

### 1: 'Right-to-try' bill: What you need to know - CNN

*In Our Right to Drugs, Thomas Szasz shows that our present drug war started at the beginning of this century, when the U.S. government first assumed the task of protecting people from patent medicines.*

By the end of World War I, however, the free market in drugs was but a dim memory, if that. Instead of dwelling on the familiar impracticality or unfairness of our drug laws, Szasz demonstrates the deleterious effects of prescription laws, which place people under lifelong medical tutelage. The result is that most Americans today prefer a coercive and corrupt command drug economy to a free market in drugs. Szasz stresses the consequences of the fateful transformation of the central aim of U. And he reminds us that the choice between self-control and state coercion applies to all areas of our lives, drugs being but one of the theaters in which this perennial play may be staged. A free society, Szasz emphasizes, cannot endure if its citizens reject the values of self-discipline and personal responsibility and if the state treats adults as if they were naughty children. In a no-holds-barred examination of the implementation of the War on Drugs, Szasz shows that under the guise of protecting the vulnerable members of our society--especially children, minorities, and the sick--our government has persecuted and injured them. Leading politicians persuade parents to denounce their children, and encourage children to betray their parents and friends--behavior that subverts family loyalties and destroys basic human decency. And instead of protecting blacks and Hispanics from dangerous drugs, this holy war has allowed us to persecute them, not as racists but as therapists--working selflessly to bring about a drug-free America. Last, but not least, to millions of sick Americans, the War on Drugs has meant being deprived of the medicines they need--because the drugs are illegal, are unapproved here though approved abroad, or require a prescription a physician may be afraid to provide. The bizarre upshot of our drug policy is that while many Americans now believe they have a right to die--an inevitable occurrence--few believe they have a right to drugs, even though that does not mean they have to take any. Often jolting, always stimulating, Our Right to Drugs is likely to have the same explosive effect on our ideas about drugs and drug laws as The Myth of Mental Illness had on our ideas about insanity and psychiatry more than thirty years ago. Utopia The Fear We Favor: Drugs as Scapegoats Drug Education: The Lie of "Legalization" Blacks and Drugs: Crack As "Genocide" Doctors and Drugs: The Burden of Choice References Bibliography Index show more Review quote "Szasz at his abrasive best, skewering the shibboleths of the War On Drugs and giving historical context to the current national hubbub. The prohibition of drugs abrogates our constitutional right to property; Americans have lost the freedom to control their bodies; until , Americans had unrestricted access to drugs of their choice without government control of the market: Thus begins this reasoned and passionate treatise, in which Szasz denounces both the prohibitionists "the War On Drugs is itself a giant quackery" and the legalizers--"paternalistic prohibitionists" whose agenda, the author says, is to transfer control of drugs to the medical system and to continue prohibiting substances, albeit only certain ones e. Why do we fear making drugs freely available? Because people would choose "an easy life of parasitism over a hard life of productivity" and become "drug-crazed" criminals? According to Szasz, economic productivity, crucial for the survival of society, has "nothing to do with drugs but has everything to do with family stability, cultural values, education, and social policies. Places the rhetoric and the players in clear positions on the board, whether or not you agree with the Szasz prescription. Our Right to Drugs carries an important message, which should be taken very seriously. What is so compelling and provocative about this book is its rational and coldly logical treatment of the issues from within an internally coherent and not unreasonable perspective of the individual and our contemporary society. Thus Our Right to Drugs can and ought to cause us to reconsider our own views about the autonomy, dignity, and moral responsibility of the individual, and the sphere in which the constitutionally empowered and constrained government of the United States may function legitimately. He maintains athletes should be allowed to use drugs freely to make competition fair. Szasz does make some good points. The War on Drugs has had many undesirable consequences, not least among them the mass production of experts on drug abuse. With this book he challenges US society to take a fresh look at its drug problem and the way in which its government is

