

Issue 77 of INTERNATIONAL SOCIALISM, quarterly journal of the Socialist Workers Party (Britain)
Published December 1997 Copyright © International Socialism

ADDICTED TO PROFIT - CAPITALISM AND DRUGS

Audrey Farrell

Drugs which affect the body chemistry to induce changes of mood may be marketed as legal or illegal. Their classification has more to do with history and politics than the nature of the drugs themselves. Drugs are commodities traded worldwide. As with any other commodity, their production is determined by their profitability. The economies of countries such as Bolivia and Peru have become dependent on export earnings from cocaine. Narcotics are a billion dollar business. Millions of people use drugs (for details see the United Nations estimate in 1996 see Appendix).

The UN identify sedatives as the most commonly used drugs, though the use of all drugs is dwarfed by that of tobacco with a world estimate of 1,100 million users and over 100 million people dependent upon the tobacco trade for their livelihood.¹

The world drug trade was estimated at 8 percent of all international trade or some £250 billion in 1997 by the UN in its World Drug Report.² The world production of the coca leaf more than doubled between 1986 and 1996 and opium production trebled.³

Drug use in Britain

There has been a 'moral panic' in the media about the use of drugs by young people in Britain. The 'dance drugs' used most commonly by young people today are pharmaceutical products, not natural weeds - LSD, amphetamines and ecstasy (MDMA). How extensive is their use? A survey by Release of 520 attenders at clubs and dance events in London suggested that 97 percent of dance goers had tried an illegal drug at some time - a proportion two to three times higher than among their peers - though even amongst rave attenders 68 percent reported cannabis as the favourite drug used.⁴ The survey indicated that 'drug-taking is an accepted part of dance culture and that few view it as a big problem'.⁵ It is difficult to get reliable statistics on illegal drug use. However, an earlier government publication in 1994 indicated that in the UK in the 16 to 19 age group 11 percent had tried amphetamines, 9 percent had tried ecstasy and 8 percent had tried LSD.⁶ The figures may suggest that there has been a move away from ecstasy, the dance drug that received extensive adverse publicity in the mid-1990s.⁷ Ecstasy was vilified as the drug with which youngsters danced with death. Figures as to the number of E's consumed vary widely. One million a week was the figure most quoted in the early 1990s but the British Crime Survey in 1996 deduced there were only about 120,000 regular users. The survey also concluded that magic mushrooms were more popular.⁸

The table below illustrates that use of cannabis, solvents and glue, amphetamines and LSD are also more widespread than the use of E's.⁹

TABLE 1: DRUG EXPERIENCE 15 YEARS OLDS UK

TABLE 1: DRUG EXPERIENCE 15 YEARS OLDS UK

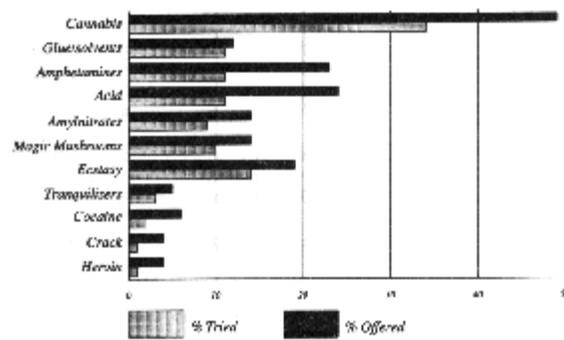
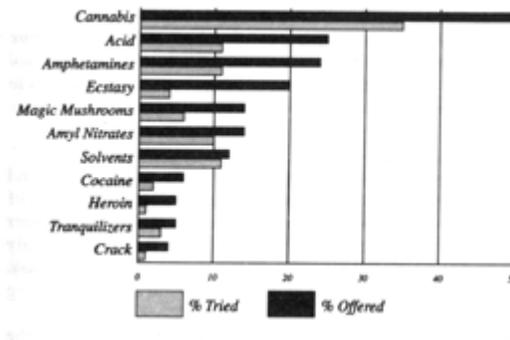


TABLE 2: DRUG EXPERIENCE OF 17 YEAR OLDS UK

TABLE 2: DRUG EXPERIENCE OF 17 YEAR OLDS UK



How dangerous are the drugs of 1990s' youth?

There are some 1996 Home Office statistics available about drug related deaths. 'Between 1980 and 1994 there were 91 drug abuse deaths involving stimulants/amphetamines and 39 involving MDMA/MDA (ecstasy). These peaked at 17 in 1993 for speed and 19 in 1994 for ecstasy. There is a general trend in both types of mortality since 1988 averaging ten per year for speed and five or six per year for ecstasy'.¹⁰ With the exception of the year 1994 the mortality rate among speed users was higher than that amongst ecstasy users. The statistical risk of death from use of ecstasy - or other dance drugs such as LSD, cannabis or amphetamines - appears to be very low, at least in the short to medium term. These low mortality rates are particularly notable when comparisons are made with alcohol, tobacco, opiates and hypnotics.¹¹ There are an estimated 100,000 deaths annually from smoking related diseases. The estimated number of deaths caused by taking ecstasy is 53 since 1985.¹² The glaring newspaper headlines claiming that ecstasy users 'dance with death' have grossly exaggerated the risks.¹³

Any chemical will carry risks for particular individuals. Bee stings can cause allergic reactions which can kill some people. A tiny number of isolated individuals may have a similar reaction to ecstasy. As with any drug, previous heart weakness, allergy, or medical condition such as asthma, epilepsy or diabetes may create particular problems. When ecstasy is digested:

it enters the bloodstream from where it reaches the brain. It then acts to cause the release of serotonin and dopamine - neuro-transmitters which alter our moods. Serotonin is what we have a lot of when we are in love and Dopamine suppresses pain when we are hurt and have to carry on.¹⁴

Young people take E because under its influence their friends are more open...have more energy and seem to have a good time. Desire for alcohol declines as does desire for sex, which means young women are less likely to be harassed and there are less fights outside the clubs.¹⁵

However, neuro-transmitters also control body temperature and erratic changes in body temperature may create problems. The death of Leah Betts, the 18 year old who died after taking ecstasy in December 1995, led to the press rant against killer dance drugs. But Leah actually died from excessive water drinking. Water is not an antidote to ecstasy. Drinking water is only necessary to avoid dehydration and overheating when dancing.

If ignorance makes drugs more dangerous, greed increases the dangers even more. In Manchester before the Safer Dancing Campaign began, a couple of clubs were turning off the cold water supply, charging £1.50 for a glass of water, turning up the heating and switching off the air conditioning every weekend.¹⁶ Air conditioning, chill out areas, free drinking water, and medical advice can reduce the risks considerably. This is not to say that dance drugs are necessarily harmless. As with any other drug, over-use and an individual's medical or mental state may make them vulnerable to changes affecting their body chemistry. Ecstasy can be bad news if taken with alcohol and there are more risks associated with drug cocktails. As with any other chemical, long term heavy use may have serious consequences. Andre Fyall from the drug abuse Agency Project LSD said, 'I know nobody who has taken ecstasy five or six times a week for two years who has not ended up with psychiatric problems... Typically these are feelings of paranoia and panic attacks'.¹⁷ But then somebody must be in a bad state to begin with if they feel the need to take a happy drug every day. This is scarcely the same as the youngster who may take an E occasionally at a rave. Interestingly enough, E users often bring themselves down gently by using anti-depressants or cannabis. Doctors recommend the use of anti-depressants for the same reason.

LSD and amphetamines

What sort of risks are attached to dance drugs such as LSD and amphetamines? This is a more difficult question to answer. However, both LSD and amphetamines have a history that the government would prefer us to forget. Some 72 million amphetamine tablets were issued to British troops in the Second World War to boost morale.¹⁸ Winston Churchill and Anthony Eden both used amphetamines before important speeches. They are powerful stimulants, exciting and speeding up the nervous system. What do the Department of Health doctors say? A recent report says:

Stimulants such as amphetamines, ecstasy and cocaine can cause psychological dependence but do not produce major withdrawal syndromes. It is generally best for the patient to discontinue the drugs abruptly, there is usually no advantage in gradual withdrawal.¹⁹

The report continues:

Many drug users dependent on stimulants experience insomnia and depression when they stop using the drugs and anti-depressant medication may be required... Most amphetamine users can be managed as outpatients without the use of medication at all. They will benefit from advice and information on the likely rebound phenomena and the need for a safe place in which to 'sleep it off'.²⁰

There is a final ominous reference to possible suicide or paranoia but this may simply be a sign that media hysteria has influenced the discussion. Long term use of amphetamines might lead to more severe depression once use stops. Tyler in his very detailed book on street drugs expresses far greater concern about the use of

amphetamines, arguing that 'the impact of the ever popular amphetamine (speed) is being critically overlooked: the problems incurred by speed's excessive use easily match those of heroin'.²¹ LSD if taken continuously in large doses can have bad long term effects. The British military, inspired by the CIA's example, incapacitated marines with large doses of LSD and sent them on manoeuvres. The television programme *Dispatches* showed Ministry of Defence film of sky high squaddies, careering around like loons, collapsing in hysterics and discarding their guns to climb trees.²²

In hospitals too, in the 1950s, the wonder drug LSD was issued in staggering quantities: in one hospital alone 700 patients were given some 14,000 doses, some for complaints as trivial as migraine and skin disorders. One poor soul was dosed every day for five years.²³

It is not known how many thousands took smaller leisurely trips throughout the 1960s without having long term side effects. Certainly the dosage used by both medics and the army were much higher than the 'leisure' tabs taken by the hippies of the 1960s and by young people today. Risks may be more related to alterations in perception rather than long term damage, although it is claimed that for people predisposed to schizophrenia LSD can tip them over the edge.

According to Tyler, 'LSD is not an inherently toxic drug. Just four LSD linked deaths between 1982 and 1992 are reported in Home Office statistics, and all these are classified under the sub-category "accident".' One of the early scares about LSD related to a possible long term genetic effect and worry about its impact on brain tissue. But Tyler says it is impossible to make clear cut statements and more research is needed.²⁴ But when drugs are illegal it becomes difficult to conduct proper research on short and long term risks.

The risks associated with ecstasy, LSD and amphetamines are far less than the media would have us believe. Although there are occasional articles about solvent abuse, particularly in local papers, generally far less media attention is devoted to solvent abuse which killed 100 a year between 1985 and 1991 (60 percent of those deaths have been in the 14 to 18 age group).²⁵ Butane lighter fuel and other solvents have caused 24 times more deaths than the drug ecstasy but each death receives less publicity than ecstasy related deaths.

