
SDrugs OPolicy

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The war on drugs has not solved the problem of illegal drugs. That leaves us with a choice between legalizing drugs or finding another way of fighting the illegal drugs industry. This article proposes an approach for fighting the illegal drugs industry by waging economic warfare against it. This combines taking away its established customers to deprive of it money with ensuring that drug dealing has severe penalties and high risks, so that dealers have a high risk of severe penalties for little money. The idea is to reduce the rationality of working in the illegal drugs industry and force it into a decline, reducing its tendency to create more habitual drug users. The progression from non-user to dependent user is therefore interrupted. Although the approach would initially be expensive, after it has damaged the illegal drugs industry it would be cheaper to maintain.

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1 Introduction

The market for addictive, illegal drugs, such as heroin, seems to resist all attempts to control it. It has a great cost in terms of damage done to the lives of addicts and their families and crimes committed by addicts to fund their addiction. The industry tends to be controlled by violent criminal groups who often settle their differences with firearms, to the detriment of communities that are in the crossfire. Some of the proceeds of drug dealing are used to fund terrorist organizations.

Some people think that the solution is to keep going with the war on drugs. So far, this has not worked. It may have made drug dealing more dangerous, but that just increases prices. Many people with otherwise poor prospects see drug dealing as a chance of a successful lifestyle, and as being worth the risks. The risk is not just from the police: Members of drug dealing gangs often kill each other and risk being killed by each other, so the threat of being arrested is hardly going to terrify them into law-abiding activity.

Others say that this has not worked and argue for legalization or various forms of “harm reduction”, which involves accepting that drugs are here to stay and attempts to mitigate their damaging effects. In this article I will be proposing an alternative to legalization and harm reduction, an approach which involves waging an economic war against the drug dealers to cause harm to the illegal drugs industry, ultimately making drugs less available and preventing new cases of addiction. I am not going to say that this approach is the only one that is valid. What should be clear is that going on as we are doing is not working. We need to legalize drugs/engage in harm reduction or we need to find a way of winning the drugs war. This article is about how to win the drugs war, should we decide that is what we want to do.

In the article I will be referring to “the drugs industry”. By this I mean the *illegal* drugs industry – drug dealers and the people associated with them. The approach in this article is intended for *addictive* drugs – ones for which the drugs industry creates a market by creating addicts.

I am not going to get into the issue of which drugs should be legal and which should be illegal. Whether or not we should ban alcohol and tobacco or legalize marijuana and amphetamines is not something that I will be discussing. I will not be discussing whether people with various medical conditions should be allowed to use various narcotics. The article’s purpose is to propose a strategy for attacking the drugs industry, should we want to do that, and it is intended to be used for those drugs, if any, which we have decided should be banned. We might consider such an approach for various reasons:

- We might have moral objections to legalizing drugs.
- We might view the effects of drugs legalization on society as unacceptable.
- We might want to legalize drugs, but it may be politically unviable due to public opposition. In this situation, a viable way of attacking the drugs industry may be the next best thing.

I will not comment, here, on which route we should take, but I hope this article at least serves the purpose of giving us a viable option. It will not deal with the question of *what we want*.

2 Crime as a Rational Choice

Professor Gary Becker has argued that crime is a rational choice. His insight is said to have come to him when he was late and had a choice between parking legally in an inconvenient place and being late or parking illegally in a convenient place and taking the risk of receiving a penalty. He opted for the “crime” and he argues that criminals do the same thing. Most people are constrained to some degree by ethics, but a criminal is someone who has rationally taken into account the rewards from criminal actions, the risk of being caught and receiving some penalty and the rewards from other opportunities and concluded that crime is the most rational course. Crime therefore becomes an economic issue.¹

We might debate the extent to which various crimes are rational: We might consider some crimes to be the result of sudden anger, for example. Illegal drug dealing, however, is a business. It does not occur in a moment of high emotion. It is managed by people who run it as any other business would be run. If any crime is going to be considered rational, drug dealing should surely be considered rational.

The approach being proposed here will attempt to reduce the rationality of drug dealing by ensuring that it has minimal rewards together with high risks and high penalties.

I will now define two kinds of people: *buyers* and *non-buyers*.

¹ Becker, G. S. (1968). Crime and Punishment: An Economic Approach. *The Journal of Political Economy*, 76. pp169-217. Also available online at <http://www.nber.org/chapters/c3625.pdf>.

3 Buyers and Non-Buyers

3.1 Buyers

A *buyer* of a drug is someone who is expected to obtain that drug *successfully* from an illegal source in the *near future*. This means that he/she will *want* to obtain it in the near future and *will* obtain it.

An obvious reason for someone being a buyer is drug addiction.

3.2 Non-Buyers

A *non-buyer* of a drug is someone who is *not* expected to obtain that drug successfully from an illegal source in the near future.

Two obvious reasons for someone being a non-buyer are lack of any motivation for using the drug or inability to obtain it from an illegal source. Most readers of this article, for example, will be non-buyers of heroin.

3.3 What this Means

Buyers are people who are expected to go and *successfully* find illegal drugs in the near future. Non-buyers are everyone else. As I have said, an obvious reason for someone being a buyer is drug addiction, and you might use that as a simplifying assumption, declaring all addicts to be buyers and everyone else to be non-buyers. To properly understand the difference between buyers and non-buyers, however, we need to consider the interaction between the desire for the drug, the ability to obtain the drug illegally and the difficulty in obtaining the drug illegally.

A buyer is not just someone who wants to obtain an illegal supply of a drug in the near future, but is someone who is expected to be *successful* in this in the near future. Whether or not someone is a buyer depends on his/her desire for the drug and ability to obtain the drug illegally, weighed against the difficulty of obtaining drugs illegally. Someone who might be a buyer of a drug in one imaginary society where illegal drugs are easy to obtain might not be a buyer in another society where drugs are harder to obtain; however, someone with a stronger desire for the drug or a greater ability to obtain it might be a buyer in both societies. In a society where it was impossible to obtain drugs illegally – where there was no illegal supply – there would be no buyers: Everyone would be a non-buyer.

Whether a buyer obtains the drug directly from a “proper” dealer is not important: If someone obtains a drug illegally, whether it is from a dealer, or from a friend who has bought it from a dealer, he/she is regarded as a buyer.

