

## Drugs – Prohibition or Harm Reduction?

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Beer spiked with opium used to be the sovereign remedy for fevers and rheumatism in the Fens. Maybe it still is in a few places, but we’ve now had 100 years of drug control in Britain. Prohibition became vigorous only in the 1960s. Although 70m amphetamine tablets had been issued to British soldiers in World War Two, amphetamines were banned in 1964. LSD was banned in 1966. Full legislative articulation of prohibition came with the Misuse of Drugs Act (MDA) in 1971. Yet in this era of prohibition there’s been a huge rise in drug use.

In the 1970s, 10% of young adults had used cannabis; by 2009 it was 35%. There has been generational change. A quarter of people now in their fifties and sixties have taken drugs; a third of people in their forties; and more than half of those in their twenties and thirties. The Crime Survey figures have shown some tapering in drug use latterly, but those figures by definition take no account of “legal highs.” Class A drug use has not fallen.

The drugs scene constantly mutates. MDMA or ecstasy – originally patented by Merck in 1912 as an appetite suppressant – transformed the UK drug scene from the mid-1980s. After a dip when poor quality ecstasy hit the market, it remains popular, with an estimated 300,000 people using it each week. Mephedrone, introduced in 2007 and banned in 2010, has established itself as a new drug of choice. With the huge increase over the last twenty years in prescribing of opioid analgesics, abuse of prescription drugs such as benzodiazepine has become a serious problem.

There has been an explosion in new psychoactive substances (NPS). It’s not difficult to tweak the molecular structure of an illicit drug to synthesise a new one with similar effects. As soon as an NPS has been banned another is brought on to the market. The European Monitoring Centre for Drugs and Drug Addiction has recorded 280 NPS and identified 693 online outlets for NPS. The Angelus Foundation has counted 250 “head shops” in Britain for those who still like to do their shopping on the high street. Social networking

spreads news about the arrival of NPS, and party invitations may well include links to suppliers. Mephedrone is effective at a tenth of the dose of ecstasy. A gram of a new hallucinogen may contain 5000 doses, costing almost nothing to make. Consumers do not have the information they need about composition, safe dosage and toxicity. With powerful new drugs legally available online, unregulated and unaccompanied by trustworthy information, we have to think anew about what to do.

Some things don't change. Britons remain among the biggest consumers of illicit drugs in Europe. Seasoned and friendly observers worry that young Britons have an exceptional propensity for recklessness, including buying from dealers of whom they know nothing, polydrug use and bingeing.

The international policy response to the dangers of drugs was set forth in three UN Conventions, of 1961, 1971 and 1988, to which Britain is signatory. Together they established the prohibitionist orthodoxy. Not only is each country obliged to treat unauthorized supply as a criminal offence. Possession for personal use must also be criminalized. Although the rationale for the Conventions was to protect public health, the emphasis in their application has been on law enforcement rather than harm reduction. In Britain the 1971 MDA remains our governing legislation, prohibiting both supply and possession.

Prohibition, based on fear and moral revulsion, is based also on a mistaken analysis of the law of supply and demand. If you reduce supply, prices indeed rise, but where drugs are concerned demand does not consequentially fall. Addiction is inelastic. In the recreational market, buyers respond to unavailability of a particular drug (or to decreases in quality from adulteration) by switching to other drugs, which may by the way be more dangerous.

On the black market, price increases of a hundred times from production to retail are not uncommon. As prices rise, so do profits for the criminals who aren't caught, which is almost all. Taxpayers across the world are now spending \$188bn annually to create an illegal drugs market of 240m users with a turnover of \$320bn. The Home Office estimates that the social and economic costs of organized drug crime in England and Wales are £10.7bn annually.

Which is more damaging? Drugs? Or the war on drugs? The war on drugs, declared by President Nixon, has caused collateral damage of many kinds across the world: large-scale, violent crime, corruption of public life, funding for terrorism, abuses of human rights, environmental damage, social exclusion, diversion of resources from health, education, development and other public goods. Like all wars, the war on drugs has taken its greatest toll of the poorest.

