



The Risk of Freedom

briefing

Cannabis, whose risk?

The British Government has now decided to re-classify cannabis as a Class C drug, so making arrest of the user unlikely, and confining criminal investigations to the dealers. That way it hopes to retain the votes not only of cannabis users but also of their parents, who blame the pushers so as not to blame themselves. The case raises issues of freedom and responsibility in their most acute and troubling form.

Cannabis has all the health risks attached to tobacco, together with further and more disturbing risks to the brain. It can cause damage to short-term and long-term memory, impair mental functioning and also increase the likelihood of psychosis. These are extremely serious risks, and cause for alarm. Nevertheless, stated thus baldly, they do not justify treating the drug

But do we know what a safe amount of cannabis might be?

differently from alcohol, which can also precipitate memory loss, brain damage and psychosis. For we make a clear distinction, in the case of alcohol, between safe amounts and unsafe amounts, and recognize that the social benefits of the safe amount outweigh the harms of excess. In any case, the adverse effects of drink develop only in the later stages of addiction, and, since the arrival of agriculture and the cultivation of grain and grape, the human organism has evolved to cope with and even benefit from small doses of alcohol.

But do we know what a safe amount of cannabis might be? As Susan Greenfield argues, this question has never been properly addressed. Moreover, the short-term effects of cannabis endure far longer than those of alcohol, suggesting that the toxic elements are not quickly eliminated from the brain. And while the bad effects of alcohol and tobacco manifest themselves, as a rule, only late in life and after a lifetime of excess, the bad effects of cannabis tend to show themselves early on. Those who develop schizophrenia or other psychoses tend to be adolescents or young adults. And

cannabis users figure prominently among them. (See the letter from Dr Clare Gerada and others.) Once schizophrenia has occurred it remains. The suffering involved is not confined to the patients themselves (10% of whom commit suicide), but afflicts their families, and all those who have to deal with them.

Still, it might be said, the state has no right to forbid people from taking the risk. Even when the risk of schizophrenia is taken into account, the principal costs of drug-taking, if we are to follow Pierre Lemieux's argument, are private. Moreover, by legalizing cannabis, the state can more effectively warn people against it, and also introduce a regime of regulation that will protect the consumer. This would, according to Peter Lilley, 're-establish respect for the law while respecting personal freedom and responsibility'. Legalization might therefore be the best route not merely to advertising the risk but also to reducing the number of users.

There is another aspect to the risk, however, which cannot easily be measured. Like alcohol, cannabis adversely affects the ability to think quickly and to perform dangerous tasks. But while drunks soon sober up, those who are stoned on hash remain stoned for hours or days at a time. Moreover — and this, surely, is the crux — cannabis affects the personality of the user in ways that have a pronounced social impact. Genuine concern gives way to a sentimental haze, interest to indifference, and responsibility to a self-centred rejection of normal moral demands. Cannabis users therefore risk not only themselves but all others who have to deal with them, and their habit strikes at the heart of the human community, corroding the ties on which social order depends. To acquiesce in that habit is to turn a blind eye to a social cancer.

That may be true. But does it justify a legal, rather than a moral or prudential, prohibition? As Sean Gabb powerfully argues, criminalising the drug does not in itself reduce the use of it, but merely augments the number of criminals, while also infringing personal liberties. A legal product, properly regulated and properly warned against, might be less of a temptation than an illegal product that circulates without effective control.

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The War on Liberty

Sean Gabb

The libertarian position on drugs is simply stated. People should have the right to do with themselves as they please. This necessarily includes the right to take any drugs they please — for recreation or for medication. No one else automatically has the right to interfere with such choices, unless they can be shown to involve force or fraud or some attack on the whole community that threatens its dissolution.

All the ills now blamed on drugs are more truly blamed on the illegality of drugs

Taking drugs in consenting company is not an act of the first kind: it causes no one else the sort of harm against which they can legitimately demand protection. Nor is it an act of the second kind. We are told endlessly that drugs are a danger to social stability — that they lead to crime and degradation and so forth. There is no evidence for this claim.

