

Should drugs be decriminalised?

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YES There is a way that the UK government could more than halve the prison population, prevent burglaries and prostitution, rip the heart out of organised crime, and free up millions of hours of police time. Yet politicians, terrified of the rightwing press, would never dare to suggest the legalisation, regulation, and control of the drugs market, even though it could save lives and bring an end to the needless criminalisation of some of the most vulnerable members of our society. Even downgrading cannabis—a tiny step in the right direction—is now being reconsidered.

Prohibition drives crime

Prohibition as a policy has failed. Just look at the US, where hundreds of thousands of people have been jailed and, despite billions of pounds of funding for draconian policies, higher purity drugs continue to flood the market.

Many of the violent criminal gangs owe their existence to the burgeoning, underground drug market. It is they—and not the governments—who control this trade and it is their turf wars that fuel gun crime. Transform—an influential drug policy foundation that has campaigned against prohibition—reports that the annual trade controlled by the gangs is more than £100bn.¹ It also points to the fact that the policy drives crime among desperate low income addicts.

You only have to walk through the UK's many red light districts to see the effect of heroin addiction. Young women, putting themselves at grave danger, as they sell their bodies in return for enough cash to fund their next hit. Then there are the prisons overflowing.²

Benefits of decriminalisation

Decriminalising drugs has paid off in the Netherlands. Decriminalisation of heroin and other hard drugs has allowed addicts to be treated as patients. As a result hardly any new heroin addicts are registered,³ while existing users are supported and have been helped to get jobs.



Drugs could easily be regulated in the same manner that alcohol and tobacco are regulated and, more importantly, heavily taxed. The price could still be substantially less than current prices on the illicit market,⁴ and the revenue generated from the regulation could then be funnelled into education and other rehabilitation programmes. Educating children at an early age is the best weapon we have to combat the drug problems we face today. It would give children the tools to make intelligent and healthy choices in the future. And instead of turning drug addicts back to the streets, investing in rehabilitation programmes would not only help the addicts, but help society.

Many people may think that taking drugs is inherently wrong and so should be illegal. But there is a question of effectiveness—does making it illegal stop people doing it? The answer is clearly no. One could even argue that legalisation would eliminate part of the attraction of taking drugs—the allure of doing something illegal.

Increased harm

The illegal status adds to the dangers of drug taking. Instead of buying a joint from a safe outlet where the toxicity can be monitored and maintained, a young person who wants to smoke cannabis has to take to the streets and buy it from a violent dealer, who suggests

that she instead tries ecstasy, crack cocaine, or heroin. Moreover, all that is available (so I am told in many cities) is super strong varieties such as skunk. Purity of cocaine in the UK has fallen steeply as suppliers cut the drugs with other substances.⁵ And over 70 people in the UK died from a single dose of bacterially infected heroin in 2000.⁶ Regulation

could control the process and greatly reduce the dangers of impure drugs.

Then there is the bloody chain back to the original supplier. Countries like Afghanistan, Columbia, and

Jamaica have had their economies rocked and destabilised by the illegal market while bribery, corruption, and conflict have ruled.

In the UK we have cut off huge swathes of the population, branding them criminals and creating an underclass of people who no longer feel part of our society. A sensible policy of regulation and control would reduce burglary, cut gun crime, bring women off the streets, clear out our overflowing prisons, and raise billions in tax revenues. Drug users could buy from places where they could be sure the drugs had not been cut with dangerous, cost saving chemicals. There would be clear information about the risks involved and guidance on how to seek treatment. It is time to allow adults the freedom to make decisions about the harmful substances they consume.

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Recent government figures suggest that the UK drug treatment programmes have had limited success in drug rehabilitation, leading to calls for decriminalisation from some parties. **Kailash Chand** believes that this is the best way to reduce the harm drugs cause, but **Joseph Califano** thinks not

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NO Drug misuse (usually called abuse in the United States) infects the world's criminal justice, health care, and social service systems. Although bans on the import, manufacture, sale, and possession of drugs such as marijuana, cocaine, and heroin should remain, drug policies do need a fix. Neither legislation nor decriminalisation is the answer. Rather, more resources and energy should be devoted to research, prevention, and treatment, and each citizen and institution should take responsibility to combat all substance misuse and addiction.