3.4 Distinguishing Between Buyers and Non-Buyers

The approach which is to be suggested requires us to treat buyers and non-buyers differently, so it requires us to be able to distinguish between buyers and non-buyers. No practical method will do this perfectly. Whether someone is a buyer or a non-buyer depends on what happens in the near future, and you would have to be omniscient to know this with complete certainty. However, we could be accurate a lot of the time if we label people as buyers when there are various indicators that they are likely to be buyers and label people as non-buyers in the absence of these indicators (on the basis that most people are non-buyers so if we have no reason to assume that someone is a buyer we should assume that he/she is a non-buyer). Possible indicators might be:

- **A history of successfully obtaining the drug illegally** – If someone has previously been successfully obtaining the drug illegally, this suggests that he/she wants the drug, is able to obtain it illegally, will go on obtaining it illegally, and will therefore obtain it illegally in the near future.
- **Addiction to the drug** – If someone is addicted to the drug, this suggests that he/she has a history of successfully obtaining the drug illegally. The addiction is a strong reason for assuming that he/she will continue to want the drug.
- **Positive test results for the drug** – clearly meaning that he/she is obtaining it and using it.
- **Possession of the drug** – If someone is in possession of the drug this suggests that he/she wants it and is already obtaining it illegally. Whether or not this suggests that the person is a buyer depends on the situation. In the case of a drug which is likely to be taken frequently, it could suggest that the person will seek more of the drug when his/her supply is exhausted. In the case of a drug which is likely to be taken infrequently it might suggest that the person will obtain the drug again later, but only after some time, as he/she already has a supply.
- **Knowledge of local drug dealers** – If someone has knowledge of local drug dealers, this suggests capability of obtaining the drug. Combined with indications that the person wants the drug, this might suggest that he/she is successfully going to obtain it. Against this, it could be pointed out that anyone who is addicted is going to have access to a local dealer anyway, and in some areas everyone knows who the dealers are. This is not a strong indicator, but it is relevant when all else is equal.
- **A history of convictions for theft** – If someone has been engaging in theft a lot this, combined with other indicators, may suggest that the person is leading a lifestyle associated with raising money to buy drugs, and is likely to continue doing this.
- **A stated intention to use the drug** – If someone says that he/she wants the drug then this might be taken as evidence that he/she is going to obtain it. It would be

very weak evidence, however, in the absence of any evidence of previous drug use or addiction, and it does not imply *capability* of obtaining the drug.

I am not saying that all these indicators would be used. They are merely examples of what could be indicators in principle. In the above list I have ignored people who might be *legally* obtaining the drug: This will be discussed later.

Some of these indicators are stronger than others. In practice, addiction is likely to be a very strong indicator that someone is a buyer and lack of addiction is likely to be a strong indicator that someone is not a buyer. You might therefore like to think of buyers as being addicts and non-buyers as being non-addicts, to make things simpler. If you do that, however, keep in mind that this is a simplification based on a strong, but still statistical, indication. A history of obtaining the drug illegally would also be a strong indicator that someone is a buyer: In fact, for particularly addictive drugs it would be more or less equivalent to addiction.

4 Buyers and Zombies

4.1 Buyers are like zombies.

The drugs industry is made worthwhile to dealers by the existence of buyers, so it is the buyers who are causing the drugs industry to exist. If there were no drugs industry, non-buyers could never become buyers. By existing, the drugs industry turns other people into buyers. This means that, indirectly:

Buyers cause non-buyers to be turned into buyers.

Another way of looking at this is:

Buyers cause buyers to be created.

Addiction plays an important role here. People can be regarded as being on a spectrum of buying motivation for the drug, with people who have no or minimal motivation for buying at one end and people who have a very high motivation for buying at the other end. When someone first becomes a buyer he/she is not yet addicted and starts off near one end of the spectrum with little motivation for buying. As he/she has more contact with the drugs industry, and is supplied with more of the drug, he/she becomes increasingly addicted, and over time moves along the buying motivation spectrum as buying motivation increases. All of this is done by the drugs industry and, again, it happens because buyers reward the drugs industry and cause it to exist. This means that a more detailed description of what happens is:

Buyers cause non-buyers to be turned into buyers, and their motivation for buying to be increased over time.

or

Buyers cause buyers to be created, and their motivation for buying to be increased over time.

Everything that I am going to propose here will be based on this principle that buyers cause more people to be turned into buyers. What I am describing here may seem familiar: It is the plot of the typical zombie film. Zombies turn people into dead people which turn into zombies, so zombies make more zombies that make more zombies, etc., effectively reproducing, and the process has a horrible, exponential nature that causes things to get out of control very quickly. Similarly, buyers effectively reproduce by enabling the industry which manufactures buyers, and things similarly get out of control very quickly. By “enabling” I do not mean that the goal of the drugs industry is to create more buyers, and the buyers that exist fund it, allowing it to pursue this objective. What I mean is that buyers *reward* people in the industry, which makes it a rational choice for many people to work in the industry, causing these people to create more buyers by

giving people illegal access to drugs, and causing these people to become more dependent on drugs so that their motivation for buying increases.

The ability of the drugs industry to use buyers to make more buyers like this may make it seem impossible to control it, but its dependence on these buyers is also its vulnerability: *Anything that regularly takes buyers away from dealers damages the entire industry and threatens its ability to make new buyers.*

The approach which will be described here will involve waging economic warfare against the drugs industry by identifying buyers – people who were going to obtain drugs illegally in the near future anyway – and taking them away from the drugs industry.

4.2 *Habitual* buyers are even more like zombies.

The approach that will be discussed in this article will involve identifying buyers and taking them away from the drugs industry, but reliably identifying buyers will be difficult. Someone who has just decided to try a particular drug, having never used it before, and who is about to obtain it, successfully, would be a buyer and it would be hard to distinguish such a person from a non-buyer. In practice, any approach which involved targeting buyers would probably need to target *habitual* buyers: people who are buyers a lot of the time. Addicts would tend to be habitual buyers.

Habitual buyers would be easier to distinguish from other people and what I have just said about the drugs industry's reliance on buyers is even more applicable to this special case: The drugs industry is particularly dependent on habitual buyers. It is habitual buyers who make the drugs industry *really* worthwhile to dealers. It is the habitual buyers who are the main cause of the drugs industry existing and what I said above applies, but more so far habitual buyers. By existing, the drugs industry turns habitual non-buyers into habitual buyers through addiction. This means that, indirectly:

Habitual buyers cause habitual non-buyers to be turned into habitual buyers.

They do this by supporting the business that does it.

Another way of looking at this is:

Habitual buyers cause more habitual buyers to be created.

The approach proposed here will aim to take buyers away from dealers, but if operated in practice, the special case of taking habitual buyers away from dealers would be likely to be implemented. I said that buyers can be considered like zombies. This is true, but more so, far habitual buyers. Habitual buyers give a lot of support to the drugs industry, causing it to operate and create more habitual buyers by the process of addiction. Habitual buyers effectively reproduce by doing a lot to reward the industry which manufactures habitual buyers, and things get out of control particularly quickly.

