

A roadmap to peace in the **war on drugs**



Dr. Michael Keane argues compromise is essential to end the war on drugs.

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The war on drugs has been raging for decades. Tens of millions of lives have been lost or ruined. Because both the effect of the drugs and the effect of criminalisation have contributed to the toll, both prohibitionists and those for liberalisation are genuine in their conviction that they are on the right side of morality and history. To end this war we need a roadmap to peace.

However, like an intransigent territorial dispute, it is impossible to say what the peace should entail. Should peace entail a situation where minimum lives are lost? Or should an outcome optimise personal freedom? What about finding an optimal balance between personal freedom and lack of harm? Harm to innocent third parties is generally given considerably more weight than harm to wilful participants.

Some believe that peace in the war on drugs simply by achieved by minimising harm to third parties. The counter argument is that healthcare and welfare expenditure (even loss of a person's maximum productivity) are representative of harm to third parties (taxpayers), and thus it is impossible to segregate an individual's harm from the rest of society. Clearly then, both conservatives and progressives need to cede ground if there is any hope of finding a way to break the stalemate.

Unease about the awkward ideological bedfellows that have formed in response to the war on drugs is, in part, driving some

willingness to make concessions amongst progressives. For example, the American Society of Addiction Medicine's (ASAM) opposition to legalisation of marijuana is leading many younger leftist, public-health types to question the use of Nanny State solutions to alcohol, fast food and gambling, in light of what has happened in the war on drugs.

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Conservatives should also recognise that the reverse equally applies. They should see that the fundamental rationale for prohibiting drugs is very similar to the Nanny Statists': neurobiologically naïve, quasi-cult-like insistence that many 'lifestyle choices' (like gambling or drinking) can now be labelled as 'addictions'.

Summarising its opposition to legalisation, ASAM says that 'addiction should be primarily treated as a health issue rather than a criminal justice issue.' The same people that describe violence, lack of work ethic, drink driving and a variety of criminal activities as merely 'alcohol related harm' are now telling us the same thing about marijuana.

The dominance of this 'disease model' within academe has solidified conservative opposition to drug

liberalisation. If the sometimes devastating consequence of drug use is a disease, no different from malaria, HIV or diabetes, then any moral and rational person would advocate prohibition of the drug and tough sanctions against those spreading the 'disease'. Ironically, therefore, it is the ideology of the left that is most responsible for the stalemate in the war on drugs.

Before ever rationally compromising towards liberalisation, conservatives need measures to be implemented that provide confidence that any outbreak of the 'disease' won't affect them. Crucially this must involve measures that target individuals and remove them from situations in society which affect others. For instance, lengthy prison sentences for drug-related violent behaviour; shared responsibility co-payments for drug-related healthcare; at least some degree of reasonable drug screening for government welfare recipients and an assortment of other measures. Some libertarians might balk at such measures. However, not conceding ground on these issues is not an option if libertarians ever want conservatives to make concessions.

To establish the roadmap we must be informed about the basic pharmacology of illicit drugs. But as we have seen in many debates, the often disingenuous misapplication of science can be used to usurp what are fundamentally value judgments and philosophical constructs. Hence we need to incorporate into our roadmap not only pharmacology, but also place the neuroscience of addiction in the context of our most sophisticated understanding of our political and cultural heritage.



CONSERVATIVE VALUES RECOGNISE THE NECESSITY OF PERSONAL FREEDOM TO GENERATE A FAIR AND VIBRANT SOCIETY AND ALSO THE IMPOSSIBILITY THAT AN INDIVIDUAL'S BEHAVIOURAL CHOICES CAN BE ANTICIPATED AND CONTROLLED BY A CENTRAL AUTHORITY MADE UP OF SOCIETY'S ELITE

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Consistent with the science and biology, it is crucial to justify the intellectual argument that individuals should be held responsible for the consequences of drug use. Without this philosophical construct, the measures outlined above could not be justified and we would necessarily have to resort back to the extreme 'disease' model and endless stalemate. Conservative values recognise the necessity of personal freedom to generate a fair and vibrant society and also the impossibility that an individual's behavioural choices can be anticipated and controlled by a central authority made up of society's elite.