Drugs have corrupted international finance. British bankers, unburdened either by civic responsibility or by enforcement of regulation, took a decision that money laundering was good business. Banks needed liquidity, they were addicted to bonuses and at worst they risked fines. Governments have positively attracted criminal entrepreneurs to London as non-doms, to sun themselves in light touch regulation. The latest allurements is to make London an offshore centre for Chinese currency trading. That most NPS are exported from China is neither here nor there.

It's not just the bankers and money transfer services. Across Britain, there are lawyers and accountants who are willing to accept fees and commissions without asking the questions they're required by law to ask. Among the less posh businesses that easily move illicit cash into the legitimate economy are pubs, nail bars, taxi firms and even childcare services. How ever can all this be policed?

Prohibition is an engine of crime: international organized crime, gang-related street crime and acquisitive crime. The UK's illegal drugs market is worth £3.7bn pa. Up to a half of all acquisitive crime is drug-related. Criminals respond to enforcement with higher levels of violence and corruption, multiplying social costs.

Prison, so far from working, is a major part of the problem. 51% of prisoners report drug dependency. The Prison Reform Trust says 19% of prisoners who have used heroin first used it in prison. A recent inspection report on HMP Oakwood found that drugs were easier to obtain there than soap.

The war on drugs has damaged our politics. The move to adamant prohibition in the early '70s was in part motivated by hostility to the 1960s counterculture. "Now I find I've changed my mind and opened up the doors," sang the Beatles, celebrating LSD. Members of the sixties generation, who had challenged the authority of parents and

government on race, gender, sexuality, the environment, the Vietnam war and drugs, took with them into middle age a contempt for politics.

Today, as then, many people are happy using drugs. Psychonauts - people dedicated to exploring the full range of mind-altering possibilities - may be few, but large numbers of people regularly take drugs for pleasure. They mostly come to no harm. They're determined to take their own decisions and design their own lives. They think the politicians who want to prohibit and punish drug-taking are authoritarian, ignorant or simply irrelevant. Many more people who don't themselves use drugs regard smoking cannabis, like smoking tobacco, as undesirable but not wicked or criminal.

There is now little stigma attached to drugs. As has been said, "the counterculture became the culture." When market values prevail, legitimacy is conferred by consumers. Celebrities further legitimize drugs. The lifestyle connotations of ecstasy, a favourite drug at clubs and festivals, are quite different from those of heroin and crack. Cocaine is identified with success. In many poor communities dealing drugs is seen by young people as the only route out of poverty and into high status.

First the mobile phone and now the internet have removed drugs even further from the control of authority. The net is transforming the marketing and distribution of drugs. Buyers and sellers are easily linked and Postman Pat brings the packets up the garden path. Encryption and anonymity protect buyers from law enforcement. The US Drugs Enforcement Agency scored a success recently, closing down the Silk Road site - the Amazon of mind-altering chemicals. But there are numerous other online purveyors of drugs, impenetrably encrypted (so far) on the dark web, their transactions in bitcoins or another of the peer-to-peer electronic currencies which are beyond the reach of our palsied banking regulators and easily laundered. Angry reactions to intrusion into privacy by the NSA and GCHQ will make prohibition on the web even harder.

If prohibition was adamant to start with, it has become more hesitant as difficulties inherent in the policy have been encountered.

The first dent to the policy came with the HIV crisis of the 1980s. Faced with the certainty, in those days, that HIV infection was a death

sentence, Norman Fowler, as Health Secretary, took the brave and humane decision to provide clean needles to heroin users. Despite tabloid protests, harm reduction won out over the letter of the law.

Policy on cannabis has vacillated. In 2002 cannabis was reclassified by David Blunkett from Class B to Class C. This was reversed by Jacqui Smith, at the behest of the *Daily Mail* and Gordon Brown and contrary to the advice of the Advisory Committee on the Misuse of Drugs (ACMD), in 2008. These legal acrobatics had no effect on usage. While it was a Class C drug cannabis use decreased.

New Home Secretary Alan Johnson dismissed Professor David Nutt from the chairmanship of the ACMD in 2009, after he had publicly restated his view that cannabis is less harmful than alcohol. A further seven members of the ACMD resigned, citing concerns over the sacking of Professor Nutt but also about what they saw as the politically motivated banning of mephedrone before the implications had been properly considered. The *Lancet* complained that, "Politics has been allowed to contaminate scientific processes and the advice that underpins policy."