I said that the drugs industry's vulnerability is in its dependence on buyers. It is *particularly* dependent on habitual buyers, and particularly vulnerable in this respect: *Anything that regularly takes habitual buyers away from dealers severely damages the drugs industry and severely threatens its ability to make new, habitual buyers.*

5 The Approach

5.1 An Overview of the Approach

The approach has three main parts:

- Deprive drug dealers of buyers.
- Ensure that penalties for drug dealing are high.
- Ensure that the risks of drug dealing are high.

Each of these will now be described.

5.2 Deprive drug dealers of buyers.

It is necessary to ensure that buyers are not buying drugs from drug dealers. This is not to protect the buyers. It is to deprive the drug dealers of money by taking away their customers and *reduce the rewards of drug dealing*. Some process must exist that continually turns buyers into non-buyers.

In principle, there are various ways of turning buyers into non-buyers. We could imprison all buyers until such time as they become non-buyers or die (and death would, of course, turn them into them non-buyers), although this would be hugely expensive and it is not likely that they will all turn into non-buyers in prison.² We could try to cure buyers, and I am not saying we should not, but advanced societies tend to try to do that anyway, and there are still buyers. We could turn buyers into non-buyers by killing them: I am not seriously suggesting that, and no advanced society is going to take such a position on ethical grounds.³ The point here is that *this is not about the welfare of buyers*. It is about turning them into non-buyers so that they do not support the drugs industry and thereby cause it to be rational to work in the drugs industry, ultimately causing more buyers to be made. Anything which could effectively turn buyers into non-buyers would suffice: We have to find something which is effective and ethically acceptable.

A practical way of turning buyers into non-buyers is to ensure that drugs are available, easily and legally, to buyers, at a lower price than the drug dealers would be charging – and maybe even for free; however, critically, this must not involve making drugs legally available to non-buyers. The idea is that:

² We should remember that there is a significant drugs industry operating *within* prisons.

³ There is also the issue that buyers would not cooperate with an attempt to imprison or kill them, which would reduce the effectiveness of such methods.

- A **buyer** – someone who was *successfully* going to obtain drugs illegally in the near future anyway – is provided with drugs legally, at terms preferable to those available when obtaining them illegally (which will usually mean a lower price than it would cost to obtain them illegally), and no longer needs to obtain them illegally.⁴ The buyer is no longer about to contribute to the drugs industry and has been changed into a non-buyer.
- A **non-buyer** – someone who was *not* successfully going to obtain drugs illegally in the near future – is not provided with drugs legally; however, as he/she was not going to obtain drugs successfully in the near future, this does not matter: He/she was not going to support the drugs industry anyway.

This approach requires us to distinguish between buyers and non-buyers. As I said earlier, reliably distinguishing between buyers and non-buyers in every possible situation would be difficult. In practice, we are likely to have to deal with a special case and treat habitual buyers as buyers, and everyone else as non-buyers. In the case of legally supplying drugs to buyers, this would mean that, in a practical situation, we would be trying to supply drugs to habitual buyers only.

The requirement that drugs are not to be made available to non-buyers means that it may be unwise just to hand drugs out to people. If that happened, they could be taken away and made available to non-buyers and we could actually be feeding the drugs industry.

The aim of depriving dealers of buyers means that it is unwise to cheat on this. We are not trying to reduce the harm done to buyers or help buyers get off drugs. Buyers need to be provided with products every bit as “good” as what they could buy from their dealers, so that they have no reason to go to their dealers. This probably means providing them with the real thing.

One way that this could be done is to run facilities where buyers could go to receive drugs. Many such facilities would be needed. A buyer would first have to demonstrate that he/she should be treated as a buyer. This may mean a number of repeat visits, depending on the drug and how buying status would be demonstrated. Once a buyer has “official buyer status” he/she is allowed to use these facilities as often as he/she likes. He/she can go there and is provided with drugs, at a lower price than would be charged by the dealers, or maybe even free of charge. There may be a requirement that they must be used on the premises, and supervision may be needed to ensure that. Everything possible should be done to make buyers prefer facilities like these to visiting dealers. The fact that the drugs are priced lower than the dealers’ prices or free of charge should be the main incentive. The facilities should be pleasant places in which to

⁴ Although the preferable terms offered by the state are likely to be a lower price in most situations, in principle all that is needed is that the deal offered by the state is better than the deal offered by the drug dealers.

take drugs, without an overbearing or moralistic atmosphere. Buyers might be able to take drugs with their friends. If drug users wanted music and videogames to be available, they would be available: Anything is better than these people going elsewhere. It may be necessary for the facilities to be open every day of the year, twenty four hours a day, because if a buyer needs drugs and the facility is not open he/she is going to visit a dealer, and the whole idea is to stop that.

Mission creep would be a disaster for this part of the approach. It is important that people do not think of such facilities as places where addicts can be helped to break their addiction – where professionals can get access to addicts to help them. While help may be available at such facilities *if buyers request it*, the idea of such facilities must always be to take buyers away from dealers and turn them into non-buyers. The facilities would be there to harm the drugs industry, not to help addicts.

This would all be expensive, and there may be concerns about how this is going to be paid for; however, it is worth finding the money for this, and I will explain why later.

5.3 Ensure that penalties for drug dealing are high.

The penalties for drug dealing should be as high as possible, and this applies to anyone in the drug supply chain, such as individual dealers, people managing dealers, smugglers, etc. In many societies, this would mean imprisoning dealers for a very long time, and, as with the previous part of the approach, there may be concerns about the cost of this; however, as with the previous part of the approach, it is worth finding the money, as I will explain later. Furthermore, some of the penalty might involve heavy fines, which could contribute money rather than costing it. (Becker noted that high fines can be desirable for this reason.) I am not suggesting that only fines should be used: Rather, whatever penalty, such as imprisonment, you do decide to impose, there is nothing lost by imposing a very large fine as well.⁵ Laws allowing the proceeds of drugs-related crime to be confiscated⁶ should be as extreme as possible.

5.4 Ensure that the risks of drug dealing are high.

As well as ensuring that the penalties for drug dealing are high, the chances of being caught should also be as high as possible. This means ensuring that law enforcement activity aimed at drug dealing is as well-resourced as possible.

The cost of this would be high, and I will address concerns about cost shortly.

⁵ How high should the fine be? Looking at things just in terms of this approach, there is no obvious point at which the fine becomes too high, suggesting that an infinitely large fine might be considered, irrespective of anyone's ability to pay all of it. Political practicalities might mean, however, that fines which are merely very large are imposed.

⁶ as there are in the United Kingdom.