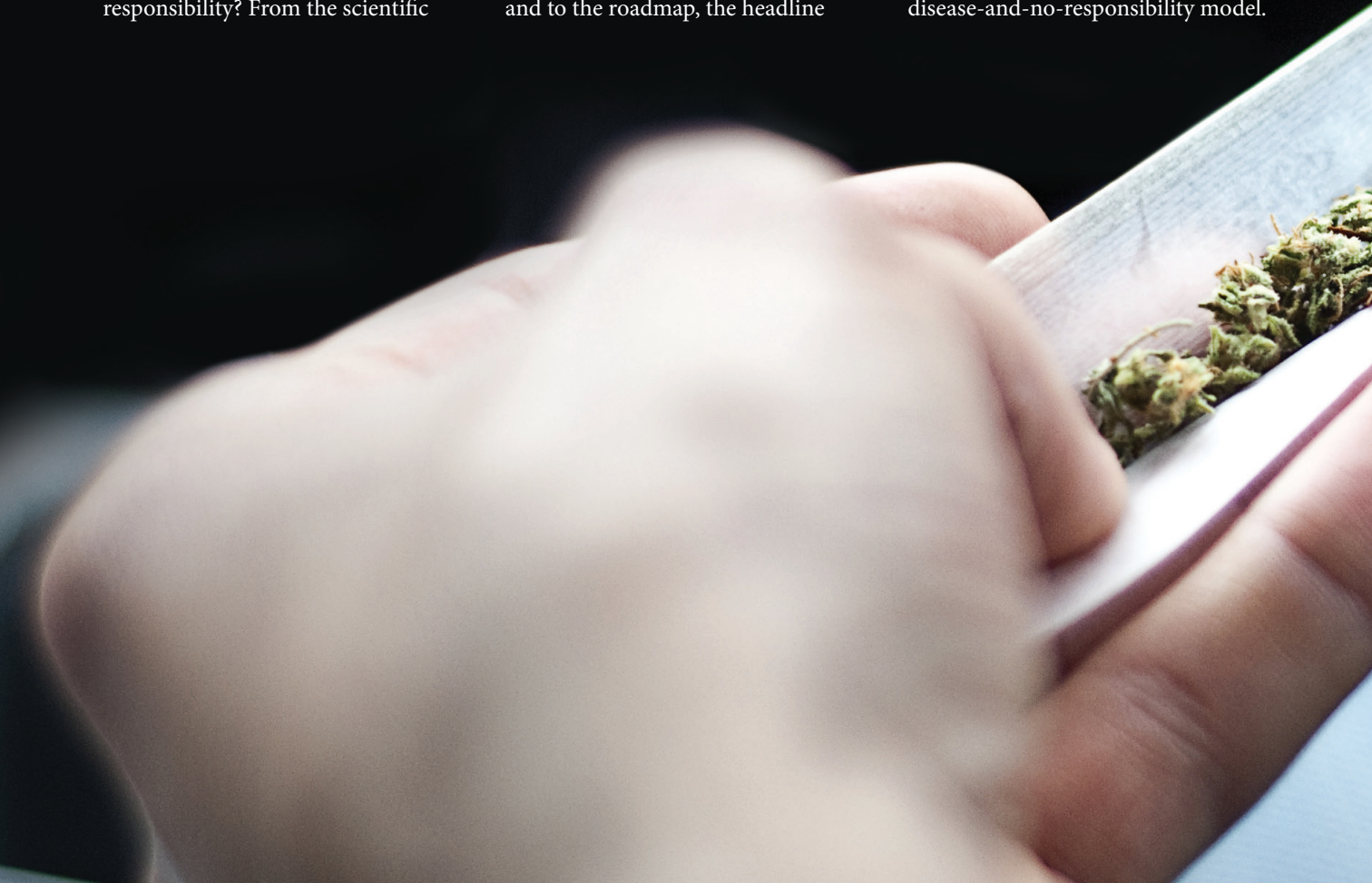
But do the effects of drugs prevent people from assuming responsibility? From the scientific

evidence, the answer is a resounding 'no' for practically every modern recreational drug. Sadly, there has been an intellectual retreat by conservatives in this area, and the void this retreat leaves inevitably leads to a free pass for the most egregious of reckless behaviour.

Drugs do alter how you feel and how you perceive life. There are acute intoxicating, withdrawal and chronic effects of drugs. But the crucial point for the war on drugs is that whatever the effects of the drugs, there is an enormous range of reserve in which people retain the ability to know right from wrong. Importantly, we should expect adults to utilise that reserve of character. Relevant to the conservative construct of individual responsibility and to the roadmap, the headline

messages are that across a range of different drugs the vast majority of people exposed to drugs (i) do not act recklessly; (ii) take measures that prevent the drugs from impinging on their functioning; and (iii) the reckless drug users are not innocent victims of a disease but are most definitely culpable.

It is particularly within the realm of drug-driving, psychosis and violent rage that there is understandable opposition to drug liberalisation. Consistent with the roadmap, society already expects adults take reasonable measures to avoid situations where they can harm third-parties. Although it goes to their very core, progressives must make concessions concerning their all-consuming disease-and-no-responsibility model.



The Portuguese experience

by Chris Berg

Portugal decriminalised drug use and possession in July 2001. It was not the first country to do so. Various nations have experimented with decriminalisation since the drug prohibition began more than 100 years ago. But the Portuguese experiment is important as it was explicitly intended to tackle what was seen as a rising drug problem – for policymakers, the purpose of decriminalisation was to limit drug abuse.

It has been a resounding success. Overall drug use has not increased—as critics feared—but has actually declined slightly. The riskiest forms of drug taking are in sharp decline: the number of *injecting* drug users has decreased 40 per cent. New HIV cases in drug users declined from 907 in 2000 to 267 in 2008. Obviously, incarceration for drug related crime has decreased dramatically as well.

However, we should strike a caution here. The Portuguese decriminalisation model is both complex, paternalistic and expensive.