Cannabis

The British government say 24 percent of people between 16 and 29 years report long term cannabis use.²⁶ Yet there is no record of a single death from cannabis. It is clearly the most popular and the most benign of the illegal drugs. Yet in 1994 home secretary Michael Howard increased the maximum fine for possession from £500 to £2,000.²⁷ Despite media attempts to give credibility to dubious research linking cannabis smoking to throat cancer, there is little evidence of cannabis doing anybody real damage. It can kill you if you attempt to eat or smoke about 10lbs in a day - or if a block of similar size falls on your head. In *The Guidelines for the Clinical Management of Drugs*, a government publication, the single word 'psychosis' is given as a cannabis risk. Cannabis gets one other mention in the book: 'There are legitimate concerns about the use of cannabis because it is illegal and because of possible health and safety risks'.²⁸ This probably means, 'Don't drive or use machinery when stoned.' Perhaps the most dangerous aspect of cannabis is that it is usually smoked with the lethal drug tobacco and that ex-smokers are sometimes lured back to nicotine by a sociable joint.

A press report estimated that in the late 1990s in the US 100,000 people sought treatment for cannabis addiction. But this is a very tiny proportion of cannabis smokers.²⁹ Excessive long term use of cannabis may produce lethargy and oversleeping, a condition which rights itself once when the smoking stops.³⁰

Using the law to clamp down on the production and supply of cannabis can sometimes have lethal effects. For example, a war was waged in America against cannabis growers in California, Hawaii and Oregon in the 1980s. Many of the cannabis growers were forced out of business. A serious cannabis drought followed and street prices soared. 'Simultaneously prices for cocaine (a much simpler and more profitable drug to deal in) were plummeting and by the late 1980s crack had displaced marijuana as the most widely available street drug in America'.³¹

Cocaine

Cocaine is a chemical stimulant that gives great energy and keenness. Cocaine is processed from the coca leaf. Chewing the coca leaf was practised safely for hundreds of years in South America. It took capitalism to transform the soothing leaf into a dangerous and highly profitable commodity. Today it is likely that there are quite appreciable numbers of rich users snorting cocaine through banknotes, perhaps damaging the inside of their noses, perhaps increasing the risk of heart disease, but living very normal lives. It was when a surplus of cocaine on the US market reached working class users that crack - cocaine adulterated with sodium bicarbonate - appeared on the drug scene.

Crack cocaine goes to the brain within seconds, but the high is shorter and more intense than that produced by cocaine. The sudden rush increases the danger of heart attack and the 'comedown can be hard'. The medical experience in the US of crack cocaine suggests that cocaine used by the wealthy was safer than the adulterated cocaine sold on the streets. With the increased use of crack in the US emergency room admissions and cocaine related deaths in 1988 rose in Atlanta by 86 percent in a year, in Washington by 122 percent and in Phoenix by 100 percent. In 1983, of those appealing to the cocaine helpline, 51 percent were from those whose incomes were over \$25,000. By 1987 the figure had fallen to 15 percent. In 1983 only 15 percent of helpline callers were unemployed but by 1987 the unemployed accounted for 53 percent of calls.³²

It is difficult to estimate the real dangers and effects of crack cocaine because of the racist politics surrounding the drug issue. Crack became the scapegoat for the poverty, crime, diseases, violence and social disfunction within the black ghettos in America. The pain and stress associated with such conditions created the demand for crack. The law came down heavily on crack users. In 1993, snorters of powdered cocaine drew an average sentence of three months whereas crack smokers got an average of three years.³³

It is certainly a media myth that crack is immediately and fiercely addictive: 'A systematic survey conducted among 308 Miami adolescent drug users found that while 90 percent of them had tried crack, only 29 percent were using it daily and even then not more than one or two hits at a time'.³⁴ Tyler argues that cocaine addiction is psychological rather than a classical physical addiction. Withdrawal from a heavy cocaine habit doesn't involve convulsions and bodily traumas but can produce long term fatigue, depression, anxiety, feelings of isolation and agitation that can last for months.³⁵ Many American drug users turned against crack in the 1990s, knowing it was bad news. The much advertised crack epidemic predicted to hit Britain when the American market was saturated did not happen on the scale anticipated. Amphetamines were meeting most of the demand for stimulants. The much publicised Jamaican Yardie gangsters couldn't get a real hold as white dealers were largely controlling the market because they could more easily import and make connections with the South American cartels.³⁶

However one black researcher pointed out that the crack epidemic did occur in pockets within Britain. He said, 'I hung out with dealers and users. I saw the despair and hopelessness. A lot of those people were burnt out already at 18 and 19.' This particular researcher said the crack problem in UK was underestimated because information was gathered in 1989 from treatment centres which were 'geared to the white male opiod user'.³⁷

Heroin

Today, apart from crack cocaine, the other drug most feared is the processed opium known as heroin. Opium goes back in use to the ancient Greeks but spread through Europe in the Renaissance. There was a pharmaceutical breakthrough when a Swiss physician in the 15th century mixed opium with alcohol to provide laudanum. By the 17th century it was in common use to dull pain, as a sedative and to cure diarrhoea, coughs, menstrual cramps, and babies' teething troubles. By 1805 a German apothecary produced morphine from opium. This new drug had the advantage that it could be administered in more accurate doses. It was ten times more powerful than opium and was wrongly marketed in 1825 as a cure for 'opium addictions'.³⁸

The American Civil War led to a massive increase in morphine addiction and by 1866 some 45,000 soldiers came home addicted to morphine.³⁹ In Britain rich ladies use to hide their syringes and phials in bulky jewellery so that they could take a quick fix whilst attending social events. As Tyler says, 'The idea that addiction could be knocked flat by administering a more powerful substitute continued with the invention of heroin.' The Bayer drug company began commercial production of heroin in 1898.⁴⁰ Heroin was three to four times more potent than its predecessors and was initially sold as a safe non-addictive substitute for morphine. That heroin is highly addictive is now well known, but what is meant by addiction?

A good explanation is given by Dr John Collee. He discusses the importance of tolerance, dependence and withdrawal. Tolerance means that as our body receives some chemical it becomes better at metabolising it. For example, over a certain period a heroin addict becomes tolerant to a dosage of the drug that would kill a new user. Once off the drug the body adjusts again so that an addict immediately returning to the previous high heroin dose after a period of withdrawal can kill themselves with an overdose. Dependence means that your body adapts to the metabolic distortion produced by the drug, so you feel ill without it. Withdrawal symptoms are usually the opposite to the effects of the drug. So, for example, if heroin causes constipation then withdrawal produces diarrhoea. But the three phenomena of tolerance, dependence and withdrawal depend on an individual's metabolism. According to Dr Collee, drugs of addiction can be taken at low dosage without really altering the user's metabolism, and people addicted to drugs such as cocaine and heroin can lead normal lives if they control their drugs.⁴¹

Heroin became much more dangerous once ordinary doctors were prevented from prescribing it in the late 1960s. Indeed when heroin was less plentiful in supply both it and cocaine were the champagne drugs of the rich. They got high on cocaine and eased down on heroin. In the 1920s in Britain cocaine was regarded as far more dangerous and addictive than the opiates, including heroin. When cocaine was first banned during the First World War, the commissioner of police was opposed to the ban being extended to opium which he saw 'in most of its forms as being...a beneficent drug'.⁴²

Tyler explains how changes in the class using the drug led to a redefinition of the heroin problem. In 1924 the typical addict was middle class, middle aged, often from the medical profession and invariably a user of morphine. 'The Rolleston committee recommended that "morphine and heroin be prescribed long term if this was thought to be necessary and confidentiality had to be maintained between patient and doctor with no obligation to inform the Home Office".⁴³ This prescribing system carried on for about 40 years. But then in the 1960s the

policy changed. Heroin was becoming more widespread and the right to prescribe heroin was only to be given to a number of licensed doctors. Addicts had to be notified and, as Tyler says, notification was 'until then used in the context of lethal highly infectious diseases' - extending notification was an attempt to stigmatise addicts. The result was isolation and ostracisation for the addict as heroin moved on to the street.

There was a slight liberalisation in the 1980s when the greater influx of heroin was coupled with the fear of AIDS. A 1988 report on AIDS and drugs concluded that 'HIV was a greater danger to individuals and public health than drug misuse', and urged the extension of syringe swap schemes. A central funding initiative between 1983 and 1990 made £11.5 million available to treatment centres. When the panic over AIDS had subsided a little 'drug use was again tied much more closely to crime. Hard drugs use was no longer about disease...it was about theft and violence'.⁴⁴ This hardening of attitude led to a tightening of resources for treatment and drugs centres and imprisonment of addicts.

This emphasis on the penal rather than medical approach has massively increased the dangers of heroin. The strength of street heroin is unpredictable. Lethal overdoses can occur if the purity of the heroin suddenly changes. For example, in Glasgow seven people died in one week because of a particular batch of heroin.⁴⁵ The majority of GPs can only prescribe methadone to heroin addicts. Sometimes they prescribe too low and force their patients back on the streets. Sometimes doctors get it completely wrong and kill patients with methadone. There was a poorly publicised horror reported in 1994 when three prison inmates at Brixton prison died from prescribed methadone in five months. According to the press they told the doctor that they were heroin addicts, the doctor failed to test for opiate addiction and gave them all low clinical doses of methadone which killed them.⁴⁶

Tyler argues that methadone, developed in the Second World War, follows this ineffective historical pattern of using a strong addictive substitute to cure an addiction.⁴⁷ Figures from Scotland show that such cures can be more lethal than the addiction they are treating.⁴⁸ Consultant psychiatrist Dr John Marks agrees. He used a prescribed maintenance regime when he supplied heroin addicts with controlled doses on the National Health Service, until he was removed from his practice in northern Cheshire. During his ten years of prescribing heroin not one of his patients died. He reported that after he was stopped from working and his patients were forced onto methadone and street heroin at least four and possibly as many as 16 of his ex-patients died.⁴⁹

Some doctors, however, believe that methadone prescription, with the aim of complete withdrawal, is the most effective approach. Debate continues about whether it is better for addicts to live with a controlled addiction or to attempt complete withdrawal. But the debate and the research cannot be conducted sensibly as long as the taking of heroin and the prescribing of it are criminal offences for all but a few.

It is true with almost any drug that once it is made illegal and cheap enough for working class consumption its dangers usually increase through adulteration or the varying strength of street supply. This is the case with cocaine and it applies to illegal alcohol where prohibition exists. It also applies to heroin. The rich can afford the high quality product. The poor take it in adulterated forms often of uncertain strengths and tend to use intake methods which present more dangers. The rich are much more likely to have access to the few select doctors who are still allowed to prescribe heroin.