6 Rationale

6.1 Low Rewards, Severe Penalties and High Risk

Looking first at the idea of making drugs legally available to buyers, some people may confuse this with the idea of making drugs freely available in general, or legalizing drugs. This is not what is involved, however. *Drugs are only made legally available to buyers, and they are not made legally available to anyone else.* The buyers will find a way to obtain their drugs anyway (the definition of a buyer says he/she will do that), and they will commit crimes to buy drugs. If we do not supply them with drugs, they will just obtain them from dealers and a lot of money, much of it from crime, will be fed into the drug industry. By supplying buyers with drugs we stop all this, but this would not apply to anyone who is not a buyer: If we have facilities where drugs are supplied to buyers, for example, anyone who turns up at one of the facilities to obtain drugs who is not a buyer will be sent away. Unlike legalization, this is not therefore really making drugs more available: It is intended to make drugs *less* available.

The approach takes buyers away from dealers, so dealers are no longer receiving the money that they were receiving from buyers, thereby reducing the rewards for drug dealing. *This is the only reason for taking buyers away from dealers.* At the same time, penalties are very severe and the risks of being caught are high. *The objective is to make it less rational to be a dealer, by making the rewards low, the risks high and the penalties severe, thereby limiting the power of the drugs industry to turn non-buyers into buyers and, through addiction, increase the buying motivation of these people.*

6.2 Hasn't the state just replaced the dealers?

It may seem that the state has merely replaced the drugs industry, so that anyone who was going to obtain drugs illegally from dealers now obtains them legally from the state: This may appear to be just a harm reduction approach. This is not the case, however.

An important feature of this is that drugs are only supplied to buyers – people who are expected to try to obtain drugs in the near future and are expected to be successful in that. Whether or not someone is a buyer depends on how prominent the drugs industry is, because this determines the availability of drugs. If there are a lot of dealers, selling at an affordable price, many people who want drugs will be successful in obtaining them and there will be many buyers. If there are few dealers, selling at an unaffordable price, few people who want drugs will be successful in obtaining them and there will be few buyers. This may seem naïve, given that habitual buyers will tend to be addicted to drugs and will go to great lengths to obtain drugs, regardless of how many dealers there are or what the price is, but addicts do not start off as addicts: The drugs industry does not have a supply of instant addicts, highly motivated for buying, but has to make them from people who start off at the low buying motivation end of the buying motivation spectrum. Any habitual buyer, originally, was not addicted and was not a habitual buyer.

As it becomes less rational to work in the drugs industry and it goes into a decline, it will be harder for these people – the non-habitual buyers – to obtain drugs and the requirement of *success* in obtaining drugs to be a buyer means such people will be non-buyers whom the state will refuse to supply. As it becomes harder to obtain a drug, there will be fewer people who start off, before they are progressed to high buying motivation by the drugs industry, with enough buying motivation to successfully obtain the drug. This will prevent the drugs industry from moving these people along the spectrum towards the higher buying motivation end to replace the buyers taken away by the state. The drugs industry will become less effective at creating new buyers – and the state’s refusal to supply drugs to non-buyers means that the state is not creating new buyers either. The rate at which new buyers are created will therefore decrease.

This is easy to see if we just consider the special case in which we only regard habitual users – effectively addicts – as buyers. The state would only be supplying drugs to people who are already addicts. By taking these people away from the drugs industry, the drugs industry does not make the money it would have made from these people. The drugs industry is left with non-addicts, but in the case of a highly addictive drug, these will tend to turn into addicts anyway – at which point the state offers them a better deal than the drug dealers and they are taken away from the drugs industry. The drugs industry is forced to continually look for new buyers to replace the ones taken away by the state. The rewards are much less, and the risks and penalties are high. The ability of the drugs industry to operate will be affected, meaning that fewer people become addicted in the first place.

This just leaves us with the existing buyers, which, in practice, means the ones who are already addicted. In time they will recover from drug addiction, die as a result of drug addiction⁷ or, in the worst case, conventional, human mortality will eventually intervene to remove them.⁸ As new buyers are not being created by the drugs industry at the same rate as before, they will not be replaced at an adequate rate to maintain their numbers and *the number of people using drugs will decrease*.

6.3 An Example

To see why this should work, imagine that you are a heroin dealer and I am not addicted to heroin yet, but I want to buy heroin from you. We will assume that the state is making drugs available to buyers and buyers are defined as addicts, for simplicity.

⁷ A lot of the danger from drugs comes from impurities and it is likely that the state would provide safer (in relative terms) drugs, so this may not be as significant as some people might think it would be.

⁸ By “worst case” I mean only with regard to the economic warfare objective. This may seem cold, but drug users who live longer, while being provided with drugs by the state, together with associated services, will cost the state more.

The strong law enforcement means that the risks are high for you when you supply me. One of the risks that you are taking is that I may be working for the police, or that I may provide information to them. Not only are the risks high: The penalties are severe. When you supply me with drugs, you are running a high risk of receiving a severe penalty, and every time you supply drugs to a new customer, you are exposing yourself to more risk. This is what would normally result from an extreme “war on drugs”, and normally this would just make the price increase to compensate dealers for the high risks. Normally, the risk that you take when you supply me with drugs would be worth it because, hopefully (for you) I may eventually become addicted and become a long-term, valuable customer. However, not only does the state increase the risks and penalties, it has a final insult to you: If you eventually manage to turn me into an addict, at the very moment when all the risk that you have taken in dealing with me is supposed to pay off and you have a new addict-customer, the state takes me away from you by becoming my new dealer and provides me with the drugs at a price which you could never undercut – maybe even for free. All you can do, as a dealer, is go through all the risks of finding and taking on another non-addict customer, who will promptly be “stolen” by the state as soon as he/she becomes addicted, and every time you have contact with someone else you are exposed to more risk. Normally, you would want to increase your prices to compensate for the extra risks, but that is not going to work because none of your customers are addicts: *You have the worst customers possible and have to keep taking risks to replace them.*

A consequence of this is that the risks and penalties for drug dealing become too high to justify the minimal rewards of selling to non-addict customers, especially with a high turnover of customers. It will become less attractive to be a drug dealer and there will be fewer drug dealers. The supply of drugs to non-addicts will therefore be reduced and fewer new addicts will be created.

6.4 What about the cost?

The approach described here would be very expensive. If the state is to supply drugs to buyers, these drugs would need paying for. The state might charge buyers for the drugs, but if it does it is likely to be charging significantly less than the dealers charge, and may be charging less than it paid for the drugs in the first place. If the state gives the drugs to buyers free of charge then it has to find the full cost of the drugs. Infrastructure may need to be set up to produce and supply specific, illegal drugs, and the intention is that the drugs provided by this will eventually have fewer users, so that most of the infrastructure will not be needed any more.⁹ If the pharmaceutical industry is going to be asked to do this, they may want to be compensated appropriately for the expense of entering what is intended to be a diminishing market. The approach requires severe

⁹ Some of it may be reused for other drugs which are still a problem, or for new drugs that might appear though.

penalties for drug dealing. Assuming that this means imprisoning dealers for a long time, this will be expensive. The approach requires dealers to have a high risk of being caught. This means a lot of expensive police activity. How is all this going to be paid for?

