

Illicit Drugs

The British Crime Survey 2009 reports that an estimated three million people in the UK used illicit drugs in the previous year. About 2.4 million people reported using cannabis and about one million people reported using Class A drugs, such as heroin and cocaine. Despite the illegality and the efforts to suppress the use of drugs, these figures have changed very little over more than 15 years.

According to Directgov, the UK Government's information service, the illicit drug market in the UK can be valued at between £4 billion and £6 billion but the use of Class A drugs alone creates around £15.4 billion in crime and health costs every year. Moreover, about half of the acquisitive crime such as robbery, burglary and theft, is related in some way to the use of Class A drugs, usually heroin or crack cocaine.

The Transform Drug Policy Foundation (at www.tdpf.org.uk) sets down a history of laws and policies on drugs. In the UK, the major steps began in 1916 with the prohibition by DORA regulations of cocaine and opium. Aimed at army and navy personnel, the controls were not debated by Parliament and established drugs as a criminal and national security issue. The Dangerous Drugs Act 1920 reinforced the controls and in 1923 expanded the search powers of police. Cannabis was added in 1928. The UK governments increasingly began to follow international developments in drug control, particularly those in the USA. LSD was prohibited in the UK in 1966 when the police were given the controversial "stop and search" powers in use today. The Misuse of Drugs Act 1971 followed the UN Commission on Narcotic Drugs by introducing the "schedule" or Class system effectively including all drugs but not a "scale of harm" assessment of them. Ecstasy was added in 1977 and others, especially "designer drugs", since.

In 2000 was issued the Runciman Report which criticised the government's "all drugs are very dangerous" approach as clearly misleading and being ignored. The Government rejected it but in 2002 the Liberal Democrat Party, assisted by the Transform Foundation, issued a policy paper calling for each drug to be assessed scientifically as to danger and suggesting a cautious approach to the legal regulation of cannabis. In particular, the paper proposed imprisonment penalties should be removed for all but the most serious drug offences. From 2007, the government's Advisory Council on the Misuse of Drugs has urged a cautious approach towards the

legalisation of cannabis and ecstasy but, in March, 2010, the government announced the immediate prohibition of mephedrone.

Has the UK's prohibition of the use of drugs worked? A major problem is that both supporters and opposers of prohibition make claims that are very difficult to check easily or at all by independent, reliable sources. The Economist comments "Like most purported drug facts, this one (the assessment by the UN Office on Drugs and Crime that the world drug market has "stabilised" at more than 200 million people or almost 5% of the world's adult population taking illegal drugs – roughly the same proportion as a decade ago) is an educated guess: evidential rigour is another casualty of illegality." There are so many "drug facts" about the UK, let alone the world, it is difficult to come to conclusions.

It is clear that the use of illegal drugs in the UK has grown exponentially since 1960. It is also clear that the greatest growth in drug use has followed, rather than led, the legal prohibitions, particularly the Misuse of Drugs Act, 1971. Surely, this fact alone makes the general argument that outright prohibition has not worked in the UK. It encourages the search for alternative means of overcoming the misuse of drug problems.

The history of prohibition of alcohol in the USA between 1922 and 1933 is a major encouragement to the search for alternative ways of dealing with drugs. "Prohibition" in the USA created a surge of crime by organized gangs and the more recent prohibition of drugs has done the same in the UK and across the world. Yet, the controlled sale of alcohol, while not free of illegality, is not today accompanied by gang violence. The controlled sale of tobacco, a drug usually described as more addictive and, in long term use, more dangerous than opiates and other serious, Class A drugs, is declining under the impact of trusted health warnings.

What are the alternatives to the outright prohibition of drugs? There is a multitude of answers, ranging from minor legal changes to the wholesale removal of drug use from legal controls and enforcement by police and courts into the sphere of public health. According to The Independent, the effects of decriminalising simple possession for personal use of all drugs, including heroin and cocaine, by Portugal in 2001 have been successful. "Pushing", selling and supplying drugs in Portugal have remained illegal. The overall use of all drugs has measurably fallen and the use of heroin has fallen by nearly 50% among young people who were not addicted in 2001. The funds released from enforcement have been diverted to treatment and rehabilitation. A more radical, "medical" alternative has been used in Switzerland. Clinics have been provided where heroin can be injected

in hygienic conditions free of charge. Burglary rates have fallen by 60% and young people living on the streets have disappeared. According to The Lancet medical journal, the rate of people becoming addicted to heroin has fallen by 82% as heroin addicts no longer need to sell heroin to new users to fund their own addiction.

