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Why it's time to end the war on drugs

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Carlisle Racecourse, near the border between England and Scotland, is not usually regarded as one of the world's great centres of progressive thought. It is not even one of the great centres of British horse racing. But in a hospitality room there in June, the director of public health for Cumbria, Professor John Ashton, startled a room full of local delegates at a conference entitled "Tackling Drugs, Changing Lives" by calling for total legalisation. "The war on drugs has failed," he said. "We need to think differently." He said that heroin, and everything else now banned, should be available over the counter in chemists' shops.

At any rate, he certainly startled the reporter from the Carlisle News & Star who made a splendid splash with the story, giving just a paragraph to the counter-argument from Detective Superintendent Paul Carter of Cumbria Police. "Class A drugs destroy the fabric of people's lives," he responded. "We have to do everything we can to get people away from drugs like heroin and cocaine." Well, "Cop Backs Drug Laws" hardly sounds like news, does it? But actually it is Carter who seems increasingly out of step.

For decades many academics and professionals have regarded the current blanket prohibition on recreational drugs (though not alcohol or tobacco) as absurd, counter-productive and destructive. But there has never been any political imperative for change, and a thousand reasons to do nothing.

For nearly 40 years, since the habits established in the 1960s took root in society, there has been a stand-off. Across the free world, and most of the unfree, anyone seriously interested in smoking, snorting, swallowing or injecting illegal substances can acquire the wherewithal with a little effort, and proceed without much fear of retribution, particularly if they are wealthy enough. Police and politicians say they are interested in punishing the suppliers and not the users. This is an intellectual nonsense, but it has suited everyone who matters. The drug users don't care; governments have felt no pressure to attempt a politically dangerous reform; and above all it suits the international gangsters who control the drug business, which offers massive rewards and – for them – minimal risks.

But 2009 has seen a change: among the academics and professionals who study this issue, from Carlisle Racecourse to the think-tanks of Washington, there is growing sense that reform is possible and increasingly urgent. The argument is not that drug use is A Good Thing. It is that the collateral damage caused by the so-called war on drugs has now reached catastrophic proportions. And even some politicians have started to think this might be worth discussing. The biggest single reason (as with so much else this year) is the Obama Effect. In one way, this may be short-lived since the president's reputation will eventually be tarnished by reality. But the chief barrier to reform has been that the international agreements barring the drugs trade have been enforced primarily by threats of retaliation from the White House.

Obama is the third successive president believed to have used illegal drugs: Bill Clinton famously did not inhale; in a conversation that was secretly taped when he was governor of Texas, George W. Bush didn't deny that he had smoked marijuana or used cocaine; Obama has admitted using both dope and "a little blow". Unlike the other two, he is also on record as favouring decriminalisation of cannabis and more generally addressing the problem. The president having other preoccupations, there is no sign of him proposing the Do What The Hell You Like Bill to Congress any time soon. There is every sign that the blanket ban on other people's initiatives has been partially lifted.

Obama has also come to power amid a growing sense of alarm about the US prison population. Nearly four million Americans are either physically in jail (including almost 5 per cent of all black males) or under some form of state or federal jurisdiction. About 20 per cent of these are listed as having committed drug offences. But this must be a gross underestimate of reality. I recently asked a British judge what percentage of the defendants in his court were there for drugs-related crimes: not just direct breaches of the drug laws, but also crimes committed by those whose behaviour was affected by drug use or who were

4000BC

Sumerian text refers to the poppy as "hul gil", "plant of joy" 2727BC First recorded use of cannabis

in Chinese medicine c. 0AD

Psychotropic effects of cannabis mentioned in Chinese texts

1569

First medical account of the coca plant

c. 1660

Thomas Sydenham, "the father of English medicine", standardises laudanum – tincture of opium – as a cure-all

1800

Napoleon bans his troops in Egypt from following the local custom of smoking hashish

1860

Opium trade legalised in China after the end of the second opium war

1884

Freud recommends cocaine for various ailments

1886

John S. Pemberton invents Coca-Cola, containing cocaine and caffeine

1903

Cocaine removed from Coca-Cola

1909

US bans import of opium for non-medical uses

1912

Opiates banned internationally under Hague Convention

1914

trying to obtain money to buy them. He thought for a moment then said: "Sixty per cent. And most of the rest involve alcohol." We may assume that, in the more drug-pervasive American culture, the figure would be higher than this.

At the same time, Americans have seen on the nightly news the brutal wars between Mexican drug gangs reach their border. And afterwards they have watched The Wire, which has given them a serious dose of daily inner city reality. Some observers see the collective shrug that greeted the admission of dope-smoking by the Olympic swimming hero Michael Phelps as a sign that attitudes are changing in middle America.