It is important to realize that the approach described here is intended to wage economic warfare against the drugs industry and damage it. The idea is that, over time, the drugs industry becomes less functional, so fewer new buyers are created: In practical terms, as the drugs industry declines, its ability to create new addicts will decrease and the rate at which new addicts are created will decrease. With fewer new buyers entering the system, and the existing ones being gradually removed due to being cured of addiction or just normal mortality, the total number of drug users will gradually decrease. It will then start to cost less money to turn these people into non-buyers (for example, by supplying them with drugs). As the drugs industry declines, there will be fewer dealers, so it will cost less to subject them to harsh penalties (for example, by imprisoning them). With a smaller number of dealers, it will cost less for the police work to subject them to a high risk of being caught. As the approach hurts the drugs industry, by depriving it of buyers, the size of the problem with which the approach has to deal becomes smaller, and it becomes cheaper to maintain the approach, while maintaining the same level of effectiveness. It would be expensive to get it started, but the money spent in getting it started would be an investment in making the problem cheaper to deal with later.

In fact, as the drugs industry goes into decline, reducing expenditure on the approach while maintaining the same level of effectiveness is not the only option: It may be considered desirable to reduce expenditure less, or not at all, and take advantage of the decline of the drugs industry to *increase* the effectiveness of the approach and kill the drugs industry more quickly.

6.5 Incidental Crime Reduction

The issue of high costs might be deceptive, as many addicts who would otherwise be buying their drugs at high prices from dealers would be funding this by committing crimes, which have a high cost to society. Providing addicts with drugs that are cheaper, or even free, should reduce the amount of crime, and when this is taken into consideration the approach being proposed here may not be as expensive as it might seem. This creates potential for misunderstanding, however. Even if addicts obtaining their drugs legally committed as much crime as addicts obtaining their drugs illegally, it would not matter. While it may be an incidental benefit, and it may offset the true cost of implementation, *direct reduction of crime is not an important feature of the approach*. The approach would be worth it even without this. The intention is to damage the drugs industry, and not to reduce crime by getting addicts to obtain drugs somewhere else.

The possibility of incidentally reducing crime, however, may mean that the state provides drugs to addicts at a lower price than they would otherwise be provided, and

that they may even be provided free of charge. Political practicalities, however, would also need to be considered here.

6.6 What about corruption?

One objection to this proposal could be that if the state is going to be involved in a large scale drugs distribution operation, corruption will be inevitable. For example, if drug users are supplied with drugs in special facilities, corrupt staff could divert these drugs to the illegal market.

It is inevitable that some of this would happen, but my answer is, essentially: So what? Anyone diverting drugs in that way, and any drugs so diverted, would merely be part of the illegal drugs industry, and the proposed approach has everything in place to harm that industry. Anyone doing this would be taking a considerable risk of receiving a high penalty, and we should ask to whom such a corrupt person would be supplying these drugs. Casual users? As soon as they become habitual users the state will steal them. Addicts? They can get their drugs legally at a lower price anyway. Any drugs diverted in this way would necessarily have a low street value, and whatever it is, the state can always respond by undercutting it.

6.7 Should buying be treated like dealing?

The approach involves treating drug dealing as a serious issue and having zero-tolerance for it: Dealers are exposed to high risk of severe penalties. Any act of dealing, however, also requires a buyer and the buyer is supporting the dealer and making it rational for the dealer to continue – which is what we are trying to stop. This suggests the idea that we may take a similar, hard line with buyers who are caught buying. Doing this would mean that the risk involved in buying would be made high and the penalties for buying would be severe. The idea would be to discourage buying and make things even more difficult for dealers.

This should be considered, but there is one issue. If buyers feel that they are being targeted by the state, they may be suspicious of the state when it attempts to do other things to take them away from dealers. For example, if there are special facilities where buyers are provided with drugs, buyers may be suspicious of these facilities: They may feel that going there could get them on a list of known drug users for later targeting by the police. If this happened, it would be counter-productive because it would just be sending buyers back to dealers.

If any hard line is taken with buying, the state must make it absolutely clear that any services it provides to buyers to take them away from dealers will not be used to try to catch them buying – and the state would have to mean it. Whether buyers would believe this is uncertain, and this may need further investigation. The tendency of people to create conspiracy theories, whether conspiracies are there or not, suggests caution about such an approach.

Instead of a hard-line approach with buyers, it may be decided that this issue of trust supports the idea of going the other way – of making buying completely legal, while still aggressively pursuing dealers and dealing with them severely. This would give drug users less reason to fear any contact with the state that involves taking them away from dealers. If there is any doubt, the safer position of not threatening buyers should be taken.

The issue of possession of drugs, when there is no intent to deal, needs similar consideration.

I will not be attempting to deal with these issues in this article: It would need more consideration, and possibly some research.

7 Making it Work

7.1 Requirements to Make it Work

Any implementation of the approach would need to be planned in detail. It is important that we do the following:

- Focus on economic warfare.
- Avoid mission creep.
- Allocate resources properly.
- Communicate the objective properly.
- Monitor progress.
- Maintain the approach.

Each of these will now be discussed.

7.2 Focus on economic warfare.

The main idea is to wage economic warfare against the drugs industry by taking away buyers while ensuring that dealers face high risks and extreme penalties, so that it becomes less rational for people to work in the drugs industry and its tendency to create new buyers is reduced. Everything needs to be planned around that, with nothing being allowed to compromise the approach's ability to do that.

7.3 Avoid mission creep.

One of the worst things that could happen to an approach like this is mission creep. Planning of the approach could start properly, but then all kinds of people could project their ideas about what else it could do onto it, or could misunderstand the objective of waging economic warfare on the drugs industry. This is fine if it does not compromise the approach, but with adding extras to it there is the danger that it starts to move away from what it is supposed to be doing and becomes less effective at achieving its objective.

Let us assume that buyers are supplied with drugs at special facilities. Here are some examples of how mission creep could cause harm:

- People might see the facilities as an opportunity to gain access to drug users, to encourage them to give up. This might be acceptable if it amounts to no more than giving them the opportunity, but if it goes as far as making drug users feel that they will be pressured into giving up then it is interfering with the main objective of economic warfare on the drugs industry, which requires us to take drug users away from dealers, not to make them give up.

