

Restrictive drug policy is better than liberal drug policy

By Tomas Hallberg, ECAD director

George Orwell describes in his book "1984" how those in power influence people's perception and behaviour by changing names of various phenomena. Tyranny becomes freedom and truth becomes a lie and so on. Those who have followed the drug debate during the past 20-25 years may not have discovered so many new methods to combat drugs, but they certainly have learned many new ways to express themselves. For example, the phrase drug **abuse** has been replaced by drug **use**, in spite of the international community's agreement already back in 1961, that all non-medical use of narcotic classified substances should be called **abuse**. By changing the name of a phenomenon, the focus shifts and changes the way people act.

Everybody knows the difference between the following: – He uses medicines, and he abuses medicines. Use is OK, abuse is something harmful. By calling drug abuse drug use, the act itself seems less dangerous.

Drug liberals are masters at changing names of things. *Injecting rooms, which INCB has described as support to the international drug traffickers and compare with opium dens.*

This drug liberals call "harm reduction". Only those who want to legalise drugs can recommend a measure, which supports the international drug trafficking.

Testing pills outside a club is another of these measures which are called *harm reduction*.

That authorities in fact help international drug traffickers by providing declaration of contents of various narcotic substances aimed for young people is also called harm reduction.

Distribution of needles to injecting drug abusers is one more measure in the general concept of harm reduction policy. In spite of the fact that there is no conclusive evidence of needle exchange having any effect on HIV prevalence among IDU's, WHO, UNAIDS and EU have agreed on implementing needle exchange programs in all countries as a so called harm reduction measure.

Drug liberals have furthermore introduced the concept of "**hard drugs**" and "**soft drugs**", in order to confuse the general public. "Soft drugs" would thus be perceived as something harmless or would even arouse associations with something nice and wholesome, like soft drinks and low-calorie products. Holland has made this their official policy. By calling some drugs soft, the general public is deceived into thinking that they are not dangerous. Which, in its turn, is used to justify that the judicial authorities should ignore these offences and focus on the so-called hard drugs instead.

The word "soft" drugs has contributed to change both the attitude toward these drugs, and the ways they are tackled. If you turned it around and called cannabis a "hard drug", it would be very difficult to explain why open marketing of cannabis is allowed in the coffee-shops in Holland, or justify the down-classifying of cannabis in Great Britain.

Words have an immense impact on how both authorities and the civil society will react. So measures or non-measures against drug abuse are disguised in subtle, abstract or undefinable words.

The champions of this difficult art can today be found at the EU's drug monitoring centre in Lisbon (**EMCDDA**). For example, *this is what they write in the annual report for 2005*:

*There is a growing concern in Europe about the negative impact of cannabis abuse, although information on the extent to which the **use** of this drug is resulting in public health problems is **scarce**.* Immediately we learn several things. First of all, the author conveys a feeling, a concern about something that is called abuse. Then, already in the next sentence, the author takes the sting out of this concern by calling it use instead, and adds that little is known about the public health problems caused by use of cannabis. He could have written right out:

"Some say that cannabis is dangerous but there is no evidence of that".

To me, it is quite incomprehensible, that the EU Centre for Drug Monitoring says that they have scarce information on damage caused by cannabis. I wonder how they work. At my work, I receive information about various research reports on cannabis almost daily. Columns and columns are written both nationally and internationally about the spread of cannabis and its harmful effects.

The reason is very likely that they don't seek because they are afraid to find anything that does not fit the chosen policy. If they really sought and collected information on cannabis and its harmful effects in the EU member countries, they would become a reliable resource in the

fight against drugs, instead of being a propaganda tool in the interests of those who want to decriminalise and legalise cannabis.

Since many years, Sweden has a very good control of the statistics on cause of death. Unlike many other countries, the statistics have not been misleading due to ethical, bureaucratic or religious reasons. To be sure, there are errors also in the Swedish statistics, but they are in the margin. ***The latest statistics available demonstrate that cannabis-related deaths in Sweden occur 50 % more often than heroin-related overdose deaths.***

There is no reason to doubt that the proportion is approximately the same in other countries. The question is, whether the statistics are collected in the same way.