responding to the misuse of drugs by some of its citizens. Szasz describes how the current debate on drugs is based on a collective ignorance of the facts and issues and on inability to learn from history. He then goes on to cover issues such as the rights citizens rejected; liberty versus utopia; drugs as scapegoats; the cult of drug disinformation; the lie of legalization; perils of prohibition; and the burden of choice. Szasz makes a persuasive case for a reevaluation of US drug policy within the context of liberty and human responsibility in a democratic society. This book is well written, the arguments are clear and concise, and the logic effective. Excellent notes section and a very useful bibliography. Must read for anyone seriously interested in drugs and how US society is managing them. Our Right to Drugs is an eloquent and passionate. Our Right to Drugs carries an important message, which should be taken very seriously. While never departing from the moral principles surrounding the issues of drug use, Szasz makes his point in direct, simple, and occasionally astonishing fashion, namely, that every American has the right to possess and use drugs with the same freedom that attaches to any other specie of property Thus Our Right to Drugs can and ought to cause us to reconsider our own views about the autonomy, dignity, and moral responsibility of the individual, and the sphere in which the constitutionally empowered and constrained government of the United States may function legitimately. The War on Drugs has had many undesirable consequences, not least among them the mass production of experts on drug abuse. Szasz Professor Emeritus of Psychiatry, State University of New York, Syracuse holds numerous awards and has written many stimulating books on mental illness. Szasz at his abrasive best, skewering the shibboleths of the War On Drugs and giving historical context to the current national hubbub. Places the rhetoric and the players in clear positions on the board, whether or not you agree with the Szasz prescription. Szasz has written a profound analysis of the moral issues raised by the prohibition of drugs. Whether you favor or oppose our present drug policy, reading this book will transform your understanding of the real issues involved. Szasz not only holds numerous awards but has been honored by the establishment of an award in his name for outstanding contributions to the cause of civil liberties. Generally acknowledged as having had a greater influence on contemporary thinking about psychiatry and mental illness than anyone in the field, he is the author of the classic, *The Myth of Mental Illness*, and more recently, *The Untamed Tongue, A Dissenting Dictionary*.

### 2: Global Support Grows for Legalizing Drugs - SPIEGEL ONLINE

*In Our Right to Drugs, Thomas Szasz shows that our present drug war started at the beginning of this century, when the American government first assumed the task of protecting people from patent medicines. By the end of World War I, however, the free market in drugs was but a dim memory, if that.*

In fact, medication errors are the cause of 1. These errors are due to the wrong drug, dose, timing, or route of administration. Dosage and timing For all medications, you should only give the dosage described in the prescription label or other instructions. Dosage is carefully determined by your doctor and can be affected by your age, weight, kidney and liver health, and other health conditions. For some medications, dosage must be determined by trial and error. For these drugs, your healthcare provider would need to monitor you when you first start treatment. For instance, if your doctor prescribes thyroid medications or blood thinners, you would likely need to have several blood tests over time to show if the dosage is too high or too low. To be effective, many medications need to reach a certain level in your bloodstream. They need to be given at specific times, such as every morning, to keep that amount of drug in your system. Taking a dose too soon could lead to drug levels that are too high, and missing a dose or waiting too long between doses could lower the amount of drug in your body and keep it from working properly. Potential problems Adverse events, or unwanted and negative effects, can occur with any drug. A drug with high risk of adverse effects may be administered only by a healthcare provider. And in some uncommon cases, your healthcare provider may keep you in their facility so they can observe how the drug affects you. If you notice any problems, be sure to let your doctor know. Talk with your doctor Be sure to take your medications correctly to get the most out them and to reduce your risk of side effects and other problems. Make sure that you understand everything about taking your medication. If you have any questions, talk to your doctor. Some questions you might ask include: Can you explain your instructions more clearly? My nurse gives me my medication now. Can I be trained to give it to myself? Can a family member or healthcare provider give it to me instead? Are there any side effects I should watch for? What time of day should I take this drug? Or does it matter? Am I taking any medications that this drug could interact with? Why do I have to be so careful? Why would it matter if I took too little or too much medication? It might matter a lot. You have to take every dose on time, and you must take all of it until the prescription is gone. For instance, opioid pain medications, such as oxycodone or codeine, are dangerous if you take more than prescribed. You could become addicted to the drug or you could overdose and die. Healthline Medical Team Answers represent the opinions of our medical experts. All content is strictly informational and should not be considered medical advice.

