



I.D.M.U.

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Drug Strategy 2010

IDMU Response to UK Government Drug Policy Consultation

1 Introduction

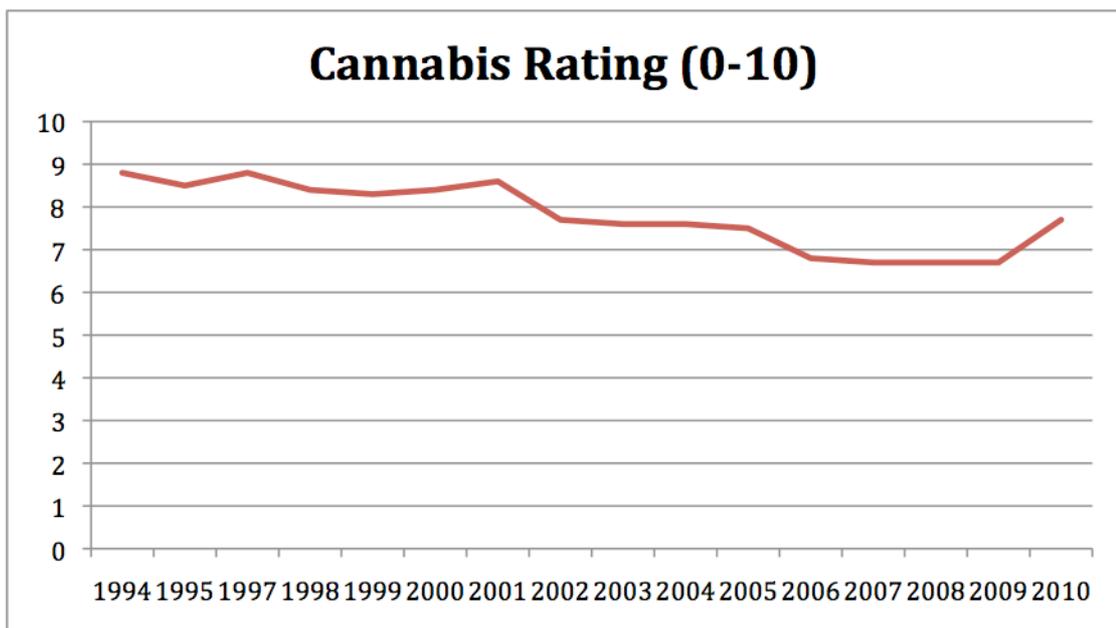
- 1.1 It is our view that the Misuse of Drugs Act, now nearly 40 years old, is long overdue for a fundamental review. It has clearly failed to stem the 10-fold increase in drug usage since its passage and is no longer fit for purpose. Any revised law should include tobacco and alcohol within its remit.
- 1.2 This submission only addresses the ‘why’ to the extent that our research and experience has found particular issues which the main debates for and against drug policies have not previously addressed, notably issues surrounding the deterrent effects of legislation, and unforeseen consequences of otherwise successful supply-side interventions. Instead we focus on the ‘how’ – practical solutions to supplying drugs legally in a regulated market, taking the trade out of the hands of criminals and generating tax revenues whilst ensuring effective restrictions on availability.

2. The strange case of Miaow Miaow

- 2.1 Our view that the situation has to change has been given greater urgency this year by the rapid rise and equally rapid prohibition of methylmethcathinone (MMCat aka Miaow Miaow), a substance which had never been tested on animals, never mind humans, and what we did know about its parent compound methcathinone (e.g. links with seizures) gives serious cause for alarm.
- 2.2 In our view the rise of MMCat had little to do with its erstwhile legality and a lot more to do with the poor quality of street level amphetamine and particularly cocaine – such that the main component of any high arising from a line of street-quality cocaine, which can be as low as 5-10% pure drug, is likely to be due to the placebo effect and any caffeine with which it may have been cut. MMCat was advertised as 99% pure, was cheaper and by all accounts, ‘did the business’ in terms of stimulant effect.
- 2.3 Given that we know a great deal about the risks of amphetamine and cocaine, which are significant but for the majority not immediately life-threatening, stimulant users would doubtless be safer using the currently illegal stimulants rather than the recently legal designer options.
- 2.4 The virtually endless game of ‘cat and mouse’ between chemists and legislators exposes the users of these substances to a raft of unknown risks – there has to be a better way!