The politics of drugs are nightmarish. Too many Ministers compete to be seen to be tougher and to avoid the killer tabloid charge of being soft on drugs. In a poll of MPs in 2012, 75% felt it was difficult to have an objective debate because drug policy was so controversial. 77% thought current policies were not effective, but only 31% favoured decriminalizing possession. A former drugs Minister, Bob Ainsworth, has written, "Our political culture doesn't allow for an honest and open discussion about drugs policy. As soon as a politician mentions the words decriminalisation or legalization, the press scream blue murder, colleagues move to distance themselves from you and your political opponents sharpen the knife."

The *Daily Mail* ceaselessly defends us against the moral rot of drugs. Melanie Phillips wrote an article in the *Mail* about David Nutt wittily headed, "the Nutty professor who's distorting the truth about drugs." In the months before Johnson banned mephedrone the tabloids, led by the *Sun*, binged on "meow meow" stories. The most sensational of these were later shown to be untrue. Alan Johnson explained, "The reason we hurried up banning mephedrone was, firstly, a lot of newspaper stories...but also an election was coming." In the context of aggressive, willfully inaccurate journalism the Home Office has

dismissed the recommendations of the UK Drug Policy Commission. Equally Theresa May has dismissed the Home Affairs Select Committee's call for a Royal Commission, saying: "This Government does not believe there is a case for fundamentally rethinking the UK's approach to drugs."

Why is it so difficult to act rationally and humanely in this area of politics? Politicians fear the tabloids and the tabloids themselves express collective fears.

Parents justifiably fear the health and social consequences of their children getting into drugs. Heavy cannabis use by adolescents impairs mental development and increases the risk of schizophrenia and depression in later life. Stimulants such as speed and cocaine put pressure on the cardiac system. Ketamine can severely damage the urinary tract. Hepatitis C is prevalent among injecting drug users. The effects of crack on behavior are truly scary. If their children are criminalized for taking drugs there's an extra dimension of fear and distress. With a criminal record it's even harder to get a job.

But there are unreasonable fears too. For most older people, drugs are *terra incognita*: here be monsters. For a generation whose world has been lost, drug use is more than just a crime. Drugs culture subverts norms and respectability. With laws on sex, alcohol and gambling relaxed, drugs are the last taboo. The tabloids trade, with calculated exploitation, on a prurient, fascinated fear of surrender to forbidden pleasure. Drugs, marinated in moralizing, are especially charged politically. All societies are prone to feel under attack, whether by heretics, communists, immigrants, terrorists, paedophiles or drug dealers. Societies need some group, like junkies or Roma, to dump on, to put the boot into at the bottom of the pile. Politicians who ignore these emotions cannot lead effectively, though few politicians, checking out with focus groups what frightens electors, are willing even to try to lead. It can feel simply too difficult in politics to appeal to the better angels of our nature and too tempting to collude with the worse.

Whatever the social psychology, drugs are not a vote-winner and not a priority for governments. There are no quick wins with drug policy, so why try? Interviewed in the *Independent* back in 2005, David Cameron said: "Politicians attempt to appeal to the lowest common denominator by posturing with tough policies and calling for

crackdown after crackdown. Drugs policy has been failing for decades. “ Yet as Prime Minister Cameron has not found it expedient to engage with drugs policy. Ministers negotiate between what the evidence indicates and what the media and public prejudice require.

Aside from the anti-drugs rhetoric and posturing, what policies are the Government actually now pursuing? In 2010 the Coalition published its Strategy for Drugs. Its three strands are indicated by the title: *Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life.*

Key to reducing demand should be education. All schools have to have a drug education programme and funding is being provided to strengthen early intervention for children at risk. Schools are required to provide information about drugs within the science curriculum, but evidence indicates that this is not effective. Following a recent review, the Government have determined that PSHE should remain non-statutory. The charity Mentor says angrily, “We are spending the vast majority of the money we do spend on drug education on programmes that don’t work.” Most schools provide drug education once a year or less. The Department says, with a shrug of its institutional shoulders, that it does not monitor the programmes or resources that schools use to support their teaching.