Is there another way? Giving free heroin looks too radical. For more than two decades, UK heroin addicts have been able to obtain medical treatment with a non-opiate drug, methadone. Mike Trace, a former UK government drugs adviser and now the Chair of the International Drug Policy Consortium, has written in The Guardian that 20,000 of the 85,000 men held in UK prisons are being treated with methadone and the treatment is not working properly. The UK Ministry of Justice Sentencing Statistics 2009 report that some 40,000 persons were dealt with in the courts for drugs offences of all sorts – a figure which has changed little in ten years.

The Guardian also reports Mike Trace's support for "harm reduction" programmes which provide for easy, clean access to drug treatments and do not insist upon abstinence. In particular, Mike Trace claims these programmes in the UK have prevented an HIV epidemic. HIV infection rates among those who inject drugs in the UK have remained below 1% since the 1980s and the spread of HIV between sexual partners has not become a major problem since the programmes were started. Other countries, which have not adopted similar programmes, have suffered the public health disaster once feared in the UK. Do these arguments give support to a more robust "medical" alternative to outright prohibition, such as in Switzerland? The reduction of the inflated numbers in UK prisons would be a welcome benefit.

Mike Trace is critical of the hardliner approaches towards drug use as ineffective and, in particular, of the controversial "War on Drugs" promoted by the Bush presidency in the USA. Although the title has been dropped by President Obama, the US policies of prohibition and enforcement by police and armed services across the world continue for the present. The Economist is of the view "Indeed, far from reducing crime, prohibition has fostered gangsterism on a scale that the world has never seen before. According to the UN's perhaps inflated estimate, the illegal drug industry is worth some \$320 billion a year... But it is countries in the emerging world that pay most of the price. Even a relatively developed democracy such as Mexico now finds itself in a life-or-death struggle against gangsters... more than 800 policemen and soldiers have been killed since December 2006 (and the annual overall death toll is running at over 6,000)."

Despite the "war" on drugs and the huge financial and manpower commitment to it by the USA and other countries, including the UK,

the drugs traffickers appear able change their tactics very quickly to avoid suppression. A widely quoted example is that of cocaine in the UK since 2000. The Independent reports that the number of persons in treatment for cocaine addiction rose from 10,770 in 2006/7 to 12,592 in 2007/8. While the wholesale price per kilo rose from £22,000 in 1999 to £45,000 in 2009, yet the street price per "line" remained between £2 and £8. How was this achieved by the traffickers? The mark-up of the price between the cocaine grower and final consumer is between 30 and 100 times. The street cost is formed by the demand and the risk of importing the drug less than the bulk purchase cost. Even if the supply of cocaine is restricted by the UK customs, the traffickers simply "cut" the pure drug they import or receive. The Serious Organised Crime Agency monitors the purity of seized cocaine. The average purity dropped from 33% in 2007/8 to 26% in 2008/9 while one third of the cocaine samples had as little as 9%. There is a clear health danger, not only from the additives, but from the unknown purity which encourages overdosing and cocaine poisoning. In the face of such flexible tactics, the controlled provision by a state or state licensed agency of a known quality and quantity of cocaine would save, perhaps, 100s of lives in the UK each year. It would quickly undermine the criminal organisations of the drug traffickers.

The range of alternatives between the present outright prohibition of drug use, which policies appear to have failed in the UK and across the world, and the complete legalisation of drug use are very fully set out in a book -"War on Drugs: Blueprint for Regulation" by the Transform Drug Policies Foundation.

The issues, facts and arguments in this paper are capable of different interpretations, ideas and conclusions. This seems to be the nature of illicit drugs and their use. The variables seem endless, not least, how dangerous are individual drugs in comparison, for example, with alcohol and tobacco? In the month in which the UK government has blankly prohibited yet a further drug, mephedrone, what is clear is that the existing laws and policies have failed to protect many individuals, families and peoples across the world. Indeed, there are many examples of laws and policies which appear to have made bad situations far worse. The Economist states that it "continues to believe that the least bad policy is to legalise drugs."

Surely, the real issues are what the viable alternatives to the present failed policies are and how the UK government might be persuaded to examine the alternatives and take effective action.

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