What would be less clear to TV watchers is the extent to which, under harsh and prescriptive sentencing guidelines, the wrong criminals are locked up. According to Sanho Tree of the Institute for Policy Studies in Washington: "There have been judges who've been literally in tears because they have been forced to sentence girlfriends of low-level dealers to 20 years. Perhaps they fielded a call for their boyfriends. And then the kingpin walks out in six months depending on how much information they've given."

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Attitudes are certainly changing elsewhere. Several countries, especially in South America, are starting to flirt with liberalisation – Portugal decriminalised all drug use in 2001 and the policy is said to have widespread acceptance. Now the former president of Brazil, Fernando Henrique Cardoso, has called for the decriminalisation of cocaine and says that many serving politicians quietly agree with him.

The South American shift ties in with a growing belief that the US-backed policy of coca eradication has been useless – if the crop disappears from one remote valley, it pops up in another. Meanwhile, the once trumpeted poppy-eradication mission in Afghanistan is increasingly perceived as a strategy that could strengthen the Taliban by curbing overproduction. "We're fighting over minimally processed agricultural commodities," says Tree. "Heroin, cocaine and marijuana are incredibly cheap to produce. There is an inexhaustible resource of poor farmers to grow these crops and an undiminished supply of consumers. The more we increase law enforcement the greater the risk-reward for the traffickers. It's an exercise in futility."

Tree is by no means a lone voice in the Washington policy nexus. Jim Webb, the Democratic senator for Virginia, said in April that the issue of marijuana legalisation should be "on the table". There is interest too from rightwing libertarians such as the Texas congressman and sometime presidential candidate Ron Paul. Indeed a leading pro-reform voice in Washington is the Cato Institute, usually associated with the Republicans. And the campaign is backed by well-organised pressure groups.

It is hard to find coherent advocates on the other side of the argument. On the web, I came across Drug Watch International, based in Omaha, promising "current information ... to counter drug advocacy propaganda". The lead item on its site dates from 2002. I did track down its president, Dr John Coleman, formerly an undercover agent at what is now the Drug Enforcement Administration. He proved an amiable interviewee who offered me an intriguingly contrarian defence of the American alcohol prohibition years: unpopular though the law was, drink-related diseases fell. The drug prohibition, he felt, also worked.

"In the US, the levels of drug use in most categories are lower than in the 1960s, '70s and '80s. There's a lot of social change, a lot of ageing out," he said. "We have a more intelligent law enforcement system. The confiscation laws are very effective. I don't think we should be surprised if public policies work. We do have drug problems, I'm not minimising them. But if we ignore the progress we've made, we're short-changing ourselves."

US regulates use of cocaine

Utah becomes first US state to

ban cannabis 1920

Opiates and cocaine banned in UK

1922

Diary of a Drug Fiend is published, a fictional account of addiction

1928

Recreational use of cannabis banned in UK

1936 Film Reefer Madness is released

1937

US effectively bans cannabis

1966 LSD banned in UK

1967

"Legalise Pot" rally held in Hyde Park

1977

Ecstasy banned in UK

1980s

US starts funding coca crop eradication in South America

1984

US first lady Nancy Reagan begins "Just Say No" campaign

Mid-1980s Crack cocaine becomes widespread in US cities

1992

Bill Clinton says he smoked marijuana, but did not inhale

1993

Colombian drug lord Pablo Escobar dies in a police shoot-out in Medellín, Colombia. Four years earlier, Forbes magazine had listed him as the seventh-richest person in the world, with a personal fortune close to \$25bn

1998

UN secretary-general Kofi Annan announces 10-year plan for real progress to eliminate drug cultivation

2001

Portugal decriminalises drug use

2004

UK government downgrades cannabis from class B to class C, making it officially less harmful

2009

UK restores cannabis to class B, against the recommendations of its scientific advisers

It is the practical men who seem most disposed to support the status quo. The

most eloquent I discovered was back in Carlisle – Paul Carter, the cop at the racecourse conference. "I joined the police 28 years ago and I went to the deaths of many young people who had overdosed on heroin, particularly, and each one is an utter tragedy. I think there are fewer now and that we are beginning to make a difference.

"There's a cycle of life when you're on heroin when you're either asleep or not aware of what's going on around you.

If society sanctioned that effect on another generation, what does that say about us all?"

