The following interview with addiction psychiatrist and harm reduction expert Dr. John Marks, who created the original parabola drug policy curve, was conducted by Parabola Leader and MPH student Meredith McGee.

Parabola Center's Meredith McGee: How do you see the principles of the parabola of prohibition applying specifically to cannabis legalization today? Are there any parallels between the issues you observed with heroin and what we're seeing with cannabis today, especially in the United States?

Dr. John Marks: Well, I think it applies to whatever you try to prohibit, whether it's heroin, cannabis, or indeed tea, coffee, or tobacco. All of the prohibitions that have been tried, going back to 1770 – prohibitions on coffee, the death penalty for tobacco – they all have the same consequence that follows. The problem is that the demand is inflexible. There's always been a demand for drugs of some sort.

What are some of the key elements of a regulatory framework that effectively reduces harm without restricting access or encouraging too much access?

The first and most important thing is that the state must control any commodity, whether drugs, chocolate or anything else. There must be a lawfully available supply. Now supply in drugs varies widely. It ranges from alcohol, which is heavily promoted, to currently illegal drugs for which there is no lawful supply and consequently you see rampant profiteering, just like in America during alcohol prohibition.

So you've got to have a legal supply. To find the minimum is an empirical exercise of tinkering with the mechanisms. In England, for example, drugs such as morphine and cocaine were available through pharmacies called licensed druggists. They had to be registered by local authorities.

For alcohol, unfortunately, those requirements have been undone, and so you can buy alcohol in places like supermarkets. And so things have gone to the other side of the curve with alcohol – you get far greater consumption instead of staying at the minimum.

How can we avoid repeating past mistakes while designing current policies?

The empirical exercise that I'd start with would be to recreate what works. Licensed druggists, or a bit like licensed pubs, might have, say 1 per 10,000 or 100,000 of the population dotted throughout an area. They could be annexes of existing pharmacies or annexes of pubs.

But the key thing is that they shouldn't be advertised, at least not externally.

Then see what happens to consumption from there. The most dramatic effect will be a fall in crime and deaths along with an improvement in health.

We're concerned about the potential of corporate interests overshadowing public health priorities. How can policymakers apply the parabola of harm to balance the interests of people and small businesses with larger corporations when it comes to the risks of harm related to a drug like cannabis?

Well, large corporations shouldn't have any business in cannabis or any other drug because they're out to make billions and promote consumption. Obviously!

This should be a small-scale, preferably non-publicized exercise – certainly without persuading people to use a chemical walking stick if they don't need it.

There's a sense in which I am on the same side as the prohibitionists. We agree that a society where the majority of people are drugged or drunk isn't going to prosper. You reduce that to a minimum by an empirical exercise to make available to those who will use their drug of preference regardless – without pushing it, advertising it, or making it popular or attractive to others, like kids. When the British system made drugs available from a licensed druggist, it was a bit like being an insulin-dependent diabetic who went to the doctor for a prescription and a chemist for the insulin. Consequently, we had a minimal number of consumers during that period.

That could be replicated easily. I don't think the system should essentially be any different with cannabis, or alcohol, or tobacco.

It makes so much sense, across the board, if we could go back and change these policies and change our history –

Well, you don't have to go back. You can change them.

Good point.

Looking back at your historic work with heroin prescription plans, what lessons do you think could be applied to cannabis legalization?

Well, the model is the same – restricted, but lawful access. I don't think doctors need to be involved because I don't think the desire for human beings to alter their mental state is a medical problem. Drinking coffee is not a medical problem. Nor, in principle, is smoking opium, or cannabis, or drinking coca tea.

I think the model of licensed pharmacists or druggists is the way to go. That was the model that we aimed at with the heroin program in Liverpool, England.

You've written about the role of public perception in drug policy and the baseline demand for drugs. How do you think public perception should be considered to avoid the problems of prohibition and stigmatization as well as the problems of excessive use?

The public needs better education on the dramatic failures of prohibition -- the drastic consequences in all societies where prohibition has been tried, and not just for individual users. There are effects on the public and ultimately on the nation-state, as its integrity will be undermined and heavily corrupted due to the money that can be made by selling illegally.

Can you share any thoughts on Parabola Center's version of the drug policy parabola?

Well, I think it's more or less identical to what I first put forward 40 years ago, so yes, I'd say I agree with it.

Parabola Center is a nonpartisan think tank of legal professionals and drug policy experts coming together to protect people, not corporations. Our mission is to provide everyone with the education, access, and expertise to support cannabis legalization policies that put people and small businesses first.

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