

AN ANALYSIS OF THE DECISION
TO "LEGALIZE" HEROIN

Mark H. Moore
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I. INTRODUCTION

The debate about the legalization of heroin must ultimately be a debate about social values. Since a decision to legalize heroin is unlikely to produce results that are superior to our current policy in every area, improvements in one area can be secured only at the price of deterioration in others. Hence, we must choose. We must decide how much we like reductions in property and violent crime compared with possible increases in the population addicted to heroin. We must decide how much we like increases in the number of users in "treatment" (or at least under supervision), compared with a dramatic shift in the proportions of users receiving different kinds of treatment. And we must decide whether the "governmental interference" associated with supplying heroin to people who want it is any less offensive to our concept of the proper relationship between the state and the individual than the current policy of arresting heroin users. Painful as these choices are, they are the proper basis for a decision about the legalization of heroin.

Unfortunately, most debates about the legalization of heroin founder long before these difficult choices come into view. Three common sticking points in the debate can be identified.

First, the debaters fail to agree on the terms in which the alternative policies should be evaluated. Advocates of legalization, with their eye on significant reductions in property and violent crimes, talk past opponents who are concerned about the quality of life for heroin users. Others, seized with a desire to protect civil liberties and limit the use of criminal sanctions, talk past equally committed ideologues who resist the idea of the government becoming a "pusher."

To some extent these debates involve legitimate disagreement about (1) empirical estimates of the likely consequences of legalization; (2) whether to value an agreed upon effect positively or negatively; and (3) the relative weight to be attached to one effect compared with another. Such issues are suitable topics for debate. However, more often, these debates occur simply because the debaters have inappropriately limited their conceptions of the things that are at stake in a decision to legalize heroin. People focus their attention on only a single attribute of the problem when dozens of other, equally important attributes will be affected. Sometimes the narrowed perspective is justified by a judgment that the single attribute is the "most important", or the area where the "greatest effects" will occur, or the only attribute that is the proper concern of government. But nearly all these views are only superficially held. One suspects the debaters of bad faith. They have not really exposed themselves to the full range of possible effects of the change in policy simply because the complexity was too much to manage. But if the shift in policy has effects in many different areas, a meaningful debate requires that sensitivity to the full range of the effects be retained.

Second, the debate is often unclear about the alternative policies that are being compared. An unspecified form of the "prohibition" policy (or, even worse, the "punitive approach") is compared with an unspecified form of a "legalization" policy. Such words may be adequate to describe very general alternatives. But who could make a responsible decision at this level of abstraction?

We know that an enormous variety of specific policies are possible under the current "prohibition policy". We can have treatment sectors of dramatically different sizes, and dramatically different distributions of treatment modalities. We can choose from a variety of enforcement strategies not only against drug offenses, but also against property and violent crimes. And we can have a variety of policies about the diversion of arrested drug users from the Criminal Justice System. The possible permutations and combinations of these diverse instruments are many. Presumably the range of possible outcomes is equally large.

A similar diversity can be imagined for legalization policies. One can imagine creating a system of heroin maintenances clinics as an overlay on our current policy (in effect, just adding a new mode of treatment and authorizing heroin use only for those enrolled in the clinics). Alternatively, legalization could become a complete substitute for our current policy. In setting up the clinics, one can imagine many different ways of handling such issues as the role of private M.D.'s; eligibility standards (and the diagnostic procedures required to establish eligibility); dose policy (in terms of levels and mode of administration); levels of ancillary services; and levels of supervision over users (e.g., how often the patient must appear; what rules he must follow to remain a participant; what sanctions can be exercised by the clinic staff; etc.). Again, different decisions on these diverse issues can produce markedly different policies, and markedly different results.

Given the diversity of policies and outcomes possible under the two general labels, a decision to legalize heroin on the basis of an analysis

that does not specify both the current policy and the imagined shift in some detail is buying a pig in a poke. Neither the decision-maker nor his audience knows precisely what is being decided.