The Government has relaunched the web-based Talk to Frank service, after scathing criticism of the earlier version. The internet can of course be a force for good as well as bad on drugs. Frank is a genuine effort to provide honest information, though its official provenance and starchy tone mean it’s unlikely to be where most young people turn for advice. They will go, if they know where to look, to sites generated by people experienced with drugs to share information and protect others from harm: Drugscope, Erowid, Bluelight, Urban 75, SafeorScam, Pillsreports.

Restricting supply is the second strand. Interdiction of drug trafficking is central to the fight against organized crime. The National Crime Agency, HMRC, Border Force and the intelligence agencies are all engaged. Yet only 2% of shipping containers are inspected. Couriers, easily recruited among the desperate and dispensable by their employers, bring in drugs daily through the Channel Tunnel and on cheap flights. Drug trafficking and supply are

widely dispersed businesses. In 2012 police busted 8000 cannabis farms across the country.

Drug control has always had a racist element. Police stop and search tactics, disproportionately directed at young black people, damage race relations while yielding little else. Police deal with 5000 drug cases a week, but the task is more than law enforcement can handle. The police will pick up small user-dealers, low hanging fruit, to meet targets, but with the normalization of drug use they cannot hope to eradicate dealing. In practice most police forces have been treating cannabis as a decriminalized drug. ACPO have told the Home Office that chasing users of new chemical highs is a “waste of time.” With cuts in police budgets, drug-related expenditure is falling. In some forces officers have been told not to pick up drug offenders after lunch because the bureaucratic processes stretching into the evening cost too much overtime. The exception is in March when forces spend up their budget in what one policeman calls a “feeding frenzy.”

The third strand of the Strategy is building recovery. The UN Office of Drugs and Crime has clarified that “moving from a sanction-oriented approach to a health-oriented one is consistent with the international drug control conventions...treatment, rehabilitation, social reintegration and aftercare should be considered as an alternative to criminal justice sanctions.” The Government indeed now says it puts “the goal of recovery at the heart of all we do.” Recovery is, however, a long journey, and coercion into treatment may be a false start. Some users will avoid abstinence only programmes or drop out because they are too challenging. Methadone-based maintenance treatment remains the main service offered to addicts.

The Government’s rhetorical bark is worse, therefore, than its policy bite. The balance, here as across Europe, has been moving toward harm reduction, although successive governments have been sheepish about it and much of the present strategy is half-hearted, underfunded and contradictory.

Governments in some countries have succeeded in developing policy on a rational basis and leading public opinion. The circumstances, culture and politics of every country differ, but there are lessons we can learn from abroad, if perhaps not from Toronto. Some thirty countries, often when they have faced a crisis that made it politically more difficult to carry on than to change, have introduced radical

new policies: depenalisation, decriminalization, legalization, regulation.

The Czech government decided in 2000 to clamp down on drug users with tough prohibition. They decided also, however, to monitor and evaluate the impact of the policy. By 2002 the evidence showed that the stricter regime had not prevented illicit drugs being available, drug use had risen and the social costs of illicit drugs had increased significantly. Years of debate followed, but in 2010 the Czech Republic formally decriminalised possession of illegal drugs. Harm reduction, not prohibition, is now the driving principle of Czech policy, and public opinion is strongly supportive.

Faced with 100,000 intravenous drug addicts and the highest rates in Europe of HIV among injecting drug users, Portugal set up an expert committee to advise policy makers. In 2000 the Portuguese government depenalised possession and use of small amounts (precisely defined) of all drugs. At the same time Portugal invested substantially in education and treatment and intensified efforts to disrupt supply.

The new law established Dissuasion Commissions to deal with people found in possession. These panels consist of a clinical psychologist, a social worker and a lawyer. The emphasis is on treatment, though the Commission has power to apply administrative sanctions. Being called to a hearing does not lead to a criminal record and is kept confidential, except that parents of minors are informed. Depenalisation has not led to a more relaxed attitude to traffickers. Indeed it has helped police glean intelligence about dealers from users. Nor has depenalisation led to a more easy-going attitude to use: there are no cannabis cafes in Portugal. The central principle of policy is that drug abuse is a health, not a criminal, issue. Over five years, the number of injectors halved; drug-related deaths and new HIV infection more than halved; drug use among teenagers fell; the numbers of people seeking treatment doubled; and criminal justice costs plummeted. The policy was controversial when it was brought in, but has become accepted across the political spectrum.