### 3: Our Right to Drugs: The Case for a Free Market by Thomas Szasz

*Our Right to Drugs* You might be tempted to label Thomas Szasz, author of *Our Right to Drugs, The Case for a Free Market*, a counter-culture hippie.

Efficiency[ edit ] Drug laws are effective[ edit ] Supporters of prohibition claim that drug laws have a successful track record suppressing illicit drug use since they were introduced years ago. With illicit drug use peaking in the s in the United States, the "Just Say No" campaign, initiated under the patronage of Nancy Reagan, coincided with recent past month illicit drug use decreases from Sweden is an excellent example. Drug use is just a third of the European average while spending on drug control is three times the EU average. For three decades, [nb 1] Sweden has had consistent and coherent drug-control policies, regardless of which party is in power. There is a strong emphasis on prevention, drug laws have been progressively tightened, and extensive treatment and rehabilitation opportunities are available to users. The police take drug crime seriously. Governments and societies must keep their nerve and avoid being swayed by misguided notions of tolerance. They must not lose sight of the fact that illicit drugs are dangerous " that is why the world agreed to restrict them. After so many years of drug control experience, we now know that a coherent, long-term strategy can reduce drug supply, demand and trafficking. If this does not happen, it will be because some nations fail to take the drug issue sufficiently seriously and pursue inadequate policies. Many countries have the drug problem they deserve. Inefficiency[ edit ] Drug laws are ineffective[ edit ] One of the prominent early critics of prohibition in the United States was August Vollmer , founder of the School of Criminology at University of California, Irvine and former president of the International Association of Chiefs of Police. In his book *The Police and Modern Society*, he stated his opinion that: Stringent laws, spectacular police drives, vigorous prosecution, and imprisonment of addicts and peddlers have proved not only useless and enormously expensive as means of correcting this evil, but they are also unjustifiably and unbelievably cruel in their application to the unfortunate drug victims. Repression has driven this vice underground and produced the narcotic smugglers and supply agents, who have grown wealthy out of this evil practice and who, by devious methods, have stimulated traffic in drugs. Finally, and not the least of the evils associated with repression, the helpless addict has been forced to resort to crime in order to get money for the drug which is absolutely indispensable for his comfortable existence. The first step in any plan to alleviate this dreadful affliction should be the establishment of Federal control and dispensation " at cost " of habit-forming drugs. With the profit motive gone, no effort would be made to encourage its use by private dispensers of narcotics, and the drug peddler would disappear. New addicts would be speedily discovered and through early treatment, some of these unfortunate victims might be saved from becoming hopelessly incurable. Drug addiction, like prostitution, and like liquor, is not a police problem; it never has been, and never can be solved by policemen. It is first and last a medical problem, and if there is a solution it will be discovered not by policemen, but by scientific and competently trained medical experts whose sole objective will be the reduction and possible eradication of this devastating appetite. There should be intelligent treatment of the incurables in outpatient clinics, hospitalization of those not too far gone to respond to therapeutic measures, and application of the prophylactic principles which medicine applies to all scourges of mankind. Consensus is growing within the drugs field and beyond that the prohibition on production, supply, and use of certain drugs has not only failed to deliver its intended goals but has been counterproductive. Evidence is mounting that this policy has not only exacerbated many public health problems, such as adulterated drugs and the spread of HIV and hepatitis B and C infection among injecting drug users, but has created a much larger set of secondary harms associated with the criminal market. These now include vast networks of organised crime, endemic violence related to the drug market, corruption of law enforcement and governments. The United Nations Office of Drugs and Crime has also acknowledged the many "unintended negative consequences" of drug enforcement. Danny Kushlik, head of external affairs at Transform, said the intervention of senior medical professionals was significant. The Hippocratic oath says: Physicians are duty bound to speak out if the outcomes show that prohibition causes more harm than it reduces. Notwithstanding the vast public resources expended on the enforcement of penal