The British past provides a compelling example. Until 1920, drug use was uncontrolled. Between 1827 and 1859, British opium consumption rose from 17,000lb to 61,000lb. Workmen mixed it in their beer. Gladstone took it in his coffee before speaking. Scott wrote *The Bride of Lammermoor* under its influence. Dickens and Wilkie Collins were both heavy users. Cannabis and heroin were openly on sale. There was no social collapse. There were few deaths from taking drugs. Most deaths involving opium were individual accidents, and even these were negligible — excluding suicides, 104 in 1868 and thereafter to 1901 an annual average of 95. Hardly anyone even recognised that a problem might exist.

All the ills now blamed on drugs are more truly blamed on the illegality of drugs. When drugs are illegal, only criminals will supply them. And when criminals are allowed to dominate an entire market, they will be able — indeed required — to form extended, permanent structures of criminality that could never otherwise exist. They will then make drugs both expensive and dirty.

Drugs will be expensive because bribes, transport inefficiencies, rewards of special risk, and so forth, all raise the costs of bringing drugs to market. Therefore much of the begging, prostitution and street crime that inconvenience Western cities.

Drugs will be dirty because illegal markets lack the usual safeguards of quality. The costs of enforcement are also massive. The Police need powers to search that would never be necessary to stop things like burglary and murder. They need to get involved in entrapment schemes. They are exposed to offers of bribes frequently too large to be turned away. In one way or another, the War on Drugs leads to the corruption of every enforcement agency sent into battle.

And that War cannot be won. The British Customs and Excise have no land border to worry about. They can track every boat and aeroplane that enters British territory. They have far wider powers of investigation than the regular Police. Even so, they themselves estimate that they stop fewer than three per cent of the drugs smuggled into the United Kingdom every year.

Since it is impossible to stop the import and sale of the drugs, attention has switched in recent years to stopping the profits of the trade from being enjoyed. The idea now is to confiscate these profits and use them for further investigations. However, before the money can be taken, it must be found.

The War on Drugs puts us all under surveillance. All financial transactions are monitored. We are not allowed to pay in large amounts of cash without facing an inquisition from the bank clerks. Our banking details are open to official inspection virtually on demand.

The confiscations of alleged drug money are increasingly made without any pretence of a trial. In America, civil asset forfeiture has become legalised theft of the plainest kind. We are moving fast into a world where all our purchases can be stored in database. We can try to avoid this surveillance by using cash. But there are experiments in both Britain and America to see how anonymous cash can be replaced by cards that leave a record of every transaction.

Therefore, on the grounds both of individual freedom and of social utility, there is no argument whatever for continuing with the present War on Drugs. It is a War that benefits only criminals and a few drug enforcement agencies, and that harms every one of the rest of us, whether or not we take drugs.

Sean Gabb is Director of Communications for the Libertarian Alliance

Practical Policy

Peter Lilley

There are two coherent approaches to cannabis. One is the Swedish policy of rigorous prohibition. It has some success but it involves mandatory punishment or treatment of users and operates in a society which is highly restrictive even of alcohol. The other is the Dutch approach which separates the supply of cannabis from that of hard drugs by allowing legal but regulated outlets for cannabis. The result has been a lower level of cannabis use than in the UK and far fewer people migrating onto hard drugs. So heroin addicts in Holland are an ageing group with few new recruits.

In the UK over forty per cent of young people have defied the law and over a million people used cannabis last month despite fairly severe penalties. The number of people arrested for cannabis offenses has quadrupled to nearly 100,000 a year. The law is clearly unenforceable, above all because it is indefensible in a society which allows the sale of alcohol and tobacco. The attempt at enforcement undermines respect for the law; it creates friction between police and ethnic minorities; it enriches the illegal gangs who are given a monopoly of supply; and above all it drives soft drugs users into the arms of hard drugs pushers. Increasing the penalty on selling cannabis will mean that only the more hardened criminals — precisely those who handle hard drugs — will remain in the market.

The challenge as I see it is to separate the supply of cannabis from the people who push hard drugs. This could be achieved by licensing a small number of outlets in each area for the sale of cannabis. At the same time cultivation of cannabis would be permitted for personal use or to supply legal outlets.

Sales of cannabis would be regulated; no sales to minors, only limited amounts to any individual, no alcohol could be sold from the same premises, premises and products must display a warning of the health risks. Licenses would be withdrawn if there were grounds even for suspicion that illegal drugs were being supplied or promoted from the premises.

