



General Certificate of Education
Advanced Level Examination
June 2010

Critical Thinking

CRIT4/PM

Unit 4 Reasoning and Decision Making

Case Study Source Material

To be opened and issued to candidates on or after 1 April 2010

- The material consists of eight sources (**Documents A to H**) on the subject of **Drugs in the UK**. These documents are being given to you in advance of the Unit 4 examination to enable you to study the content and approach of each extract, and to consider issues which they raise, in preparation for the questions based on this material in the examination.
- One further source (**Document I**) will be provided as an insert within the examination paper.
- Your teachers **are** permitted to discuss the material with you before the examination.
- You may write notes in this copy of the Source Material, but you will **not** be allowed to bring this copy, or any other notes you may have made, into the examination room. You will be provided with a clean copy of the Source Material at the start of the Unit 4 examination.
- This is a controversial subject, and feelings on many aspects of it can run high. The examination questions will ask you to *critically consider* various claims and arguments, and to make a *reasoned decision* of your own.
- You are not required to carry out any further study of the material than is necessary for you to gain an understanding of the detail that it contains and to consider the issues that are raised. It is suggested that at least three hours' detailed study is required for this purpose.

Document A

Get your cocaine from Superdrug

1. The UN officials who condemned Britain's celebrity culture for glamorising cocaine yesterday presumably haven't watched the footage of Amy Winehouse in sandals, with injection marks between her toes. If these teetotal bureaucrats think that the singer's fans will follow her on to crack, they are far more naive than the British public. For people under 40, drugs are ubiquitous. Most of my generation thinks of cocaine much as our parents thought of single malt. Kate Moss, if the rumours were true, was just joining in with the mainstream. Whereas Amy has clearly gone beyond – as the thousands of bets on whenwillamywinehousedie.com seem to testify.
2. The most powerful role models are dealers, not celebrities. All over Britain, men in gold jewellery flaunt their wealth at school gates. Teachers tell me how hard it is to convince teenagers to get NVQs, when they can have a career with Drugs Inc and aspire to make £1000 a day. Drugs Inc is one of the most profitable, successful businesses of all time. The UN values it at about \$330 billion, almost as big as the defence industry. The criminals who run Drugs Inc shift staggering amounts of stock with no conventional advertising. They offer free samples to children and discounts for trading up to harder substances. They motivate their salesforce with threats.
3. As a result, drugs are now the second-largest revenue earner for organised crime. The profit margins, according to the Downing Street Strategy Unit, are higher than those on luxury goods. Drugs Inc pays no tax. And with so much money at stake, its barons are vicious. Violence has soared as rival gangs battle for a share of the profits.
4. Two weeks ago Sunday Essiet became the fifth teenager to be murdered in London this year (and we're only two months in). The little Nigerian boy was "kicked like a football" in Plumstead, the victim of what residents claimed was a drug turf war between white and Somali groups. A few months earlier a 13-year-old girl had been knifed in her playground in mid-afternoon by rivals of her friend, an 18-year-old drug dealer. These are children. What better demonstration is there that the "war on drugs" has failed?
5. We won't end this violence by jailing celebrities or middle-class users. The only way to take back our streets is to wrest back control of the drugs from the criminals, by legalising and regulating their trade.
6. Imagine if you could buy coke from Boots. Or the aptly named Superdrug. That would drain the glamour from it more effectively than making a martyr of Kate Moss. I don't imagine her lovely features would adorn state-regulated packets of white powder, hanging next to the corn plasters. Yes, legalisation would make drugs cheaper, in order to undercut the dealers. Yes, usage might increase. But perhaps not much, because it is already widespread. A third of 16 to 24-year-olds routinely admit to having tried drugs, despite knowing that they are admitting to a crime.
7. The benefits of legalisation could be enormous. Overcrowded prisons would be relieved of people needing treatment rather than punishment (about 15 per cent of prisoners are in for possession or supply). Addicts would not be forced into associating with criminals. Children could be safe in Britain's playgrounds again.

8. Something similar happened in 1933, when America repealed Prohibition. The ban on alcohol had corrupted the police, increased the number of hard drinkers and created a whole new criminal class of bootleg suppliers. Britain's equivalent of Prohibition was the Misuse of Drugs Act of 1971. Up to that time we had treated addiction as an illness, heroin addicts got their fix on prescription, and there were only 5000 problematic drug users, according to Transform, the drug policy group. Thirty years on there are 280 000. That is a direct result of Drugs Inc, which makes more money from pushing harder substances. Our laws have created crack, a concentrated form of cocaine, and skunk, a concentrated form of cannabis, both of which are devastating.
9. The prohibitionists fail to distinguish between recreational and problem users. The vast majority of people stick to recreational use of cocaine, Ecstasy and substances that even the Strategy Unit has classified as low-risk. There are tragic cases, of course, but they are often caused by impure supplies. Cocaine and Ecstasy can be cut with other substances. Glass has recently been found in cannabis – another nasty aspect of Drugs Inc that would disappear if the market went to Boots.
10. Annual deaths from drug use (about 2000) are still minuscule compared with those related to alcohol and tobacco (about 160 000). These figures are not precise, because some people abuse all three. But it is arguable that the violence associated with the illegal drugs trade does more harm than the drugs themselves.
11. The irony is that it is the UN and its drug conventions that are the biggest barrier to progress. Its ideological war on drugs makes it almost impossible for countries to be pragmatic. It has demanded that Portugal, which decriminalised possession, should recant. Yet Portugal has accepted the reality that in GDP terms, it is dwarfed by Drugs Inc. As a result, it has seen crime fall.
12. The only way to make our streets safe is to wipe Drugs Inc off the map. The only way to do that is to legalise the trade. That would also redraw the map, because drug lords from Colombia to Afghanistan would no longer find the trade so lucrative. The UN's blindness to this is unforgivable: even worse than its failure to understand that Amy Winehouse, despite her beautiful voice, is the perfect health warning.