Vigorous and intelligent enforcement of criminal law makes drugs harder to get and more expensive. Sensible use of courts, punishment, and prisons can encourage misusers to enter treatment and thus reduce crime. Why not treat a teenager arrested for marijuana use in the same way that the United States treats someone arrested for drink-driving when no injury occurs? See the arrest as an opportunity and require the teenager to be screened, have any needed treatment, and attend sessions to learn about the dangers of marijuana use.

The medical profession and the public health community should educate society that addiction is a complex physical, psychological, emotional, and spiritual disease, not a moral failing or easily abandoned act of self-indulgence. Children should receive education and prevention programmes that take into account cultural and sex differences and are relevant to their age. We should make effective treatment available to all who need it and establish high standards of training for treatment providers. Social service programmes, such as those to help abused children and homeless people, should confront the drug and alcohol misuse and addiction commonly involved, rather than ignore or hide it because of the associated stigma.

Availability is the mother of use

What we don't need is legalisation or decriminalisation, which will make illegal drugs cheaper, easier to obtain, and more

acceptable to use. The United States has some 60 million smokers, up to 20 million alcoholics and alcohol misusers, but only around six million illegal drug addicts.¹ If illegal drugs were easier to obtain, this figure would rise.

Switzerland's "needle park," touted as a way to restrict a few hundred heroin users to a small area, turned into a grotesque tourist attraction of 20 000 addicts and had to be closed before it infected the entire city of Zurich.² Italy, where personal possession of a few doses of drugs like heroin has generally been exempt from criminal sanction,² has one of the highest rates of heroin addiction in Europe,³ with more than 60% of AIDS cases there attributable to intravenous drug use.⁴

Most legalisation advocates say they would legalise drugs only for adults. Our experience with tobacco and alcohol shows that keeping drugs legal "for adults only" is an impossible dream. Teenage smoking and drinking are widespread in the United States, United Kingdom, and Europe.

The Netherlands established "coffee shops," where customers could select types of marijuana just as they might choose ice cream flavours.² Between 1984 and 1992, adolescent use nearly tripled.² Responding to international pressure and the outcry from its own citizens, the Dutch government reduced the number of marijuana shops and the amount that could be sold and raised the age for admission from 16 to 18.^{2,5} In 2007, the Dutch government announced plans to ban the sale of hallucinogenic mushrooms.⁶

Restriction

Recent events in Britain highlight the importance of curbing availability. In 2005, the government extended the hours of operation for pubs, with some allowed to serve 24 hours a day.⁷ Rather than curbing binge drinking, the result has been a sharp increase in crime between 3 am and 6 am,⁸ in violent crimes in certain pubs,⁹

and in emergency treatment for alcohol misusers.⁷

Sweden offers an example of a successful restrictive drug policy. Faced with rising drug use in the 1990s, the government tightened drug control, stepped up police action, mounted a national action plan, and created a national drug coordinator.¹⁰ The result: "Drug use is just a third of the European average."¹¹

Almost daily we learn more about marijuana's addictive and dangerous characteristics. Today's teenagers' pot is far more potent than their parents' pot. The average amount of tetrahydrocannabinol, the psychoactive ingredient in marijuana, in seized samples in the United States has more than doubled since 1983.¹² Antonio Maria Costa, director of the UN Office on Drugs and Crime (UNODC), has warned, "Today, the harmful characteristics of cannabis are no

longer that different from those of other plant-based drugs such as cocaine and heroin."¹³

Evidence that cannabis use can cause serious mental illness is mounting.¹³ A study published in the *Lancet* "found a consistent increase in incidence of psychosis outcomes in people who had used cannabis."¹⁴ The study prompted the journal's editors to retract their 1995 statement that, "smoking of cannabis, even long term, is not harmful to health."¹⁵

Drugs are not dangerous because they are illegal; they are illegal because they are dangerous. A child who reaches age 21 without smoking, misusing alcohol, or using illegal drugs is virtually certain to never do so.¹⁶ Today, most children don't use illicit drugs, but all of them, particularly the poorest, are vulnerable to misuse and addiction.

Legalisation and decriminalisation—policies certain to increase illegal drug availability and use among our children—hardly qualify as public health approaches.

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