Third, the debate usually fails to use available empirical information effectively in seeking to predict the likely outcomes of alternative policies. The basic problem is that we carry on the debate as though we could be certain about the effects. In a world where certainty is expected, empirical evidence must either be elevated to the status of certain facts, or excluded from the discussion as not worthy of examination. In fact, we must be uncertain about the consequences of a shift in policy since certain evidence is currently lacking, and could not easily be gathered. Moreover, most pieces of available information are more or less flawed. In this world, where uncertainty is the rule, the problem is to calibrate our degree of uncertainty, and use all available information to influence our judgment. To be sure, stronger pieces of information should influence us more than weaker pieces of information. But we should never expect to be certain about the outcome. Unfortunately, since we lack a commonly shared, easily accessible language for calibrating degrees of uncertainty (to say nothing of a common basis for evaluating and using imperfect pieces of information), the debate is usually carried on as though we could be certain. This posture of demanding certainty in an inherently uncertain situation risks fundamental insensitivities: we stop being alert to the possible consequences of being wrong, we stop using all the information we have available to us in trying to reduce our uncertainty, and we miss opportunities to design experiments or gather additional pieces of information that can resolve some of our uncertainties.

In sum, debates about the legalization of heroin rarely take into account all the necessary features of the situation. The debates have too limited a view of possible outcomes, too crude an idea of the policies that are being compared, and too little respect for the fundamental uncertainty of the situation and the value of even crude pieces of information in the face of the uncertainty. In this world, arguments can be made and appear to be decisive. But they appear so only if because one allows himself to forget the full range of complexity and uncertainty.

The purpose of this analysis is to frame the debate by building a structure that captures and controls both the complexity and the ambiguity. The structure, of course, does not resolve the debate. It merely serves the issue up for a more fierce debate about the kind of world we want. However, the structure has the virtue of getting us to these hard choices no more quickly than the complexity and uncertainty of the real world allow.

II. ATTRIBUTES OF THE WORLD AT STAKE IN THE DECISION TO LEGALIZE HEROIN

A relevant question to ask when considering a major shift in policy is simply to ask what is at stake in the shift? What features of the world will change? Where will consequences register and accumulate? How will we know whether things have gotten better or worse? What all of these questions require is simply a listing of the attributes of the world that are likely to be affected by a change in policy, and have value in themselves to a socially responsible decision-maker.

Now, it would be nice if this list had characteristics that would facilitate its use in calculations. It would be nice if we could arrange the list hierarchally so we could deal with subsets of effects rather than talking about each effect by itself. It would be nice if we could think of empirical measures for each attribute that could tell us whether things were getting better or worse in the particular area. And it would be absolutely luxurious if a single unit of value could be used to compare the value of accurately measured changes on the attributes.

However, none of these features is essential. In fact, straining to produce a list that had these characteristics might easily distract us from what is essential in developing the list of attributes. The most important features of the list are its comprehensiveness, and its ability to describe effects that have some ultimate social value. It should be large enough to include many possible effects, and it should focus our attention on the things that are valuable in themselves -- not intermediate to the creation of something of value. In short, it should remind us of all the things at stake in the decision to legalize heroin (or, indeed, in any large decision about heroin policy.)

Table 1 presents such a list. It seeks to describe all the areas in which a decision to legalize heroin could have some effect. Some of the categories deserve explicit discussion.

The category "Dignity and Autonomy" of users is meant to capture all the features of a user's life beyond his health. The notion is that we would like to know how a shift in heroin policy affected a user's economic independence; his ability to discharge conventional responsibilities within his