statutes against users and distributors of controlled substances, contemporary drug policy appears to have failed, even on its own terms, in a number of notable respects. This conclusion becomes more readily apparent when one distinguishes the harms suffered by society and its members directly attributable to the pharmacological effects of drug use upon human behavior, from those harms resulting from policies attempting to eradicate drug use. It does so by permitting and indeed, causing the drug trade to remain a lucrative source of economic opportunity for street dealers, drug kingpins and all those willing to engage in the often violent, illicit, black market trade. Meanwhile, the effect of present policy serves to stigmatize and marginalize drug users, thereby inhibiting and undermining the efforts of many such individuals to remain or become productive, gainfully employed members of society. Furthermore, current policy has not only failed to provide adequate access to treatment for substance abuse, it has, in many ways, rendered the obtaining of such treatment, and of other medical services, more difficult and even dangerous to pursue. However, available systematic indicators show that the prevalence of drug use has increased since around 1970, that the decrease in drug incidence was particularly marked during the 1980s and that some indicators point towards an increase during the 1990s. They noted that unlike most of Europe, Sweden did not have widespread and lingering youth unemployment until the early 1990s financial crisis, suggesting that unattractive future prospects may contribute to the increase in drug use among the young. He said that Sweden are serving the role of being welfare alibi for, and lending legitimacy to the US drug war. In it was the third, as USA withdrew some of its funding. That presumption may be wrong. There is no correlation between the harshness of drug laws and the incidence of drug-taking: Embarrassed drug warriors blame this on alleged cultural differences, but even in fairly similar countries tough rules make little difference to the number of addicts: Gil Kerlikowske, Director of the US ONDCP argues, Controls and prohibitions help to keep prices higher, and higher prices help keep use rates relatively low, since drug use, especially among young people, is known to be sensitive to price. The relationship between pricing and rates of youth substance use is well-established with respect to alcohol and cigarette taxes. There is literature showing that increases in the price of cigarettes triggers declines in use. They argue that the Dutch idea of going soft on cannabis dealers, thereby creating a "separation of markets" from hard drug dealers has failed to stem the initiation to drugs such as heroin, cocaine, and amphetamines, saying that, in 2007, the Netherlands had the third highest cannabis and cocaine use in Europe. The BCS figures, published in October 2007, showed that the proportion of frequent users in the 16-24 age group is down. Use of marijuana is down among 8th- and 10th-graders, though it is flat among high school seniors, according to the annual Monitoring the Future survey of American teens. The study suggested that a causal role of cannabis use in later hard drug usage is minimal, if it exists at all, and that cannabis use and hard drug use share the same influencing factors such as genetics and environment. According to the Centers for Disease Control and Prevention CDC, during 2007, there were 15, drug-induced deaths; only slightly less than the 18, alcohol-induced deaths. Marijuana is far more powerful than it used to be. In 2007, there were six times as many emergency room mentions of marijuana use as there were in 1997, despite the fact that the number of people using marijuana is roughly the same. In 2007, a record 1.2 million Americans entered substance abuse treatment primarily for marijuana dependence, second only to heroin and not by much. According to the National Institute on Drug Abuse, "Studies show that someone who smokes five joints per week may be taking in as many cancer-causing chemicals as someone who smokes a full pack of cigarettes every day. For example, smoking one marijuana cigarette deposits about four times more tar into the lungs than a filtered tobacco cigarette. The short-term effects are also harmful. And marijuana affects people of all ages: Harvard University researchers report that the risk of a heart attack is five times higher than usual in the hour after smoking marijuana. While ecstasy may have lower rates of immediate mortality than some other illicit drugs, there is a growing science on the already recognized considerable health harms of ecstasy. In Australia, which has had the highest opioid mortality per capita in the OECD, [1] studies found that "overdose fatality is not a simple function of heroin dose or purity. There is no evidence of toxicity from contaminants of street heroin in Australia. Where it is argued that all disabilities are a burden on society it must be recognized that most disabilities are not the result of a choice, whereas the decision to recreationally use illicit drugs is most commonly free, and with the knowledge that they may lead to an abundance of addictions. There is evidence that MDMA ecstasy can treat or cure