Source: adapted from CAMILLA CAVENDISH, www.timesonline.co.uk, 6 March 2008

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Document B

Scientists want new drug rankings

The drug classification system in the UK is not “fit for purpose” and should be scrapped, scientists have said.

They have drawn up an alternative system which they argue more accurately reflects the harm that drugs do. The new ranking system places alcohol and tobacco in the upper half of the league table, ahead of cannabis and several Class A drugs such as ecstasy. The study, published in *The Lancet*, has been welcomed by a team reviewing drug research for the government.

The Academy of Medical Sciences group plans to put its recommendations to ministers in the autumn. A new commission is also due to undertake a three-year review of general government drug policy.



Ecstasy use is widespread

The new system has been developed by a team led by Professor David Nutt, from the University of Bristol, and Professor Colin Blakemore, chief executive of the Medical Research Council. It assesses drugs on the harm they do to the individual, to society and whether or not they induce dependence.

A panel of experts were asked to rate 20 different drugs on nine individual categories, which were combined to produce an overall estimate of harm.

In order to provide familiar benchmarks, five legal drugs, including tobacco and alcohol were included in the assessment. Alcohol was rated the fifth most dangerous substance, and tobacco ninth. Heroin was rated as the most dangerous drug, followed by cocaine and barbiturates. Ecstasy, however, rated only 18th, while cannabis was 11th.

Arbitrary ranking

The researchers said the current ABC system was too arbitrary, and failed to give specific information about the relative risks of each drug. It also gave too much importance to unusual reactions, which would only affect a tiny number of users.

Professor Nutt said people were not deterred by scare messages, which simply served to undermine trust in warnings about the danger of drugs. He said: “The current system is not fit for purpose. Let’s treat people as adults. We should have a much more considered debate about how we deal with dangerous drugs.”

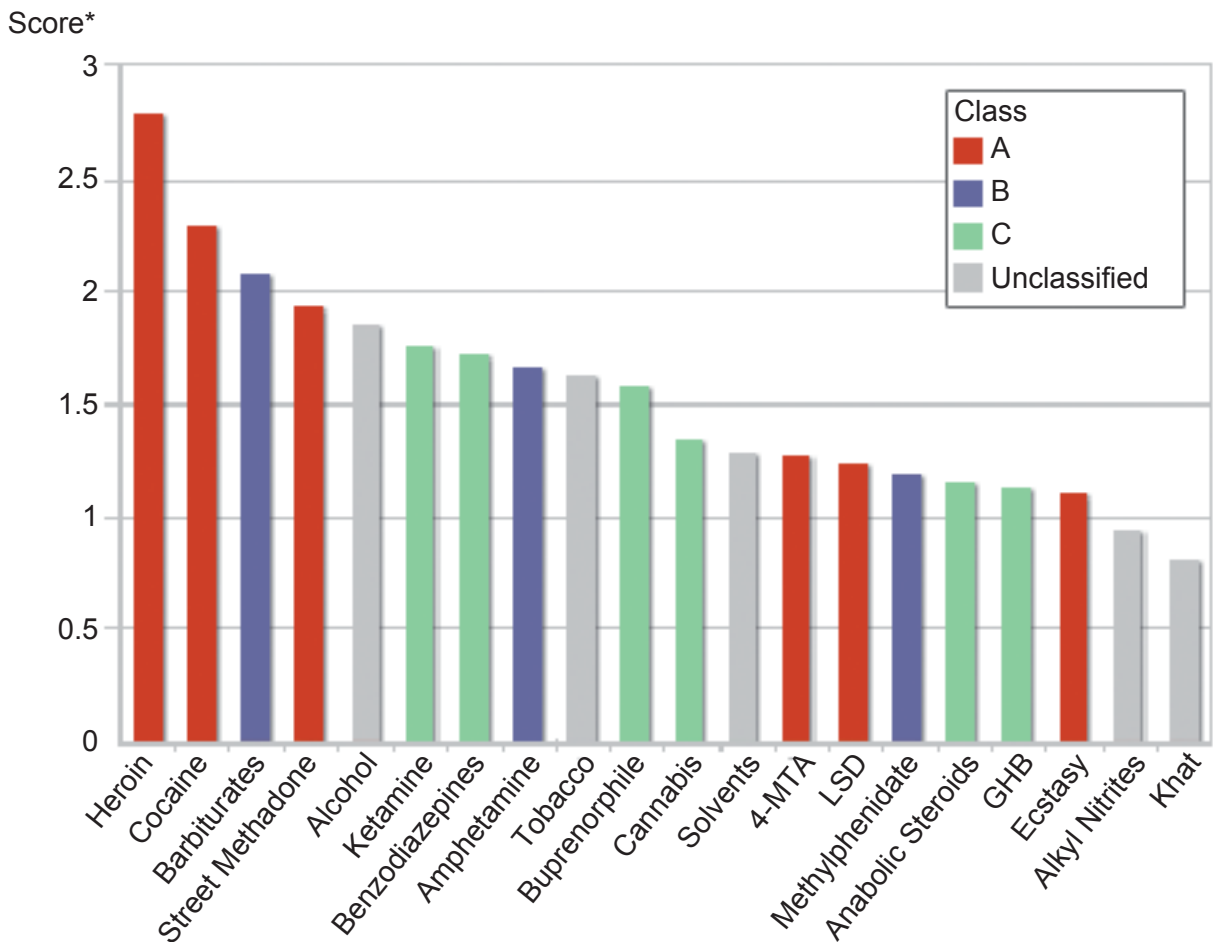
He highlighted the fact that one person a week in the UK dies from alcohol poisoning, while less than 10 deaths a year are linked to ecstasy use.