TABLE 1. ATTRIBUTES OF THE HEROIN PROBLEM

Attributes of the Heroin Problem		Indicators of the Problem in New York City		
Effects on Users	Health	Mortality	Mortality rate among users is approximately 1% per year; ¹ 20-year-old user has the same life expectancy as a 50-year-old nonuser. ²	
		Morbidity	Nearly all tetanus cases are users; ³ Nearly all users contract clinical or subclinical hepatitis. ³	
		Intoxication	Roughly only 2 out of every 12 hours are spent being "straight"; ³ Many users abuse alcohol. ⁴	
	Dignity and Autonomy	Economic Independence	Average income for users in legitimate work is estimated at \$3,300; ⁵ 20-30% of users in New York City are on welfare; around 50-60% of users report borrowing from family as a source of money. ⁶	
		Conventional Responsibilities	Over 50% of cases of child abuse in New York City involve families of users; ⁷	
		Satisfaction with Life	1/3 of users never help out former wife or family. ⁷	
	Effects on Others	Crimes	Economic Losses to Victims	An estimated 1/4 to 1/2 billion dollars worth of property is stolen by heroin users in New York. ⁸
			Private Costs of Protection	1/3 of people in a ghetto neighborhood have purchased special locks and alarms for their homes. ⁹
			Fear and Anxiety	1/3 to 1/2 of people in a ghetto neighborhood walk only on certain streets; ⁹ 1/4 to 1/3 in the same area do not go out alone at night. ⁹
Contagion			Around 90% of heroin users received their first dose of heroin from another drug user. ¹⁰	
Public Resources		Special Services to Users	Federal, state, and local governments spend a total of \$100-150 million on programs specifically directed at heroin users. ¹¹	
		Share of General Services	Roughly \$60 million are provided to heroin users through welfare. ¹²	
		Value of Facilities to Others	Roughly 20% of all felony and misdemeanor indictments are for narcotics crimes. ¹³	
		Impact on Tax Base	People avoid using parks, recreational facilities, etc., because of a distaste for coming into contact with users.	
Morale of Society			Many wealthy citizens respond to a large population of users by migrating out of the city.	
		State of Civil Rights	Commitment procedures are widely attacked as threats to civil liberties but are also justified as major instruments of heroin policy. ¹⁴	
		Power of Organized Crime	Profits to organized crime from the sale of heroin are estimated at \$24 million. ⁸	
		Integrity of Law Enforcement	In enforcing narcotics laws, police are offered bribes of \$50-70,000. ¹⁴	
		Degree of Upward Mobility	"Users come from homes of better socioeconomic circumstances than do non-users." ¹⁴	
		Moral and Aesthetic Preferences		

NOTE: The sources for this table are listed in Appendix A.

family and among his friends and associates; and how much he likes his life compared with alternative lives potentially available to him.

The category "Contagion" has the problem of being not quite an ultimate value. All it refers to is the tendency of current users to recruit new users. How we feel about the recruitment depends primarily on how heroin use affects the new user's life. Presumably, if heroin use (within a given policy) registered no bad effects on a user's health, dignity or autonomy, we would be indifferent on the issue of contagion. However, if heroin use (again within the context of a given policy) does register some bad effects, we regard whatever contagion occurs as a bad effect.

The category "Property and Violent Crimes Committed by Users" includes only those criminal offenses. It does not include narcotics offenses. The reason is that narcotic offenses are not things of ultimate value. They are simply by-products of a policy instrument we use to try to control the heroin problem. The implication is that narcotics offenses in themselves tell us little about the magnitude of the social problem associated with heroin use. They may have some relationship to the number of heroin users, and may entail significant public expenditures, but they are not important by themselves.

The category "Morale of Society" is something of a grab-bag. It seeks to capture the diverse ways in which the heroin problem (and our attempts to deal with it) might affect basic institutions and beliefs in the society. Thus, included in this category are things such as the wealth and power of organized crime, the corruption of police forces, and the state of civil liberties as important areas where effects of our policies could appear.

In addition, I include even less tangible effects such as peoples' views about what constitutes a virtuous life or a proper relationship between the state and the individual. Finally, I include effects on upward mobility in the society as a feature of the society that is worth emphasizing and is potentially affected by shift in heroin policy.

Now, it is clear that individuals have different "values" over these attributes. Nearly everyone differs in the relative weight they attach to the diverse attributes. Some think effects on users represent the key areas; others think the morale of society is most important; and still others think property and violent crimes are the most important. Moreover, some people disagree about whether a given effect should be valued positively or negatively. However, nearly everyone in looking at this list should find a description of the things s/he thinks are at stake in the design of heroin, plus some others think s/he hadn't considered. Comprehensiveness is the key at this stage, not judgments about which effects are much more important than others.

