Some time ago my 77-year-old father really surprised me. He mentioned in a conversation about substance abuse that he was in favour of legalising all drugs of abuse so that their use could be controlled and so that the crime associated with their trade and procurement would decrease. Coming from someone who spent a fair part of his life as a colonial service policeman and then as a solicitor in the UK, I was amazed at his observations. Not that I disagreed with him at all. On the contrary, I will stick my neck out and probably alienate myself from some of my more conservative colleagues and say that I firmly believe that the only way to deal with drug abuse is to legalise all drugs, so ending their criminal control, the criminalisation of addicts and so their reliance on crime to finance their habit.

But let’s first look at the controversy surrounding a drug that within the last 2 years has been demoted from a class B to a class C drug in the UK — cannabis. Its possession is still illegal, as is dealing in the drug, but the level of offence is apparently similar to a traffic offence. This move was not without its critics, but has many influential supporters as well. Cannabis use is a particularly controversial topic as there are many, and I am one of them, who believe that its moderate use is no more harmful than smoking cigarettes or having your evening glass (or two) of wine or whisky. And there is plenty of evidence to support that view. Indeed, a study in The Lancet showed the most harmful effects of cannabis to be bronchial irritation, the risk of accidents when intoxicated, dependence and possibly cognitive impairment with heavy, long-term use. Bronchial irritation and dependence are well-known side-effects of cigarette smoking and the rest are all too familiar as side-effects of alcohol abuse.

One of the main arguments put forward by those who advocate a ‘war on drugs’ rather than a more balanced approach, is that so-called soft drugs like cannabis are gateway drugs — in other words, they lead to the use of harder drugs such as heroin and cocaine. In fact, there is little evidence that people who use cannabis are inherently predisposed to using harder drugs. There are probably tens of thousands of regular cannabis smokers who have never tried anything stronger than whisky. What is evident though, is that, because cannabis is illegal, the same person who sells you cannabis will be trying to sell other, potentially more harmful drugs as well — hence the possibility of a ‘gateway’ to further drug abuse.

The notion of danger in drugs such as heroin is also worth examining. In 1994 the Swiss, in a groundbreaking experiment, offered legal, prescribed heroin to long-term addicts who had unsuccessfully tried all available ways of coming off the drug. The programme has been a success. They have found that heroin prescription is feasible and has produced no black market in prescribed heroin. The health of the addicts has improved and there is no evidence that heroin itself, in pure, controlled doses, causes physical harm. There is also no evidence that the heroin addict’s desire for heroin is ‘insatiable’ as thought by many. When allowed up to 300 mg 3 times a day, the addicts actually cut down on the amount as they found that they no longer experienced the ‘buzz’ that makes heroin pleasurable.

Many are now working and live a normal life as long as they have access to heroin.

But, this is not to say that I believe it is fine to become addicted to heroin, or even to smoke cannabis, or anything else, regularly. And none of these more enlightened approaches to dealing with substances of abuse actually get to the root cause of the problem, which is why people want excessive amounts of mind-altering substances in the first place. However, the use of ‘trendy, recreational, chemical amusement aids’, in the words of the late Frank Zappa, is as old as time. What we need to concentrate on is why people abuse drugs and whether the reasons are purely social or a combination of nature and nurture — the idea of the ‘addictive personality’. What is clear is that the so-called harm reduction strategies practised by the more reactionary countries, such as the USA, and indeed South Africa, probably don’t do a lot to reduce harm. A society that is putting people in prison for possessing and dealing in drugs concentrates only on changes in rates of drug use. Perhaps we should rather be looking at more practical indicators of harm reduction such as changes in rates of death, disease, crime and suffering. Then we would indeed be starting to win the ‘war against drugs’.

Bridget Farham