

Half-hearted war on drugs

The principle that for every important social problem, there should be a conference at which officials pledge their best efforts to its solution seems to have taken a tumble at last week's London conference on drugs.

THE British government, sponsor of last week's international conference on drugs in London, is probably disappointed that the event showed the participants to differ among themselves about the best strategy for dealing with this important problem. But it could not have been otherwise. Estimations of the best strategy differ chiefly because the problem is complex as well as important. Some countries, notably the United States, but also Britain itself, follow a similarly tough line on all narcotic drugs, but others (the Netherlands, for example) regard the use of cannabis as less serious than that of, say, heroin.

And while the sale and even use of narcotic drugs are illegal in most places, there are important differences in the mixture of penal sanctions and opportunities for treatment offered to those discovered to be addicts. That, again, is unavoidable, at least for the time being.

The difficulty is that there is a sharp distinction between short-term and long-term strategy. Given the rapid increase of addiction in the industrialized West to three successive waves of narcotic substances — cannabis, opium, now cocaine and their derivatives — it is natural that governments should direct their attention at the sources of supply of these substances and at the means by which they are distributed internationally as well as at measures calculated to reduce the demand for narcotics by the ultimate users. But hemp, poppies and cocoa leaves are not the only natural sources of narcotic alkaloids, while the LSD fashion of just a few years ago shows how much can be done in makeshift laboratories to meet local demands for addictive highs. In the long run, the only strategy that will banish the evil consequences of addiction is to encourage the reduction of demand.

Most governments are in a dilemma of their own making. Among the harmful substances known to be addictive, the most widely used are alcohol and tobacco, both of which cause great damage to people's health. In most industrialized countries, the need for treatment of these common addictions far exceeds the resources and skill likely ever to become available. Yet there are few countries in which the use of these substances is illegal. (The exceptions are some Moslem states, where the reasons are doctrinal, not medical.) That is as it should be. It would be a gross infringement of the civil rights of people who use alcohol in moderation have to give it up because some among them become addicts. (The case for continuing to allow the sale of tobacco is weaker, resting

chiefly on the difficulty of enforcement.) The logical difficulty is that governments appear to be prevented from learning what they might from alcohol and tobacco addiction by the fear of being discovered to be inconsistent.

That is a great misfortune, for there is much to learn from the ways in which addiction to alcohol and tobacco can be intelligently dealt with. Intensive treatment can wean individuals away from their addiction (as can be heroin addicts), but chic health farms are not a general recipe. Most governments tax both alcohol and tobacco, not simply from cupidity but so as to restrain demand by a market mechanism. Fiscal controls would not work with narcotic drugs (although cannabis may be in a different category): one of the greatest social evils of the wave of addiction in the West since the 1960s comes about from the way in which many addicts have to steal to acquire their supplies. But there are other than fiscal means of regulating demand — notably the provision of cheap supplies to those who register their addiction and who consent to continuing medical supervision.

If they are properly monitored, some future conference should learn much not only about the effectiveness of this arrangement but about the reasons that distinguish addicts from others, as well as of the social benefits of creating social links with a closed and self-isolating community.

Whatever the success of short-term measures against the sources of supply and the distribution networks, such devices must play an important part in the longer haul. But would they not condone illegality? Yes (unless, in the light of more and encouraging experience, the law were changed), but no more inconsistently than in the supply of sterile hypodermic needles to intravenous drug users to prevent the spread of HIV infection.

But there are also penal measures that may help. So much is clear from the way in which increasingly tough penalties for drunken driving are beginning to have an effect on the rate of serious road accidents. But a drug user is also the chief victim, with his or her family, meaning that imprisonment is an ineffective remedy.

What the war on drugs needs is a system of non-custodial sentences for drug users who break the laws which apply to them, preferably one that entails a large measure of the blend of exhortation and education without which young people will not be adequately warned of the dangers of being hooked. □