

Full tilt towards a no-win 'Vietnam' war on drugs

From David Mellor's publicity junket scattering banknotes over South America, to Reagan's 'jar wars' demands for urine samples from Federal employees, to this month's majority recommendations at the EuroParliament, the Rambo instinct is in full cry against 'the drugs menace'. TIM MALYON surveys the evidence against the American-led panic which is trying to sweep all dissent under the carpet

'AMSTERDAM is the cesspit of Europe', huffed Tory MEP Andrew Pierce at a press conference on 1 October. 'The poison from there has spread around. It's like one man with a foul smell in his garden. I believe the Dutch government ought to be looking to their consciences.'

His remarks were the opening shot of a bitter European controversy about methods of managing drug use and abuse. Pierce is a member of the 'European Committee of Enquiry Into The Drugs Problem In The Member States Of The Community' whose report was voted through the European parliament last week under the slogan 'The European Parliament Takes Drugs Seriously.' The report recommends uniform drug enforcement and sentencing approaches throughout the Community — a direct attack on Holland's long-standing liberal drugs policies. Pierce concluded his remarkable concoction of metaphors with a call for fresh pressure on the Netherlands 'to get its stables cleared out.'

Five members of the enquiry committee, a Green, a Communist, and three Socialists including the Labour MEP for London East, Carole Tongue, were so dismayed by the committee's off-hand rejection of drug law liberalisation that they produced a minority report, published simultaneously. This demands further study into the whole question of legalising certain drugs so as to curb the massive illicit market. Pierce's response was characteristic: 'Is that Labour party policy? Is Kinnock going to announce that the Labour party is going soft on drugs?'

Pierce's tone is typical of the present climate in which critics of total war on drugs risk character assassination and accusations of being 'soft on drugs' reminiscent of Senator McCarthy's insults to people he accused of being 'soft on communism'. This witch-hunt is indeed largely an American import. Nancy and Ronald lead the war from their fireside while lesser politicians, both Republican and Democrat, vie to come up with yet



Drugs raid last August: violent images like this convince a majority of politicians that their 'drugs war' is getting somewhere — and they hope it will convince the 'First World' electorates that the problems are being 'tackled'. They aren't

more repressive measures in time for the crucial mid-term November elections. As a result, confused children are turning in their sniffing and smoking parents, traffickers are being threatened with the death penalty, a third of all US *Fortune 500* corporations are instituting employee urine tests — some of which will show up brown bread and poppy seed consumption as drug positive — and cannabis is being targeted as 'a gateway drug.' Recidivist users are threatened with incarceration in profit-making, privatised prison camps.

The main institutions so far to have raised objections to this climate are the American military, already ensconced in anti-drugs actions in Bolivia (who fear being involved in a war they are even less likely to win than Vietnam), and the American Civil Liberties Union, who argue that drug testing is a fundamental invasion of privacy. Both the ACLU and employee unions are opposing Reagan's 'jar wars' attempt to urine test about half of all Federal employees.

Current cocaine and 'crack' hysteria stems from

Future highs

FROM HEROIN, originally developed as a miracle non-addictive morphine substitute, to methadone, developed as a non-addictive (*sic*) heroin substitute, to LSD to bath-tub amphetamines, chemists have played a comparable role in Western drug habits to Third World cultivators. Drug company boffins, as well as freelancers, have some new tricks under their microscopes which may revolutionise the market and affect government policies.

'Designer drugs,' chemical analogues of existing prohibited substances which circumvent controls by slightly altering molecular structures, have been available in the USA for some years. The best-known is 'ecstasy' (MDMA) a less raunchy version of the psychedelic MDA. Said to generate feelings of openness and empathy it was being used with some success by therapists in the USA until recently outlawed. Illegal in the UK since 1977, when an alert government chemist included it in the long list of banned amphetamine analogues.

US designer drugs which have caused real problems are derivatives of the opiates fentanyl and pethidine. A pethidine analogue started to appear on US West Coast streets which caused symptoms similar to Parkinson's disease. The UK government chemist now thinks he has a form of words to control these substances by referring to chemically generic descriptions which subsume all foreseeable analogues. The game of molecular hide and seek could however prove a severe problem with other drug types.

