ing enzyme inhibitors, β blockers, and statins, and creates a potentially false gold standard for good medical care. The reader should not accept the conclusions of the Antithrombotic Trialists' Collaboration uncritically but rather read the original papers on which their conclusions are based.

Competing interests: JC is a member of the steering committee for the WATCH (warfarin antiplatelet therapy in chronic heart failure) trial that compares the effects of warfarin, aspirin, and clopidogrel on outcome of 4500 patients with heart failure. This trial is being conducted by the US Veterans Administration and is partly financed by Sanofi.

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For and against

Cannabis control: costs outweigh the benefits

Alex Wodak and colleagues argue that the costs—to health, and fiscal and social—of controlling cannabis are greater than any benefits. In opposition, Colin Drummond lists the potential dangers of decriminalisation.

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FOR Current debates on cannabis policy are dominated by attempts to establish the potential health costs of use of cannabis.[1] While accurate assessment of the potential harms of cannabis is desirable, it is at least as important to estimate the costs—which are usually ignored—of current cannabis controls.

High costs of control noted decades ago

Perhaps doctors have often led the search for less harmful drug policies because the premier axiom of medicine is "first, do no harm." In 1893 Britain's Indian Hemp Drugs Commission concluded that excessive use of cannabis was uncommon and that moderate use produced practically no ill effects. In 1926, Sir Humphrey Rolleston, then president of the Royal College of Physicians, chaired a committee that recommended against criminalising opiates.[2] Similarly, Dr W C Woodward, counsel to the American Medical Association, testified in Congress in 1937 to the lack of evidence justifying criminalisation of cannabis[3] and several other commissions in Britain, Canada, and the United States have come to similar conclusions.[4] In 1972, an American presidential commission concluded that marijuana "does not warrant" the harmful consequences of "criminal stigma and threat of incarceration."[5] In 1978, President Carter told Congress that "penalties against the use of a drug should not be more damaging to an individual than the use of a drug itself; and where they are they should be changed. Nowhere is this more clear than in the laws against the possession of marijuana."[6] Unfortunately, little has changed since President Carter uttered these words. The UK Police Foundation's review of cannabis policy in 2000 was the most recent senior international committee to reach the same verdict: "Our conclusion is that the present law on cannabis produces more harm than it prevents."[7]

Social costs

Beyond the substantial fiscal costs of enforcing the prohibition of cannabis, the social costs of such policies are considerable. Around the world each year, the lives, education, and careers of hundreds of thousands of people are damaged by the stigmatising experience of arrest. Families face lost incomes and emotional stress. Many cannabis users are already socially disadvantaged, so for them criminal penalties for possession of cannabis often entail additional costs, including disruption of relationships and loss of housing and employment.[8] Current cannabis controls

drive a wedge between parents and their children, health professionals and their patients, teachers and their students, and police and their communities. It is impossible for the many young people who use cannabis today to obtain reliable information about the concentration of psychoactive ingredients or the purity of samples they purchase, or even about less harmful ways of using the drug. Consequently, current cannabis policies are inimical to desirable public health outcomes.

Other serious costs are borne by communities. Despite its criminalisation, the use of cannabis has become so normalised that it is seen throughout most Western nations. Prohibition in the face of strong and consistent demand inevitably results in supplies being provided from illegal sources. The unregulated black market brings consumers of cannabis into direct contact with sellers of other illicit drugs. For example, in identical surveys of random samples of experienced marijuana users, 55% of respondents in San Francisco reported that they could buy other illicit drugs where they bought cannabis. In Amsterdam, where cannabis sales are regulated and rarely attract criminal sanctions, only 17% could get other illicit drugs from their source of cannabis.[9] Allocating police to enforce the laws against cannabis reduces resources available to enforce laws against more serious crimes. The riches available in black markets increase the risk of serious corruption. During the last decade, royal commissions in two Australian jurisdictions concluded that police corruption was rampant and linked to drug prohibition.[10]

Liberalising control does not increase use

The justification for cannabis prohibition is that it is supposed to reduce demand and supply, thereby reducing use and thus overall adverse health consequences. But demand, supply, and use have all varied widely over time, quite irrespective of controls. Evidence suggests that use is not increased by less intensive control. In the 11 American states that effectively decriminalised cannabis use in the 1970s, use has not risen beyond that experienced by comparable states in which it is prohibited.[11] Similarly, the Netherlands for all intents and purposes decriminalised cannabis 25 years ago, but the prevalence there has remained roughly parallel to that in Germany and France and well below that in the United States.[12]

> *The major barriers to reconsideration of the punitive prohibition of cannabis are political, not scientific or legal*

There is an increasingly widespread view that international attempts to control cannabis by prohibiting its use have failed and cannot be remedied. Numerous professional associations in medicine, public health, law, and criminology have recognised this failure and the enormous collateral costs of prohibiting cannabis and have recommended consideration of less harmful regulatory alternatives.[13] The Single Convention (1961), the treaty providing the major legal framework for international prohibition of cannabis, states that "a party [government] shall, if in its opinion the prevailing conditions in its country render it the most appropriate means of protecting the public health and welfare, prohibit [the use of cannabis]."[14] Where is the compelling evidence that protection of public health and welfare is "most appropriately" served by the present laws on cannabis? Regulation of cannabis would not breach any nation's international treaty obligations. The major barriers to reconsideration of the punitive prohibition of cannabis are political, not scientific or legal.

> *The belief that more intensive law enforcement will achieve better public health outcomes represents a triumph of hope over experience*

All drugs have risks. Cannabis is not harmless, but adverse health consequences for the vast majority of users are modest, especially when compared with those of alcohol or tobacco. Attempts to restrict availability of cannabis by more intensive law enforcement have been expensive, ineffective, and usually counter productive. The belief that more intensive law enforcement will achieve better public health outcomes represents a triumph of hope over experience. If we discovered that a drug we had been using failed to relieve patients' symptoms and produced unpleasant side effects, would any of us increase the dose?

It is time to acknowledge that the social, economic, and moral costs of cannabis control far exceed the health costs of cannabis use. The search should begin for more effective means to reduce the harms that can result both from cannabis and from our attempts to control it.—Alex Wodak, Craig Reinarman, Peter Cohen

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