3. Prevention & Deterrence

- 3.1 Our studies suggest that the fundamental purpose of the Misuse of Drugs Act – i.e. to deter people from using drugs, is fatally flawed, and that being illegal perversely makes drugs more attractive to users.
- 3.2 The effect of a ‘bust’ for cannabis at an early age can be devastating for a person’s future prospects. Our surveys in the late 1990s found that a criminal record for cannabis was associated with a 20% increase in the likelihood that the individual would later use heroin or crack cocaine. A criminal record for drugs is more likely to reinforce drug use, and self-image as a ‘druggie’, than encourage a drug-free lifestyle.
- 3.3 By far the most effective drug policy over the past 40 years was the Blair Government’s decision to declassify cannabis from Class B to Class C in 2004. Far from the widely-predicted rise in usage following this marginal relaxation of the law, usage of cannabis actually fell by 20%, and the user-ratings for the drug in the annual IDMU Surveys show a similar pattern, consistently in the 8-9 range in the 1990s, they started to fall in 2001 when decriminalisation was being mooted and fell to an all-time low post declassification to class C status in 2006-7, rising to 7.7 in 2010 post reclassification to class B. The user-ratings are an effective predictor of frequency of and/or intention to use a particular substance.



- 3.4 Conversely, the experiences with two recently-controlled drugs, ketamine and GHB both showed a slight but significant increase in user ratings after being controlled under the Act. It is as if being illegal confers on a drug a degree of respectability, a perverse ‘kite mark’ of quality and efficacy. Far from deterring use being illegal appears to increase the attraction of a particular substance.
- 3.5 The corollary of this would be that usage of drugs is most likely to decline if they are perceived as ‘boring’ or ‘uncool’. Removing the glamour of illegality would be a step in the right direction.



- 3.6 Different drugs have come in to and gone out of fashion over the years, with cannabis and alcohol the most commonly used. Some predicted explosions never happened – in particular phencyclidine (Angel Dust) and more recently Crystal Meth have failed to take a hold in the UK despite widespread use in the USA.

4. Supply Restriction

- 4.1 It is rare for law enforcement operations to make a major impact on the supply of drugs, however even when they do there may often be unforeseen consequences. I can recall only three such occasions:

Operation Julie (LSD – 1970s) – this operation against manufacturers and distributors of high-quality LSD effectively disrupted the supply of LSD for a couple of years, the popularity of the drug never returned to pre-Julie levels.

Operation Pirate (Amphetamine – 1990s) – This operation against major manufacturers and distributors of amphetamine resulted in a 70% fall in street purities and a 50% fall in regular amphetamine use, however over the same period regular use of cocaine doubled, many users never switched back as Cocaine took over as the stimulant of choice.

Cocaine (2008 on) – There has recently been a significant fall in the typical street purity of cocaine from 20-50% to 5-20% since around 2007-08. Prices at wholesale level have risen by around 30%. This coincides with the increasing use of designer stimulants on the edges of the current law.

- 4.2 Restricting supply is expensive in terms of manpower and criminal justice system resources, and even where an operation is, by any criteria a great success there can be unintended consequences. If one drug becomes unavailable users are likely to switch to an alternative which may be more objectively ‘dangerous’.

5. The Options

- 5.1 How then should society regulate and control the use of mind-altering substances? What would be realistic goals to achieve. A policy of prohibition has clearly utterly failed to achieve a drug-free society, first proposed at the 1961 Single Convention and more recently seeking a drug-free world by 2005. There are a number of alternative ways to proceed.

Decriminalisation – this approach effectively legalises possession but continues to criminalise supply. Our view is that this would not improve the situation as it would leave the supply of drugs, and its inherent profits, in the hands of criminals.