Drug company chemists are researching memory drugs as a treatment for Alzheimer's Disease — senile dementia. Improving the memory, or at least not losing it, is likely to be perceived as a more respectable goal of drug use than getting high. The public is sure to want to try these drugs and a large illicit market is inevitable if legal availability is restricted to prescription for senile dementia. What might be the appropriate form of control and supply for such futuristic substances? ●

the USA. (Crack is a cocaine paste derivative which can be smoked and delivers an intense, short-lived high followed by a depressive 'down'.) For nearly two years, we have been warned that a wave of cocaine powder, heroin's 'twin sister of death' — the phrase is Home Office minister David Mellor's — is about to break on our shores. Massive media and political attention has been concentrated on this substance. Yet under our proverbial noses amphetamines ('speed' or 'whizz') have long been one of the most widely used illicit drugs in the UK. There were five times more amphetamine seizures in the UK in 1985 than cocaine seizures. Amphetamine seizures now exceed heroin seizures and rose by 20 per cent over the previous year, while cocaine busts dropped by a quarter.

The big killers

Amphetamines are of course home produced. Occasional use does not generally cause problems. Damage from chronic abuse, however, has long been appreciated by professionals and neglected by those responsible for providing services, just as there is a disgraceful lack of facilities for tranquiliser abuse, a prescribed drug problem which dwarfs all illegal drugs in sheer numbers of users.

But then, busting bath-tub amphetamine production facilities in Devon and Cornwall, or providing more money for appropriate counselling and prevention services for tranquiliser addicts, does not have the media attraction to compete with David Mellor's recent flights of fantasy over South American jungles. Mellor threw away £1.5 million in grants to South American governments for additional, and certain to be ineffective, law enforcement against a drug which the Americans had persuaded him was important. The headlines looked good and he was promptly promoted on return. The irony of such profligate opportunism has not been lost on the alcohol and tobacco prevention lobbies. Mellor's £1.5 million wasted in South America constitutes over half Britain's entire budget for alcohol education and information.

THE ADVISORY COUNCIL On The Misuse Of Drugs estimates that there are 40-70,000 problem drug users in the UK, compared to 750,000-1 million alcohol users at risk and 14.8 million tobacco smokers. There are 5,000-8,000 deaths due to alcohol every year, 100,000 due to tobacco, 200-250 due to illegal drugs and solvents. Youth drinking and smoking are both on the increase. Statistics on car accidents, suicides, violent crime, marital and child abuse, and psychiatric illness due to alcohol are horrifying. The tobacco industry spends over £100 million per annum in the UK on advertising and promotion, and provides the government with £4 billion of revenue. Only £7 million of this is ploughed back into education and information campaigns, despite the DHSS estimate that smoking-related diseases cost £370 million per annum to treat.

This is not to deny the misery and suffering caused by drug addiction, both to users and their friends and families. Nor is it to deny that cocaine and 'crack' may cause problems in the UK. What is important is to bring all drug problems into comparative focus, so that political hyperbole and rhetoric bear some relation to real needs. One of

the silliest parts of the European committee of enquiry report, and therefore one of the most illuminating, is its attempted definition of 'drugs' as 'those chemical or plant-derived substances which can cause a user to experience physical, mental or emotional changes and are illegal.'

The crux, of course, is whether David Mellor's jungle warfare is winnable. During my research for this article, speaking with Home Office officials, a senior customs officer, politicians and drug workers in the field, I could find nobody to say that law enforcement could have a significant impact on the illicit market. The European report estimates that 5 per cent of illicit drugs destined for the EEC are seized. Even the report's convenor, Tory MEP Sir Jack Stewart-Clark, reckoned that if the entire armoury of additional law enforcement measures which he is demanding were enacted, 'no more than 20 per cent might be seized — significant reduction, perhaps not; prevention from significant increase, perhaps yes'. David Mellor himself admits that government 'can guarantee to seize but a limited proportion of what comes here.' Even if 20 per cent were seized, it would be unlikely to make a dent on street availability. In producer countries there are already too many illicit crops chasing the consumer market. The US State Department can confirm this. 'Worldwide production of illicit opium, coca leaf and cannabis in 1985,' it stated recently, 'was still many times the amount currently consumed by drug abusers.'

The drug war, however, continues regardless, developing ever newer weapons which inevitably erode precious freedoms. The latest addition to this armoury in the UK is The Drug Trafficking Offences Act which received the royal assent on 8 July. Similar legislation has been enacted in Italy and the USA. The bill received all-party support in parliament despite the fact that it overturns a fundamental cornerstone of British justice, the presumption that a defendant is innocent until proven guilty. Anyone convicted in Crown Court of a drug trafficking offence, however small, is now liable to have all assets acquired during the last six years confiscated, unless they can prove that the assets were legally acquired. This assumption, that assets are illegal unless proven otherwise, is drily described in the *Law Society Gazette*, not an organ prone to overstatement, as 'most unusual in a criminal statute.' The NCCL bitterly opposes it.