The policy wonks arguing for change have not, as a rule, attended a dead body in a dingy flat, but the macroargument tends to lead in another direction even among senior police officers like Norm Stamper, the former police chief of Seattle, who told The New York Times: "We've spent a trillion dollars prosecuting the war on drugs. What do we have to show for it? Drugs are more readily available, at lower prices and higher levels of potency. It's a dismal failure."

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The drug laws were dingy from the start: Congress made marijuana illegal in 1937 after a farcical debate, due to pressure from western farmers who wanted their Mexican labourers to work harder. The user community keeps discovering "legal highs", governments promptly ban them whereupon their popularity increases.

In Britain, there is something close to despair among academics about the political process. Drugs are classified A, B and C, allegedly according to the degree of harm. But the theory ignores the immutable constitutional provision that laws are subject to the approval of the editor of the Daily Mail. Cannabis was downgraded from B to C and then back again, to meet the government's political needs; this had no effect on either suppliers or users.

Ecstasy (which alarms the Mail) is deemed a class A drug, the most dangerous rating, although – according to a major study published by The Lancet in 2007 – it ranks 18th in degree of harm among 20 well-known substances, ahead only of poppers and khat (both legal) and well behind alcohol and tobacco (ditto). "We're supposed to have evidence-led policy formulation," says Mike Levi, professor of criminology at Cardiff University, "but it often doesn't happen in the drugs area."

At the conferences Levi attends, the argument has shifted. "The question of a more rational drug policy is certainly being debated. There aren't many old-fashioned zealots for the old methods of drug control even in the police, who are more open to change than recent home secretaries. But however good an idea it might be in the abstract it would take a more mature political and media conversation about it before it is likely to happen. Always keep ahold of nurse, for fear of finding something worse, that's where we are now."

In Britain, with its top-down system of government, a notionally left-of-centre but illiberal administration and a hysterical press, reform is improbable, although Gordon Brown recently had a brief meeting with Danny Kushlick, from the pro-legalisation group Transform. But there is a new atmosphere in the US, where the change in emphasis in Washington is enough to allow initiatives to come from below. Already, dope-smoking is de facto legal in California thanks to the lifting of the ban on medical marijuana. Purchase requires a prescription – but anyone who wants a joint but can't find a Californian medic who thinks it will help backache just isn't trying. This system may well spread.

Strangely, all this is happening just as Holland, the country that has been out on a limb for years with its coffee-shop culture, is beginning to row backwards. Once again, though, it may well be an anomaly. The Dutch are starting to tire of their exceptionalism and the drugs tourism that has resulted, just as they have tired of their liberal immigration policies. And the coffee shops have fallen foul of the indoor-smoking taboo.

Drug use generally in Holland seems to be low. But then you can prove almost anything with selective use of drug statistics: it is also low in Sweden, which is surprisingly stern. The main source for these stats is the UN Office on Drugs and Crime, which maintains a huge bureaucracy to fight the drug problem, or at least to collect astonishingly detailed statistics: 3.8 per cent of Scots aged 15-64 use cocaine every year; 21.5 per cent of the same cohort of Ghanaians use cannabis; opium prices in the Phongsaly and Huaphanh provinces of Laos range between \$556 and \$744 per kilo ... You might think that, knowing all this, they might be able to do something.

The UNODC's executive director, Antonio Maria Costa, has been the chief proponent of continued prohibitionism. But, even as he introduced his 2009 report which, as ever, trumpeted evidence of success, he seemed a little rattled, repeating the new White House line about treatment rather than enforcement while warning that legalisation would be "a historic mistake". He went on: "Proponents of legalisation can't have it both ways. A free market for drugs would unleash a drug epidemic, while a regulated one would create a parallel criminal market. Illicit drugs pose a danger to health. That's why drugs are, and must remain, controlled."

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Of course drugs need to be controlled, just as alcohol, tobacco, firearms, prescription drugs, food additives and indeed UN bureaucrats with massive budgets need to be controlled. But the whole point is that illicit drugs are not controlled. The international pretence of prohibition sees to that. One of the major arguments advanced for continuing the ban on cannabis is that the currently available strains of the drug do not offer the gentle highs of the hippie years but are intensively cultivated and far more potent, with potentially serious psychological effects. The analysis is correct, according to my stoner friends. But the logic is 180 degrees wrong. Imagine a total ban on tobacco, which is no longer so unthinkable. Among the consequences would be an immediate return to the unfiltered full-strength gaspers of the 1950s, just as American alcohol prohibition produced moonshine. One benign consequence of drug legalisation would be that users would have a guarantee of quality and strength/mildness: an end to heroin flavoured with brick dust (many believe adulteration is the real killer), and the type of marijuana they

actually want.