To the extent the attributes of Table 1 do capture diverse individual views of what is at stake in the legalization of heroin, these attributes should guide our analysis of the likely consequences: they define the areas in which we should offer a prediction.

III. POLICIES TO BE COMPARED

As noted above, a great variety of policies (each presumably associated with different outcomes) are included in the general ideas of "prohibition" and "legalization". Consequently, to make a reasoned choice among these alternatives, it is necessary to give more specific content to the general ideas.

Note that the great variety of specific policies leaves great discretion to the analyst, and a correspondingly large opportunity to bias the results of the analysis. He can choose a disastrous version of one general policy and a good version of the other and bias the general decision. Consequently, in identifying the policies to be compared, it is important not only to give a detailed description of the policies, but to have a reasonable basis for choosing the particular, specified policies to be compared.

The approach taken in this analysis is to define a "good" version of our current policy and compare that with a policy that includes all the elements of the good version of current policy and adds to it a large sector of heroin maintenance clinics which are operated on much the same basis as existing methadone clinics. More specifically, the "good" version of our current policy includes the following components:

- A treatment sector that is large enough to accommodate demands for treatment from volunteers who feel the indirect or direct pressure of prohibiting heroin, and people who are arrested and diverted to treatment programs;
- A treatment sector that includes a large variety of treatment programs including oral methadone programs (with varying degrees of supervision), therapeutic communities, and a few in-patient psychiatric hospitals;
- A major investment in vocational rehabilitation for all users currently in treatment;
- An expanded court division program;

- An enforcement strategy that succeeds in making it moderately inconvenient to secure heroin for all heroin users, but particularly difficult for new users to find heroin;
- An expanded set of programs to provide employment and recreational opportunities to ghetto youths; and
- Several "early detection" prevention programs in areas where heroin use is endemic, and the community demands and supports such programs.

Of course, our current policy falls short of several of these objectives. The major shortfalls include insufficient capacity for vocational rehabilitation, too limited a court diversion program, too small an investment in programs to employ or entertain ghetto youth, and an enforcement strategy that fails to keep heroin beyond the easy reach of new users as a result of a poor use of resources. Consequently, to the extent that we rely on the idealized version of our current policy, we may significantly over-estimate the outcomes achievable under the current policy.

The choice of this idealized version policy can be defended on two different grounds. First, it is important to keep reminding ourselves of what can be achieved within a prohibition policy. Given the significant uncertainties attending a legalization policy, it seems reasonable to force the legalization policy to stand against the best version of what we are currently trying to do.

Second, presenting an idealized version of our current policy serves to remind us of the relatively small role that the legalization of heroin plays in our overall policy towards heroin use. In effect, it makes available

one additional form of treatment. It doesn't relieve us of the problems of finding jobs for heroin users, preventing new use among ghetto populations, or enforcing against the unauthorized possession a sale of heroin. To the extent that we do these things badly now, we are likely to do these things equally badly in the future. Surely a simple decision to legalize heroin will not transform capabilities to these areas.

Thus, presenting the idealized vision of our current policy does tend to bias the decision. But it does so not so much by leading to an overly optimistic estimate of what can be accomplished within the constraints of the "prohibition policy," as by reminding us that the significant failures of our current policy will probably be significant failure of the "legalization policy" as well. In effect, it doesn't affect the marginal comparison of existing policies with a shift to heroin maintenance clinics. It serves to remind us that much of our success or failure in heroin policy lies outside this decision.

The version of the legalization policy that will be considered includes the following components:

- The heroin maintenance clinics will be added on to the existing treatment capacity;
- The heroin clinics will represent a reasonably large component at the treatment capacity (e.g., 30-50%);
- The clinics will have a fairly liberal dose policy: intravenous injection will be allowed; patients will be given fairly large doses if they desire; and some patients will be allowed to take home doses;

- Levels of ancillary services and supervision will be roughly comparable to what is currently provided in methadone maintenance programs: patients will have their urines screened; will be asked to describe their social status; will be subject to discharge from the program for violations of the rules; and will be assisted by freely supplied medical, legal, and vocational counseling.