Professor Blakemore said it was clear that current drugs’ policies were not working. “We face a huge problem. Illegal substances have never been more easily available, or more widely abused.” He said the beauty of the new system, unlike the current version, was that it could easily be updated to reflect new research.

Professor Leslie Iversen, a member of the Academy of Medical Sciences group considering drug policy, said the new system was a “landmark paper”. He said: “It is a real step towards evidence-based classification of drugs.”

Professor Iversen said the fact that 500 000 young people routinely took ecstasy every weekend proved that current drug policy was in need of reform.

Home Office Minister Vernon Coaker said: “We have no intention of reviewing the drug classification system. “Our priority is harm reduction and to achieve this we focus on enforcement, education and treatment.” He said there had been “unparalleled investment” of £7.5 billion since 1998, which had contributed to a 21% reduction in overall drug misuse in the last nine years and a fall of 20% in drug related crime since 2004. But he added: “The government is not complacent and will continue to work with all of our partners to build on this progress.”



*Mean harm rating by independent experts

Source: The Lancet

CURRENT DRUG CLASSIFICATION		
<p>Class A Cocaine/crack Heroin Ecstasy LSD Magic mushrooms Crystal meth (pending)</p>	<p>Class A/B Amphetamines</p>	<p>Class C Cannabis Ketamine</p>







Source: based on www.news.bbc.co.uk, 3 March 2007



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Document C

Drugs key facts

The chart below brings together drugs data from various sources. Most figures are for England and Wales. Scottish figures, where available, are shown in brackets.

	Class	More details	Estimated no. users	Users, % of population	Average price	Deaths, 2007**
Cocaine 	A	Stimulant made from leaves of coca bush. Increases alertness and confidence but raises heart rate and blood pressure and users crave the drug.	776 000	2.6 (1.5)	£43 per gram	196 (47)
Crack 	A	Cocaine mixed with baking soda to form smokeable lumps. Gives an intense high but is very addictive and causes paranoia and aggression.	53 000*	0.2 (0.2)	£20-25 per rock	**See note below on cocaine and crack
Ecstasy 	A	MDMA or similar man-made chemicals. Causes feelings of well-being but also anxiety and high body temperature.	502 000	1.8 (1.2)	£2.40 per pill	47** (11)
Heroin 	A	Sedative made from the opium poppy. Can be smoked or injected. Users feel lethargic and content but experience severe cravings for the drug.	39 000*	0.1 (0.3)	£43 per gram	587 (289)
LSD 	A	Man-made drug which has a strong effect on perception. Effects include hallucinations and loss of sense of time. A "bad trip" can cause anxiety.	83 000	0.2	-	-
Mushrooms 	A	Fungi containing the naturally occurring compound psilocybin. Users may experience giggling fits, hallucinations and altered perception.	302 000	0.6	-	-

Amphetamines 	A/B	Man-made drugs which increase heart rate and alertness. Users may also feel paranoid. Newer form, methamphetamine or crystal meth, is very addictive. It was reclassified as a Class A drug in January 2007. There are no official usage statistics available.	426 000	1.3	£9.80 per gram	97** (-)
Cannabis 	C	The cannabis sativa plant or resin from it. Cannabis is a relaxant but stronger forms can also cause hallucinations and panic attacks.	2 655 000	8.2	£55-134 per ounce, depending on type and quality	12** (-)
Class A			1 082 000	3.4		
Any drug			3 329 000	10.5 (8.0)		2,640 (455)

Sources:

Usage estimates: England and Wales – British Crime Survey 2006-07; Scotland – Scottish Crime Survey 2003.

Street price: Drugscope survey 2007

Deaths: Office for National Statistics and General Register Office of Scotland

* Figures for heroin and crack may be underestimates as the types of groups that use these drugs, eg people living in homeless hostels, tend not to overlap with crime survey respondents.

** Mentioned on death certificate where cause of death is listed as drug poisoning. More than one drug may have been present so, for example, a death involving heroin but where cannabis was also found will show up in both heroin and cannabis figures. Cocaine and crack cocaine are indistinguishable in the body after death so are not shown separately. The total number of deaths for England and Wales includes anti-depressants and painkillers such as paracetamol.