The dangers of injecting

Injecting drugs is much more dangerous than sniffing, smoking or swallowing them. In 1993 in Glasgow there were 898 registered drug injectors and 41 drug related deaths.⁵⁰ Injection carries its own dangers, irrespective of

what is injected. First there is less time for any clinical intervention to take place before the drug enters the bloodstream. Where drug users share needles and have to draw blood to find a vein the effect is like a blood transfusion. It can lead and has led to the spread of AIDS. The lack of needle exchanges in New York led to hundreds of thousands of preventable deaths from AIDS.⁵¹ Even with the full knowledge of the transmission of AIDS and knowledge of drug use in prisons there is still a refusal to provide needle exchanges in prisons.⁵² This will lead to the 'capital punishment not only of prison users, but also their lovers, their children, their lovers' lovers'.⁵³ Injection itself is dangerous because of other hazards such as Hepatitis B, C and D, septicaemia, septic thrombophlebitis, pulmonary embolism, gangrene and cellulitis. A number of these conditions have long term consequences and may be life threatening.⁵⁴

Injection is much more dangerous when needles are shared and unsterile. Unfortunately, in the penal war on drugs it is easier to curtail the supply of needles than it is to find the drugs. Yet only a small percentage of drug users inject. Heroin isn't necessarily injected even by young working class users. However, there is a danger for them that shortage of money may lead them into injection. The rich can afford sufficient quantities to use safer methods.

Why do people become addicted to heroin?

The heroin experience for those who do not let the drug run away with them is warm, woozy and carefree. For everyday users who have lost control, the experience is a mediocre one. The drug does not open the door to other worlds - it closes them. It stupefies and kills feeling. For most compulsive users it serves as an antidote to a wretched existence - lives that otherwise might be full of pain, might be too complicated to manage, or conversely empty of any meaning whatsoever. Heroin promises neutrality. It promises nothing.⁵⁵

As Danny O'Brien, one time heroin user, said, 'Long term users don't get a buzz...they don't use the word high...they take heroin just to survive.' Anywhere where life has no meaning and too much pain heroin will find customers. It was not just the inner cities of Liverpool and Glasgow, but smaller towns too developed a heroin problem in the early 1980s and a more extensive use still in the mid-1990s. That the rise in addiction was linked to unemployment and despair is clear. The journalist John Sweeney talks of the cheapness of heroin in Liverpool and the death of a junkie who was killed, as were 12 others, in January 1992 in Glasgow's needle city, Possil Park. As he says, 'Possil Park wasn't always a dump. It once had a factory that made the best steam engines that the world could buy'.⁵⁶

In the Barnsley area in Yorkshire after the closure of the mines, it was reported that the use of heroin rose by 300 percent between 1992 and 1995. Grimethorpe, once a prosperous coal mining village, was, in 1996, according to one journalist, called the heroin capital of south Yorkshire. Unemployment was at 40 percent, in some pockets reaching 80 to 90 percent. It was easy to buy heroin. Setting up a needle exchange in the Acorn Centre on the site of the old NCB offices was considered. According to one report 'it didn't happen and addicts had to travel to Barnsley for clean needles - although some don't bother'.⁵⁷

Yet it is wrong to assume that de-industrialised areas where heroin use has increased are now 'completely awash with heroin or that most miners are now either users or dealers.' The idea that unemployed workers who take to drugs are no longer members of the working class is as insulting as it is silly. To identify the unemployed, whether drug users or not, as part of a semi-criminal underclass is to accept the divisive ideology of the right wing.

Drugs and crime

Tory ideology, broadly accepted by New Labour representatives, is that there is a close link between drugs and crime. Tony Blair, for instance, claimed in 1994 that 50 percent of all property crime in England and Wales was committed by drug addicts who were stealing to feed their habit. This was a profound piece of statistical nonsense. The formula for the calculation was provided by Manchester police:

The calculations worked on the assumption that 22,819 notified addicts were consuming one gram of heroin a day priced at £80 a gram. This worked out at an annual consumption per addict of £30,000. Because stolen property can only be sold for around a third of its as new value, the addicts each had to steal not £30,000 worth of items but £90,000.⁵⁸

The immediate flaw in the Blair formula is that habitual users get money from all kinds of sources, including social security, straight work, prostitution, from drug dealing, and from relatives and friends. 'Also few consume a uniform amount; they cut back or quit from time to time'.⁵⁹ The British Medical Association estimates that 9,000 to 13,000 doctors are alcoholics or drug addicts but most continue to work.⁶⁰ The idea of doctors pinching car radios on home visits is one of the logical conclusions of this dubious research. This is not to say that some addicts with a very heavy habit will not be forced into theft. But it is also the case that they are much more likely to be picked up by the police than non-addicts. As ex-user Danny says, the police attitude is, 'Let him do what he's doing and we'll pick him up when the time's right.'

There are times when illegal drugs have been cheaper than the legal drugs alcohol and cigarettes. As far back as the 1820s De Quincey in his *Confessions of an Opium Eater* tells how opium eating was becoming common among his workforce so that on a Saturday 'the counters of the druggists were strewn with pills of one or two or three grams in preparation for the known demand of the evening. The immediate occasion of this practice was the laws of wages which at that time would not allow them to indulge in ales and spirits'.⁶¹ Over 175 years later a similar observation was made by a journalist looking at heroin addiction amongst ex-miners in Barnsley. In 1996 heroin, or Brown as it was called, cost £5 for a small bag and a tenth of a gram for £10. One former miner said, 'It's cheaper and quicker to get out of your mind on heroin than it is on beer'.⁶²

The anti-drugs lobby tried to prevent any awareness of the difference between occasional leisure use of drugs and miserable and dangerous addiction. Drugs are linked to addiction and addiction is linked to crime. All are portrayed as an integral part of a growing 'yob culture' in which young people are seen as 'a threat to the fabric of society'. It is established that alcohol can lead to violence in pubs, streets, homes and on the road, but the link between other drugs and crime is not proven. The Green Paper *Tackling Drugs Together*, published in October 1994, included John Major's statement, 'Drugs are a menace to our society. They can wreck the lives of individuals and their families. They are a frequent cause of crime'.⁶³ Yet later on the same report states:

There is no reliable statistical measure of the amount of drug related crime because a causal relationship cannot be established beyond doubt, estimates have been made usually based on speculative assumptions about the ways in which drug misusers might finance their drug taking. In particular, there is an absence of recent relevant research for England and Wales.⁶⁴

Experimenting with dance drugs is rarely stepping into a life of crime or long term addiction. Although street prices can vary, the National Drugs Intelligence Unit produced some figures: amphetamines £10 to £12 a gram, cannabis £40 to £50 a half ounce, ecstasy £15 to £20 a tablet and LSD £5 a unit.⁶⁵ These are scarcely the sums of money that make bank robbing a necessity for a night out, and can certainly be reasonably compared to the price

of a night out drinking, a trip to the cinema or a meal out. The Release Drugs and Dance survey found that 58 percent of the participants in the rave scene were at work, 19 percent were students and 30 percent were teenagers.⁶⁶ As Mike Hough, formerly a senior Home Office research worker, said when he gave a paper to the London Policy Drug Forum, 'For 97 percent of drug users who engage in casual or recreational drug use there was little evidence of links with property crime.' It was only the 3 percent who were problem addicts on a £300 a week habit where there was 'overwhelming evidence of a link'.⁶⁷

Legal but lethal

Tobacco is legal. Tobacco kills. The deaths related to other drugs are minuscule in comparison. On present trends the global estimate is that, in the years 1990-1999, 21 million people will have been killed by tobacco.⁶⁸ Smoking cigarettes is consuming tobacco in its deadliest form. Deaths from lung cancer, heart disease, bronchitis and emphysema are caused by cigarettes. But stressful or boring situations, such as being unemployed, can increase demand because smoking both soothes and stimulates.

Medical dangers were suspected but remained unproved until long after the development of powerful multinationals, state monopolies and government dependency on tobacco tax. As Napoleon observed, 'This vice brings in one hundred million francs in taxes every year. I will certainly forbid it at once, as soon as you can name a virtue that brings in as much revenue'.⁶⁹ It was not until 1954 that the link between lung cancer and cigarettes was scientifically proved.⁷⁰ A government survey in 1970 came to the astounding conclusion that reducing cigarette consumption by 20 percent would lower health costs, but would also massively increase social security spending because of increased life expectancy.⁷¹

Governments are often reluctant to take on the tobacco companies and so permit them to get round controls curbing advertising. Figures from the National Statistics Office show that in the UK smoking has increased amongst young people since 1982. In 1996, at 15 years 28 percent of boys and 33 percent of girls were regular smokers. This is despite the law that it is illegal to sell cigarettes to those under 16 years old. In Britain there was a discussion of policy at the government's 1997 anti-smoking summit. This was followed by an announcement that the government was to phase out tobacco sponsorship and might raise the legal age for buying cigarettes from 16 to 18 years old. In the words of the health minister this would 'stop today's trendy youngsters filling tomorrow's cancer wards'.⁷² But the age limit of 16 did not stop widespread smoking by 15 year olds and the raising of the age is a symbolic gesture rather than an effective measure. It puts the onus and blame on the shopkeeper, much as the blame for other drugs is placed on the small time dealer. To stop all sponsorship would be a welcome move - it is more difficult to see cigarettes as really dangerous when they are associated with sports, the outdoor and the countryside. Magazines and newspapers have often been reluctant to carry anti-smoking articles because of their financial dependence on tobacco company advertising. It will be interesting to see how far the Labour government will be prepared to push the tobacco companies. Tobacco tax provides 3.5 percent of the UK tax from 15 million smokers. Some £27 million a day goes to the Treasury from the tax which is 80 percent of the purchase price of cigarettes.⁷³

As the National Health Service is desperate for finance, some health authorities are looking forward to legal action against tobacco companies to recoup some healthcare costs. Labour ministers, however, do not want local litigation because they see the possibility of some sort of deal with the tobacco companies. The American tobacco companies entered such a deal which included the offer to pay what seemed a huge sum of \$368.5

billion (or £223 billion) over 25 years to health insurance in return for immunity from 'class action' court cases for health damage caused by tobacco.⁷⁴

The New York Times did not see the settlement as 'necessarily aligned to public health goals'.⁷⁵ Tobacco shares rose when the details of the deal became known as the tobacco companies could add 5 to 10 cents to a packet of cigarettes and raise extra income from the 480 billion cigarettes smoked annually in the US. They would save \$ 5.5 billion in advertising costs and \$600 million legal costs annually.⁷⁶ Furthermore the small print of the deal relating to the reduction or elimination of the addictive nicotine content of cigarettes by the Food and Drug Administration included an escape clause which read, 'The FDA can only reduce nicotine levels if it can show this will not create a "significant demand for contraband"'.⁷⁷ The deal has got to be approved by Congress. The clampdown on advertising and vending machines is welcome enough but as the tobacco industry has already spent \$50 billion on advertising in the past 20 years the effect on its image will not disappear overnight.⁷⁸

The tobacco companies were forced to enter into some type of deal because they came into conflict with the financial giants in the insurance world who were paying out for very expensive cancer treatment for low income victims of cigarette smoking. Now that liability has been admitted by the major tobacco companies it is possible that a struggle may emerge between various insurance giants (with whom some of the tobacco companies are insured) as to who will pay for treatment for the massive health damage done by cigarettes.