All other factors of heroin policy will remain as they would be in the idealized version of our current policy. In effect, all that has changed is the creation of a large new treatment sector dispersing intravenous heroin.

There are basically three reasons for choosing a large network of government supervised heroin maintenance clinics overlaid on the current policy as the particular version of the "legalization policy" that is worth analyzing. First, this is the most likely form of our heroin policy after any decision to "legalize" heroin. Since the treatment and enforcement capacity that constitutes our current policy cannot immediately be dismantled, any move to legalize heroin will necessarily be an overlay on existing programs. There will continue to be methadone programs, therapeutic communities, inpatient psychiatric hospitals, and arrests for unauthorized possession of drugs operating alongside newly established heroin maintenance programs. Similarly, even if one starts small with heroin maintenance clinics, it is likely that they will grow quickly. The demand for these clinics will almost certainly be there; and our experience with methadone suggests that the treatment capacity can be created very quickly. Indeed, it is not hard to imagine methadone maintenance clinics simply shifting to intravenous doses of heroin. Thus, no matter what our first intentions are, it is

likely that a legalization move will soon result in a large network of heroin maintenance clinics overlaid on the existing systems.

Second, this legalization policy is sufficiently "radical" to allow us to explore an interesting portion of the region of legalization policies, but is not so radical as to be politically unrealistic. An analysis of a small scale, tightly restricted, heroin maintenance experiment would not be very interesting. An analysis of a world in which heroin was used as widely as Valium is not very realistic.

Third, the legalization policy described here is very close to the current British policy. The major difference is in the relative sizes of the different kinds of treatment in the overall treatment sector (It is easy to forget that there are arrests in England for illegal drug possession and sales). The similarity of the policies maximize the potential value of current English experience as evidence guiding predictions of the likely outcomes at a U.S. decision to legalize heroin.

Thus, in analyzing the likely effects at a decision to legalize heroin we will compare the current situation, with what might be achieved by improvements in our current policy, and with what can be achieved by adding a large network of heroin maintenance programs to our existing treatment capacity.

IV. ESTIMATING THE LIKELY EFFECTS OF "LEGALIZATION"

At this stage of the analysis, we have defined the important areas in which effects of "legalization" could occur, the specific form of legalization that is envisaged, and the current policy against which the legalization option will be compared. There is nothing left to be done in the analysis except predicting how the attributes of the heroin problem will be affected by the "legalization" policy described above compared with the current policy.

Unfortunately, as noted in the introduction, we are fundamentally uncertain about the consequences of legalizing heroin. No evidence allows us to be certain in predicting even the direction, much less the magnitude of the effects of legalization on the important attributes of the problem.

However, being uncertain about the consequences is not quite the same as not knowing anything about the likely consequences. Being uncertain means only that there are several different hypotheses about the likely consequences in the different areas, and that no hypothesis can be confidently excluded. It does not mean that we regard all hypotheses as equally likely to be true. Some hypotheses seem "pretty good" (i.e., 40% likely to be true). Others seem "fairly unlikely" (i.e., less than 10% likely to be true).

The problem for this section is to use reasoning and available evidence to gauge the relative likelihood that different effects will occur. The approach will be to describe the hypotheses about causal mechanisms that link a legalization policy to different estimates of effects, present the evidence supporting the diverse hypotheses, and let the evidence influence our judgments about the relative likelihood of the different effects. It is important to see that the approach is systematic, and responsive to logic and evidence, but not "scientific". It is too hard to be very rigorous about how much the pieces of information should sway one's judgment. As a result, the analysis is somewhat subjective. But the reader should begin the analysis with a particular frame of mind. He should acknowledge that one is uncertain about the likely consequences, and expose his judgments to the reasoning and evidence that is presented. It is the approach, the reasoning, and the evidence that is important. Each person can decide for himself how much he will be influenced, as well as what effects are most important to him.