– None or no available data

Source: based on www.news.bbc.co.uk

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Document D**Grasping the nettle: five strategies for a pressing problem**

Bags of coca in a market in Bolivia's capital, La Paz. The Bolivian government draws a line between coca for traditional, cultural uses and its conversion into cocaine.

There are potentially five main approaches to drugs and the law: prohibition; regulated sale; depenalisation; decriminalisation for personal use; and legalisation. No country has yet legalised all drugs, although degrees of prohibition vary. Some favour treating cannabis completely separately from other drugs.

Prohibition

This is the official UN position which operates in varying forms around the world. Its enforcement ranges from the death penalty in some countries to mild disapproval in others.

Legalisation

The current issue of the Economist argues for legalisation as the “least bad solution”. It suggests “legalisation would not only drive away the gangsters, it would transform drugs from a law-and-order problem into a public health problem, which is how it ought to be treated”. Under the Economist scenario – supported by many drug reform agencies and libertarian organisations – governments would tax and regulate the drug trade and use the funds raised and the billions saved on law enforcement to educate the public on the risk of drugs. Sale to minors would, like alcohol, be prohibited. Post-tax prices would be set at a level that would neither encourage use nor leave the door open for black market trafficking. The advantage of this method would be the enormous savings to the criminal justice systems and the removal of the control of drugs from criminal networks. The argument is that there is no correlation between punitive drugs laws and addiction: “Harsh Sweden and more liberal Norway have precisely the same addiction rates.”

Regulated sale

This operates in the coffee shops in the Netherlands. Cannabis can be legally sold but only in strict and regulated conditions and not to minors.

Depenalisation

This keeps drugs illegal and takes users through the criminal justice system but imposes no penalty.

Decriminalisation

Decriminalising for personal use can happen either by moving from criminal to civil sanctions, by lowering penalties or through a policy of tolerance. Variations on these options, according to the drug reform charity Transform, are in evidence across Western Europe, South America, Russia, Australia, Canada, the US and elsewhere. Such decriminalisation is most commonly applied to cannabis, but in a number of places to all drugs. Portugal has the most lenient approach, with simple possession of drugs taken out of the criminal justice system. Spain, Italy and the other countries listed above have all looked at varying forms of decriminalisation. Within the broad approach of prohibiting drug use, special cases are often made for individual drugs and initiatives.

Coca

Among the many speakers in Vienna this week will be President Evo Morales of Bolivia, who will be delivering his message on coca. His government's policy is "coca yes, cocaine no" which seeks to distinguish between coca, a plant used for centuries by indigenous people in the Andean region of South America, for "health, religious and cultural purposes", and cocaine, "an illicit drug". The argument in coca-growing countries has been that the "war on drugs" failed to understand the cultural acceptance of coca and that the aggressive, US-led eradication approach has driven otherwise law-abiding farmers into the hands of narco-traffickers. Under the Morales approach, traditional use and cultivation of coca would be permitted while attempts to convert it into cocaine would be resisted. So far this strategy has been resisted by the US and is in opposition to the existing UN strategy.

Medical marijuana

California has led the way in the legalisation of marijuana for medical treatment. The federal government is still opposed. Canada, Switzerland and the Netherlands have also recognised medical use of marijuana and it is being trialled in the UK on hundreds of patients. Prohibitionists argue that this is legalisation by the back door.

Harm reduction

This does not legalise drugs as such but seeks to deal with addicts via needle-exchange programmes or drug substitution, such as methadone for heroin. The aim behind this is to cut down the risk of HIV infection, which is being spread at epidemic rates in countries such as Russia. This is opposed by some hardline countries on the grounds that it could be seen to condone drug use.

Source: adapted from DUNCAN CAMPBELL, www.guardian.co.uk, 11 March 2009
Photograph by DAVID HOGSHOLT, Getty Images

Document E

Proportion of 16–59 year olds reporting use of drugs between 1996 and 2006/7

(The figures below are in percentages)

Drug	2006/07 BCS										
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	Statistically significant change 1998 to 2006/07	Statistically significant change 2005/06 to 2006/07
Class A											
Any Cocaine	0.6	1.3	2.0	2.0	2.1	2.5	2.0	2.4	2.6	↕	
Cocaine powder	0.6	1.2	2.0	2.0	2.1	2.4	2.0	2.4	2.6	↕	
Crack cocaine	0.1	0.1	0.3	0.2	0.2	0.2	0.1	0.2	0.2		
Ecstasy	1.7	1.5	1.8	2.2	2.0	2.0	1.8	1.6	1.8	↕	↕
Hallucinogens	1.3	1.3	1.0	0.7	0.7	0.9	1.1	1.1	0.7	↕	
LSD	1.0	0.8	0.7	0.3	0.3	0.2	0.2	0.3	0.2	↕	↕
Magic mushrooms	0.7	0.9	0.7	0.5	0.6	0.8	1.1	1.0	0.6		
Opiates	0.2	0.2	0.3	0.2	0.2	0.2	0.1	0.1	0.2		
Heroin	0.2	0.1	0.3	0.1	0.1	0.1	0.1	0.1	0.1		
Methadone	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1		
Class A/B											
Amphetamines	3.2	3.0	2.1	1.6	1.6	1.5	1.4	1.3	1.3	↕	
Class B/C											
Tranquillisers	0.4	0.7	0.7	0.5	0.6	0.6	0.5	0.4	0.4	↕	
Class C											
Anabolic steroids	0.3	0.3	0.2	0.1	0.1	0.1	0.1	0.1	0.1	↕	↕
Cannabis	9.5	10.3	10.5	10.6	10.9	10.8	9.7	8.7	8.2	↕	↕
Ketamine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.3		
Not Classified											
Amyl Nitrite	1.3	1.5	1.3	1.2	1.3	1.3	1.2	1.2	1.4		↕
Glues	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.2		↕
Total											
Class A	2.7	2.7	3.2	3.2	3.3	3.5	3.2	3.4	3.4	↕	↕
Any Drug	11.1	12.1	11.9	11.9	12.2	12.3	11.3	10.5	10.0		
Unweighted base	10741	9884	12771	19973	23357	24197	28206	29631	28975		