Meantime the tobacco companies have their sights on markets elsewhere. Despite the massive tobacco consumption in the US, the big growth areas are elsewhere: in the Middle East, Asia, Africa, Eastern Europe and the EU.⁷⁹ British American Tobacco (BAT) have 'a multimillion marketing drive in Africa, pushing cheap cigarettes with levels of tar and nicotine far above those permitted in the West'.⁸⁰

Sometimes 'promotion' is simply crude political manoeuvring. According to The Observer British American Tobacco is acquiring influence over the disposal of British overseas aid as part of a campaign to protect its lucrative markets in the Third World. Lord Cairns, the chair of BAT industries, who once made the statement that 'smoking is not addictive', chaired the Commonwealth Development Corporation, a quango which distributed £1.5 billion for investment to poor countries. Lord Cairns was also the chair of the Overseas Development Institute which is influential in determining aid policies. VSO, which sends British volunteers overseas, takes £9,000 a year from BAT.⁸¹

Cigarette companies have adapted marketing strategies to counteract health warnings. Tobacco has long had a privileged position as a heavily subsidised crop. For example, the European Council announced in December 1996 that it was to pay peasant tobacco farmers subsidies 70 times greater than the EU allocates for fighting smoking. Half a million people die each year in Europe from the effect of smoking and more than 150,000 families in the EU are dependent on tobacco production.⁸² The World Bank subsidises tobacco production and American growers are guaranteed prices for their product. The US government is a major force behind the expansion of cigarette sales. This was exemplified when the government of Taiwan 'had been able to cut smoking drastically by an anti-smoking campaign until Washington threatened trade sanctions in 1987 which led to a 10 percent rise in smoking'.⁸³ And in an open letter to the Colombian government president, Peter Bourne, then Director of the Office of Drug Abuse Policy, admitted that while Washington 'rails against the adverse effects of cocaine in the US, the number of Colombians dying each year from subsidised North American tobacco is significantly larger than the numbers of North Americans felled by Colombian cocaine'.⁸⁴

Alcohol

Like tobacco, alcohol is a legal killer. According to the York Centre for Health Economics, 33,000 deaths a year in Britain are alcohol related,⁸⁵ as are one in four hospital admissions.⁸⁶ About 20 percent of strokes in young people are preceded by bouts of heavy drinking.⁸⁷ Alcohol, like other drugs, can be either a leisure drug, a chemical walking stick or a health hazard.

Governments can reduce some potential danger by implementing policies such as drink driving campaigns, or 'Less is better' publicity.⁸⁸ The government initially adopted Royal Medical College guidelines in 1987 for safe levels of alcohol consumption of 21 units per week for men and 14 for women (a unit is half a pint of beer, a glass of wine or a single measure of spirits). Yet most drink advertisements target the young heavy drinker to try and establish brand loyalty. According to Alcohol Concern, approximately 8 million people drink more than the safe limit.⁸⁹ Senior medical officers protested strongly when the government, pressurised by the drink lobby, changed the guidelines just before Christmas 1995 and implied that 28 units were safe.⁹⁰

Occasionally in history governments have inhibited the drinks trade, but not to protect their citizens from the effects of alcohol. Sometimes the suppression of alcohol has been used as the excuse for colonial land grabs. The eradication of 'whisky trading', for example, was used in this way by the Canadian Mounted Police in the 19th century.⁹¹ The elimination of 'poteen' production was used as an excuse by the British for evicting the Irish during the land clearances in the last century.⁹² In Britain during the First World War liquor licensing hours were imposed to discipline the workforce and strict controls were introduced on the quantity and quality of the beer. Scared by the strike wave in 1919, the government agreed that an increase in the supply 'would do much to allay the prevailing unrest'.⁹³

Today many governments are more likely to encourage the expansion of the markets in dangerous drugs such as alcohol and tobacco, while simultaneously hinting at possible health service cuts or charges in relation to 'self induced' addictive smoking or drinking. This is similar to the Victorian morality of ascribing all social ills to individual degeneracy. Some of the rhetoric of the temperance movement was as hysterical as the anti-drugs hysteria today. Well into the 1940s 'Band of Hope' meetings were misinforming people that one drink could lead to alcoholism. Eight year olds signed the pledge never to touch drink. It was similar to the 'Say No to Drugs' campaign touted by Nancy Reagan in the 1980s - and just as ineffective.

Currently drinks manufacturers are pushing alcoholic lemonades and other alco-pops for youngsters at a time when 1,000 children a year are admitted to hospitals with acute alcoholic poisoning.⁹⁴ Alcohol Concern has attempted to put pressure on the drinks industry to stop promoting under age drinking with alco-pops. The alco-pops market is worth around £400 million a year and in May 1997 a survey found that 65 percent of boys and 54 percent of girls were drinking regularly by the age of 16.⁹⁵ In July 1997 the British Medical Association called for tougher laws on alco-pops with a warning that an epidemic of liver disease could occur in 20 years if young people were encouraged to drink heavily.⁹⁶ Whilst under heavy pressure to withdraw alco-pops, two new marketing gimmicks were introduced. Milk drinks called Moo and Super Milch strawberry and banana flavour with more alcohol than a pint of bitter and sachets of 40 percent proof spirits called Totpacs were on the market.⁹⁷

In theory the industry has its own regulating authority, the Portman Group, which operates a voluntary code of advertising standards.⁹⁸ Even the Portman Group upheld a complaint about the new drinks but nothing

happened. The Portman Group claims to be the watchdog of alcohol advertising but it has no sanctions and no teeth. Indeed its declared aim is 'to promote sensible drinking'. This statement of intent has been challenged by Professor Nick Heater, Director of the Newcastle Centre for Alcohol and Drug Studies, who claims their agenda is slightly different: 'The attempt to distance alcohol as a drug from other kinds of drug and to give it a good face is the main activity of groups like the Portman Group... In late 1994 the Portman Group operated a scheme which offered medical scientists £2,000 pending their agreement to criticise a damning new book on alcohol'.⁹⁹

It might be a little too strong to claim that the impetus behind the hysteria about ecstasy originates from a drinks industry which finds its profits threatened by the popularity of competing dance drugs. But a report on Leisure Futures published in 1993 revealed that between 1987 and 1992 pub attendance in the UK fell by 11 percent and projected a further decrease by 1997. Estimates used in the report suggested the percentage of 16 to 24 year olds taking any illegal drug doubled to nearly 30 percent between 1989 and 1992. The report concludes, 'This of course poses a significant threat to spending for such sectors as licensed drinks retailers and drink companies. Firstly, some young people are turning away from alcohol to stimulants; secondly, raves are extremely time consuming and displace much of the time and energy which might have been expended on other leisure activities like pubs or drinking at home'.¹⁰⁰ So, at the very least, the drinks industry will welcome the moral panic over illegal drugs.

The investigative journalist Jim Carey examined the portfolios of the companies which financed the 1,500 posters showing the ecstasy victim Leah Betts and the word 'sorted'. He found links between the posters and Löwenbräu and Red Bull Energy drinks company. Red Bull is apparently gaining ground as a 'substitute for ecstasy'.¹⁰¹ Jim Carey also argues that the Entertainment (Increased Penalties) Act in 1990 which placed fines of up to £20,000 on the organisers of unlicensed raves was a legislative victory for the alcohol industry.

Finally, at a time when drug taking is linked to crime it is appropriate to consider that, according to the British Medical Association report Guidelines to Alcohol and Accidents published in 1989, 'alcohol was associated with 60-70 percent of homicides, 75 percent of stabbings and 50 percent of domestic assaults'.¹⁰²

Drugs as medicines

Traditionally many drugs which are now illegal have been used as medicines. The medical use of cannabis goes back centuries. It has been used to relieve childbirth pain, as a general analgesic, and more recently as a treatment for glaucoma, multiple sclerosis, asthma and as an anti-nauseate drug in chemotherapy treatment. It may also be used to stimulate the appetite of those with AIDS.¹⁰³ Even tobacco was used medicinally by native Americans, and in Europe initially appeared to aid the balance of body humours on which health was thought to depend.¹⁰⁴ Coca was used to alleviate hunger pangs. The leaf had been grown in South America for 2,000 years. It made long working hours possible and eased altitude sickness.¹⁰⁵

Some drugs which are today presented as harmful, hard and dangerous also have medicinal properties, such as cocaine in dental care, opium products such as morphine and pethidine as pain killers. In 19th century Britain opium and cocaine were both medicinal products and the leisure drugs of the ruling classes. In 1900 the drug company Bayer were mass marketing heroin as a panacea for infant colds. Their competitors Parke-Davies were promoting cocaine products, coca cordial, cocaine cigarettes, hypodermic capsules, ointments and sprays.¹⁰⁶ The immediate addictive nature of these drugs is a myth. The new mother does not suffer pethidine withdrawal symptoms after the birth. Dental patients are not hooked on cocaine. It takes time for patients to become addicted to prescribed morphine.