post-traumatic stress disorder and anxiety in cases of terminal illness. LSD has been widely researched as a therapeutic agent, and has shown effectiveness against alcoholism, frigidity and various other disorders. Researchers at Harvard-affiliated McLean Hospital found members of a religious group regularly using peyote scored significantly better on several measures of overall mental health than did subjects who did not use the hallucinogen. It is well recognised in developing countries, such as Kenya, that illicit alcohol production can result in the contamination with toxic by-products or adulterants that can kill or seriously affect the health of users. The same may be true of illicit drugs such as opiates, cocaine and amphetamine in developed societies. The illegality of injectable drugs leads to a scarcity of needles which causes an increase in HIV infections. The money spent on both increased health costs due to HIV infections and drug prohibition itself causes a drain upon society. Many patients were able to find employment, some even started a family after years of homelessness and delinquency. For example, it has been proposed that a drug with many of the same desired effects as alcohol could be created with fewer adverse health effects. An analysis of drug-induced deaths for the year period 1997-2000 found the vast majority attributable to accidental overdose, and suicide by drug taking, which together account for about 76 percent of all such deaths. It says that EU rules set out strict criteria for the acceptance of a drug for medical use: All active ingredients have to be identified and their chemistry determined. These tests have to be validated and reproduced if necessary in an official laboratory. Animal testing will include information on fertility, embryo toxicity, immuno-toxicity, mutagenic and carcinogenic potential. Risks to humans, especially pregnant women and lactating mothers, will be evaluated. Adequate safety and efficacy trials must be carried out. They must state the method of administration and report on the results from different groups, i. Adverse drug reactions ADR have to be stated and include any effects on driving or operating machinery. This is especially true of addictive, mind-altering drugs like marijuana. A marijuana withdrawal syndrome occurs, consisting of anxiety, depression, sleep and appetite disturbances, irritability, tremors, diaphoresis, nausea, muscle convulsions, and restlessness. Often, persons using marijuana erroneously believe that the drug is helping them combat these symptoms without realizing that actually marijuana is the cause of these effects. Therefore, when a patient anecdotally reports a drug to have medicinal value, this must be followed by objective scientific studies. There is a growing misconception that some illegal drugs can be taken safely. For example, savvy drug dealers have learned how to market drugs like Ecstasy to youth. Some in the Legalization Lobby even claim such drugs have medical value, despite the lack of conclusive scientific evidence. In natural plant drugs like opium, coca, cannabis, mescaline, and psilocybin, the medical history usually dates back thousands of years and through a variety of cultures. They could ease a variety of difficult-to-treat mental illnesses, such as chronic depression, post-traumatic stress disorder, and alcohol dependency. The United Nations Single Convention on Narcotic Drugs requires that opiates be distributed only by medical prescription, but this is impractical in many areas. According to the Transnational Institute, June 2001. Ironically, the current drug control regulations hamper access to controlled opiate medications for therapeutic use. Many patients are unable to access morphine, methadone or an equivalent opioid. Global medical morphine consumption would rise five times if countries would make morphine available at the level of the calculated need, according to a recent WHO estimate. According to the New York Times, September 2001. But in all Sierra Leone there are only about doctors 1 for every 54, people, compared with one for every 1000 in the United States. The economic argument for drug legalization says: This argument is gaining favour, as national administrations seek new sources of revenue during the current economic crisis. This legalize and tax argument is un-ethical and uneconomical.