Notes:

1. '↕' Statistically significant increase at the 5% level. '↘' Statistically significant decrease at the 5% level.
2. From 2001, the reporting year for BCS data switched from calendar to financial years.
3. Amphetamines can be classified as either Class A (prepared for injection) or Class B (powdered). For the purposes of calculating Class A drug use, the BCS assumes all reported amphetamine use to be of the Class B variety. Similarly, tranquillisers can either be classified as Class B (e.g. barbiturates) or Class C (e.g. benzodiazepines). Consequently, Class B and Class C drugs cannot be aggregated reliably because the survey does not identify which specific tranquilliser respondents used.
4. The category 'not classified' indicates that it is an offence to supply these substances if it is likely that the product is intended for abuse.

Source: Home Office Statistical Bulletin © Crown Copyright, October 2007

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Document F**Ten Wasted years: UN drug strategy a failure, reveals damning report**

The UN strategy on drugs over the past decade has been a failure, a European commission report claimed yesterday on the eve of the international conference in Vienna that will set future policy for the next 10 years.

The report came amid growing dissent among delegates arriving at the meeting to finalise a UN declaration of intent.

Referring to the UN's existing strategy, the authors declared that they had found "no evidence that the global drug problem was reduced". They wrote: "Broadly speaking, the situation has improved a little in some of the richer countries while for others it worsened, and for some it worsened sharply and substantially, among them a few large developing or transitional countries."

The policy had merely shifted the problem geographically, they said. "Production and trafficking controls only redistributed activities. Enforcement against local markets failed in most countries."

Representatives from governments are split in their efforts to formulate an international drugs policy for the next decade. The UN Commission on Narcotic Drugs is due to formulate a strategy over the next two days, but there is widespread disagreement among delegates and a general feeling that an opportunity for a united approach has been lost.

In an article for the Guardian, Mike Trace, Chairman of the International Drug Policy Consortium, says: "We're about to see the international community walk up the political and diplomatic path of least resistance. It will do nothing to help the millions of people around the world whose lives are destroyed by drug markets and drug use. And the depressing thing about it is that we can all book our seats for 2019, to go through this charade again."

Antonio Maria Costa, executive director of the UN Office on Drugs and Crime, has defended the approach. He is due to talk today on organised crime, which he has described as "one of the unintended consequences of drug control". He will warn that "a criminal market, of staggering proportion, risks undermining drug control" and outline a three-pronged approach to tackling drug-related crime.

In London, however, Lady Meacher, speaking on behalf of more than 30 members of the Lords, warned that the existing hardline prohibitionist strategy, which has been led by the US, had been deeply damaging. It was now being challenged by politicians, scientists and lawyers around the world, she said.

"We are concerned that the war on drugs has failed and the harm it has caused is far greater," said Meacher, at a briefing organised by the drugs advice charity Release. "What we want the UN to do is accept that the previous declaration was hopelessly unrealistic."

She said that Barack Obama had yet to appoint a new drugs tsar in the US but there were already signs that he was adopting a more liberal approach to the issue. The US president has lifted the ban on federal funding for needle exchange programmes, which are seen as

crucial in the struggle to combat the spread of HIV. Kasia Malinowska-Sempruch, director of the global drug policy programme at the Open Society Institute, Warsaw, said: “It is now clear that after months of negotiations, millions of people around the world will continue to suffer needlessly. Thanks to the global ‘war on drugs’ over the past decade, close to 2 million people living in the former Soviet Union are infected with HIV, half a million US citizens languish in prison for non-violent, drug-related crimes, and billions of dollars are spent on destructive military actions in Colombia while the production of cocaine continues to rise.”

The first two days of the session will be held at ministerial level to assess progress made in the decade since a special session of the UN general assembly set the target of a “drugs-free” world. The aim has been criticised for not addressing the problems of addiction and treatment.

Prof Tim Rhodes, of the London School of Hygiene and Tropical Health, said the number of injecting drug users around the world could have reached 15 million and this was responsible for 10% of global HIV infections.

Rhodes said the problem was particularly serious in Russia, where intensive street-level policing had exacerbated the difficulties.

Source: Adapted from DUNCAN CAMPBELL, www.guardian.co.uk, 11 March 2009

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Document G

The Big Question: Is the 'war on drugs' really making the problem worse?

Why are we asking this now?