Legalisation – effectively allow free sale (with or without tax) of drugs, it would bring the market into the open and subject to taxation, and subject substances to quality control. The model for this would be current supply of caffeine.

Regulation – allow limited supply of drugs by licensed outlets paying appropriate taxes and duties, with restrictions on what could be supplied (purity/quantity), prices, location, opening hours and on buyers (e.g. age, medical exclusions etc).

Licensed Supply – this term indicates supply by licensed outlets with minimal restrictions on who can buy (age restrictions and buyer not specifically banned).



Restricted Supply – This term indicates licensing of users as well as suppliers, users would need a smart card to ration their supply issued after a medical consultation (to screen for contra-indications where users are likely to suffer acute health problems from a particular drug) and monitored via urine or similar tests to prevent diversion of supply.

Prescription – allow supply of drugs by chemists to users with a doctors prescription or use by licensed therapists

Clubs – Allow clubs to supply drugs to members of their or affiliated clubs

6. Our recommendations

6.1 Our view is that the overriding goal of drug policy should be to minimise the harm to the individual and society caused by mind-altering substances.

6.2 All penalties for simple possession of drugs for personal use should be abolished. They are counterproductive and damage the very people they were designed to help, and represent a significant intrusion of the powers of the state into individuals private lives and behaviour. Removal of possession penalties would minimise the ‘rebellious’ use of drugs, and render health messages more credible than currently is the case.

6.3 Our advice is to treat each drug or type of drugs on its own merits, rather than adopting a blanket approach. Different drugs carry different risks and hold different attractions. Some are used every day, others on ‘special occasions’. For the major classes of drugs we would recommend the following options:

Caffeine – Risks – physical health – currently unrestricted supply – no proposed changes

Alcohol – Risks – addiction, injury, antisocial behaviour, major physical health – Currently regulated in a loose regulatory system – licensed outlets, age-restricted, some restrictions on usage in public places. Proposed changes – mandatory labelling of units, health information at point of sale.

Tobacco – Risks – major physical health - Currently regulated in loose system – licensed outlets, age-restricted, usage banned in enclosed public spaces – Proposed changes – health information at point of sale, allow licensed public smoking premises with strict criteria re ventilation etc.

Cannabis – Risks – psychosis, respiratory system. Currently prohibited – UK market approx 60% domestically produced, estimate 20% imported from Europe, 20% imported from North Africa or Indian Subcontinent. Proposed changes – licensed supply or clubs, age restrictions, photo ID, Product labelling, ban on use in enclosed public spaces except premises with a specific smoking licence.

Amphetamine – Risks – dependence, antisocial behaviour, physical health - Currently prohibited – Allow restricted supply to licensed users (e.g. smart-card issued after medical consultation)

Methamphetamine – Risks – as amphet – Advise restricted supply as with amphet – Current usage restricted to niche markets

Cocaine - Risks – as amphet but also nasal damage – Advise restricted supply as with amphet, low-dose preparations (e.g. beverages, coca leaf) available from licensed premises



- Crack Cocaine** - Risks – as amphet but also respiratory tract – Advise restricted supply as with amphet
- Heroin** – Risks – dependence, overdose – Advise restricted supply as with amphet, permitted dosage dependent on quantitative urinalysis.
- Opium** – Risks – dependence, respiratory tract – Advise restricted supply, licensed supply or clubs – Current usage restricted to niche markets
- LSD/Tryptamines** – Risks – accidents, mental health – Advise restricted supply or clubs, allow use in psychotherapy and/or prescription where appropriate.
- Magic Mushrooms** – Risks – as LSD also poisoning if mis-identified – Advise restricted supply/clubs as with LSD, no penalties for collection of wild mushrooms
- Ecstasy/Phenethylamines** – Risks – as amphet plus dehydration, seizure, toxic reactions – allow restricted supply or clubs
- Tranquillisers** – Risks – dependence, accidents, behavioural problems – Advise prescription or restricted supply
- Solvents/Dual Use Substances** – Supply in person only with photo ID – no internet sales, health warnings on product packaging.
- Designer Drugs/Legal Highs** – Manufacturers and suppliers of any product to have full product liability insurance, provide bond to cover costs of safety-testing including but not restricted to LD50 and other basic tests on mammals, and tests on human volunteers with full informed consent. If risks are proven to be of an acceptable level the product could be considered for restricted supply, licenced supply or clubs.