The act grants wide powers to police and customs to search suspected traffickers' bank and personal records, and files on them held by government departments. These powers override any secrecy obligations or other statutory restrictions on disclosure of information.

If this is the new weapon, will it succeed? The *Law Society Gazette* has already stated that the act cannot grapple with one fundamental problem — destroying 'the real nerve centre of the operation.' A senior City accountant who has seen the provisions is likewise not optimistic about success. Laundering money is basically a system of passing funds from account to account or through businesses under different names to conceal its origins: 'It's really not difficult if you know how to work the system. The smart people will know the right methods to avoid leaving a trail.' Both the accountant and Jane Goodsir from Release are in agreement that the people most likely to be put on

the street by this new law are small-business-person drug users who do some dealing on the side.

IT SEEMS extraordinary, in the face of widespread evidence that the drugs war is NOT WINNABLE that so little attention has been paid to alternative strategies.

The key to any fresh approach towards drug use and abuse is acceptance of the fact that humankind has been using a bewildering array of mind-bending substances since the dawn of civilisation and is unlikely to change its ways. A recent Radio 4 documentary, George Monbiot's 'Dreamflower and The Toadstool Spell,' should be compulsory listening for all involved in drug policy formulation. Monbiot demonstrated how massive slices of our culture, folk tradition and religion derive from drug use, from the earliest shamanistic trances to the average sixty thousand pounds of opium consumed every year in 19th century England, to tea, coffee, alcohol and tobacco. 'Our folklore, part of our history, perhaps our religion,' Monbiot concluded, 'are all dependent on chemicals that come from fungi, animals and plants. We are following a tradition of drug dependency.'

Drugs tend to have their most destructive effect on cultures when first introduced, before 'codes of consumption,' to borrow anthropologist Anthony Henman's phrase, have developed. This applies to crack in Miami ghettos; or alcohol abuse in American Indian cultures already adept at coping with a potent array of psychedelic vegetables.

Professor Norman Zinberg MD, from Harvard University, has been researching addictive behaviour since the '60s. Widely respected during the Kennedy/Johnson/Carter era of relatively open-thinking on drug issues, he is no longer flavour of the month in Washington. Zinberg has conducted a series of studies in 'controlled' drug use. He cites the example of LSD, a drug which received massive 'shock horror' publicity in the sixties and seventies, and was involved in large numbers of hospital admissions for psychotic behaviour. Its availability and use in the UK and USA has remained remarkably constant over the years. It was my experience, working with Release and other agencies, especially at 'rock' festival emergency facilities, that casualties from LSD use dropped dramatically over the years, even at times when supplies were widely available.

Vim in the veins

Studies in the USA confirm these subjective impressions. 'By the early 1970's,' Zinberg asserts, 'the admission of psychedelic users to mental health facilities for the treatment of acute or even long-term psychotic episodes following drug use, which had occurred frequently in the late sixties and through 1970, had all but disappeared.' Zinberg has recently carried out an important study of 98 heroin users in the Boston area, contacting people through colleges, clinics, friends, and newspaper advertisements. Out of 98 users, he found 61 'controlled' users, who were clearly not addicted and whose lives were not centred around the drug; 30 'compulsive' users; and seven 'marginals'. The controlled users employed an array of strategies, such as not using

Soft protests of former custodian of 'British system'

H B 'BING' SPEAR, a legendary figure in contemporary British drug lore, retired two weeks ago as chief inspector of the Home Office drugs inspectorate where he had worked since 1952. The inspectorate supervises production and distribution of legal supplies of controlled drugs such as heroin, in particular doctors' prescriptions to addicts whom they are treating. As its chief since 1977, Spear had a unique knowledge and experience of the 'British system' of maintaining chronic addicts on legal supplies of opiate drugs, including heroin, which lasted from 1926 to the early eighties. He laments its demise.

Bing is a remarkable figure, a calm besuited Home Office official who 'learned the street', then stayed in touch. He also cares. 'The legend was, he knew all the addicts personally, which was only a slight exaggeration,' remembers Rev Ken Leech, famous for his pioneering work with addicts in the sixties. 'He was very much the sort of person whom addicts would visit and ask for advice. They trusted him, respected him, thought the world of him, which is remarkable. It would only have taken one slip to have lost that.' Although Spear has long enjoyed the respect of addicts and street agencies, successive governments, as well as a powerful clique of senior consultants in the addiction clinics, haven't always appreciated his experience. 'He's been very much a lone fighter,' Leech concludes, 'and I'm not sure people took too much notice of him in the corridors of power.'