### 4: OUR RIGHT TO DRUGS

*Introduction to OUR RIGHT TO DRUGS, The Case for a Free Market. by Thomas Szasz. Introduction I never write on any subject unless I believe the opinion of those who have the ear of the public to be mistaken, and this involves as a necessary consequence that every book I write runs counter to the men who are in possession of the field.*

Samuel Butler For good or ill, this has been true as well of the books I have written, this one included. In the present case, it is because the contemporary debate on drugs, drug abuse, and drug legalization is a monument to our collective ignorance and eagerness to forget. From the founding of the American Colonies until the Civil War, marijuana was an important cash crop, yielding the raw materials needed for the production of canvas, clothing, and rope. The colonists, including George Washington, grew marijuana. Of course that is not what they called it. They called it "hemp," just as they called their Negro slaves "three-fifths Persons. But how many people know that hemp, coca, and the opium poppy are ordinary plants, understand how they became transformed into dreaded "dangerous drugs," and realize that in losing our rights to them we have surrendered some of our most basic rights to property? This book, then, is about rights, responsibilities, the law, and the Constitution -- not as abstractions in philosophical treatises or legal briefs, but as the practical realities of our daily lives. Specifically, it is about our laws and lawlessness concerning the substances we choose to call "drugs. But eating and drinking are much more important acts. If given a choice between the freedom to choose what to ingest and what politician to vote for, few if any would pick the latter. Indeed, why would anyone be so foolish as to sell his natural birthright to consume what he chooses in return for the mess of pottage of being allowed to register his preference for a political candidate? Yet this is precisely the bargain we the American people have made with our government: The result is that we consider the fiction of self-government a blessed political right, and the reality of self-medication an accursed medical malady. In , less than half of adult Americans had the right to vote. Since then, one class of previously ineligible persons after another has been granted the franchise. Not only blacks and women, as they deserved, but also others with questionable claims to that privilege -- for example, persons unable to speak or read English or read and write any language. During this period, every one of us -- regardless of age, education, or competence -- has been deprived of his right to substances the government decides to call "dangerous drugs. Moreover, having become used to living in a society that wages a relentless War on Drugs, we have also lost the vocabulary in which to properly articulate and analyze the disastrous social consequences of our own political-economic behavior vis-a-vis drugs. Mesmerized by the mortal dangers of fictitious new diseases such as "chemical dependency" and "substance abuse," we have become diverted from the political perils of our totalitarian-therapeutic efforts at collective self-protection. Long ago, Frederic Bastiat , a French political-economic thinker and pioneer free marketeer, warned against the dangers of precisely such folly. The good is apparent to the outer eye; the harm reveals itself only to the inner eye of the mind. I submit it lies mainly in the fact that most of the drugs we want are ones we cannot legally make, sell, or buy. Why can we not do these things? In short, we have tried to solve our drug problem by prohibiting the "problem" drugs; by imprisoning the persons who make, sell, or use such drugs; by defining the use of such drugs as diseases; and by coercing drug users to undergo treatment coercion being necessary because drug users want drugs, not treatment. None of these measures has worked. Some suspect that these measures have aggravated the problem. I am sure of it. They have had to -- because our concept of the nature of the problem is mistaken, our methods of responding to it are coercive, and the language in which we speak about it is misleading. I submit that making, selling, and using drugs are actions, not diseases. Authorities can go far in maintaining the illusion that ab using a drug is a disease, but an illusion it remains. Moreover, the complex set of personal behaviors and social transactions we call "the drug problem" does not, in the literal sense, constitute a problem susceptible to a solution. Arithmetical problems have solutions. Social problems do not. The solution of an arithmetical problem does not, ipso facto, create another arithmetical problem, but the solution of every social problem inexorably creates a new set of social problems. It is a grievous mistake to conceptualize certain drugs as a "dangerous enemy" we must attack and eliminate, instead of accepting them as potentially helpful

