a result of the ballot measures and the federal government's response to them, law suits have been filed in California and in the District of Columbia. These suits challenge the entire way medicine is regulated in this country. On March 6, 1997, I became a plaintiff in one of those suits. I joined with doctors from California and Arizona, as well as Virginia and Connecticut, in the District of Columbia suit against the Attorney General, the Director of National Drug Control Policy, the Secretary of Health and Human Services, and the DEA Administrator. In the suit, we argue that the federal response violates the First-Amendment rights of doctors and patients to exchange scientific information freely. We also claim it violates the Ninth and Tenth Amendments as well as the "Commerce Clause" in Article 1, Section 8 of the US Constitution. The precedent established by a favourable decision could affect many, if not most, other federal regulations.

President Clinton, Attorney General Reno, and Drug "Czar" Gen. McCaffrey have attacked the medicalization propositions as among the most dangerous ballot measures ever approved. They promise a witch hunt of doctors who prescribe marijuana and other illicit drugs. They realize a new discourse on drugs is emerging and it frightens them. Most troubling to them is that it is coming from the grassroots. Consider the fact that a recent national poll shows 69 percent of Americans are opposed to the federal response against the drug-medicalization measures. Thus, the dissent expressed by voters in Arizona and California has national resonance.

To those who claim medicalization represents a major augmentation of the Therapeutic State, I would suggest the recent experiences in Arizona and California indicate medicalization of drug policy is a special case. I recall the debate I had with the libertarian community during Arizona's Proposition 200 campaign. Most libertarians opposed it on the grounds so eloquently articulated by Dr. Szasz. They believed it did nothing to mitigate the assault on liberty and autonomy perpetrated by the Drug War. But, the reaction of the federal government and the law-enforcement community to its approval and the overwhelming opposition of the public to that reaction, has made many of them re-examine their original positions. Any reform of drug policy engendering so much outrage from the political establishment and inciting such defiance among the grassroots cannot be all bad.

Is Medicalization a "Third Way"?

Nearly four years have passed since the American political establishment was jolted by the California and Arizona drug-policy reform bills. Unfortunately, efforts by the drug-war establishment, and especially by the federal government, to suppress these measures have delayed their impact. Therefore, it is impossible at this time to measure any effect of medicalization. The dogmatic resistance by the drug-war bureaucracy was predicted. Many of medicalization's most vocal opponents have a vested interest in maintaining complete control over America's drug policy. But, eventually the defenders of the status quo will have to yield to the reality of the drug war's failure, of the pain and damage it has caused to our youth, particularly in America's inner cities, and to the demand of the people that we try another approach.

Canadian policy-makers have been more sympathetic to the public-health approach to drug policy than have their counterparts in the United States. Methadone-maintenance programs have been much easier to start in Canada than in the United States, particularly in Ontario and British Columbia. Doctors in general medical practice can prescribe the drug and patients can fill their prescriptions at local pharmacies. In the United States, methadone programs are severely regulated and operate under strict and rigid guidelines. Methadone is the most tightly controlled drug in the American pharmacopoeia. In Canada, however, doctors are given much wider professional discretion in prescribing the drug and establishing treatment programs. Canadian policy-makers are giving consideration to planning a heroin-prescription trial modeled after the successful Swiss trial begun in 1994. One would therefore expect those who form drug policy in Canada to be more open to considering medicalization as a reform option.

Medicalization has been attacked by hard-line drug warriors as a stealthy attempt to legalize or decriminalize illicit drugs. Advocates of legalization or decriminalization are wary that medicalization will do nothing more than make doctors the new commanders in the war on drugs. That the opposing camps in the drug war debate both attack medicalization suggests this new reform proposal is *sui generis*.

To be sure, medicalization does not give us the complete personal autonomy we would get from the repeal of prohibition and the creation of a free market in drugs. Nor is it, as U.S. Drug "Czar" Barry McCaffrey claims, ". . . a thinly disguised effort to legalize drugs." But, the Arizona and California reform proposals generated the first popular expression to challenge the drug war in decades. Thus, medicalization might be a "third way" to confront the challenge of illicit drug use—one that is compatible with a society that, as it enters the twenty-first century, is wiser and weary of war.

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