## TierneyLab Putting Ideas in Science to the Test

**SEPTEMBER 18, 2009, 12:38 PM** 

## **Drug Science**, 1937-2009

By JOHN TIERNEY

New York Magazine's article on marijuana includes an interesting bit of scientific history. After noting that Mayor Bloomberg has presided over more marijuana arrests than any mayor anywhere, Mark Jacobson writes:

This could be compared with the record of another New York City mayor, Fiorello La Guardia, who, in response to the 1937 federal ban on pot, requested a report by the New York Academy of Medicine, which concluded that, contrary to . . . [the F.B.I.'s] claim that pot was an "assassin of youth," marijuana was not medically addictive; not under the control of a single organized group; did not lead to morphine, heroin, or cocaine addiction; and was not the determining factor in the commission of major crimes, and that "publicity concerning the catastrophic effects of marihuana smoking in New York is unfounded."

Some things never seem to change. When Portugal decriminalized drug use in 2001, there were dire predictions of a surge in addiction and a plague of social problems. But eight years later, consider some of the numbers in the Economist's article on Portugal's experiment. Citing reports from Portuguese officials as well as a study from the Cato Institute by Robert Greenwald, the Economist says that use of illegal drugs in Portugal has generally declined since decriminalization, and that the emphasis on treatment rather than incarceration has reduced harm to addicts. Here's an excerpt from the article:

Officials believe that, by lifting fears of prosecution, the policy has encouraged addicts to seek treatment. This bears out their view that criminal sanctions are not the best answer. "Before decriminalization, addicts were afraid to seek treatment because they feared they would be denounced to the police and arrested," says Manuel Cardoso, deputy director of the Institute for Drugs and Drug Addiction, Portugal's main drugs-prevention and drugs-policy agency. "Now they know they will be treated as patients with a problem and not stigmatized as criminals."

The number of addicts registered in drug-substitution programs has risen from 6,000 in 1999 to over 24,000 in 2008, reflecting a big rise in treatment (but not in drug use). Between 2001 and 2007 the number of Portuguese who say they have taken heroin at least once in their lives increased from just 1% to 1.1%. For most other drugs, the figures have fallen: Portugal has one of Europe's lowest lifetime usage rates for cannabis. And

most notably, heroin and other drug abuse has decreased among vulnerable younger agegroups, according to Mr Cardoso.

The share of heroin users who inject the drug has also fallen, from 45% before decriminalization to 17% now, he says, because the new law has facilitated treatment and harm-reduction programs. Drug addicts now account for only 20% of Portugal's HIV cases, down from 56% before. "We no longer have to work under the paradox that exists in many countries of providing support and medical care to people the law considers criminals."

Now that Mexico, as my colleague Mark Lacey reports, has decriminalized the possession of small amounts of marijuana, cocaine, heroin and drugs, what can we expect there? And what about the United States? Roger Parloff argues in Fortune that the Obama administration's pledge not to interfere with medical marijuana "potentially achieves for that intoxicant what the Twenty-First Amendment accomplished for beer, wine and booze" — essentially ceding regulation to the states. What effect would that have on public health?

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