In Switzerland the drugs situation reached crisis in the late 1980s, with drugs scenes in Swiss parks attracting thousands of addicts. A severely prohibitionist policy was not working. NGOs started to care

for people with heroin assisted treatment (HAT). The City of Zurich decided to support this approach, and subsequently a national programme of treatment clinics was developed. The Swiss consider addiction a disease and not a crime. The clinics help with the range of problems faced by addicts. High staffing costs have been more than offset by savings on other healthcare costs and on law enforcement. Patients on average leave HAT treatment after three years and the positive effects last. Swiss voters have approved HAT in a series of referendums.

Across Europe there has been extensive innovation in addressing drug related health harm. Switzerland, Germany, Denmark and the Netherlands provide both HAT and supervised consumption facilities for problematic drug users who have not otherwise responded to treatment. Addicts are enabled to consume drugs in a safer environment, stabilize their drug use and begin the process of re-entering society. In Amsterdam there is a retirement home for elderly heroin addicts. The Dutch, concerned to protect cannabis users from exposure to harder drugs, also have their system of “coffee shops”, where cannabis is consumed in safe conditions. The proportion of cannabis users in the Netherlands is 17% less than in Britain. In Spain non-profit cannabis social clubs have existed for some years. Sweden, however, with the most stringent drug laws in Europe, has an incidence of drug-related deaths twice that of the Netherlands.

A report by the New Zealand Law Commission in 2011 said existing legislation was unfit for the new drugs landscape, inconsistent with emerging government policy and hugely expensive, and that the punitive approach to low level offending was producing adverse social consequences. The Law Commission took the view that universal prohibition was unacceptable on cultural and libertarian grounds. The report recommended that a would-be supplier of a NPS should have the opportunity, through paying for scientific research, to demonstrate that it was of limited harm and to seek the approval of a regulatory authority to offer the substance on the market. In 2012 Health Minister Peter Dunne announced that the New Zealand government would implement the recommendations, creating the world’s first legal market for synthetic drugs. He told the press: “That is the absolute intention behind this regime. The problem in the past has been that we had a totally unregulated market with who knows what substances in these products. I am quite unapologetic about

leading changes that will make things safer for young New Zealanders.” So far, fifteen NPS have been submitted for approval under the New Zealand regime.

Referendums in Washington and Colorado have approved legalisation and regulation of cannabis production, retailing and use. The state legislation in Washington allows over 21s to buy up to an ounce from a licensed retailer. The State Liquor Control Board sets rules on advertising and licensing of producers, processors and retailers. Motorists may not have more than five nanograms of THC per millilitre in their blood. Tax on sales is set at 25% and revenue will go to fund prevention, education, research and evaluation. The Federal Justice Department has said it will not prosecute people in Washington and Colorado for breach of federal law on cannabis.

Uruguay has been a laboratory of democratic experiment ever since Uruguayans were inspired by Tom Paine to fight for their freedom from Spanish rule. A Bill to legalise and regulate cannabis was passed by the Chamber of Deputies last July and is expected to pass in the Senate very shortly. The state will assume control and regulation of the importation, exportation, plantation, cultivation, harvest, production, acquisition, storage, commercialization and distribution of cannabis and its by-products. Initially a majority of the public were hostile, and there remains vigorous opposition within the General Assembly, but President Mujica has provided determined leadership, non-profit groups have mounted an information campaign, and TV ads have supported the policy. People will be allowed to grow up to six cannabis plants in their homes. Membership clubs will be permitted to grow up to 99 plants. Private growers will be licensed to grow cannabis on a larger scale, their harvests purchased by the government. The drug will be sold in licensed pharmacies. Uruguayans over 21 will be able to register to buy up to forty grams a month. Foreigners will not be allowed to buy. There will be stiff penalties for unauthorized sales, especially to minors, a ban on advertising, a ban on smoking in public places, and a sales tax to fund health, education and interdiction of harder drugs.

