

Is The Government Considering Legalising Drugs? UK

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When the Advisory Council on Drug Misuse (ACDM) recommended that cannabis should be downgraded, the team involved made it on the grounds that it was relatively harmless. There are two rather alarming facts which did not emerge at the time:

There was in fact ample evidence from America, predating the ACDM findings, which clearly indicated the physical, mental and social harms that cannabis caused. (1) Attempts by this writer to establish why such vital and relevant information did not appear to be included in the ACDM findings have been unsuccessful.

Not a single member of the ACDM team involved had any expertise on cannabis, psychosis or schizophrenia. (2)

Undeterred by either of the above, the ACDM, together with the Human Commission on Medicines, (HCM) indicated in the consultation document 'Independent Subscribing of Controlled Drugs', (3) that there was no evidence that licensing pharmacists and nurses to prescribe heroin, would lead to 'increased diversion or misuse'.

Apart from the widespread and abundantly documented evidence of how prescribed methadone is widely diverted and misused, a further omission is the evidence of how the ongoing use of opiates create and spread severe health problems. (4)

In fact there appears to be more omissions of evidence, of why prescribing heroin, for addicts, thus increasing its availability, is not only counter productive to recovery, but actually increases the use of heroin, than there is evidence of any alleged benefits for increasing subscribing and availability. First there is the empirical evidence clearly indicating that the severity of addiction increases with continued administration of drugs. (5) Next we have compelling evidence that a reduction in heroin availability, directly and drastically, reduces the number of injecting drug users, together with a huge reduction in the number of infections that are so widespread in injecting users. (6)

In the light of the evidence cited and, as generally accepted, the object of treatment, or the management of addictions is to arrest, or alleviate the condition of the patient, or at the very least, ensure that any proposed intervention, would not have any adverse affect on patients, it is difficult to understand how such proposals can be in the long term interests of addicts or for that matter, even seriously considered. Fortunately the proposals to increase subscribing have yet to reach Parliament. It is to be hoped that if, and when they do, the evidence omitted from the Home Office proposals will be included for the consideration of the Ministers responsible.

Notwithstanding the available evidence that ongoing injecting use of heroin increases the severity of addiction, and increases the spread of infections commonly associated with injecting drug use, we have experiments going on in the UK, where heroin addicts are given a twice daily fix. A report in the Independent dated 20 November, based on information provide by Professor Strang, (7) claims that these trials 'has dramatically cut crime rates and stopped addicts buying their supplies on the street.'

Whilst it is true that later in the article, these wild claims are modified, the only evidence we are offered in support of the claims is the anecdotal evidence of a few of the addicted 'beneficiaries' of the experiments. There is no mention in the article of how

injecting drug use spreads Hepatitis C. (8)

Insofar as any claimed reduction in crime is concerned, the article also failed to point out that the majority of heroin users are poly substance users of other illicit drugs, and will continue their criminal activities in order to fund them. Nevertheless it has been suggested in some reviews of Drug Consumption Rooms (DCRs) that those facilities can and do, reduce public drug use, encourages users to reduce 'risky drug use' and enter treatment, reduce morbidity and mortality of users, together with solving wider problems of drug markets and drug dealing. Unfortunately there is no objective evidence for such impressive claims. Nevertheless, a report from the Independent Drug Monitoring Unit (9) of the European Centre for Drugs and Drug Addiction, (EMCDDA) concludes that whilst what evidence there is, suggests that the benefits of DCRs can outweigh the risks, it is important to set that in the wider context of problem drug use, and to be modest in claiming what DCRs can and cannot achieve; the report continues by stressing that it is unrealistic to claim that DCRs can achieve what has been widely, (perhaps wildly would have been more accurate) claimed for them.

In view of all the evidence it is difficult to discern what benefits can be expected from the current UK experiments or for that matter any justification for their existence. However there may be undisclosed, and or politically expedient reasons why they are taking place.

It is to be hoped that pressure from pro legislation lobbies for the decriminalising of drugs and or the re-classification of some drugs, does not mean that these experiments are a pre-cursor to legalising highly addictive, psycho active drugs, the only beneficiaries of which would be the all powerful pharmaceutical industry at the expense of both the addicts and the UK taxpayer; for how else could addicts fund their supply without resorting to criminal activity, unless they were available on the National Health Service?

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