- People might argue for monitoring drug users and controlling the amounts of drugs they are allowed to have, to protect them from harm; however if the state does not supply the drugs, someone else will, and the main objective of economic warfare requires us to stop that, *even if it means not protecting drug users from the harm that they may do to themselves.*
- The police might view the facilities as convenient places to get access to drug users, to obtain information about dealers. If this made drug users feel pressured and less willing to go to the facilities, so that they preferred to go to dealers, it would defeat the main objective's requirement of taking buyers away from dealers.
- People might argue that drug users could be given substitutes that cause less harm than the drugs they obtain from dealers, or which may be helpful in curing them of addiction. If this causes drug users to go to drug dealers instead then it is interfering with the main objective of economic warfare, which requires us to take buyers away from dealers, not to protect them from the consequences of their drug use or help them give up.

7.4 Allocate resources properly.

The approach requires resources to be allocated in three areas:

- Depriving drug dealers of buyers.
- Ensuring that penalties for drug dealing are high.
- Ensuring that the risks of drug dealing are high.

Resources need to be allocated appropriately to achieve the proposal's objective of waging economic warfare against the drugs industry so that it becomes less able to create new buyers. A total amount of resources will be available for the approach, and it must be shared between each of the three areas in whichever way gives the best chance of achieving the objective. The key point here is that what is being attempted by this approach must remain central when deciding what proportion of the available resources is going to be allocated to taking buyers away from dealers, to inflicting penalties on dealers, and to law enforcement to catch dealers. Everything must be about how the money can be best spent in waging economic warfare.

7.5 Monitor Progress.

This may go almost with saying for something like this. Continual monitoring needs to be in place to measure the effectiveness of the approach, so that adjustments can be made as required. An adjustment might be a large-scale one, such as changing the proportion of the resources allocated to law enforcement, or it could be something more specific, such as altering the rules about which people can receive drugs from the state, or even altering the decorating in facilities where drugs are provided to people.

7.6 Communicate the objective properly.

The approach will be controversial, because any practical implementation of it will almost certainly involve supplying drug users with drugs. Approaches that involve supplying drugs or drug taking equipment to people or legalizing drugs have been tried to varying degrees. Such approaches are described as *harm reduction* approaches: Given the assumption that we cannot get rid of the drugs from society, they are intended to mitigate the harm caused to drug users or society. Examples of such approaches are needle replacement schemes for heroin addicts, or making heroin available on prescription.

Harm reduction often attracts criticism because many people regard it as making drugs more available in society, and thereby ultimately increasing the harm. Some people think that harm reduction means that the state is putting out the message that drug use is acceptable and that it will therefore lead to more widespread use of drugs. Some people argue for legalization as a way of reducing harm, possibly getting some control over the drugs industry, preventing crimes associated with it and saving the resources used to fight it, and many people argue against this, claiming that it will make drugs more widely available.

It is important that the approach discussed here is not perceived by the general public to be a harm reduction approach or to have anything to do with legalization and this would need effectively communicating to society. It is important that the overall objective – of waging economic war against the drugs industry to make drugs *less* available – is made clear. People may oppose a harm reduction or legalization approach if they think it is going to make drugs more available to their children¹⁰, but if they understand that this is a pragmatic approach, intended to make drugs less available, they will be less likely to oppose it. Similarly, people may oppose an approach like this on the basis of its high costs if they think these costs are going to be incurred indefinitely. They may be more understanding if they are clearly told that the money is being spent to ruin the drugs industry, and that as it becomes ruined the costs will eventually fall, so that society is getting value for money, rather than throwing money into the problem every year and having nothing to show for it the next year. The approach would need to be sustained at a high level for many years, possibly over the terms of office of successive governments, and it can be sustained over such periods by being well-communicated.

7.7 Maintain the approach.

When the approach has started to be successful, the numbers of dealers and drug users will be reduced. It is important not to discontinue the approach at this stage, or the

¹⁰ In the USA some criticism of this type comes from the *Drug Free America Foundation*: <http://www.dfaf.org/>.

whole thing will get established again. There will always be some drug users, and a process must always be ongoing to take them away from the drugs industry. There will always be some dealers and the processes must always be ongoing to subject them to high risks of extreme penalties. Doing this will ensure that the drugs industry *stays* down once it is down. The big difference, once the drugs industry has been damaged enough, is that it will cost much less to do all this.

8 Hasn't all this already been tried?

Approaches have been tried, or are ongoing, that involve the state supplying drug users with drugs. In 1926 the Department of Health in the United Kingdom published the *Rolleston Committee* report, establishing a “police and prescribe” policy to heroin, in which heroin would be prescribed by doctors to addicts, but dealers would be prosecuted. This continued until 1964. In 1994 Switzerland started trials in which some heroin users who had consistently failed to respond to drug withdrawal treatment were prescribed heroin to prevent them being exposed to impurities in street heroin. Ethan Nadelmann describes the action taken in Switzerland, stating that the trials were intended to answer the questions “*Can junkies stabilize their drug use if they are assured of a legal, safe, and stable source of heroin? Can they hold down a job even if they're injecting heroin two or three times a day? Do they stop using illegal heroin and cut back on use of other illegal drugs? Do they commit fewer crimes? Are they healthier and less likely to contract the HIV virus? Are they less likely to overdose?*” Nadelmann also commented that the harm reduction trials in Switzerland were started “*to stop pretending that a drug-free society is a realistic goal; focus first on curtailing the spread of AIDS-A disease that will have cost the U.S. \$15.2 billion by the end of 1995, and the lives of over 125,000 Americans--and later on curtailing drug use.*”¹¹ The perceived success of these trials meant they were later extended and heroin prescription was ultimately legalized in Switzerland. The results of Switzerland’s trials also led Holland to experiment with heroin prescription.¹² In 2005 Canada also started a trial of heroin prescription – the *North American Opiate Medication Initiative*.¹³ Denmark started to trial heroin prescription in January 2009. Germany started a trial in 2002 and legalized heroin prescription as a standard treatment in 2009.

After all this, heroin is still here, so it might be asked if an approach like the one suggested in this article would really work. Approaches like the ones just described, however, although they may have some elements in common with the approach proposed in this article, are not the same. There is more to it than just making drugs available to addicts: In fact, that is just one way (although the one most likely to be used in most advanced countries) of taking buyers away from drug dealers. Any implementation of the approach needs to be planned so that it satisfies the requirements stated previously of avoiding mission creep, allocating resources properly, monitoring progress, communicating the objective properly and maintaining the approach.¹⁴ *Everything* needs to be planned, from the most general aspects to the smallest details, around the idea of waging economic warfare against dealers, with

¹¹ Nadelmann, E. Switzerland's Heroin Experiment. *National Review*, July 10, 1995. pp 46-47. Also available online at <http://www.drugpolicy.org/library%5Ctlnr.cfm>.

¹² <http://news.bbc.co.uk/1/hi/health/4607233.stm>.

¹³ <http://www.naomistudy.ca/>.