as well as harmful substances, and learning to cope with them competently. Why do we want drugs? Basically, for the same reasons we want other goods. We want drugs to relieve our pains, cure our diseases, enhance our endurance, change our moods, put us to sleep, or simply make us feel better -- just as we want bicycles and cars, trucks and tractors, ladders and chain saws, skis and hang gliders, to make our lives more productive and more pleasant. Each year, tens of thousands of people are injured and killed as a result of accidents associated with the use of such artifacts. Why do we not speak of "ski abuse" or a "chain saw problem"? Because we expect people who use such equipment to familiarize themselves with their use, and avoid injuring themselves or others. If they hurt themselves, we assume they did so accidentally and we try to heal their injuries. If they hurt others negligently, we punish them by both civil and criminal sanctions. These, in brief, are the means by which we try to adapt to -- rather than solve -- the problems presented by potentially dangerous devices in our environment. However, after generations of living under medical tutelage that provides us with protection albeit illusory against dangerous drugs, we have failed to cultivate the self-reliance and self-discipline we must possess as competent adults surrounded by the fruits of our pharmacological-technological age. After a protracted war on self-medication, we are thus mired in a mess that is its direct result -- just as after a protracted war on private property, the people in the Soviet Union are mired in a mess that is its direct result. My thesis is that what we call "the drug problem" is a complex set of interrelated phenomena that are the products of personal temptation, choice, and responsibility, combined with a set of laws and social policies generated by our reluctance to face this fad in a forthright manner. If that is false, then nearly everything in this book is false. But if it is true, then nearly everything the American government, American law, American medicine, the American media, and the majority of the American people now think and do about drugs is a colossal and costly mistake, injurious to innocent Americans and foreigners, and self-destructive to the nation itself. For if the desire to read Ulysses cannot be cured with an anti-Ulysses pill, then neither can the desire to use alcohol, heroin, or any other drug or food be cured by counterdrugs for example, Antabuse versus alcohol, methadone versus heroin or so-called drug treatment programs which are coercions masquerading as cures. Unlike most criticisms of the War on Drugs, which are based on pharmacological, prudential, or therapeutic arguments, mine is based on political-philosophical considerations. I shall argue the following: The right to chew or smoke a plant that grows wild in nature, such as hemp marijuana, is anterior to and more basic than the right to vote. A limited government, such as that of the United States, lacks the political legitimacy to deprive competent adults of the right to use whatever substances they choose. The constraints on the power of the federal government, as laid down in the Constitution, have been eroded by a monopolistic medical profession administering a system of prescription laws that have, in effect, removed most of the drugs people want from the free market. Hence it is futile to debate whether the War on Drugs should be escalated or de-escalated, without first coming to grips with the popular, medical, and political mind-set concerning the trade in drugs generated by nearly a century of drug prohibitions. I am familiar with recent essays arguing the impracticality of drug legalization. I share that view. The idea of selling cocaine as we do cucumbers while preserving our prescription laws restricting the sale of peptidins is obviously absurd. But this proves only that unless we are willing to come to grips with the profoundly paternalistic implications and perilous anti-market consequences of prescription laws, which I discuss in this book especially Chapter 7, we are doomed to impotence vis-a-vis our so-called drug problem. Dicey in 1885, the year the first law protecting us from dangerous drugs was enacted, "never holds a stronger position than when he advocates the enforcement of the best ascertained laws of health. We long ago decided that it is morally wrong to treat drugs especially foreign, plant-derived drugs as a commodity. If we are satisfied with that state of affairs and its consequences, so be it. But I believe we ought to consider the possibility that a free market in drugs is not only imaginable in principle, but, given the necessary personal motivation of a people, is just as practical and beneficial as is a free market in other goods. Accordingly, I support a free market in drugs not because I think it is --at this moment, in the United States -- a practical policy, but because I believe it is right and because I believe that -- in the long run, in the United States -- the right policy may also be the practical policy.

### 5: Drug Testing in the Workplace

*Our Right to Drugs is one of my sources. The parts I generally took notes from were either about the drugs themselves or the prohibition of drugs. You'll find the information garnered from these books throughout the Prohibition Politics section of this site.*