This is the minimal coherent strategy which would achieve the objective of separating cannabis users from peddlers of hard drugs and other criminal elements. It would re-establish respect for the law while respecting personal freedom and responsibility. And it would leave government in a better position to tackle the graver problems of hard drug use and serious crime.

Peter Lilley MP was Social Security Secretary 1992-7

The Health Risk

Susan Greenfield

Alcohol has a range of non-specific actions that affect the tiny electrical signals between one brain cell and another; cannabis has its own specialised chemical targets, so far less has a more potent effect. Moreover, although drinking in excess can lead to terrible consequences, there are guidelines for the amount of alcohol that constitutes a 'safe' intake. Such a calculation is possible because we know alcohol is eliminated relatively quickly from the body.

With cannabis, it is a different story. The drug will accumulate in your body for days, if not weeks, so, as you roll your next spliff, you never know how much is already working away inside you. I challenge any advocate of cannabis to state what a 'safe' dose is. Until they do, surely it is irresponsible to send out positive signals, however muted?

Another notion is that cannabis is less harmful than cigarettes. I'm not sure how this idea came about, certainly not as the results of any scientific papers. We do know cannabis smoke contains the same constituents as that of tobacco: however, it is now thought that three to four cannabis cigarettes a day are equivalent to 20 or more tobacco cigarettes, regarding damage to the lin-

ing of the bronchus, while the concentration of carcinogens in cannabis smoke is actually higher than in cigarettes.

And if cannabis were 'just the same' as alcohol and cigarettes, why are people not taking those already legal drugs for the much-lauded pain-relief effects? After all, another case for the relaxation of the laws on cannabis is the 'medical' one that it is an effective analgesic. But there is a world of difference between medication prescribed in a hospital, where the cost-benefit balance tips in favour of pain relief, compared to a healthy person endangering their brain and body needlessly.

Even the most loony of liberals has not suggested tolerance for morphine or heroin abuse, just because they are prescribed clinically as potent painkillers. And think about it: if cannabis brings effective relief from pain, then how does it do so? Clearly by a large-scale action on the central nervous system. It's not so much that cannabis will create great holes in your brain, or deplete you wholesale of your best neurons. Instead, by acting on its own special little chemical targets (and because it will therefore work as an impostor to a naturally occurring transmitter), the drug is likely to modify the configuration of the networks of brain cell connections. These configurations of connections make you

the unique person you are, since they usually reflect your particular experiences. So a change will be hard to register from one person to another, and certainly from one slice of rat brain to another: but still, it will make you see the world in a different way — characteristically one depleted of motivation.

It is hard for me, as a neuroscientist, to accept that a drug that has the biochemical actions that it does, that hangs around in the brain and body, and that has dramatic effects on brain function and dysfunction, could not be leaving its mark, literally, on how our neurons are wired up and work together.

It is argued that we will never stamp out cannabis use, and therefore we should give up trying. But we will not stamp out murder or house break-ins or mugging, yet I've never heard an argument for freeing up police time by liberalising the law on these acts. Laws, it is said, are only enforceable when the majority wants them enforced, yet the arguments used for easing up on cannabis apply equally to promoting ecstasy or other mind-bending substances. Do we really want a drug-culture lifestyle in the UK?

A full version of this article was published by *The Observer* (18 August 2002). Baroness Greenfield CBE is a neuroscientist.

Social or Personal Cost?

Pierre Lemieux

Public-health estimates of the social cost of drugs, alcohol or tobacco generally don't consider the benefits that consumers of these products derive from them. Moreover these estimates are based on muddled notions of 'social' and 'cost.'

From an economic viewpoint, each individual chooses actions of which the benefits are higher than the costs, according to his/her own preferences. If we sum over all individuals, social benefits are then necessarily higher than social costs. The only exception is when some costs, called 'external,' are transferred to third-parties without compensation; in other words, social = private + external. Crimes and accidents hitting third parties can be considered external costs, but what an individual sacrifices of his own life (when he takes risks) in order to obtain higher benefits is a private cost.