¹⁴ Section 7.1: Requirements to Make it Work on Page 22.

resources being allocated to different organizations in whatever way will best achieve this.

This is quite different from prescribing heroin to someone as a harm reduction method. Harm reduction is not about getting rid of drugs: It is about giving up on that idea. *Drug Policy Alliance Network*¹⁵, an organization in the USA advocating harm reduction, describes the motivation behind harm reduction as follows:

*“This ‘new bottom line’ is known as harm reduction. Harm reduction began in the 1980s as a public health strategy to stem the spread of HIV/AIDS among people who inject drugs. From its clinical successes, most notably with needle exchange, and from its pragmatic and compassionate values, emerged an alternative vision for drug policy as a whole. Harm reduction is grounded in the conviction that people should not be punished for what they put into their bodies, but only for crimes committed against others. It acknowledges that no society will ever be free of drugs. It holds that drug policies should seek to reduce the negative consequences (principally death, disease, crime and suffering) of both drug use and the policies themselves.”*¹⁶

The focus of the approach suggested in this article is completely different. The intention *is* to get a society as nearly free of the relevant drugs as possible. In a way, what I propose is a kind of harm reduction, but the only harm which is of real interest is the *economic* harm that a drug user *does* by supporting the drugs industry so that it can create other drug users.¹⁷ Attempting to reduce other forms of harm, such as harm suffered *by* a drug user is not part of this approach, and no attempt to do this should be made if it interferes with the economic warfare principle.

When addiction is treated as a medical issue, and heroin prescribed, this is not typically how things are done. The primary interest is the welfare of the patient, and this determines what happens. In fact, in many countries doctors are required to act in this way. In the United Kingdom, for example, this is made clear by the General Medical Council, which instructs doctors “Make the care of your patient your first concern.”¹⁸ When the United Kingdom started heroin prescription, after the Rolleston Committee report in 1926, heroin was prescribed to patients only when withdrawing from it would cause severe suffering to the patient. When heroin prescription trials started in Switzerland in 1994, it was only for addicts who had already failed to withdraw in a number of withdrawal programs. Requirements like this are counter-productive. We should not be interested in whether the drug user is going to suffer by withdrawing, or

¹⁵ <http://www.drugpolicy.org/>.

¹⁶ Drug Policy Alliance Network. Alternatives to Prohibition. *Drug Policy Alliance Network*. <http://www.drugpolicy.org/drugwar/alternatives/>.

¹⁷ I am talking about planning here – not about what we may personally feel.

¹⁸ The General Medical Council. (2006). Good Medical Practice: Duties of a doctor. *General Medical Council*. http://www.gmc-uk.org/guidance/good_medical_practice/duties_of_a_doctor.asp.

whether the person has already made a reasonable attempt to give up. The *only* criterion should be: Is this person going to buy drugs illegally and enable the drugs industry.

This means that there could be cases in which the suggested approach demands that things are done which reduce the economic harm done by drug users, but which are harmful to individual users. In some harm reduction program, a doctor prescribing a drug might want to deny prescription of a drug to an addict until the addict has gone through various treatment programs, to ensure that every attempt is made to help the addict give up, or he/she may want to limit the amount that an addict receives, to prevent harm done by overdosing, but if the addict goes to a dealer as a result, *economic harm* is done by this support of the drugs industry. An approach aimed at waging economic warfare on the drugs industry would go about things more pragmatically.

Earlier, I compared drug addicts to the zombies in films in which zombies kill people who then turn into more zombies: A plague of drug addicts, like a plague of zombies, is a self-perpetuating problem. Imagine that we were in one of those zombie situations. It would be commonsense not to leave the dead around to turn into zombies: Interfering with the process of “zombification” would be critical and any attempt to introduce other objectives would be a distraction. Similarly, nothing should be allowed to interfere with the aim of stopping drug users from contributing to the drugs industry.

This is different to approaches which *medicalize* drug addiction. In many countries, doctors are expected to put their patients’ first, acting only in their patients’ best interests, and there are possible issues in expecting them to extend this to some abstract view of a society when dealing with an individual. Doctors may not be the best people to be involved in such an approach. This is not any criticism of doctors, but is merely an observation about what the scope of their job is. In any case, as the approach is based on economics rather than medicine, economists would be better placed to plan its implementation, though doctors would still be needed for medical information, of course, so that such planning is properly informed.

None of this, incidentally, means that anyone who wants drugs should get them merely on the basis that he/she would otherwise be doing economic harm by buying from drug dealers. As a person moves along the buying motivation spectrum for a drug, from being at risk of trying it to being extremely addicted and highly motivated for buying, the evidence for regarding him/her as a buyer at any particular time becomes stronger. At some point, it will be strong enough to justify taking him/her away from the drugs industry, possibly by supplying him/her with drugs. If this is done too early, there is the risk of giving drugs to someone who would not have obtained them illegally if left to his/her own devices, making drugs more available – the opposite of what the approach is ultimately intended to do. If this is done too late, there is the risk of someone who is not considered enough of a problem to be supplied with drugs by the state obtaining

them illegally from dealers, rewarding them so they create more addicts. People may be taken away from dealers when they are addicted, when they have used the drug a number of times, or at other points, and the exact point may vary from drug to drug. The important point, though, is that, whatever point the state chooses for intervention, the decision is based on economics – what the consequences are for the drugs industry: We are not doing medicine here.

What is proposed here may be implemented more aggressively than a typical harm reduction approach. Rather than waiting for addicts to seek state intervention, it may be necessary to seek them out, so that they can be taken away from dealers and the great, economic harm that they are doing can be stopped. Advertising may be used. If special facilities are used to dispense drugs, all kinds of methods may be used to attract people to them. It may also require imagination. I have mentioned the possibility of facilities where people go to receive drugs, but this may not be suitable for all drug users. Some users may be in prominent positions where they have a lot to lose if their drug habits become public: Such users might be taken away from the drugs industry by being offered something safer, with absolute discretion. State drug distributors might be sent into communities, supported by armed protection, to work in much the same way as dealers – and if the drug dealers responded with violence it would suggest the approach was working. It does not matter how questionable some of the actions required may seem: *The state has to do whatever it takes to deprive dealers of buyers.*

Nobody should confuse an economic warfare approach with various harm reduction approaches: The economic warfare approach has different priorities and different planning requirements.

9 Conclusion

The war on drugs has not solved the problem of illegal drugs. That leaves us with the choice of legalizing drugs or finding another way of fighting the illegal drugs industry. An approach for fighting the illegal drugs industry by waging economic warfare against it has been proposed. The approach is only suitable for addictive drugs.

The correct approach is based on economic warfare because this is, fundamentally, an economic problem. The decision to commit crime for profit can be regarded as a rational decision, and many people are prepared to work in the illegal drugs industry because the economics of the situation make it rational. Any approach that is going to be successful needs to change the economics to make it irrational.