In Sweden, cannabis is not called a soft drug in any official context. What I said earlier explains the reason.

Then we have the words ***problematic drug users***.

I would like you to explain to me what a problematic drug user is. If problematic use of drugs exists, reasonably there must also be unproblematic use of drugs.

EMCDDA however explains to us what problematic use of drugs is. It is injecting use or sustained/customary use of opiates, cocaine or amphetamines.

So, simply by definition, 50 % more cannabis abusers die in Sweden of their unproblematic use compared to the injecting so called problematic users of heroin overdoses.

It must be an insult to parents, whose child has died of cannabis abuse, to learn that the European Union Drug Monitoring Centre does not consider cannabis abuse serious enough to even categorise it as a problem.

If something is not a problem, there is hardly any need to prohibit it either. Cannabis abuse is by definition non-problematic. Consequently, it should be OK to legalise or decriminalise possession and consumption of cannabis.

Could it be the Dutch politicians who invented this definition?

Another popular phrase is ***balanced approach***. What does it signify? You have heard an explanation today. But what is it that needs to be balanced, and against what?

Who can be against balanced measures against narcotic drugs? It is as impossible as being against reducing the damage caused by drugs. Unfortunately, also this phrase is being misused. Those who use the phrase balanced approach are often the same people who prefer that the society invests more on prevention, care and treatment, and less on law enforcement. Consequently, by their definition, balanced approach is achieved by striving to decriminalise or legalise possession and consumption of drugs.

Since many years, Sweden has a balanced approach to combating drugs. The quickest description of this approach is that *in one scale of the balance, it should be difficult to abuse drugs, and in the opposite scale, it should be easy to get treatment.*

In practical terms this means that law enforcement agencies work with all aspects of drug criminality, including drug abuse itself; that there is a wide range of prevention programs and that there are enough treatment places available for the demand. This policy was developed during several decades, and is based on zero tolerance.

Is the restrictive Swedish model successful then? The answer to that question is about the same that Winston Churchill gave regarding democracy: It has been said that democracy is the worst form of government except all the others that have been tried.

The drug problems in Sweden are serious, but they are less serious than in almost any other country in Europe.

There are those who pretend not to see the difference in many parameters between Sweden and other countries.

The ESPAD reports offer the most reliable comparative statistics between various European countries. I think we can all agree that the best thing for our young people is if we can convince them never to try drugs at all. Let's look at how different countries succeed with that. Let's for example compare Sweden, with its zero tolerance towards drugs, and United Kingdom, with a long period of harm reduction policy combined with the mixed signals down-classifying cannabis has given to the general public.

According to the ESPAD research, only 7 % of Swedish schoolchildren aged 15-16 have used cannabis at any time. The corresponding figure for UK is 38 %. Some may think that trying once is not so serious, but what it may lead to. If we instead look at how many in the same age category have *used cannabis more than 40 times, the difference becomes even more evident. In Sweden, the number is 0, in other words statistically less than 1 %, while*

it in the UK is 10%. In my view, a 15-16 year-old who has smoked cannabis more than 40 times is to be defined as a habitual cannabis abuser.

Every 10th student in the UK is cannabis abuser. Further 18 % have used cannabis more than 6 times. The corresponding figure for Sweden is 1 %.

If we should use these prevalence rates as a guideline to when the family, the school and other instances should intervene to break these students' drug habits (naturally, you should intervene even earlier), so in the UK almost **3 students out of 10** are in serious need of help for their drug problems. In Sweden, the equivalence is **1 student out of 100**, so big is the difference.

If we don't understand the mechanisms behind the spread of drugs, we cannot possibly tackle the problems. We are left to choose what line to take and start administering the problems.

The countries, which lack drug-political visions and goals, have neither succeeded especially well.

A drug free society is a good vision. Just like an equal and democratic society is a good vision.

We must choose the methods to combat drugs, which eventually can lead to a drug free society.