Tables 2-5 present alternative hypotheses linking a legalization decision to four major attributes of the problem: the health of users, their dignity and autonomy, their level of criminal activity, and the rate at which new people become users.

Table 2

Predicted Impact of Permitting the Legal Prescription of Heroin
on the Health of Users

Predicted Effects	Models and Hypotheses Which Support Prediction	Observations and Evidence Supporting Propositions
<p>I. The Health of Users <u>Will Improve</u> Significantly.</p>	<ol style="list-style-type: none"> 1. Most addict deaths may be attributed to problems uniquely associated with an illegal market for heroin. <ol style="list-style-type: none"> a. "Acute Reaction Deaths" may be attributed to unsterile and unpredictable doses of heroin sold in an illegal market. b. "Traumatic Deaths" may be homicides associated with functional role of violence in illegal markets. c. "Medical Deaths" may be attributed to effects of: <ol style="list-style-type: none"> 1) Unsterile equipment; 2) Forgoing consumption of goods and services necessary to maintain health (e.g. food, shelter, medical care) to pay high price of illicit heroin; 3) Fatigue associated with "hustling life" necessitated by high price of illicit heroin. 2. Morbidity among users may also be attributed to the quality of the heroin sold in an illegal market. <ol style="list-style-type: none"> a. Serious and minor illnesses may be attributed to: <ol style="list-style-type: none"> 1) Unsterile equipment; 2) Forgoing consumption of health supportive goods and services; 3) Fatigue associated with "hustling life." b. Intoxication from heroin may be attributed to: <ol style="list-style-type: none"> 1) Unpredictability of doses; 2) Irregular schedule of administration due to irregular availability of heroin. 	<ol style="list-style-type: none"> 1. Heroin use <u>in itself</u> seems to cause no obvious organic damage. 2. Unsterile equipment can cause health problems for users. Obvious that sterile equipment is not available in illegal market. 3. Unpredictable doses can cause health problems for users. Examination of street samples found many "bags" of heroin with no heroin, and other bags with as much as 70% heroin. 4. Leading strenuous, unsheltered, poverty stricken life can degrade a person's general health. Widely observed that users spend large fractions of modest incomes on heroin. Also observed that users work long hours each day. Consequently, users are poorly nourished, poorly sheltered and fatigued. 5. Uncertain whether stable doses of heroin are feasible.
<p>II. The Health of Users <u>Will Not Improve</u> Significantly.</p>	<ol style="list-style-type: none"> 1. The availability of a regime of sterile injections, predictable doses and regular schedule of administration does not necessarily mean that users will <u>choose</u> to adhere to the regimen. To the extent that they supplement legal doses with illegal doses, with other drugs, etc.; and to the extent that they continue to be careless about injection techniques, eating well, and keeping sheltered; they will expose themselves to the same risks they face now. Since most users have habits and preferences which would lead them to continue to consume other drugs, to be careless with injections, and to ignore requirements to eat, sleep, etc., they will continue to die and be unhealthy. 	<ol style="list-style-type: none"> 1. British users die at 2-3 times the rate of New York City users despite the availability of sterile equipment, sterile and predictable doses of heroin, at low cost. <ol style="list-style-type: none"> a) British users supplement legal doses with illicit doses and with other drugs. b) British users are careless with injection techniques despite the availability of sterile equipment. 2. Heroin users in New York City in methadone maintenance programs die at roughly the same rate as uncontrolled street users¹ (e.g. ~1.0%).