In a sense all drugs are controlled poisons. Most drugs have a medicinal as well as a leisure function. Ecstasy was first developed by the pharmaceutical company Merk as a slimming pill with happy side effects. Some psychotherapists saw its 'warm empathy' effect as a valuable clinical tool.¹⁰⁷ It may be a historical accident that Prozac rather than ecstasy became the clinically prescribed 'happy' drug. Prozac has been the undisputed leader in anti-depressant drugs since it came on the market in 1987. Its makers, Eli Lilly, are targeting patients in their publicity, getting them to diagnose themselves as depressed and then to ask the doctor for the drug by name. Worldwide sales were expected to reach \$2.6 billion in 1997 (£1.6 billion). Lilly justified the campaign on the basis that there was an estimated 17.6 million Americans suffering from depression and they were not all getting treatment. A minority of Prozac users have blamed the drug for violent mood swings and suicidal behaviour. Others report upset stomachs and insomnia. Legal actions have been taken out against Eli Lilly.¹⁰⁸

The activities of the pharmaceutical companies today in the tranquilliser market are comparable with their historical involvement in cocaine and heroin. Drugs such as librium, valium, halycon, mogadon, ativan and temazepam produced enormous profits and created a new generation of addicts. Drugs with beneficial short term use had long term dangers. Valium was marketed as 'mother's little helper', which would produce a 'less demanding, more compliant patient'.¹⁰⁹ In 1976-1977 a study in the US found that 54,000 people sought hospital emergency room treatment as a result of the use, overuse or abuse of valium.¹¹⁰

It was estimated that in the UK by 1988 some 2 million people were addicted to prescribed drugs. In addition 25 million prescriptions for tranquillisers were being handed out each year. Compare this with the 1993 figures for notified heroin addicts: 18,920. For cocaine addicts the figure was 2,460.¹¹¹ The bulletin circulated by the drug licensing Committee on Safety in Medicines said of tranquillisers:

There has been concern for many years regarding benzodiazepine dependence... withdrawal symptoms include anxiety, tremor, confusion, insomnia, perceptual disorder, fits, depression, gastro-intestinal and other somatic disorders.¹¹²

In a Department of Health publication, Guidelines for the Clinical Management of Drugs, written by doctors for doctors, it is the withdrawal of addicts from tranquillisers and heroin which is said to present the most difficult problems of clinical management. Doctors are informed that rapid withdrawal from benzodiazepines (common tranquillisers) takes between two and ten weeks and requires close supervision. This usually means in-patient admission or day patient care unless the starting dose is less than 30 grams.¹¹³

The commonest sleeping pill issued to patients in hospitals in the 1990s was temazepam. It was known for years that users were being maimed and killed by injecting the contents of temazepam capsules or 'jellies'. After pressure in October 1995 Stephen Dorrell, then health secretary, announced a ban on tempazepam in capsule form. The drug company CP Sherer Ltd stood to lose £3 million from the ban and tried, but failed, to get it lifted by court action.¹¹⁴

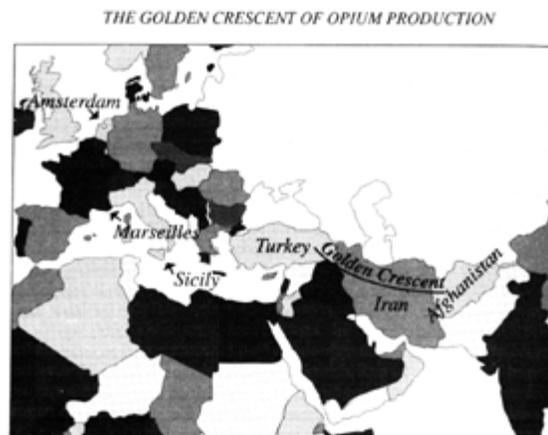
The massive profits made by pharmaceutical companies are often tied to one drug which means any mistakes are magnified. Some 10,000 babies were born horribly deformed and thousands died because of the block busting drug thalidomide. It was marketed as a safe sedative under 37 different names and sold in 35 countries. Its withdrawal from the market was resisted.¹¹⁵ The tragedy led many governments to stiffen regulations. This means that today pharmaceutical companies simply dump and test unsafe drugs on countries with fewest regulations where impoverished peasants are less likely to sue global corporations for injury.

The war for drugs

Many governments have launched campaigns against the use of illegal drugs. The history of the drugs trade, however, shows that many Western powers have been more than willing to be involved in the drugs trade when it affords them some advantage. They have aided the development of markets for the very drugs which they now claim to be the most dangerous: heroin and cocaine.

Heroin and other opiates, such as morphine and pethidine, come from the opium poppy. The institutions of British imperialism deliberately expanded the opium trade. For 130 years the British East India Company sold opium to China and created mass addiction there. Britain fought two wars against the Chinese to force them to import opium. Hong Kong was ceded to Britain as a war gain in 1842 and remains a processing and distribution centre. Once established as profitable, drug markets acquire their own momentum, although this process is often aided by national governments.¹¹⁶ For example the French Secret Service, the SDECE, backed opium traders during the first Indo-China War between 1946 and 1954, and paid them an annual fee for their co-operation in guarding Saigon.¹¹⁷ During the Cold War against the USSR, the American Central Intelligence Agency (CIA) organised alliances with drug dealers in both Europe and Asia. In 1948 and 1950 there were Communist led dock strikes in the French city of Marseilles. The CIA allied itself with the Corsican Mafia in Marseilles to provide violent strike breakers. With CIA support the Corsican Mafia defeated the dockers and in the next quarter of a century used their control over the Marseilles waterfront to dominate the supply of heroin to the US market.¹¹⁸ In Italy the Mafia was seen as a force which could stop Communist insurrection at the end of the Second World War. The Allied military government selected Mafiosi as mayors in many towns across western Sicily.¹¹⁹ Thus empowered, the Mafia were able to expand heroin processing in Sicily and transport it to Marseilles. The activities of the CIA aided the European criminal syndicates that could link the Asian opium areas with the vast American market.

THE GOLDEN CRESCENT OF OPIUM PRODUCTION



The CIA also intervened to aid the expansion of opium production in the mountainous band of Asia known as the Gold Crescent (Iran, Afghanistan and Pakistan) and the Golden Triangle (Burma Thailand and Laos). These areas were of strategic significance to the US because they could provide a buffer against the expansion of China and the USSR. Between 1952 and 1953 the Kuomintang, the nationalist, anti-Communist army which was backed by the US, gained arms and finance from the opium trade in the Shan states of Burma.¹²⁰ In Laos between 1960 and 1975 the CIA controlled Air America transported heroin from the Hmong tribesmen. The

latter provided both a secret army against the North Vietnamese and heroin for the American troops in Vietnam.¹²¹

In 1979 the Russians invaded Afghanistan. The CIA allied itself to the guerrilla armies and Pakistani military operating in the border region between Pakistan and Afghanistan. These guerrilla armies were largely financed by opium trading and the Pakistani military got rich on the trade.¹²²

Cocaine and the war on drugs

The cocaine market, too, received a boost from CIA anti-Communist activity nearer home. The major cocaine producing areas are in the south American Andes - Peru and Bolivia. Much of the processing is done further north in Colombia. Central American countries and US southern states are trading centres for the vast US market.

THE COCAINE TRAIL FROM SOUTHERN TO NORTHERN AMERICA



The CIA became involved in the cocaine trade via their support for the right wing guerrillas, the Contras, who sought to destabilise the left wing Sandinista government established in Nicaragua in 1979. 'Drug trafficking had pervaded the entire Contra war effort', reported the Kerry Senate sub-Committee on Terrorism and Narcotics in 1989. The report concluded that US officials in Central America deliberately ignored the cocaine flow and that the 'laundering' and air transport companies used in the trade received direct subsidies from American central government.¹²³

After the 'Contra Affair' American policy shifted overtly from the 'war against Communism' to an emphasis on the 'war against drugs'. There was an attempt to link the two fears in the invention of a 'left narco-terrorist' threat. Communists pushing drugs was a powerful ideological bogey. In January 1986 Ronald Reagan said:

The link between the governments of such soviet allies as Cuba and Nicaragua and international narcotic trafficking and terrorism is becoming increasingly clear. These twin evils, narcotics trafficking and terrorism, represent the most insidious and dangerous threats to the hemisphere today.¹²⁴

In other parts of the world reactionary governments used the excuse of narcotics trafficking for brutal suppression of the Tamils in Sri Lanka, the Kurds in both Turkey and Iraq, the Turks in Greece, and Sendero

Luminosos in Peru. While there may be some narcotics trading by liberation armies and left wing guerrillas based in opium or marijuana producing areas, their involvement is tiny compared with the involvement of right wing regimes, government forces and secret services. In the multinational narcotics trade, the crops have to be grown, processed, transported, distributed and the proceeds laundered. The multi-billion dollar drugs markets could not exist on their present scale without the co-operation of the military, police, customs officials, central government and banks of many countries. Guerrilla armies do not have the international links and formal institutions on the scale needed to sustain the trade. Nevertheless, the 'big lie' about narco-terrorism gave an edge to the war on drugs declared by George Bush in 1989. Under the guise of suppressing drugs, any 'Communists' (ie those with radical opinions) could be arrested. An agreement between the US and Peruvian governments in 1991 included the statement that 'counter-insurgency actions are a justifiable component of counter-narcotics activities'.¹²⁵

When the media blitz on drugs peaked, the Andean Commission of Jurists in Lima said that 'waving as a pretext the measures adopted against drugs trafficking...the military have ransacked the headquarters of grass roots organisations and the homes of political leaders and ordered many arrests'.¹²⁶

The war on drugs justified the US's intervention in states riven by economic crisis where repressive regimes regarded as 'safe' by American capitalists appeared to be under threat. The declaration of the anti-drugs war coincided with election fears of right wing politicians across South America.¹²⁷ By defining drugs as a national security threat US intervention abroad could be portrayed as self defence rather than interference in other countries' internal affairs.¹²⁸ There was a huge increase in military aid to corrupt regimes whose armies were heavily involved in drug trafficking.

There were some other interesting aspects of the Bush declaration of a war on drugs in 1989. It was, for instance, the year when the Stalinist states of the East collapsed. The ending of the Cold War was a mixed blessing for American capitalism. The loss of the Soviet threat meant that a new monster had to be created to unite all Americans in patriotic fervour. Bush declared, 'Drugs are sapping our strength as a nation... There is not match for a United America, a determined America and angry America. Our outrage against drugs unites us all.' His speech used the word 'fight' 11 times, 'war' 'and' 'threat' four times, and 'battle' and 'victory' twice.¹²⁹ As Noam Chomsky explains, the purpose of the war on drugs was 'to divert attention away... from federal offices, corporate boardrooms, and the like'. Targets had to be weak enough, the wrong colour, abroad or in the inner city at home.¹³⁰

Drugs as an excuse for the military

The defence lobby and the Pentagon, worried about the possibility of peace breaking out, welcomed a replacement for the Soviet threat as another way to justify a healthy defence budget.¹³¹ Farcical raids were made to give substance to the media campaign. In August 1989 in Bolivia 160 US troops and six Black Hawk helicopters were involved in one bust which captured a 17 year old trafficker and no cocaine. A subsequent operation costing 'millions of dollars of US taxpayers' money... had seized one half of 1 percent of Bolivia's estimated cocaine... production'.¹³²

More of the same was promised, and it wasn't just rhetoric. It became a cruel reality for the many hundreds killed in the US invasion of Panama in 1989. It was a crude show of strength, perhaps designed to warn Panama that, despite the Panama Treaty obligation for the US to relinquish military control of the canal by the end of 1999, it could be invaded at any time - especially after the year 2000 when the Howard Air Force Base is to

become a 'Multilateral Counter-narcotics Centre'.¹³³ More than 24,000 American troops were used and poor areas of Panama were bombed by sophisticated aircraft.¹³⁴ President Noriega, the military dictator of Panama, was arrested as an indication of the US's commitment to drug eradication. Tried in the US for drug offences, he was sentenced to 40 years imprisonment. But Noriega had been one of the US's favourite goons. The US army and the CIA had paid him at least \$322,000 over a 31 year period.¹³⁵ He was active in the arms and drugs Contra dealings along with Oliver North. Noriega accumulated \$4 million more than his usual income. When he outlived his usefulness as an anti-Communist agent he became an embarrassment. But the invasion of Panama and Noriega's arrest created only a hiccup in the cocaine trade.