So the global debate, beyond our insular confines, has been developing. In 2009 three former Latin American Presidents wrote in the *Wall Street Journal*: “it’s high time to replace an ineffective strategy with more humane and efficient drug policies...We must shatter the taboos that inhibit public debate about drugs in our

societies...The long-term solution is to reduce demand for drugs in the main consumer societies. To move in this direction, it is essential to differentiate among illicit substances according to the harm they inflict." A Global Commission on Drug Policy included Kofi Annan, Paul Volcker, Javier Solana, former UN High Commissioners for Human Rights and for Refugees, and former Presidents of Poland, Portugal, Switzerland, Brazil, Chile, Columbia and Mexico. Their report, in 2011, opened with the words: "The global war on drugs has failed, with devastating consequences for individual societies around the world...fundamental reforms in national and global drug control policies are urgently needed." At the 2012 Summit of the Americas President Obama was cautious but not negative, saying: "I think it is entirely legitimate to have a conversation about whether the laws in place are ones that are doing more harm than good," though the Administration's position was that legalization was not the answer. A recent Gallup poll found that 58% of Americans favour legalizing cannabis, a rise of 10% since the votes in Washington and Colorado.

The UN General Assembly is to hold a Special Session (UNGASS) on drugs in 2016. Secretary-General Ban Ki-Moon has urged member states to "conduct a wide-ranging and open debate that considers all options."

Here, in a debate in the House of Lords on 17 October, almost every speaker favoured reform. A former Lord Justice of Appeal said, "it is perfectly obvious that there has to be a rethink on drugs in this country. It clearly is not working." The *Economist*, the *Financial Times* and the *Observer* continue to argue for reform. Public opinion is shifting, and both the *Mail* and the *Sun* have been sniffing the wind. In YouGov polling for the *Sun* in 2012, 67% thought government policy on drugs was working badly and 46% supported decriminalization. Ipsos Mori polling for the charity Transform this year showed that 53% of the public support reform of legislation on cannabis: regulation of production and supply, and decriminalization of possession. Support was spread pretty evenly across the political spectrum.

Good policy should be based on evidence and experience, not on ideology, moralism, populism, scapegoating and panic. It should be realistic and take account of human nature. There will never be a drugs-free world. People in all societies have used mind-altering drugs, in pursuit of stimulus, insight, relaxation, pleasure or oblivion.

The right of choice and the urge to individual self-creation are central tenets of today's western culture.

There are no easy decisions. Who would gain and who would lose if we could just pop down to the pharmacy and pick up a gram of cocaine? How should we weigh reductions in crime and violence against the risks to health of legal availability of drugs? How far would the harms of increased consumption induced by decriminalisation be mitigated by safer practices and easier access to healthcare?

Assessing the relative harmfulness of different drugs is far from straightforward. What is a less harmful drug? Professor Nutt argues strenuously for decriminalizing cannabis on the basis that it would reduce excessive consumption of alcohol, whereas Dr Claire Gerada, of the RCGP, equally strenuously urges that cannabis is a dangerous drug the use of which should not be facilitated.

So what are my own conclusions, bearing in mind H.L. Mencken's dictum that, "For every problem, there is a solution that is simple, neat, and wrong"?

First, we should indeed accept that the war on drugs cannot be won, and that prohibition drives innovation in the drugs market, creating new dangers and harms. Our objective should be to reduce the grievous harms – physical, psychological and social – associated with the use of mind-altering substances.

We should stop vilifying people who take drugs. Our moral concern should not be to condemn but to help.

I very much doubt if you could put a cigarette paper, so to speak, between the personal views of the three party leaders. Politicians insecure of middle England votes may find this too difficult, but it would open up political scope for decent policy if the parties could agree a concordat on drugs and all commit to a harm reduction strategy in advance of the election. Politicians need to be confident that they will not be opportunistically attacked if they make the case that prohibition does not work.

There being no foreseeable prospect that Russia and China will abandon hardline punitive policies, we should not be aiming at this

stage to rewrite the UN Conventions. The 1988 Convention allows that prohibition of possession for personal use is subject to a country's "constitutional principles and the basic concepts of its legal system." We can utilize the room for manoeuvre within the Conventions to develop better practices and win public support.