Consider a recent study sponsored by the Australian government. The 'social cost' of illicit drugs (cannabis, opiates, stimulants like cocaine, hallucinogens like LSD, and anabolic steroids) is estimated at \$6 billion (Australian). A closer look reveals that two thirds of this amount is actually made of private, not external, costs. What an individual

'Social cost' of drugs in Australia in 1998-99 (millions of Australian dollars)

	Alcohol	Tobacco	Illicit Drugs
<i>External costs in standard economic theory</i>			
Crime and accidents	2598	26	2659
<i>'Social cost' added by Collins and Lapsley</i>			
Production and life lost	3574	18540	1960
Health care	225	1095	65
Cost of goods consumed	1164	1402	1392
<i>Total 'social cost' according to Collins and Lapsley</i>			
Total	7560	21063	6076

Source: Adapted from David J. Collins and Helen M. Lapsley, *Counting the cost: estimates of the social costs of drug abuse in Australia in 1998-99*, National Drug Strategy, Monograph Series No. 49, 2002.

loses in production and income because of disease or death is his own private cost, except if he is the slave of a master or belongs to 'society.' Similarly, an individual's health care costs are normally private costs; their socialization through a public health system only creates an artificial 'social' cost. Finally, the expenditure on purchasing drugs (or tobacco or alcohol or any other consumer good) is also a private cost.

Once we have removed all the cost elements that should not be included in 'social cost,' the cost of drugs is about the same as the cost of alcohol, and much higher than the cost of tobacco. The latter is virtually nil, as it only includes (an exaggerated estimate of) fires caused by smoking.

Nearly 90% of the external cost of drugs (as restated in our table) comes from crime, as opposed to accidents. There are four sorts of crime costs: (1) violent

crimes committed by, or accidents caused by, individuals under the influence of drugs; (2) theft committed in order to purchase drugs; (3) cost of enforcing drug laws (police, courts); and (4) cost imposed on the victims of this enforcement. The last three sorts of cost are created by the prohibition itself. As for the cost of crimes and accidents, it is probably lower for drugs, and certainly for cannabis, than for alcohol.

Therefore, the main external or 'social' cost of drugs is the cost imposed by their legal prohibition. In Canada, 9% of court cases are related to drug possession, 'trafficking,' importation, or production. And, of course, if alcohol or tobacco were criminalized like drugs, they would generate similar crimes and costs.

Pierre Lemieux is an economist and visiting Professor at the University of Québec

The Issue Burns on:

Cannabis and Mental Health:

Over the past few years, our knowledge of the adverse impact of cannabis on mental health has increased substantially. There is now considerable clinical evidence linking cannabis use to mental illness, especially schizophrenia, psychosis, anxiety and depression. A person, who uses cannabis by age 15 has more than a four-fold increased risk of developing schizophrenia symptoms over the next 11 years compared to a person starting to use cannabis by age 18. Eighteen-year-olds who have used cannabis 50 times have a nearly seven-fold increased risk of developing psychosis over the next 15 years.

Up to 80% of new cases of psychosis currently seen in some psychiatric hospitals are triggered by cannabis abuse. Psychiatric services, especially in London, are near crisis point. Over the past three decades, a doubling of the prevalence of schizophrenia has been observed in London. While it is too early to say whether this is due to the increase in cannabis abuse over the past decades, this possibility cannot be discounted on current evidence.

In addition, cannabis has significant negative effects on intellectual functioning, including learning, concentration and educational achievement. Three to four cannabis cigarettes are as damaging to the airways as 20 nicotine cigarettes a day. Severe lung damage due to bronchitis and emphysema and also head and neck cancers have been observed in young cannabis users.

We are concerned that the imminent reclassification of cannabis will send out the message that cannabis is harmless and legal, increasing cannabis abuse with all the adverse effects on an already overstretched NHS.

Dr Clare Gerada, Director of drugs training programme, Royal College of General Practitioners

Prof Heather Ashton, School of neuroscience, University of Newcastle
Hamish Turner, Coroners Society

Dr Hans-Christian Raabe, GP, The Family Practice
(Letter published in *The Guardian* 23/01/04)

Cause or Effect?