Two groups of people are considered: buyers and non-buyers. A buyer is someone who is *successfully* going to obtain drugs illegally in the near future. A non-buyer is anyone else. The illegal drugs industry turns non-buyers into buyers. In particular, it makes a profit by turning *habitual* non-buyers into *habitual* buyers. The requirement that a buyer successfully obtains drugs illegally, and the fact that when people first start using drugs they will be near the low buying motivation end of the buying motivation spectrum, mean that anything that makes drugs harder to obtain will decrease the rate at which buyers are created and progressed along towards the higher buying motivation end of the spectrum. If the drugs industry were less able to operate, the rate at which non-buyers were turned into buyers, and progressed along the buying motivation spectrum towards addiction and greater buying motivation, would be reduced. In particular the rate at which *habitual* non-buyers were turned into *habitual* buyers, would be reduced.

The proposed approach is intended to work by waging economic warfare against the drugs industry in three ways:

- Depriving drug dealers of buyers.
- Ensuring that penalties for drug dealing are high.
- Ensuring that the risks of drug dealing are high.

Depriving drug dealers of buyers makes the rewards from drug dealing low. This, together with high risks and high penalties will make it less rational to work as a drug dealer, forcing the illegal drugs industry into a decline. This, in turn, will reduce the rate at which it creates new, habitual drug users. This will only tend to work for addictive drugs, however, because with addictive drugs it is contact with the illegal drugs industry

itself¹⁹ that causes people to progress from being habitual non-buyers to habitual buyers, meaning that depriving dealers of buyers who have reached some point along this progression will reduce the rewards of working in the industry and will damage its ability to operate, so that fewer people will come into contact with it and be progressed to the habitual buyer stage.

Drug dealers could be deprived of buyers in a number of ways. The most viable way, in advanced countries, is likely to be for the state to supply buyers with drugs at a lower price than the dealers are charging. This might be done using special facilities, or even by people working in a similar way to drug dealers. Some way of distinguishing buyers from non-buyers would be needed, so that buyers are provided with drugs by the state and taken away from dealers, causing dealers to lose the money, but non-buyers are not given access to drugs by the state.

It may seem that an approach like this merely involves the state replacing the illegal drugs industry, but this is not how things are. The state is not providing drugs to habitual non-buyers, so it is not turning habitual non-buyers into habitual buyers. Turning habitual non-buyers into habitual buyers is what the illegal drugs industry would normally be doing, but with the state taking its habitual buyers away, it is less rational to work in it and the illegal drugs industry is less effective. This means that drugs are less available and fewer habitual drug users are being created.

There are some requirements for making the process work:

- Focus on economic warfare.
- Avoid mission creep.
- Allocate resources properly.
- Monitor progress.
- Communicate the objective properly.
- Maintain the approach.

Focusing on economic warfare means that the entire approach should be structured around economic warfare. The objective is to wage economic warfare against the drugs industry, and this is the main reason for taking drug users away from it.

Avoiding mission creep means that other objectives, no matter how worthwhile they may seem, should not be allowed to interfere with the main objective: The economic warfare objective should retain precedence over everything.

¹⁹ It could be contact with people who themselves are in contact with it, but whether the contact is direct or indirect does not matter: How much of it occurs depends on how much of an illegal drugs industry there is.

Allocating resources properly means that resources should be allocated in the areas of depriving drug dealers of buyers, increasing the penalties for drug dealing and increasing the risks of drug dealing according to how the economic warfare objective will best be achieved.

Monitoring progress means continually monitoring how well various aspects of the approach are working, from the way that resources are allocated down to small details, making adjustments appropriately.

Communicating the objective properly means telling the general public what is intended, so that nobody misunderstands the approach as some kind of semi-legalization, tolerance or harm reduction approach. People need to understand that the approach is intended to make drugs *less* available.

Maintaining the approach means that when the illegal drugs industry is damaged and less capable, the approach is maintained so that any buyers are still taken away from any dealers, and the risks and penalties associated with drug dealing are still high. The costs would, however, become lower.

It may seem that approaches like this have already been tried, but it is important to realize that any implementation of the approach proposed here needs to be planned around an economic objective. Existing approaches tend to focus on harm reduction or medical management. The approach suggested here is an economic one: It is not harm reduction and it is not medical.

We might wonder how the drugs industry would respond to an approach like this. It may not be so cooperative as to cease to exist. One approach the people in it may try is to continually develop new drugs, as the market for the old ones is destroyed by the state. Even if this happened, it would be extremely preferable to the current situation. The state could play this game too, using the approach described here to destroy the market for each new drug as it appears. The drugs industry would constantly need to invest in producing new drugs, yet would never be allowed to benefit from addicted users of any of them for any long period of time, so the reward that it receives from all this would be reduced. At the same time, drug dealers would be exposed to the high risk of extreme penalties due to the approach. This would still mean that it is less rational to work in the drugs industry, reducing the size of the industry, reducing the rate at which new buyers are created, and reducing the size of the problem and the costs incurred in dealing with it. If this happened, while the drugs industry would need fighting, it would not be as out of control.

Finally, I am not saying we have to start using an approach like this. That should be up for debate. I will say, however, that we should use an approach like this or simply legalize. The alternative, an endless war on drugs in which criminals profit, prices rise, violence occurs between dealers and addicts steal to fund their drug habits, while the whole mess sucks up vast resources from the state and funds military opponents and terrorism, is not something that we should consider. For now, I will stay out of the issue of what drugs, if any, should be targeted by a process like this, although I have said that

it is only really going to work for addictive drugs. We might consider using the proposed approach to target the illegal drugs industry economically for some drugs, while legalizing the rest so that they do not benefit the illegal drugs industry.

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11 Bibliography

Becker, G. S. (1968). Crime and Punishment: An Economic Approach. *The Journal of Political Economy*, 76. pp169-217. Also available online at <http://www.nber.org/chapters/c3625.pdf>. Online version retrieved 15 November 2009.

Nadelmann, E. Switzerland's Heroin Experiment. *National Review*, July 10, 1995. pp 46-47. Also available online at <http://www.drugpolicy.org/library%5Ctlnr.cfm>. Online version retrieved 12 November 2009.

Drug Policy Alliance Network. Alternatives to Prohibition. *Drug Policy Alliance Network*. Retrieved 12 November 2009 from <http://www.drugpolicy.org/drugwar/alternatives/>.

The General Medical Council. (2006). Good Medical Practice: Duties of a doctor. *General Medical Council*. Retrieved 28 November 2009 from http://www.gmc-uk.org/guidance/good_medical_practice/duties_of_a_doctor.asp.