It is still technically illegal to possess drugs, even for personal use. The 2001 reform made the penalty no longer criminal but administrative. Individuals found in possession of an amount judged for personal use (ten days worth of an average daily dose of drugs) are referred to a three person board of medical, social and legal assessors to gauge their needs. They can dismiss without sanction, require medical treatment, or impose a fine. The Portuguese model is centred around treatment: drug use is a public health problem, and the goal of decriminalisation is to get users into the health system.

In many ways, this is the opposite to a 'liberal' drug regime. Portugal treats all drug use as a medical problem. According to this model, the decision to use drugs is not a question of individual choice and responsibility, but framed through public health and addiction.

Portugal is not alone, however. A large number of South American countries—who have been ravaged and corrupted as collateral in the war on drugs—have called for, and experimented with, different legalisation and decriminalisation approaches. Belgium, the Czech Republic, Estonia, Germany, Italy, the Netherlands, Poland, and Spain have all varying degrees of decriminalisation. Here in Australia, marijuana is partially decriminalised in a number of states.

The broad consensus in the academic literature is that these experiments have been positive. Drug use does not appreciably increase after decriminalisation, and the negative consequences of prohibition (criminality, disease transmission, high-risk use and abuse) substantially decline.



VIOLENT 'METH-HEADS' SHOULD NOT BE UTILISING THE SCARCE RESOURCES OF PARAMEDICS, POLICE AND EMERGENCY DEPARTMENTS; THEY SHOULD BE IN JAIL

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Drug driving is often perceived as the most concerning aspect of drug liberalisation. Although most drugs cause less driving impairment than alcohol, nonetheless it would be reasonable for penalties for drug-driving to be an order of magnitude harsher than for drink driving; as a genuine good-faith concession on the part of progressives to allow 'peace talks' to continue.

Another major obstacle to liberalisation concerns the rare propensity for drugs to cause true psychosis where people are not reasonably in control of their actions (the term psychosis is often misused when a person is merely aggressive but still in control). It must be

stressed that even in those absolutely rare occasions where people have got themselves into a situation where the acute intoxicating effects of drugs make it impossible for them to reasonably control their actions, they remain morally and legally culpable. Consider the severe epileptic who stops taking their meds, parties without sleep for days, drinks buckets of caffeine, drives a large semi-trailer, has a seizure and crashes into a car killing a family. During the seizure the person has zero control over their behaviour and therefore much less than a drug user has. Do we blame the epilepsy? No, this is a straight-down-the-line criminal justice issue, not a health issue. Just like the driver with epilepsy, the drug

user with the rare propensity for psychosis who repeatedly uses drugs should be removed from society. It is not a health issue.

Similarly, you've all seen the clichéd, stethoscope-clad, inner-city Emergency Department doctor despairing at the scourge of methamphetamine ('meth' or 'ice'); probably the same pained, noble, healer that was assuring us that the alcopops tax was vital in stopping the scourge of alcohol. Except for rare instances, ice does not cause violence. Frustration? Yes, as can peak-hour traffic. Adults are expected to control their frustration. The liberal ideology would have us revise the children's song to 'if you're angry and you know it...punch someone's lights out (and then blame society)'. Violent 'meth-heads' should not be utilising the scarce resources of paramedics, police and Emergency Departments; they should be in jail.

Until and unless we re-invigorate the concept of character and until progressives can allow society to identify some of the worst of the worst in our society as criminals and not victims of a health phenomenon, then there will never be an end to the stalemate in the war on drugs.

Because the concept of addiction and disease is so thoroughly entwined with the war on drugs, we cannot allow it to be hijacked by those whose ultra-simplistic ideology recklessly ignores the neurobiological, historical and socio-

political concept of character.

It is the recognition of the importance of character where we have seen the progressive elitist agenda unchallenged by conservatives. This is especially so as it relates to projections of what might happen to the total harm caused by drugs if criminal sanctions were lifted.

Extrapolating the drug-related behavioural patterns of mostly functional people based on those of established addicts is absurd. Homogenising human behaviour is politically correct but completely without any academic merit. Furthermore, the 'politically-correctisation' of dysfunctional behaviour in relation to drugs by using non-judgmental, neutral, non-prejudicial descriptors is not in any way morally sophisticated and is costing millions of lives by propagating the war on drugs. Compassion is noble and justified; deliberately ignoring what we know about the human condition is not.

To conservatives who may say that this is all very well but I just don't want the availability of drugs to increase because it might affect me; that is an entirely rational and valid concern. I too have been that stethoscope clad doctor working in the inner city hospital on a Saturday night seeing what drugs do. However, I have also been the DJ at big dance parties and the white-coated, drug-use researcher.

It is the overwhelming number



of ordinary people: doctors, lawyers, trades-people, accountants, policemen, students, musicians, military personnel, and small business owners who do not behave like selfish, reckless, zombie-monsters that provide the imperative for large sections of the community to fight for the decriminalisation of drugs. There is a war because people are fighting on the other side. If we don't develop a reasonable and rational roadmap to peace, conservatives will end up with a completely ineffectual solution being imposed on them; where their safety and property will be contemptuously disregarded in an effort to placate outdated moral relativism. **R**