When governments intervene in multinational narcotics traffic they often open up the market for competing traders. The two major cartels in the 1980s Colombian cocaine market were based in the cities of Medellin and Cali. Noriega aided the Medellin group. He pleased the US government by occasionally setting up the competing Cali traffickers for arrest.¹³⁶ He also closed down the Cali controlled First International Bank.¹³⁷ The arrest of Noriega was mirrored by US action in Colombia which targetted Pablo Escobar and other leaders of the Medellin cartel. The effect of these dual actions by the US government was simply to open the market to the Cali cartel. In Panama, after the invasion, the US government placed former directors of banks notorious for laundering drug money in senior positions. There is no evidence that any less cocaine passed through Panama after the US invasion.¹³⁸

Explaining the changing patterns of the world drug trade is like trying to paint shadows as the light changes. One source is deflected, a cartel splits and another group then gains the competitive edge. In the late 1990s Mexico became a very important conduit for cocaine. US intelligence officers believed that Mexican traffickers took in as much as \$10 billion a year and spent up to 60 percent of it bribing officials. The Mexican government's involvement in the cocaine trade is not really a secret. The head of Mexico's anti-narcotics programme, Rebollo, was charged with accepting bribes from the infamous Carillo cartel.¹³⁹ In Mexico in 1997 a jury decided that the former deputy attorney general of Mexico, Mario Riuz Massieu, had stashed \$9 million in a Texas bank account. The most damning item was the testimony of a former agent of the Mexican federal judicial police who linked Mr Massieu to the disappearance of several tons of cocaine from police custody in 1994. The agent testified that after the cocaine vanished two suitcases of cash were delivered to Massieu who was deputy Attorney General at the time.¹⁴⁰

In Mexico, as in most countries, the major drug barons are known to police, journalists and politicians. They are wealthy enough to make the old godfather deals of 'silver or lead'. For the police this means accepting either a regular bribe or a bullet.¹⁴¹ But corruption doesn't occur just on the Mexican side of the border. The idea of controlling the Mexican border is a nonsense when every year '230 million people and 84 million cars cross it making the border a 2,000 mile sieve'. In a recent cocaine case it was revealed that \$7.9 million had been taken from Mexico and deposited in Texan banks. The US authorities had been informed that regular amounts of more than \$10,000 dollars were being transferred. Officials of the US Treasury, Customs and Internal Revenue all knew about the deposits but nothing was done.¹⁴²

A war on blacks

The war on drugs that was used to rehabilitate US imperialism abroad was also crucial in increasing racial divisions within the US working class. It served the purpose of attacking the status that had been gained by the Civil Rights and Black Power movements of the 1960s. The war on drugs became a war on blacks. Police Rapid Deployment Units (RDUs) were set up to patrol the inner cities and they used undercover informers, vehicle

stops and house raids to wage an unremitting assault on black communities. A sociology researcher rode with the RDU and gave this description of a typical raid. The police entered the apartment with guns drawn, 'small children began to scream and cry, the adults in the apartment are thrown to the floor.' This was the arrest of a 16 year old drug suspect.¹⁴³ The RDU patrol the ghetto continuously looking for cars with young black men in them. The cars work in threes and the officers are armed. When questioned about civil rights one officer answers, 'This is the jungle...we rewrite the constitution every day down here.' The RDUs do not patrol the white section of Washington DC.

Thus it is minorities, especially young African Americans and Latinos, who are disproportionately arrested, convicted and sent to prison. The statistics illustrate clearly the racist nature of the war on drugs: 'Nearly 30 percent of all state and 55 percent of all federal prisoners in 1992 were convicted on drug violations.' But these were not just dealers. Two thirds of all drug arrests in 1992 were for possession and only one third were for sale or manufacture. African Americans counted for 40 percent of arrests, most frequently for cannabis possession. Yet according to the Bureau of Justice, except for crack cocaine, whites were three times more likely to use drugs than blacks. Thus more whites than blacks use illegal drugs and more than 80 percent of the population is white, but 66 percent of the inmates convicted of drugs offences in state prisons are black and only 33 percent are white.¹⁴⁴

Black youths were deliberately criminalised to present an internal threat: the intensive surveillance of black neighbourhoods, the attacks on black youths and institutionalised racism all defined the problem of crime generally and drug use in particular as the problem of young black men.¹⁴⁵ But young black people were victims of the drug war in another way. They were subject not only to the violence of the state but also to the violence of the dealers and the dangers of crack cocaine. In 1985 the homicide rate for young black men was six times greater than for whites.¹⁴⁶

The timing of Bush's declaration of war on drugs was important, for in any media orchestrated panic there has to be a kernel of truth. Horrendous cheap crack cocaine and heroin addiction had been increasing in the US in the early 1980s. But before Bush's announcement in 1989 the figures had actually been declining. The Federal Household Survey on Drug Abuse showed a fall in drug use of 37 percent between 1985 to 1988.¹⁴⁷ Therefore a continuation of the trend could look like an anti-drug war victory.¹⁴⁸ In spite of these statistics the media hyped the drug scare to great effect. In 1988 only 3 percent of the population had regarded drugs as the top priority problem. After the media blitz of 1989 'a remarkable 43 percent said that drugs were the nation's single most important issue'.¹⁴⁹

Who does the laundry?

In theory, major drug traffickers could be caught changing 'dirty cash' into clean assets (ie laundering). In practice this rarely happens. Banks which do not ask questions can attract large, welcome cash deposits from drug deals. The Bank of Credit and Commerce International (BCCI) specialised in laundering. Noriega had nine BCCI accounts in London with deposits totalling £17.3 million between 1980 and 1988.¹⁵⁰ Oliver North had three accounts at BCCI in Paris.¹⁵¹ BCCI collapsed soon after Noriega was sentenced and five former BCCI executives were jailed for drug money laundering.¹⁵²

The Kerry report said that the BCCI had 3,000 criminal customers. The accounts included details of financing from nuclear weapons, gun running and narcotics dealing, and yet routine audits by the Bank of England did not find anything amiss in respect of BCCI's compliance (with the law) procedures.¹⁵³ One of the bizarre plans of

Margaret Thatcher's 'inner circle' was a proposal to make her the president of the Bank of Credit and Commerce. Even after its collapse in 1991 she informed its founder, Sheik Zayed, that she thought BCCI had been treated unfairly by the Bank of England.¹⁵⁴ But it isn't only notorious banks who launder drugs money. Traditionally banks ask few questions about deposits. It is good banking practice to build up cash reserves and banks have to compete for deposits. As criminal charges are rarely levied against banks they run no great risk to their reputations. British banking practice is no exception. Until the mid-1980s 'the supply of information from banks to the police only happened if criminal proceedings had been started'.¹⁵⁵ Money laundering regulations introduced on 1 April 1984 required banks to check customers' identity (this was the year when the National Union of Mineworkers needed to move funds around to avoid sequestration). The law was tightened further in the 1986 Drug Trafficking Act and the Criminal Justice Act 1993. These acts made it a crime for financial institutions to fail to disclose suspicions or knowledge of drug laundering. However, it is not an offence to fail to report suspicions of other crimes such as fraud. So it could constitute a defence to argue that the bankers suspected tax evasion but thought that the trafficker was 'not a druggie type'.¹⁵⁶

When banks do report suspicions they reveal the same racist inclinations as the police display in their 'war against drugs'. 'Just as the police often find it suspicious for people of Afro-Caribbean origins to be driving expensive cars, bankers are cued into being suspicious of the same group depositing "significant" amounts of cash...a very high proportion of the disclosures are of suspects who are not white, or do not have British passports.' This is despite the fact that the 'hit rate' (ie disclosure resulting in convictions) is higher for British passport holders than for others.¹⁵⁷

Very few bank disclosures lead to convictions. A counter officer cannot call in the police. In 1992 a loaded gun fell out of a large bag when a subsequently convicted trafficker deposited a five figure cash sum. The incident was not reported by the managers.¹⁵⁸ Even if a counter officer makes a report to his manager who then tells someone at central office, who might then inform the police or Special Branch, the police are not very enthusiastic about 'sensitive investigations'. Involvement in this area is not genuine career development.¹⁵⁹ The report on money laundering in the UK carried out by the Police Foundation and the University of Wales asks the following question of the law enforcement agencies: 'Is there any reason to believe that 20,000 disclosures made since 1986 have resulted in more than about seven convictions?'¹⁶⁰ The lowest estimated figure for the laundering of drug money in the UK is of the order of £2.5 billion per annum.¹⁶¹ The report explains that the successful drug trafficking business will show large profits, excessive salaries paid to its management staff and very high cash turnover. And so,

Unless it goes seriously over the top it will look like an extremely healthy, efficient and honest tax paying business. If a trafficker really wants to integrate then he pays a tax accountant and solicitors who have no obligation to report their suspicions to anyone.¹⁶²

The journalist Veronica Guerin, who was murdered as a consequence of her investigation into, and naming of, rich traffickers was clear that if the police really wanted to catch the top drug barons they just had to 'follow the money and they would and find the crook'.¹⁶³ But in fact major traffickers benefit from the protection given by banks to tax evaders. They may launder through legitimate businesses, chains of hotels, casinos, slum property or ordinary businesses. The big trafficker's deposits swell the countries' currency reserves. 'The paper chase is the classic method of losing law enforcement...the British government could close down all its tax havens at the stroke of a pen. It chooses to let them be'.¹⁶⁴ Thus the financial and the class systems protect major traffickers.