Comment "Pablo Escobar said to me: It has to be two shots, just above the eyes. I cut up the bodies and threw them in the river. Or I just left them there. Then I shot them and threw them in the trash. He is the only prisoner in the giant building. The experience is like opening a door into hell. Until his death in , Escobar was the most powerful drug lord in the world. He industrialized cocaine production, controlled 80 percent of the global cocaine trade and became one of the richest people on the planet. The cartel ordered the killings of 30 judges, about police officers and many more civilians. The longer Popeye talks -- about his murders, the drug war and the havoc he and Escobar wreaked and that is currently being repeated in Mexico -- the less important my prepared questions about this war become. I realize that I might as well throw away my notepad, because it all boils down to one question: How can we stop people like you, Popeye? He pauses for a moment before saying: They lose men, and we lose men. They lose their scruples, and we never had any. Maybe sell cocaine in pharmacies. Popeye, an evil product of hell. The drug war is the longest war in recent history, underway for more than 40 years. It was the opening salvo in the "war on drugs. It is being fought against coca farmers in Colombia, poppy growers in Afghanistan and drug mules who smuggle drugs by the kilogram 2. It is being fought against crystal meth labs in Eastern Europe, kids addicted to crack cocaine in Los Angeles and people who are caught with a gram of marijuana in their pockets, just as it is being fought against the drug cartels in Mexico and killers like Popeye. There is almost no place on earth today where the war is not being waged. In , about million people took illegal drugs. The numbers have remained relatively constant for years, as has the estimated annual volume of drugs produced worldwide: What has increased, however, is the cost of this endless war. There is even a rough estimate of the direct and indirect costs of the plus years of the drug war: In Mexico, some 60, people have died in the drug war in the last six years. US prisons are full of marijuana smokers, the Taliban in Afghanistan still use drug money to pay for their weapons, and experts say China is the drug country of the future. Is Legalization the Answer? One of the best ways to understand why, after more than 40 years, this is still an unwinnable war is to track one of the invincible enemies. Take cocaine, for example. The idea is the regulated legalization of drugs. After decades of the war on drugs, the desire for an alternative is greater than ever. The eternal front in the war is crumbling. When about 30 national leaders met in Cartagena, Colombia, in April for the Summit of the Americas, there was only big, behind-the-scenes topic: Vicente Fox, the president of Mexico from to , wanted to wage the "mother of all wars" against organized crime, sending the Mexican army into the drug war. Today, Fox says that the war was a "total failure. After studying drug policy in Great Britain, an independent commission concluded that a policy of stiff penalties is just as costly as it is ineffective. Although the report does not advocate the legalization of drugs, it does call for a rethinking of drug policy. They argue that the possession of smaller amounts should no longer be a punishable offense and that cannabis cultivation by ordinary consumers should be decriminalized and perhaps even legalized. Drug Anxiety in Germany A new way of thinking is beginning to take root: German officials take a decidedly cool stance toward these developments. No top politician with a major German party is about to call for a new drug policy or even the legalization of marijuana. The headline of a recent cover story in the Berliner Kurier daily newspaper read: When someone tries to relax the rules, he is immediately accused of not protecting our children," says Gerhart Baum, the German interior minister from to During his tenure, Baum experienced the so-called "heroin years," when the number of addicts in Germany exploded, images of young junkies were on cover pages and the film "Christiane F - Wir Kinder vom Bahnhof Zoo" "We Children from Zoo Station" was playing in theaters. This period shaped German drug policy, and it also affected how Germans feel about drugs: For many people, legalization sounds like an invitation to more drug use and addiction as well as a capitulating country that no longer performs its protective function.

### 6: Our Right to Drugs : Thomas Szasz :

*The late Thomas Szasz was a lifelong champion of civil rights. 'Our Right to Drugs' is a discussion on the morality of prohibition. The rationale behind how the punishments became far harsher than the crime.*

### 7: Can I Be Forced to Take a Drug Test After an Accident? | [www.enganchecubano.com](http://www.enganchecubano.com)

*Showing that the present drug war started at the beginning of this century, when the American government first assumed the task of protecting people from patent medicines, Szasz demonstrates the.*

### 8: Arguments for and against drug prohibition - Wikipedia

*In the debate over the root causes of drug use, particularly over the question of whether it is a personal choice, the issues of personal and societal rights frames the discussion completely.*

### 9: Our Right to Drugs: The Case for a Free Market - Thomas Szasz - Google Books

*The work of Thomas Szasz and his position on drug policy and drug addiction is presented through his latest work, Our Right to Drugs: The Case for a Free Market, the main thesis of which is that individuals have a constitutional right to drugs.*

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