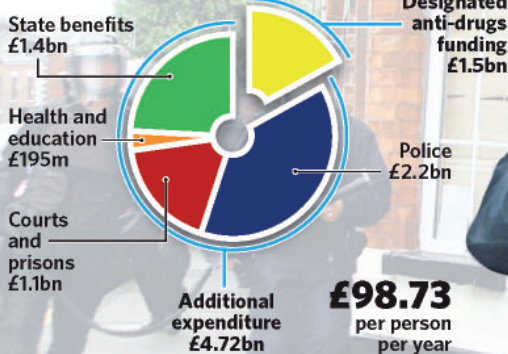
Because if confirmation were needed that crackdowns on drug use in the UK were having little effect, it came in a report by the UK Drug Policy Commission (UKDPC), an independent group set up to examine the state of the nation's drug trade.

The report, published yesterday, paints a grim picture, suggesting that the billions of pounds spent on attempts to reduce the availability of drugs on the streets have been in vain. It said there was "remarkably little evidence" that action by customs officials, police and the Serious Organised Crime Agency has had any significant effect in disrupting illegal drug markets. The report argued that the UK should try a radically different approach to tackling the misery brought about by drug-dealing and the crime and social disorder associated with it. Others advocate taking the ultimate step – legalisation.

Losing battle

The facts and figures behind the drugs problem

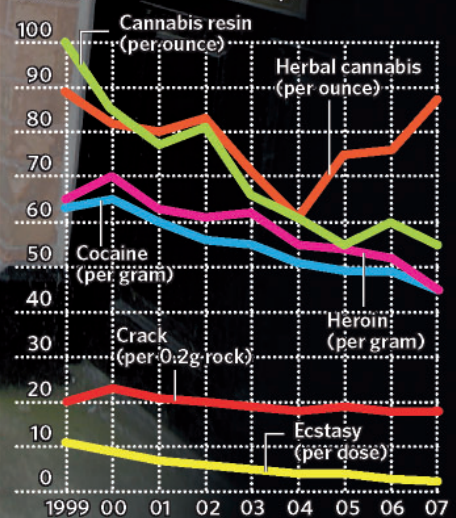
THE COSTS



PROBLEM DRUG USERS PER 1,000 ADULT POPULATION, 1994-2004



UK STREET-LEVEL PRICE, £



Source: EMCDDA, UK Drug Policy Commission

What is the state of the UK drugs trade?

The report said the UK's illegal drug market was one of the most lucrative in the world, with the trade worth a hefty £5.3bn – a third of the size of the country's tobacco market and 41 per cent of the alcohol market, despite the vast sums spent on attempts to limit supply. Half of the trade centres on two of the most addictive and destructive drugs, crack cocaine and heroin.

The UK's drugs trade is made up of about 3 000 wholesalers and 70 000 street-level dealers. When it comes to the "Mr Bigs" keeping shipments of drugs flowing into the country, there are far fewer. About 300 major importers are bringing in the drugs, said the report.

What do we spend trying to cut supplies?

Taxpayers currently shell out £1.5bn on measures designed to tackle the UK's drugs problems. Within that is the £380m that goes towards the reduction of supply, the main target of the report's criticisms. A further £573m goes towards drug abuse treatment. That doesn't even include the massive bill that results from drug-related crime. In 2003–04, that was estimated to have cost the public purse £4bn.

Do seizures have any effect?

The report was unequivocal. It said: "Despite significant drug and asset seizures and drug-related convictions in recent years, drug markets have proven to be extremely resilient. They are highly fluid and adapt effectively to government and law enforcement interventions." It added: "While the availability of controlled drugs is restricted by definition, it appears that additional enforcement efforts have had little adverse effect on the availability of illicit drugs in the UK."

How do we know?

A sure sign that attempts to strangle the supply of drugs have come to little is the fact that prices have continued to fall. Street prices for heroin, cocaine, ecstasy and cannabis have all fallen since the start of the decade. The average price for a gram of heroin in 2000 was £70, but that had fallen to £45 by last year. Cocaine has more than halved in price in some areas – from £65 a gram in 2000 to as little as £30 a gram last year.

Even though the number of seizures more than doubled between 1996 and 2005, that only makes up 12 per cent of heroin and nine per cent of all cocaine. The crux of the problem is that experts believe authorities would need to seize between six and eight times more than that to make a real dent in the drugs business. That doesn't seem realistic, leading some – current and former policemen among them – to call for a change in tactics.

The results of the study came as no surprise to Danny Kushlick, head of policy at the pressure group Transform. He said: "This is nothing new – we've known that prohibition measures haven't worked for 20 years. But the situation is actually worse than the report suggests. It is the measures of prohibition that have caused drugs problems, and pushed the trade into the hands of organised crime and street corner dealers."

Why do current tactics have so little effect?

One of the problems is that the drug trade is extremely adaptable. According to the report, even when a major drug seizure is made or a high-level dealer is convicted, little changes on the streets. Other dealers move in, or the remaining supplies are made less pure so they last through the period of shortage. The dealing and buying, in most cases, carries on regardless.

What needs to change?

For a start, the obsession with big drugs busts. Police having their picture taken in front of table-loads of captured drugs may make a good photo opportunity, but do not do much to help the communities affected by drug dealing, the report said.