Drugs and state repression

The criminalisation of certain drugs means that many who use them end up in prison. A survey in 1990 found that 20 percent of prisoners used drugs. By 1995 the figure had risen to 60 percent.¹⁶⁵ Cannabis is the drug most used but heroin is becoming the 'currency in prisons'. This is because drug testing and penalising positive results with loss of remission, has been widely used since January 1996. Cannabis stays in the system longest and so testing may push prisoners away from cannabis into heroin. Testing is about control, not protection. In fact the state spends very little on treatment and drug rehabilitation.

ESTIMATED PUBLIC EXPENDITURE ON TACKLING DRUG MISUSE 1993-1994.¹⁶⁶

Police, customs, enforcement, deterrence and controls	£346 million
Prevention/education	£104 million
Treatment/rehabilitation	£61 million
International action	£15 million

The boredom and danger in prisons, like the boredom and danger of warfare, are conducive to addiction. Cigarette smoking increased dramatically in both the First and Second World Wars.¹⁶⁷ Widescale heroin addiction occurred amongst American troops in Vietnam and amongst Soviet troops in Afghanistan. More recently it was reported that some Croatian soldiers were given 'a gram of heroin in the morning and half a gram in the evening to reduce fears of going into battle'.¹⁶⁸

The state is not neutral or protective: it is the apparatus of coercion. Criminalisation of particular drugs and exaggerated panic about 'violent drug dealers preying on children' justifies increasing police powers. Yet the police themselves know that serious dealers do not sell to children since children have little money. As Scotland Yard Commander John Grieve wrote, 'Children are more likely to be offered drugs for the first time by a family member or a close friend than by the archetypal stranger at the school gates. When school parents' associations demand that we arrest the dealers, it is their own children and classmates they are referring to'.¹⁶⁹

Police activity in relation to drugs is more about repression and racial division than social well-being. Despite the media claims, the bulk of police drugs activity is directed against the use of the popular drug cannabis. Nor is it the case that police action against cannabis users and dealers decreased in the 1980s. Cannabis convictions and cautions in 1992 topped 41,000. Ten years earlier the figure had been just 17,447.¹⁷⁰

TABLE 3: DRUG SEIZURE (KILOGRAMS) 1994/1995.¹⁷¹

Drugs	1994	1995
Heroin	620.5	1,117.5
Ecstasy	466	543.9
Cannabis	47,269	52,516

Under the Dangerous Drugs and Misuse of Drugs Acts (1971) the police have extensive powers. West Indian youths are four times more likely to be stopped and searched than white youths.¹⁷² Many go to prison for supplying cannabis. Inner city areas and depressed council estates are raided by police squads who create terror and seize only a handful of drugs. In colleges, too, drug usage has been used as an excuse for closing leisure and 'social areas' and introducing surveillance and identity card schemes. These measures make colleges more like controlled factories and hinder students' organisation.¹⁷³

The police can get results only by being involved or using informers in the trade. Sometimes arrangements are long standing. In New York in the 1960s the local Bureau of Narcotics and Dangerous Drugs worked with a 'Mafia drug syndicate, accepting regular bribes to arrest only those dealers nominated by the syndicate. The system gave federal agents an impressive record of arrest... While...eliminating any competition for the Mafia'.¹⁷⁴ During the 1970s Scotland Yard's use of drug dealing informants meant:

certain dealers were in effect licensed by the Drug Squad to deal without much fear of prosecution. These favoured dealers could set up deals specially for the Drug Squad, see the other parties to the deal arrested and get back part of the drugs involved as a reward. The Home Office had a name for this technique, they called it 'recycling'.¹⁷⁵

The drugs trade is international, but co-operation between police forces is rare enough to be newsworthy when it occurs. After a cocaine seizure in Felixstowe in 1994 it was boasted that 'there was unprecedented confidence with the sharing of sensitive information between Great Britain, Colombia and Italy which has never happened before'.¹⁷⁶ Interpol is not an effective drug force. On the contrary, a press report quotes Gerald Arenberg, director of the US National Associations of Chiefs of Police: 'We have discovered over the past several years a disturbing number of Interpol officials linked to the international drug trade.' The report goes on, 'Manuel Noriega, the former Panamanian dictator convicted of racketeering, conspiracy and trafficking, was a former chairman of Interpol's drug committee'.¹⁷⁷

Drugs, class and the law

Power and wealth enable the drug barons in many countries to control police, bribe judges and buy political parties. Even when politics demand that an arrest be made, class still influences how prisoners are treated. For example, Pablo Escobar, the cocaine baron from Medellin, Colombia, chose the time and place of his arrest and the prison, a 'ranch-style prison camp [which was] more like a five star hotel; spread over ten acres with its own soccer field, a king size bed and furnishings hand-picked by the billionaire himself'.¹⁷⁸ Contrast this with the conditions of poor Nigerian and South American women couriers who make up 26 percent of Holloway prison's population with sentences averaging six to eight years - the exploited pawns of the drug barons, punished as major criminals.¹⁷⁹ 'It is at the bottom of the heap that most arrests are made, among poor peasants, couriers or young street users.' For example, in Mexico in 1975 there was an expensive drug enforcement campaign. It filled the jails 'with hapless peasants accused of growing marijuana on their tiny plots...but failed to arrest a single important trafficker'.¹⁸⁰

In Britain, too, important traffickers escape. According to The Observer, John Humphreys was the British organiser of a £200 million heroin syndicate. One courier, David Gregory, a youth with learning disabilities, was hanged in Malaysia for trafficking. Humphreys himself never stood trial. He was last seen boarding a flight to Bangkok.¹⁸¹

Users, too, are protected by their class position. The rich can get high on cocaine and come down on heroin and, very occasionally, a token marquis is sent to jail. During the financial boom in the City of London in the 1980s, drug use was said to be rife among stockbrokers and dealers. Various men's lavatories around the City were dubbed 'powder rooms'. It was said to be easier to get hold of hard drugs in the Square Mile than almost anywhere else.¹⁸² 'God's dandruff', the stimulant cocaine, was the most popular. If caught, a high flying executive was more likely to be sent to a private £200 a night drug rehabilitation centre than sacked or charged.

Thatcher's friend Tim Bell, described as Britain's most powerful public relations guru, and knighted in her resignation honours list, was according to his biography a cocaine user 'from 1978 to 1983 during which time he was closely involved in Thatcher's election victories of 1979 and 1983'.¹⁸³ Dr Clive Foggart, Margaret Thatcher's doctor and 'adviser' on the NHS, was a heroin addict who forged prescriptions. He was given a suspended sentence because his chance of recovery would be endangered by a sentence in prison where heroin was freely available.¹⁸⁴ Even when caught, rich offenders rarely feel the full force of the penal law.

Should drugs be legalised?

The case for the decriminalisation of drugs has been most strongly argued in relation to cannabis. In 1967 an advert in *The Times* signed by 64 famous names stated, 'The law against marijuana is immoral in principal and unworkable in practice'.¹⁸⁵ It was reported that in the 1970s American tobacco companies registered marijuana names such as Acapulco Gold just in case decriminalisation happened. Thirty years on decriminalisation is no nearer. Anti-drugs misinformation constructs an image of a slippery slope from cannabis to harder drugs. But long term drug addiction is not the pattern for most leisure users, as the experience of a more liberal approach to soft drugs in Holland shows.

Since the revision of the so called Opium Act in 1976, possession of small quantities of cannabis has been tolerated in Holland. In practice, if not in law, cannabis has been decriminalised. The sale of up to an ounce of cannabis leaf became a misdemeanour like a parking offence and 400 coffee shops were opened in Amsterdam selling cannabis. 'The young chat amid herbal clouds in their coffee shops and giggle home at the end of the evening, less noisy and less violent than teenage drinkers'.¹⁸⁶ The police have strong powers in relation to hard drugs, but in a harm reduction policy were encouraged by the Minister of Justice in 1985 not to use them as they would 'turn a health problem into a crime problem'. This policy did not result in a massive increase in the consumption of hard drugs. In 1987 a mere 1.7 percent of adults from Amsterdam said they had taken cocaine as compared with 6 percent in New York.¹⁸⁷ Heroin addiction in Holland has fallen by 30 percent since the early 1980s.¹⁸⁸ Heroin addicts get free needles and the proportion of injectors with AIDS is much lower than in the US. The Dutch statistics are interesting: 'Cigarettes are reckoned to have killed 18,000, alcohol 2,000 and the next most fatal drug was heroin which killed 64'.¹⁸⁹

There is, however, evidence that an alliance of the alcohol interests, right wing religious pressure groups and foreign governments is changing the approach to a more repressive and dangerous regime. It is not the case that the relative success of the Dutch approach is leading other countries to follow suit. In the US the government threatened to withdraw aid to Colombia if the Colombian ambassador to Mexico, Gustavo de Grieff, even participated in a conference on the 'Reduction of Drug Related Harm'. They feared even a speech on drug legalisation, so politically important is the ideology of the war on drugs to them.¹⁹⁰

In Britain neither the Conservative nor Labour Party leaderships want to enter discussion about decriminalising policies for fear of appearing 'soft on drugs'. Having created a threatening monster they have to show determination to fight it. Leading Labour figure Clare Short was forced to retract even the mildest statement about opening a debate on cannabis decriminalisation. So politically sensitive is the issue that a conference on the case for 'cannabis on prescription for specific illnesses and conditions' was postponed until after the 1997 general election. The British Medical Association did advocate the right to prescribe cannabis for medical purposes but there is no evidence of New Labour making any move towards decriminalisation. The tragic killing of five year old Dillon Hull led Labour MP Brian Iddon to call for an honest debate about drugs. The Drugs Policy Review Group, which comprises senior police officers, judges and doctors, has also called for debate. But

Labour's Home Office minister Alun Michael says such a discussion would 'send the wrong signals', a position shared by Tony Blair. Jack Straw has now appointed a 'drugs tsar' to enforce a further clampdown on drugs.

