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CRIMINAL JUSTICE MATTERS

HARM REDUCTION NOT DEMAND REDUCTION

The Strength of British drugs policy

When a senior Metropolitan Police Officer, of the rank of Commander and with many years of drugs squad experience, urges us to 'think the unthinkable' and to contemplate licensing arrangements for not only cannabis but also heroin and other class 'A' controlled drugs, then something is wrong with current drug control policy. Money and personnel have been thrown in profusion at the so-called 'war on drugs', particularly in the USA where the policy failure has been most spectacular and is already written in so many different ways: the gang violence and drug-related crime in America's poverty stricken cities; the gargantuan prison system swollen to fracture point by drug-related offenders; the continuing ravages of crack-cocaine use and the potential threat of a new heroin epidemic.

In Britain we are more fortunate in two respects. First, we are late developers in terms of a serious problem of heroin and cocaine use. Heroin has become a serious difficulty in many towns and cities since the early 1980s, but cocaine-related problems remain a rare occurrence although they might be increasing. Most important, however, is that Britain has a policy tradition which is capable of reconciling law enforcement with a public health orientation which also allows individual access to various helping agencies (Pearson, 1991). Crucially Britain has been able to embrace syringe exchange schemes and other harm-reduction strategies, following the powerful entreaties of the Advisory Council on the Misuse of Drugs in its twin reports of 1988 and 1989 on AIDS and Drugs Misuse.

The unifying principle of British policy development has been, and must continue to be, that of harm-reduction.

Reduction strategies

Policies aimed to reduce the amount of drugs consumed are not necessarily best suited to the reduction of drug-related harm. Certain kinds of low-level enforcement strategy can, however, be locally fashioned to harm-reduction principles (Pearson, 1992). Attempts to polarise the debate between a 'traditional' law-and-order emphasis as against wild-eyed loonies of 'legalisation' are both unhelpful and irrelevant. There are good reasons for maintaining strict controls on the production, distribution and consumption of dangerous drugs such as heroin and cocaine. These are not incompatible, however, with health-oriented services which take harm-reduction as their core objective (Pearson, 1991 & 1993).

What must be avoided is both a North American dominated debate, but also a narrowing of potential horizons within Europe. The centralising tendencies of some EC legislation could squeeze out the room for manoeuvre in any number of member nations. For example, our French neighbours for whom methadone prescribing is a rare novelty might frown on the 'laxity' of the British medical profession in this respect. In the Netherlands, on the other hand, while their 'coffee shop' policy perhaps offers the best way forward for a rational cannabis licensing arrangement, this is another approach which has attracted the fire of the ultra-prohibitionist French. Policy shifts in Spain, Italy, Germany, Switzerland - in some cases first this way towards some form of de-criminalisation, then towards prohibition, and sometimes even back again - would be better informed by the lode-star of harm-reduction. Without wishing to appear chauvinistic (and without forgetting appalling episodes such as the financing of the new Community Care strategy which seems likely to wreak devastation on many community-based drug services) drug control policy is one area where we can afford to promote the 'best of British'.

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Legalise or licence?

Legalisation is not the answer. Some form of licit access to cannabis should certainly be placed centrally in public debate, and is now admitted into the equation in the USA even by hard-liners such as Mark Kleiman at Harvard in his book Against Excess (1992). Kleiman is 'against excess' both in terms of drug consumption and also the excessive prohibitionist tendencies of the 'war on drugs' which are counter-productive in terms of health damage, the escalating costs of imprisonment, corruption of public office, etc. If judged against the reduction of drug-related harm, however, open access to heroin and cocaine would be a very high risk strategy. So what of licensing? In terms of the most thoughtful approaches to other forms of possible regulation, Kleiman's work together with that of Ethan Nadelman (1992) from North America offer some pointers towards a different future. From France we have the equally thoughtful ideas of Francis Cabellero in his Droit de la Drogue (1989). A strategy based on the reduction of harm - rather than simply the reduction of drug consumption - could be the unifying principle of these different straws in the wind. The point is made with great comic effect by Zimring and Hawkins (1992) in their recent book, The Search for Rational Drug Control, where they attack US drug policy for its neglect of the damage caused by drugs:

'Damage control is excluded from the basic architecture of the federal drug control strategy because the whole federal effort is divided into reducing the supply of illicit drugs in the United States and lowering the demand for such drugs... We trust that the new administrator of the National Transportation Safety board would become a laughing stock if the only safety policies he or she explored were to reduce the supply of automobiles and the demand for automobile travel'.

You think that a drug control policy could not possibly be so foolish? Oh yes it can.

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