David Blakey, a former president of the Association of Chief Police Officers and a commissioner for UKDPC, said the police were still being judged on old measures, such as seizure rates. “This is a pity as it is very difficult to show that increasing drug seizures actually leads to less drug-related harm,” he said. “Of course, drug dealers must be brought to justice, but we should recognise and encourage the wider role that the police and other law enforcement officials can play in reducing the impact of drug markets on our communities.”

Instead, more emphasis should be placed on hitting drug markets that cause the most “collateral damage” to surrounding communities – such as dealing associated with prostitution, human trafficking and gang violence.

Anything else?

Instead of going after the never-ending supply of bad guys, it suggests tackling issues from the point of view of the communities hardest hit by the drugs trade. Above all, it claims that forming partnerships between police, local communities and other related workers is vital in ridding an area of drug problems. It also advocates prevention – tackling problem-spots before they get out of hand.

Should we just legalise drugs and have done with it?

According to its advocates, including the Chief Constable of North Wales Police, Richard Brunstrom, and Transform, legalisation would turn drug-taking from a crime issue into a health issue. Drugs could be vetted for their quality, while the trade would be taken from the grasps of criminal gangs and drug lords.

Legalisation seems to be making a lot of sense to many. Even some politicians admit to being sympathetic to the idea in private. But there is one glaring problem with the policy – the Amsterdam issue. When hedonists around the world got wind of the city’s liberal drugs laws and hash cafes, they all started making the pilgrimage. Would many people really tolerate the influx of a new type of hedonist holiday-maker? Probably not. Until the whole world agrees to end prohibition at the same time, it will probably remain impossible.

Source: Adapted from MICHAEL SAVAGE, www.independent.co.uk, 31 July 2008
Image by Independent Graphics

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Document H

The Big Question: Do we need a new debate about relaxing drugs policy in Britain?

Why are we asking this now?

Today, the Government's Advisory Council on the Misuse of Drugs (ACMD) publishes a report proposing the downgrading of Methylendioxyamphetamine (MDMA) or "Ecstasy" from a Class A to Class B substance with the same legal penalties for possession and dealing as crack-cocaine and heroin. Only last month, however, the Home Office reiterated its intention to maintain the drug's status as Class A – on 4 January – so the report is likely to have very little effect on government policy. It comes hot on the heels of the ACMD's recommendation that cannabis should remain a Class C drug, even though the Government reclassified it as a Class B substance last month. Both drug debates expose the growing chasm between the Government and their scientific advisers, a point underscored by the recent furore concerning the head of the Advisory Council Professor David Nutt and the Home Secretary Jacqui Smith – who herself used cannabis in her youth.

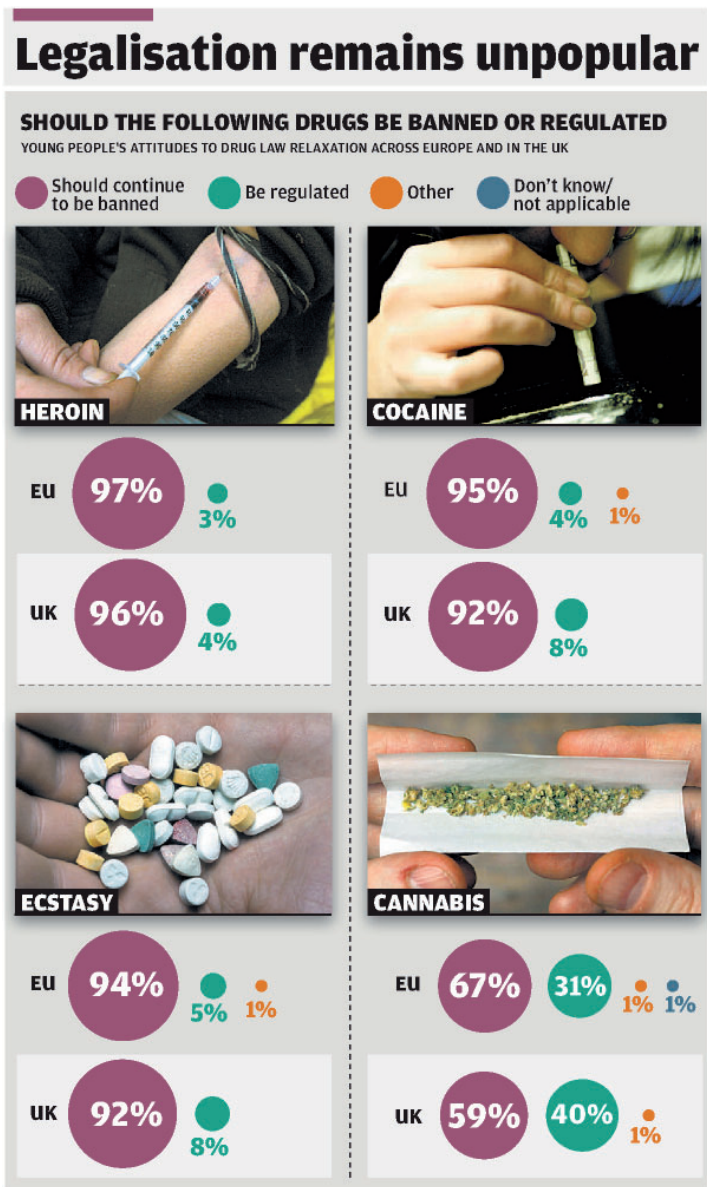
What did Professor Nutt do wrong?