But the case for legalisation is not about allowing baby-boom couples to enjoy a joint after a dinner party without drawing the curtains or being obliged to visit a dodgy bloke called Dave. Decriminalisation or even legalising cannabis on its own would achieve little. Something more radical is required. The crucial issue concerns the supply chain: the way prohibition has enriched and empowered gangsters, corrupt officials and indeed wholly corrupt narco-states across the planet. It was a point made eloquently by the Russian economist Lev Timofeev, when interviewed by Misha Glenny for his book about global organised crime, *McMafia*. "Prohibiting a market does not mean destroying it," Timofeev said. What it means is placing a "dynamically developing market under the total control of criminal corporations". He called the present situation a threat to world civilisation, which international public opinion had failed to grasp.

Proper reform means legitimising production and supply, precisely so it can be controlled. Would it unleash a drug epidemic worse than the one we now have? Well, it would be an unusual child of the 1960s who did not mark the moment with a celebratory joint. But the novelty would soon wear off. And from then on, the places where it is easiest to obtain drugs would no longer be the inside of jails and inner-city school playgrounds.

Imagine a situation – as John Ashton started to do at Carlisle Racecourse – where all drugs were sold in pharmacies licensed for the purpose. Taxation could be set at a level that brought in revenue but still made illegal dealing uncompetitive. For the more dangerous and addictive drugs there would be compulsory medical supervision. Identity checks and strict record-keeping would be required. There would be laws (which could actually be enforced) against advertising, adulteration, use in public, driving under the influence and supply to minors.

In what way would that be worse than the present situation?

Matthew Engel is a regular contributor to FT Weekend Magazine

His Dispatch column returns in the autumn

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A cocaine epidemic?

People will tell you that the waste, destruction and misery caused by the prohibition of drugs pale into insignificance compared with the chaos that would follow a lifting of the ban, **writes Tom Feiling**. Making a substance as addictive as cocaine freely available would, according to Antonio Maria Costa, executive director of the United Nations Office on Drugs and Crime, lead to a drug epidemic.

The UK's 300,000 problem users of cocaine and crack might argue that we already have a drug epidemic on our hands, but what Costa has in mind would be worse. Much worse. Within weeks, we could expect to see middle England turn into Harlem circa 1985, as Mondeo man sells his car, house and ultimately his wife's body to feed his hunger for cocaine.

In researching my book, *The Candy Machine: How Cocaine Took over the World*, I was struck by the similarities between the anti-drug movement and crack addicts. Both live in fear of ill-defined phantoms. They also tend to have short attention spans, be committed to repeating past mistakes and have a seeming inability to admit responsibility for the problems they create.

Here are some facts that both parties would do well to consider. First, most people who take cocaine don't become addicted to it. A survey conducted in 2007 found that of the 35 million Americans who admitted that they had tried cocaine, only six million had taken it in the previous year. Even crack, probably the most moreish substance known to humanity, can be resisted: 604,000 Americans had smoked crack in the previous month; but another 800,000 Americans had smoked it at some point in the previous year, but not in the previous month. Occasional crack smokers? Yes, really.

When Costa warns of a drug epidemic, he is not thinking of today's drug-takers, but the millions of people who have never tried cocaine. His assumption is that they don't take it because it is illegal. But would they be more likely to if it were legal? A poll of people in Arlington, Virginia, asked just that. Only 1 per cent of respondents said that they would. Maybe they were just being coy, but it seems safer to assume that most people don't like most drugs.

"Ten Years of Cocaine" is a Dutch study published in 1993. It confirmed that most users take the drug for an average of three years. Their use tended to escalate in frequency and dosage, then tail off as they found more interesting things to do with their time. Only 6 per cent of users found it hard to control their intake. Finding ways to keep drugs out of the hands of these users makes sense, and banning those drugs might seem to be the obvious way of going about it. But for those who do become dependent on cocaine, its legal status has little bearing on the availability of the drug or how much they take.

The logic of prohibition is appealing, but flawed. It assumes that the law can eradicate drug consumption. It cannot. Cocaine is here and will stay here until fashion, not the law, says otherwise.

We should abandon the fantasy of a drug-free world and start taking responsibility for regulation. If you really want to control who grows coca, who produces cocaine, who sells it and for how much, who can take it, and how much they pay for it, create a framework that is logical, accountable and adjustable.

Still not convinced? Consider the declining popularity of tobacco smoking. High taxation, credible education programmes and effective treatment programmes work – a legal ban on smoking would not. Why should cocaine be treated any differently?

Tom Feiling's book, 'The Candy Machine: How Cocaine Took over the World', is published by Penguin on August 6, priced £9.99

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