Table 3

**Predicted Impact of Permitting the Legal Prescription of Heroin
on the Dignity and Autonomy of Users**

Predicted Effects	Models of Hypotheses	Evidence Supporting Hypotheses
<p><u>I. The Dignity and Autonomy of Users Will be Significantly Enhanced.</u></p>	<p>1. Permitting the legal prescription of heroin eliminates the major sources of pressure and interruption from a heroin user's life (e.g. avoiding arrests, earning enough money to support a habit with black market prices, managing to "cop" successfully). Consequently:</p> <ul style="list-style-type: none"> a. His economic security and independence is enhanced by permitting him to stabilize his heroin consumption and reduce his need for income to low enough levels that he can accept the lower pay and regular hours of a legitimate job, rather than a criminal occupation. b. His ability to discharge conventional responsibilities will be increased by permitting him to increase and control the amount of time and attention he can give to his family and friends. c. His satisfaction with his own life will be increased as a result of a lower level of anxiety and effort needed to support his heroin consumption. 	<ul style="list-style-type: none"> 1. Uncertain about whether stabilized doses of heroin are possible. 2. Uncertain about extent to which methadone maintenance presents same opportunity.
<p><u>II. The Dignity and Autonomy of Users Will be Modestly Enhanced by a Slight Increase in the Comfort of Users.</u></p>	<p>1. Most heroin users are seriously "damaged," either as a cause or consequence of their heroin consumption; i.e. they are poorly motivated, in bad health, without skills for relating to others, poorly educated, have extensive criminal records, etc. Consequently, relieving them of the daily pressures will not be sufficient to dramatically change any of the aspects of their dignity and autonomy:</p> <ul style="list-style-type: none"> a. They will continue to be irregularly employed because of poor motivation, poor work habits, labor market discrimination against minorities and those with criminal records. b. They will fail to relate to conventional friends because their pastimes will continue to be "hanging out" and "nodding." c. Their satisfaction with their own life will increase slightly as it becomes slightly easier to manage. 	<ul style="list-style-type: none"> 1. Many users have serious problems of motivation and behavior which persist after they stop using heroin.
<p><u>III. The Dignity and Autonomy of Users Will be Adversely Affected.</u></p>	<p>1. The skill, energies, and resourcefulness required of a hustler are more consistent with the dignity and autonomy of human beings than being given analgesic doses of heroin. Since some of the motivation to maintain a hustling life will disappear, addicts will tend to become passive, incompetent human beings. Moreover, they will become increasingly dependent on a source of heroin. Consequently, their dignity and autonomy will be reduced.</p>	<p>No evidence is possible. It is simply a different evaluation of a likely shift in the life-style of the user. The different values deserve to be taken seriously.</p>

Table 4

Predicted Impact of Legally Prescribing Heroin on Crimes
Committed by Users

Predicted Effect	Propositions or Arguments Which Support Prediction	Evidence or Observations Supporting Propositions
<p>I. The Frequency With Which Users Commit Property Crimes and Violent Crimes Will <u>Decrease Significantly.</u></p>	<ol style="list-style-type: none"> 1. To pursue euphoria and flee from withdrawal, heroin users wish to maintain a steadily increasing rate of heroin consumption. In the face of black market prices, heroin users need large incomes to support their intended level of consumption. In the face of irregular access and unpredictable effects of black market heroin, users need jobs with irregular schedules. The only jobs that fit both requirements and are accessible to heroin users are criminal occupations. Consequently, most users become criminals. 2. The heroin user's desire for income is assumed to be closely linked to the cost of his intended consumption of heroin (i.e. his "habit"). If the cost goes up, he is believed to work as long and as hard as is necessary to match his increase with additional income. If the cost falls, he gratefully lets his income fall by the same amount, trading his previous hard and risky work for more leisure. 3. Consequently, when the user is relieved of the burden of supporting a costly habit, he may shift his occupation and will work much shorter hours. 	<ol style="list-style-type: none"> 1. Anecdotal and systematic accounts reveal that heroin users commit many crimes. 2. Addicts report that they would work long hours and take desperate risks to get enough money to avoid being "sick."
<p>II. The Frequency With Which Users Commit Property Crimes and Violent Crimes Will <u>Decrease Only Slightly.</u></p>	<ol style="list-style-type: none"> 1. Many heroin users are basically criminals who spend part of their illegally earned income on heroin. If the price of heroin falls, their real income will increase. This may lead them to trade some work for leisure (i.e. reduce their criminal activities). However, they will not let their income fall by the full amount that the cost of their heroin consumption falls. They will continue to earn income from criminal occupations and will spend it on goods other than heroin. 2. Many heroin users may not have been criminals before they began using heroin. However, after 2-5 years as an addict, they have probably developed impressive criminal skills. These skills allow them to earn their highest wages as criminals. If the price of heroin falls, they will still desire income and will still choose to earn the income as criminals. 	<ol style="list-style-type: none"> 1. From 50-70% of heroin users had criminal records before they began using heroin.