Spear particularly regrets the decision, taken by a group of clinic doctors during the late seventies and early eighties, firstly virtually to stop all heroin prescribing, then to stop prescribing of injectable drugs, then to deny the validity of long-term maintenance prescribing as a treatment mode for chronic addicts. These clinic consultants effectively closed down the 'British

System' a unique experiment in harm prevention, without a word of external consultation — at precisely the time that large amounts of illicit Chinese and Iranian heroin were appearing on the street.

'Inevitably it is a matter for the doctors how they treat addicts,' Spear now says to the *NS*. 'What I find difficult to accept is that they have done that in isolation from the problem. There is a relationship between what a doctor does with his prescription pad, how he treats an addict, and what happens to the broader problem. I just wonder what would have happened, whether we could have contained the problem for a while, delayed what we've got now, if those decisions hadn't been taken. It's difficult to say. We would still have a problem, there's no doubt about that. But I think there has been a tendency to place the interests of the medical profession ahead of the interests of the country as a whole.'

Spear remembers two Canadian addicts who used to come and see him at the Home Office. 'They used to come in to see me fairly often for a chat. Certainly they could walk in and out of the Home Office and nobody would know they were addicts. Neatly-dressed, well-behaved, reasonable looking, they were on fairly heavy heroin doses, both of them, injecting, had been for yonks. There are stable addicts — the argument is of course is about how many. I'm certainly not arguing that young people who are smoking heroin should be given injectable 'scripts' [Prescriptions]. That's manifestly nonsense.'

And what about the distinctions between legal and illegal drugs? 'I heard a lady recently talking about healthy drinking as not harmful. If you say that about drugs, you're in trouble.' He paused and smiled. 'I'd just like to point out the contradiction.'

on consecutive days, only using at weekends, never using before work, not using to counter depression, cleaning up their living area before using, strict budgeting of funds for drugs, not using alone, to cite just a few.

Zinberg concludes that 'emphasis should be shifted from the prevention of all use, to the prevention of dysfunctional use,' comparing good drug education to good sex education. He believes that prohibition actually inhibits the teaching and accumulation of sensible 'codes of consumption'. Recent events underline the sagacity of his words. If some of the British government's drug advertising budget had been spent on putting across the most basic of harm prevention messages, *never to use alcohol in combination with any type of opiate drugs*, Olivia Channon and many others might still be alive today. One third of all illicit drug overdoses in the UK last year occurred in combination with alcohol.

Aids highlights the ethics of harm reduction and prohibition, as it spreads swiftly among injecting addicts who share needles, especially in Scotland where few doctors are prepared to prescribe

injectable drugs or needles. Making needles and syringes available with good health education information is a fundamental harm reduction strategy, yet so far, the government has refused to do it. A Scottish Office report now recommends that clean needles and syringes should be made available to addicts. The unpalatable logic of such a move, without any further attempts at harm reduction, is that addicts dying from Vim in their veins is not a legitimate matter for public concern — until they pose a threat to the general population by spreading the Aids virus.

Harm reduction and teaching sensible use patterns has long been the accepted strategy of those concerned with reducing alcohol abuse. The latest Health Education Council booklet *That's The Limit* promotes the slogan 'Why spoil a good thing?' Karin Pappenheim from Alcohol Concern emphasises how health education has abandoned exhortations to stop drinking, 'because that just doesn't work. We are not an anti-drink organisation. People need to learn to be sensible drinkers.' She also believes from a health education standpoint that all drugs should be

brought under the same umbrella. 'You can't deal with one drug without looking at the rest. We have to see all the addictive substances in the same context,' adding that discouraging heroin use may simply lead to increased alcohol abuse, among the young in particular.

Prohibition causes an illicit, uncontrolled market to thrive. The alternative is an orderly introduction of graded controls, which make harmful substances more available and less expensive than more harmful substances. Nobody is suggesting selling heroin across the counter in sweet jars. In fact people who favour abolishing prohibition often take a hard line on the whole area of drug supply, including alcohol and tobacco. They tend, for instance, towards banning advertising. I find it ironic that the most ardent Anglo-American drug warriors are often also the most ardent supporters of the free market and lack of controls on tobacco and alcohol.