It has been reported (mainly in the tabloids) that 80% of new psychiatric cases have a history of cannabis use. But anxiety is an early warning sign of most major mental illnesses. So, does a person develop a mental illness because they smoke cannabis, or do they smoke cannabis in an effort to calm the anxiety which precedes full-blown symptoms? Cannabis might have deleterious effects. But it is a matter of fact that a recreational drug called alcohol killed 20,000 people and wrecked countless thousands of other lives in the UK last year alone. (*Guardian* letter 23/01/04)

Hash 'n Compassion

The best way to advocate legalisation of some hitherto forbidden activity is to show its practitioners as victims. By drawing the compassion industry to your side, you gain an advantage that

is worth far more than any 'hard-line' or 'principled' defence of law, reason and authority. Hence one of the most successful pro-cannabis campaigns in America has been that of the 'Marijuana Policy Project' in support of the 'Truth in Trials Act', a measure now before the American Senate which seeks to legalize marijuana for medical uses.

The message of the MPP is well conveyed by its website: 'we cannot just sit back passively as the federal government wages war on the sick and the dying'. In other words, far from being a measure to defend citizens from serious mental and physical damage, prohibition is a 'war', whose target is the vulnerable, and whose weapon is the state.

In Reply:

Richard D North continues the discussion of the last *Risk of Freedom Briefing* on the litigation risk.

The core of our problems with litigation on pharmaceuticals and similar risks (with chemicals for instance) is that we don't stand by our regulators, nor they by their conclusions.

In the absence of regulation, producers should be open to the risk of penalty if they cause damage. In a heavily-controlled society, where producers bear huge costs in satisfying regulators' scrutiny, we should accept that a product has become, as it were, socially endorsed.

Either we should have no regulation, and litigation — or regulation and no litigation.

Richard D North is Media fellow, The Institute of Economic Affairs. More by Richard at livingissues.com

Publications

Common Sense on Cannabis, Peter Lilley (Social Market Foundation) 2001.

Waiting to Inhale: The Politics of Medical Marijuana, Alan W Bock, 2001. An account of California's efforts, in the face of State opposition, to legalize the medical use of cannabis.

'Causal association between cannabis and psychosis: examination of the evidence' Louise Arseneault, PhD. *The British Journal of Psychiatry* (2004) 184: 110-117. Abstracts available from <http://bjp.rcpsych.org/cgi/content/abstract/184/2/110>.

Cannabis Health Journal. Current issue is devoted to the 'Victims of Prohibition' and considers the case of school children and cannabis. Back Issues available at: <http://www.cannabishealth.com/>

Schaffer Library of Drug Policy. Electronic archive of major Studies of Drugs and Drug Policies. <http://www.druglibrary.org/schaffer/index.htm>

Comments to: info@riskoffreedom.com

WWW.

The World Health Organisation warns of the acute and chronic effects of cannabis use. It calls for more research into the therapeutic benefits http://www.who.int/substance_abuse/facts/cannabis/en/. The WHO opposes the introduction of liberal legislation www.who.int/inf-pr-1998/en/pr98-26.html

Trends in drug use in Amsterdam between 1987 and 2001. University of Amsterdam, Centre for Drug Research (CEDRO). Surveys show the steady increase in drug use, particularly among the young, between 1987 and 2001. www.english.uva.nl/news/object.cfm?objectID=A4200233-DDA6-4C81-8234480452518FC6

BBC reports views of **British Medical Association** and the charity **Rethink** both of which warn against the dangers to mental health caused by cannabis, and argue for better warnings and messages. <http://news.bbc.co.uk/1/hi/health/3414285.stm>

How to avoid criminalisation of Euro Cannabis, learning from the Dutch Experience. Wernard Bruining, (CEDRO Drug Policy Seminar), September 12, 2003, Amsterdam. <http://www.cedro-uva.org/lib/bruining.how.html>

The Marijuana Policy Project (MPP) campaigns for the removal of criminal penalties for marijuana use <http://www.mpp.org/>

The Voice of the Unfree, Michael Santos, imprisoned for 45 yrs for cocaine distribution, writes on openDemocracy.net about the political engagement of non-violent prisoners: <http://www.opendemocracy.net/themes/article-3-1777.jsp>

Cannabis: Our Position for a Canadian Public Policy, the report of the Canadian Senate in 2002: Reviews and proposes policy on cannabis consumption http://www.parl.gc.ca/Common/Committee_SenRecentReps.asp?Language=E&Parl=37&Ses=1

Transform: the campaign for effective drug policy www.tdpf.org.uk/

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