7. Sourcing Drugs

- 7.1 There are currently moves by a number of governments in Latin America towards the legalisation of drugs in their countries. The Obama administration has been reported as exploring alternatives to the 40-year old 'War on Drugs', thus the international zeitgeist is changing in the direction of drug policy reform
- 7.2 The economies of producer countries (e.g. Latin America, North Africa, Afghanistan etc) are heavily dependent on the income from drug trafficking, with corruption of officials rife. Providing a legal alternative for producers would improve the lot of the farmer, and divert revenues into the tax coffers of the producer nations rather than the pockets of officials. At a stroke this could transform the security situation in Afghanistan if the farmers did not perceive coalition troops as a threat to their livelihoods.
- 7.3 Re domestic production of cannabis, individuals could apply for a growers licence entitling them to produce up to a given number of plants or in a given surface area. Commercial growers would be subject to a similar inspection regime as breweries

8. Excise Duties

- 8.1 The supply of drugs would need to generate significant income for the government. Excise duties would need to form a significant percentage of the purchase price, but with a minimum value based on the pure drug content, e.g.
- All drugs – 50% of sale price (subject to minimum values)**



Minimum values (per gram)

- Cannabis/Resin* – Based on THC content - £1 per gram under 5%, £2 per gram 5-10%, £3 per gram 10-15%, £4/g 15-20% etc
- Amphetamines/Ecstasy type* - £25 per pure gram
- Cocaine/Crack* - £30 per pure gram
- Heroin* - £25 per pure gram

8.2 Our study commissioned by the BBC in 2004 entitled ‘Taxing the UK drugs market’ found that excise duties and VAT would raise between £1.2Bn and £4Bn per year, with total savings to the economy (inc reduction in criminal justice costs etc) of between £3.4Bn and £6.4Bn. Updated 2010 figures produced for the BBCs Big Question (27-6-10) would suggest a potential annual tax take in the region of £3.6Bn.

9. Conclusions

- 9.1 Existing policy has failed to reduce either the level of drug usage or the problems associated with drug use. The evidence suggests prohibition to glamourise the use of illegal drugs and to make them more attractive to users, where the law has been relaxed (e.g. class C Cannabis in the UK or more relaxed regimes in Holland, Switzerland or Portugal) usage levels tend to be lower.
- 9.2 Tackling supply via law enforcement is an extremely inefficient form of taxation, usually having a negligible effect on availability in terms of price and purity. Where operations succeed in having a major impact on the market users of the targeted drug will often switch to a more dangerous alternative, e.g. amphetamine to cocaine in the late 1990s, or cocaine to MMCat in 2010.
- 9.3 A fundamental change in drug policy is required, removing all criminal penalties for simple possession and allowing adults to take responsibility for their own usage of mind altering substances.
- 9.4 Drugs for which there is a significant demand should be made available legally to users by a range of different routes, depending on objective levels of risk to the individual and society. For the currently illegal drugs these options should include licensed sale or supply via members clubs for drugs with relatively low risks, and restricted sale of drugs with higher risks, sufficient to satisfy the demands of current users whilst providing restrictions of availability and barriers to minimise the use of drugs by minors and disincentives for new users thinking of taking up a drug.
- 9.5 Excise duties and VAT would apply to all sales of drugs in a regulated market, and could conservatively be estimated to generate in the region of £3.6Bn to the exchequer. Further savings would be found in the Criminal Justice System, although there would be costs associated with regulation and monitoring of suppliers, duty collection, quality assessments etc.

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