Table 5

Predicted Impact of Permitting the Legal Prescription of Heroin
on the Contagiousness of Heroin Use

Predicted Effects	Models or Hypotheses Which Support Prediction	Evidence Which Supports Models or Hypotheses
<p>I. <u>The Contagiousness of Heroin Use Will Be Significantly Reduced.</u></p>	<p>1. The contagiousness of heroin use may be attributed to the aggressiveness of heroin dealers and users. In an illicit market which supports high prices for heroin, there are at least three "infectious agents."</p> <p>a. Economically motivated dealers in search of new markets will aggressively push drugs. The higher the profits, the stronger his motivation to expand.</p> <p>b. Heroin users seeking to maintain a high level of heroin consumption may begin to sell heroin. Their friends are convenient and safe customers. Consequently, they spread heroin use to their friends.</p> <p>c. Many old, tired addicts have difficulty earning incomes. A job that is available to them to support their heroin consumption is to serve as an intermediary in the heroin market; i.e. steering new users to dealers, running "shooting galleries," sharing "works," etc. These accommodations are often essential for new users. To the extent that such people are available and aggressive, users will find access more convenient.</p>	<p>1. High profits are made in the distribution system at relatively low levels (though at some substantial risk of arrest).</p> <p>2. Experienced users have been observed acting as "brokers," "steerers" or "touts" for inexperienced users.</p>
<p>II. <u>The Contagiousness of Heroin Use Will Be Unaffected.</u></p>	<p>1. The probability of heroin use is best explained by psychological and sociological factors which motivate a potential user to seek some analgesic substance. Within the range in which access to heroin is likely to vary, access will have relatively little impact on the probability of use. Since the prohibition policy has little effect on the incidence of these psychological and sociological factors, it has little impact on the incidence of heroin use.</p>	<p>1. Heroin use is concentrated among populations that are psychologically, socially, or economically deprived.</p>
<p>III. <u>The Contagiousness of Heroin Use Will Be Significantly Increased.</u></p>	<p>1. The probability of heroin use is importantly affected by the ease of access to heroin.</p> <p>2. Friends play an important role; they may both motivate and facilitate heroin use by their friends. Indeed, within a single friendship group, or among closely related friendship groups, heroin use may spread extremely quickly. The existence of a single experimenting heroin user may explain the use of heroin among all his friends. This is the major source of <u>micro-epidemics</u>.</p> <p>3. Macro-epidemics occur when heroin use spreads quickly through interrelated groups, or when experimenting users appear in several, previously uninfected, unrelated friendship groups. Factors controlling the frequency with which macro-epidemics occur include:</p> <p>a. The total supply of heroin available on the street;</p> <p>b. The frequency with which opportunities to experiment with heroin occur for people who do not have friends who use heroin;</p> <p>c. The dispersion of these opportunities throughout the society.</p> <p>4. The legal prescription of heroin will not affect the spread of heroin within friendship groups. However, it will affect the factors governing the macro-epidemics: it will increase the total supply of heroin; it will increase the number and disperse the opportunities for experimenting with heroin. Hence, the legal prescription of heroin will probably increase the contagiousness of use.</p>	<p>1. Most users do not look hard for heroin in the early stages of use.</p> <p>2. Interruptions in supply in early stages of use are usually enough to deter experimental users.</p> <p>3. Observed negative correlation between availability of heroin and incidence of use.</p> <p>4. Most users get early doses of heroin from a friend.</p>