We should proceed incrementally, basing policy development on what is shown to work positively. Drugs policy ought to be evidence-based. We need to capture much better evidence as to the substances in question, the ills we're trying to cure and the effectiveness or otherwise of the remedies applied. We must learn all we can in collaboration with other countries.

We have to be realistic as we seek to reduce harm. Legalization of very dangerous drugs, including crack cocaine and some of the most potent NPS, is not acceptable in our society, whatever the logic of taking production and supply out of the hands of criminals.

There is a sufficiently strong case, however, in the interests of protecting users and society, for legalizing and regulating less dangerous drugs and for decriminalizing possession for personal use of all drugs.

We already have the experience of regulating the legal production and delivery of psychoactive drugs for medical purposes, with strict regulation of quality, security, marketing and supply. Regulation of drugs for non-medical purposes can largely be achieved by expanding these existing frameworks.

We can envisage a hierarchy of regulation: prescriptions and supervised consumption for registered, dependent users of the highest risk drugs; specialist pharmacies providing limited amounts to registered users of medium risk drugs; sales from licensed retail outlets and consumption on licensed premises of lower risk drugs, as with alcohol. Drugs must be classified on the basis of the harm to health they may cause. Drug classification is discredited if it ignores scientific evidence and real life experience.

Regulation should be used to shape behavior. Using the lever of taxation, regulators should aim to manage prices so as to discourage use while not handing the trade back to the criminals. Consumers should be steered away from the more risky substances. Social norms

should be fostered to shape responsible behavior. No sales to minors and no advertising of harmful substances should be permitted. In other aspects, however, regulation should be differentiated according to the risks of different drugs for different groups in different circumstances.

Illicit supply will shrink as the global market shifts toward legal regulation, sapping the profits which prohibition gifts to illegal and unscrupulous suppliers.

Cannabis is the illicit drug most used. It is dangerous and for exactly that reason we should now regulate the market for it and for synthetic cannabinoids.

We are facing a perilous situation with NPS. If we carry on as we are, it's only a question of time before a truly lethal NPS is released into a market of ignorant and gullible consumers. To attempt to overlay a system of drug control which has never worked effectively on to the digital drugs economy is futile. The MDA process cannot keep up with the pace of innovation and handle the combined threat from NPS and internet sales. To leave NPS unregulated, though, would itself be criminal. The European Commission is advocating "proportionate" response to NPS. While nothing will provide assured protection, and people will not be prevented from experimenting, we should follow the example charted by New Zealand.

If a range of psychoactive substances – the safer ones, old and new: cannabis, magic mushrooms, mescaline, MDMA - is legally available, with purity controlled and reliable advice on how to use the drugs, people will be less attracted to take risks with harder drugs and NPS and there will be less incentive for producers to bring new drugs to the market.

With decriminalization we can distinguish between socially integrated consumers, who are using drugs recreationally, and marginalized users, whose multiple problems include chronic drug dependence. Everyone who develops a drug problem should quickly be offered appropriate treatment and sustained support.

Our education strategy has to be transformed. When the public health campaign on tobacco got serious it worked. The Education Department should insist that drugs education is taken seriously in

all schools. There are effective techniques for teaching young people the resilience to make their own considered decisions. Drug users must be helped to be informed and risk-aware. This will best be done through online sites which provide, in language they understand and by people they trust, expert, up-to-date and honest information about drugs, helping people in the choices they make. As in the Netherlands, free testing of drugs should be publicly available.

We should do much more to tackle the social pathologies that incubate drug abuse, including deficient education, inequality, low levels of wellbeing and a welfare system that fails to support people to turn around their lives. Sadly we are unlikely to have consensus on that.

Whoever is Prime Minister after 2015 should pluck up their political courage and exercise leadership on drugs, nationally and indeed internationally in the lead-up to the UN Special Session. Downing Street must insist on full buy-in across Whitehall for new policy and the Treasury must fund it sufficiently. With decriminalization, the emphasis on harm reduction and treatment and the need for a different tone, the Department of Health, not the Home Office, should have the policy lead in Whitehall.

That's my agenda for drug policy. If change was not too difficult for the Czechs, the Portuguese, the Swiss, the New Zealanders, the good people of Washington and Colorado, and the Uruguayans, does it have to be too difficult for us?