There is some evidence that long-term usage does not increase, may even *decrease*, as controls on illicit substances are lifted. All the studies to date have shown no significant difference in usage between decriminalised states and others. New statistics on the USA publicised this 11 October show virtually all illicit drug use to be on the *decrease* - other than cocaine.

THE ONLY Western nation still experimenting with quasi-legal supply is Holland, now that the UK has almost given up its heroin prescribing system (see box). Trafficking and possession of all common illicit drugs, such as cannabis, heroin and cocaine, are illegal in Holland but Dutch law includes an 'expediency principle' whereby the Public Prosecutions Department can refrain from bringing criminal proceedings 'on grounds deriving from the general good.' Cannabis use and

possession are accordingly not usually prosecuted, nor is small-scale supply, particularly in certain quasi-licensed venues.

Since this policy was implemented in 1976, cannabis use in Holland has actually decreased. In 1976, 3 per cent of young people aged 15-16, and 10 per cent of people aged 17-18, had 'occasionally smoked' cannabis. In 1985 these figures were 2 per cent and 6 per cent respectively. In 1983 only 12 per cent of the 14-24 age group in Holland had ever smoked cannabis, as compared to 18 per cent in West Germany (1982). West Germany has no legal supply system for cannabis, and exerts tremendous pressure on the Netherlands government to terminate its own. Cannabis use in West Germany is also rising, in contrast to Holland.

A problem of supply

Eddy Engelsman is a medical sociologist who is responsible for advising the Dutch government on both alcohol and drug policies. He believes the Dutch will emphatically reject the European committee of enquiry's call for harmonisation of Community sentencing policy, which would destroy Dutch drug philosophy: 'We find it strange, waging drug crusades, giving up fundamental citizens' rights for drugs. The Dutch people form one tight block now, because we are attacked. We do take drug problems seriously, and we have creative, new ideas about them. Now, what we are doing has become unthinkable.'

There are few politicians outside Holland prepared to think the unthinkable. The Labour MP for London East, Carole Tongue, is one. Rare among politicians, she knows what she is talking about in this unpopular field, and is prepared to put her reputation on the line. As a member of the European committee of enquiry she was

sufficiently exasperated by the blinkered attitudes of the majority to share in the minority report, whose main recommendation is the establishment of a European study group, and holding of a European conference to look at 'the legalisation of drugs in order to eradicate drug trafficking.' After pressure at last week's Strasbourg debate a diluted version of the demand was accepted.

British Labour Party drugs policy remains at core simply a more humane version of Tory policy. Robin Corbett and Frank Dobson, respectively responsible for law enforcement and health, both want more money spent on rehabilitation and prevention. Corbett wants more uniformed customs officers. Dobson supports the provision of needles and syringes to injecting addicts to prevent Aids. They also both want greater restrictions on alcohol, and especially on tobacco advertising. 'Tobacco is the only industry that kills a hundred thousand of its customers every year,' Dobson remarked wryly.

Most politicians with whom I have spoken, left, right or centre, seem to have devoted little original thought to the drug issue, Lords Melchett and Gifford, Peter Archer and Clive Soley being the notable socialist exceptions. The drugs topic, like 'sex' and 'violence', attracts and repels, often inviting rigid, emotionally conditioned defensive reactions from politicians and public alike. The press panders to this.

Labour Party reluctance to face up to fundamental drug policy issues is electorally understandable but could be a grave mistake in the long run. Carole Tongue goes to the heart of the matter in her concluding remark to the *NS*: 'How are we going to face up the problem of supply of these substances? — because we're not going to get rid of them. The mafia is in *favour* of prohibition. We really should be asking who is benefiting from the present illegal regime.'

We have been told so many times now what massive sums 'the drug barons' earn that we are becoming immune to the implications. Cannabis is now the second largest cash crop in the USA after corn. Of the \$30 billion in Eurocurrency deposited in Swiss banks, 20 per cent is estimated to be drug money. Scotland Yard reckons that over £200 million was spent on illicit drugs in 1984 in London alone.

That kind of cash does not just go into yachts, fast cars and high living. The Sicilian mafia owns massive sectors of the legitimate economy, including much of the construction industry, and buys politicians. Money generated by drug trafficking is creating, right now, states within states, in the law enforcement, political and business sectors. People controlling that money have generally been of right wing or far right persuasion. There is also a disturbing, well-documented history of state security services funding operations outside democratic control through the drug traffic.

It is time that the drug warriors like David Mellor realised, not only that their policies are ineffective and increasingly curbing our basic freedoms, but also that they nurture organisations which pose a fundamental threat to our democratic institutions. It is time to start disarming, before it is too late. □

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