In an article for the latest edition of the *Journal of Psychopharmacology* Professor Nutt stated: "There is not much difference between horse riding and Ecstasy," explaining that horse riding accounts for more than 100 deaths a year while Ecstasy use is linked to some 30 deaths a year – up from 10 a year in the early 1990s. The point he was exploring was why certain practices are considered acceptable by society and others are not. "This attitude," he wrote, "raises the critical question of why society tolerates – indeed encourages – certain forms of potentially harmful behaviour but not others such as drug use".

These seemingly innocuous questions were greeted by outrage. The Home Secretary called on him to apologise to families who have lost loved ones to Ecstasy – though not those who have lost loved ones to horse riding – and the ACMD moved to distance itself from the comments. On Monday he issued a statement saying: "I am sorry to those who may have been offended by my article. I would like to apologise to those who have lost friends and family due to Ecstasy use."

Was the Home Secretary's response reasonable?

Plenty of people think not. Danny Kushlick, head of policy at Transform, the drug think tank, argues that Jacqui Smith is helping to close down public debate on drugs: "The first casualty of



any war is truth and the war on drugs is no exception. The Church of Prohibition is based on faith and a perverse idea of creating security, especially for young people. It is so overwhelmingly counterproductive that only propaganda can sustain support for it. Consequently, anyone who throws honesty, truth, reality or evidence into the debating ring must be vilified as being a traitorous heretic.”

Have these kind of attacks happened before?

Yes. Three years ago the Chief Constable of North Wales Police, Richard Brunstrom, stated that Ecstasy was “no more dangerous than aspirin” and that he would “campaign hard” for heroin to be legalised. He also stated that drugs laws were out of date and that the Misuse of Drugs Act 1971 should be replaced by a new “Substance Misuse Act”. There were immediate and repeated calls for his resignation. Other police chiefs have argued that too much time is spent dealing with cannabis use. Last year, Simon Byrne, Merseyside’s assistant chief constable and ACPO spokesman on policing cannabis, said forces had agreed with the Government’s original decision to downgrade the drug because of the “disproportionate time spent by frontline officers in dealing with offenders in possession of small amounts of cannabis”.

So is prohibition working?

Probably not. The UK has one of the most punitive sentencing structures for drugs in Europe. The possession of an illegal drug is punishable by a prison sentence of between two and seven years. It is very difficult to establish how effective this policy is. Since 1971, when the Misuse of Drugs Act was enacted, there has never been any rigorous official assessment of its efficacy. What we do know is that 30 years ago there were around 1000 “hard” drug addicts. Today there are around 270 000.

Where do the political parties stand?

The Government, though previously committed to the downgrading of cannabis, has now uprated it. The thrust of Home Office drugs policy, however, is the identification of users and pushers through neighbourhood policing, and improving prison treatment programmes. It also seeks to extend international agreements to intercept drugs and help addicts to complete treatment.

Meanwhile, the Liberal Democrats seek to re-classify cannabis as a Class C drug, and Ecstasy as a Class B drug. They also want to end imprisonment as a punishment for possession for own use of any Class B or C drug.

The current aim of Conservative drugs policy is to pursue an effective abstinence-based approach, weaning hard-drug addicts off methadone through residential rehabilitation. However, the Tory leader David Cameron once had a more flexible approach. In 2002, while a member of the Home Affairs Select Committee, he co-authored a review of UK drug policy which recommended: “that the Government initiates a discussion within the Commission on Narcotic Drugs of alternative ways – including the possibility of legalisation and regulation – to tackle the global drugs dilemma.” Mr Cameron is now not persuaded by legalisation.

Do we need a new public debate on drugs?

Almost certainly. Danny Kushlick, at Transform, says, “Most drug ‘debates’ are mismatched discussions between those who are opposed to fundamental reform and those in favour of sensible evidence-based policy making – leading to much heat and little light. One way out of the impasse would be for the Government to commission an independent impact analysis of legal regulation and prohibition, in order to provide more grist for the debating mill.”

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Haven't we heard these kind of calls before?

All too frequently. To give one example, ahead of the 1998 UN session on drugs, an open letter was sent to the former UN secretary-general Kofi Annan calling for an honest debate: "Too often those who call for open debate, rigorous analysis of current policies, and serious consideration of alternatives are accused of 'surrendering'. But the true surrender is when fear and inertia combine to shut off debate, suppress critical analysis, and dismiss all alternatives to current policies. Mr secretary-general, we appeal to you to initiate a truly open and honest dialogue regarding the future of global drug control policies."

It was signed by more than 100 political and community leaders from around the world including the current Archbishop of Canterbury, Rowan Williams, and Labour MP Austin Mitchell. Asked if he believed that there had been any improvement, Mr Mitchell said yesterday: "Things have gone from bad to worse; there is no possibility of an honest discussion now. Anyone who sticks their head above the parapet and calls for a rational consideration of the drug laws gets it shot off and kicked around by a horde of lunatics."

Source: Article by ED HOWKER, www.independent.co.uk, 11 February 2009
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