The Drug War: signs of a tactical retreat?

Crime prevention interests are leading a tentative retreat from the War on Drugs

ANYTHING CAN HAPPEN in times of war, and the War on Drugs is no exception. The forces involved, tiring of the struggle, are now creating new alliances. In the late '80s health concerns over HIV spread were the driving force behind policy innovation, dragging enforcement behind them. Now in some areas the situation has reversed – health professionals are dragging their feet as the crime prevention lobby tries to push them into going further along the policy route opened up in the interests of HIV prevention.

There seems to be a growing consensus that legalising cannabis would be helpful, allowing the forces of law and order to focus on 'harder' drugs. The debate gets more controversial and more interesting when we move to the so-called hard drugs such as heroin and cocaine. Here the traditional enemies are the drug barons and dealers, heroin their weapon of destruction. Law and order have been the main assault group, while in the middle is the stage army of heroin users – 'victims' (of the dealers), but also enemies who need to be further victimised (by the forces of law and order) in their own and in society's interests.

As the battle has raged, health professionals have tried to take a neutral position, treating the walking wounded and harbouring some users from being captured. This has mainly been undertaken by doctors prescribing methadone – first developed as a strong analgesic to relieve battlefield pain. Safe under the doctor's wing, opiate users could continue to use without fear of capture, but only so long as they played the game according to the doctor's rules – they were sick and the treatment involved relinquishing the pleasures of heroin injection for the more boring methadone plateau.

Self-interest prompts ceasefire

In 1983 an element called the Human Immunodeficiency Virus entered the war zone, seen at first by some extremists as a form of biological warfare which would eradicate the enemy. The general population began to fear for their own lives as they realised the virus could also be spread by sexual contact and affect 'innocent bystanders'. Faced with the prospect of themselves becoming casualties of the war, people began to ask if oppression of drug users was really helpful.

The historical ceasefire agreement was not really signed until 1988 with the proclamation from the government's Advisory Council on the Misuse of Drugs that the "spread of HIV is a greater danger ... than drug misuse". During this period the health service took up position as a peacekeeping force, with clinics beginning to urge drug users to come into treatment and to adopt harm minimisation practices.

But the amnesty was highly restricted – designed primarily to protect society from HIV by giving drug injectors the equipment they need but not the drugs they want – after all, the disease was spread by dirty needles, not dirty drugs. Its limitations have now become apparent. Clean needles simply don't have the pulling power of clean heroin: most heroin injectors still stay out of reach.

Clean needles and methadone have also done nothing to clear the streets of the increasing army of heroin users, whose petty marauding in support of their heroin supply is now seen as the major threat to the populace as (rightly or wrongly) fears of HIV spread recede. With the backwards route to increased suppression blocked off by the HIV risk, some police forces and members of the judiciary now argue that drug services could attract more users into treatment and curb the crime wave if they offered heroin – or even in some form legalised the drug.

The most influential individual to publicly stand up on this issue was the former judge, James Pickles, who highlighted the staggering costs of crime and punishment related to drugs and the fact that the security forces were actually losing on the supply front. This move prompted many police forces to admit that the thin blue line was being over-stretched by the rising drug-related crime rate.

Many forces are now signalling that they would prefer a tactical withdrawal through some form of *de jure* or *de facto* decriminalisation. Some have gone part way to implementing this by cautioning users found in possession of small amounts of heroin and other class A drugs. But they know that under current law only the doctor's prescription pad can add the crucial element of a legalised supply. The health service would then take over total responsibility for heroin users. An unlikely and still weak alliance is emerging, drug users standing alongside public figures and police forces in demanding legal drugs from doctors. The response has been mixed and in some areas doctors and treatment clinics are now seen as the enemy – obstacles standing in the way of effective crime prevention.

The threat of HIV/AIDS and of crime have both resulted in moves intended to protect society rather than protect the rights or health of the drug users. 'Rights' such as access to therapies intended to help people with their drug problems may be threatened if the emphasis is on controlling drug users rather than caring for them. However, these elements may not be mutually exclusive and drug users may end up with a better deal. But it is this control versus care dilemma that faces doctors and in part explains the reluctance of many to wholeheartedly embrace the new initiatives. The sea change from the drug user as enemy to the drug user as a casualty of – or pawn in – the war has taken a long time to happen. Whatever the driving force, the end result may be that desired by all sides. It is time for détente. ■

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