The debate on legalisation has taken place on the right of the political spectrum rather than the left in the 1990s. From 1989 *The Economist* magazine has been running articles arguing for the legalisation of drugs. Marxists can agree with some of the points they make. For example, the argument that criminalising drug use carries the same dangers as prohibition, criminalising the use of alcohol:

In America, prohibition of alcohol failed in 1919-1933, while richly rewarding gangs of suppliers. When prohibition ended some of the bootleggers became law abiding brewers and distillers. But the lessons of prohibition enabled those Mafiosi who had learnt to grow much richer, prohibited drugs could yield even bigger profits than prohibited alcohol.¹⁹¹

Prohibition still exists in many Muslim countries and there is a growing trend for state governments in India to turn to the prohibition of alcohol. The demand for prohibition comes from populist parties who raise it very much in the way that drug scares are orchestrated in the West. Activists go to localities to organise against corrupt politicians, work on community projects and then lead crowds to smash stills and houses of the 'anti-social minority' who have been drinking.¹⁹² Politicians may push prohibition policies but this does not stop them from forming links with gangsters producing illicit alcohol. Prohibition doesn't stop the rich obtaining their alcohol. The poor often resort to home distilled liquor and are encouraged to drink more concentrated forms of liquor which are easier to conceal but more dangerous to health.¹⁹³ The argument that prohibition and criminalisation lead to more corruption, violence, organised crime and more dangerous products is equally valid when applied to drugs. This is particularly the case in countries where the criminalisation of production and supply of a major product within that country give extraordinary powers to military and police forces.¹⁹⁴

Paramilitary death squads financed by cocaine or heroin traffickers work alongside corrupt police and military regimes.¹⁹⁵ Workers and peasants in drug producing and trading countries also have to face the additional violence of their own youth who are arms trained by state and drug barons. The right wing argument about drugs and violence is different. They ignore the violence of the state forces in implementing drug laws and emphasise the lesser violence of small time users and dealers. There is no evidence of a link between illegal drug use and violent crime. There is violence associated with drug dealing. When commercial deals are criminal there is no civil law sanction for non-payment, and therefore the necessity for greater honesty in dealing is often backed by violent sanctions. There may be violent competition for a trading patch, particularly when the supply outstrips the demand. But for gun warfare to occur on any wide scale there has to be very heavy involvement of those with easiest access and training in gun use - the military and the armed police. This happens when illegal drug production or trade becomes a major part of the economy. To pretend that the occasional violent spats (though they may involve personal tragedies) in Britain between competing dealers is on the scale of gun warfare of Miami, Palermo or Colombia is a myth perpetuated to justify increasing the powers and hardware of the police.

The right argue that the cost of law enforcement would be less if drugs were legalised. This misunderstands the nature of the state. Police, prison and law courts are not there because of the rise in drug use but because of the increasing instability of the system.¹⁹⁶ Drug panics can be orchestrated by political initiatives so that it is the 'definitional activities of the state and the media, rather than the reported incidence of crime or drug use and abuse, that has shaped public concern regarding those issues'.¹⁹⁷ Popular support for and increase in state powers is achieved by creating drug or crime panics. Decriminalising drugs would remove this ideological justification

for the repressive actions of the police and military but it would not in itself lessen their power or the money spent on maintaining them.

Another argument used by the right is also dubious. The Economist argues that prices would fall if drugs were legalised and therefore less acquisitive crime would be committed to pay for drugs. But the prices of most illegal drugs are not much greater than those of alcohol and tobacco. Although drug prices can fluctuate wildly it is not illegality alone that determines price. Price fluctuations arise, as The Economist should know, from changes in supply and demand. Advertising costs and taxation under the right wing's version of legalisation would compensate for any lowering of price obtainable by smaller distribution costs.

So the legalisation the right is talking about means letting free market forces rip in relation to drug production, distribution, advertising and sales - with the government taking their cut.

A socialist case for legalisation

What do socialists mean by legalisation and how does our position differ from that of the right wing? Our argument should be against the criminalisation of users, small time dealers and producers, the activities of users and workers within the illegal drugs industry. But it should also be against allowing capitalists to exploit and make huge profits out of other people's misery. We do not want television adverts for heroin or crack cocaine. We cannot be in favour of the giving a free hand to profiteers whether they are in the pharmaceutical industry, the drinks and tobacco industry, or the cocaine or designer drugs industries. We should be in favour of more controls on the activities of all drug barons, legal as well as illegal. There are already limited laws in relation to the ability to produce and sell a safe product. These could be tightened up considerably and money diverted away from advertising towards research and development into safe leisure and healing products.

Socialists should welcome curbs on cigarette and alcohol advertising. The Economist, which for many years has been arguing for legalisation and taxation of all drugs, was against that part of the 1997 American Tobacco Deal which involved curbs on advertising and cigarette vending machines. The Economist argued that 'America is in danger of creating a society in which big business provides an excuse for every individual mistake'.¹⁹⁸ It went on to argue that every adult can choose whether or not to smoke - and that individual responsibility cannot be evaded 'on the basis that advertising made that choice more difficult'. The article refers to the 'addiction excuse' and rejects the idea 'people's actions are to a large extent determined by social influences'.¹⁹⁹ The same reasoning is suggested by the right to deny medical treatment to those suffering from 'self inflicted' illnesses related to alcohol or other drug use. According to the right, society is not responsible in any way for individual behaviour because we all exercise the freedom to choose our lifestyles. It is only in the case of 'protecting children' from addiction that the right is prepared to warrant any state intervention.

The Economist laments the 'passing of the Marlboro Man'²⁰⁰ and wants legalisation of other drugs to replicate 'the established regimes for alcohol and tobacco, with licensed sales outlets and minimum ages of purchases'. Beyond making sure firms keep to the terms of the licences (particularly on the question of sales to children), the government could reasonably leave well alone.²⁰¹

Marxists need to argue differently. Yes, people do exercise choice but not in circumstances of their own choosing. And it is the circumstances of their choosing we want to change. For example, we would want to change the fact that currently 30 times more is spent on tobacco advertising than on education about its ill effects. Socialists are in favour of legalisation of all drugs because criminalisation leads to the legal harassment and brutal treatment of sick addicts by the law (and sometimes by the medical profession). Users can then

become victims of the violence of the drug, the violence of organised crime, the violence of the police, and on occasions the violence of the medical profession. When drug users are criminalised they are vulnerable to adulterated products of varying strengths and the dangers are increased. Criminalisation operates against the extension of safer practice such as needle exchanges. It inhibits research into risks, honest debate, the free flow of information and the development of harm reduction policies. Criminality hinders the medicinal use of drugs such as cannabis.²⁰² Socialists ought therefore to argue for legalisation but also for much tighter control of the drug capitalists. Legalisation coupled with control would involve spending money on alternative crops to coca, opium and tobacco. It would aim at a reduction of the mass marketing of harmful products, not the expansion of that market. Money would then be available for honest, independent research, education and treatment.

However, there is no total solution to the 'drugs problem' within the capitalist system. Legalisation would improve the situation but is not the whole answer. To identify and seek some solution to the problems of serious addiction means getting to the root causes of why people take drugs which may do them serious harm. Currently we have no control over the production, supply or advertisement of legal drugs. The law is not about health and safety, except where such measures have been forced on the employing class or are required by them to protect their profits. Legalisation under capitalism of all drugs will not remove the abuse of workers and consumers by drug capitalists. We are against criminalisation as it now stands because, for the most part, it is criminalisation not of the capitalists who manufacture illegal drugs, but of the peasants, small time dealers and users within that the industry.

Socialists should argue for legalisation of all drugs but cannot argue that the operation of the free market with an element of licensing will solve all the problems. Legalisation has not produced a safe cigarette. When 'control' is determined by profit, health and safety become minor considerations. The abuses which still arise in relation to both the marketing of cigarettes, alcohol and dangerous pharmaceutical products arise because production is determined by profit and not need. The chaotic blindness of market forces is as barbaric in relation to drugs as they are in the armaments market.

Why do people take drugs?

Capitalism creates 'great lakes of pain', particularly where unemployment and poverty are greatest.²⁰³ Heroin gives relief and cocaine gives a rush of good feeling. Whatever its cancerous effects, a cigarette soothes and does so within seven seconds. In Britain teenagers are more likely to sniff glue if they come from disadvantaged backgrounds or their parents are unemployed.²⁰⁴ Elsewhere, it is estimated that 80 to 85 percent of street children in Paraguay sniff glue to get a temporary escape from reality.²⁰⁵ Capitalism treats people like things, creating stress, pain and misery too great for some to handle by normal body chemistry. Violent competition, destructive self interest and grinding boredom are bred by the system which saps creative energy and distorts human relationships. Work often becomes meaningless drudgery before which it is necessary to squeeze the 'last juice out of the weekend'. The unemployed youth who has no reason to get up can sink into a spiral of depression lifted only by a giro and a good night out, followed by the vile mood of a come-down. Temporary happiness or relief from stress become commodities to be bought in the market. But the pain returns and the whole family has to share it, or, worse, it has to be handled alone. The search for chemical relief provides a focus for life that has lost its meaning.

Capitalism alienates people from their own humanity. 'Capitalism forces workers to sell their labour so that work does not belong to his/her essential being...it belongs to another, it is loss of self'.²⁰⁶ Living has to be crammed into a limited time and so many wish to make the experience more intense. It is not just the unemployed who take drugs but also those who are desperately trying to get some meaning from life, or snatch a moment of

happiness, or reduce the stress so that they can cope with life. Even the 'interesting jobs' become alienating, as human contact is replaced by contact with forms and record books and all the paraphernalia of non-living. Those in work are affected like this, and those out of work even more so. Unless people have a job and the money that gives them the power to buy life, their lives become nothing.

Alienation is, then, the condition in which workers produce something which is not theirs, where creative interest and curiosity is drowned in the boredom and stress of getting through the week. The struggle for socialism is the struggle to put meaning back into people's lives. It is the struggle for workers to wrench back the control over their labour. But it is naive to imagine that with socialism there will never be tired, stressed or unhappy people. It is a strange conception that socialism is about smiling vaguely and always being loving and pleasant. There will be conflicts and emotional trauma, but much less despair and the loss of self which alienation creates. We will have to face bereavement and loss and will probably need or want chemicals or enhance leisure and aid relaxation. Socialists do not object to the use of drugs to ease people out of depression. Many past societies have used drugs for relief in a controlled ritual situation without addiction problems.

We have no blueprint for what life will be like under socialism. Drugs will be used to improve the quality of life, not destroy it. Unwelcome addiction may be a health or social problem but will not be a criminal one. Hospitals will replace prisons. Under socialism there can be real debate about what to do about particular drugs as part of the process whereby working class people take more and more control over their lives. The pleasure, the pain, the advantages and the risks can be researched and discussed. A pharmaceutical industry researching to meet human needs, not profits, could surely produce sedatives, painkillers, stimulants or hallucinogens that do not destroy vital organs or damage the central nervous system. If workers have more power and control over their own lives then the need for drugs will be massively reduced, as would the risk associated with drug use. Under capitalism workers do not abuse drugs, they are abused by them, and by those who profit from their needs and addictions.

Appendix

TABLE 1: WORLD DRUG USE 1996. NUMBERS USING DRUGS AT LEAST ONCE DURING THE PREVIOUS YEAR

Drug	Number of users
Heroin	8 million
Cocaine	13 million
Amphetamine type drugs	30 million
Cannabis	141 million
Sedatives	227 million

Table 2 lists countries where production of the named drugs is important to the national economy. Table 2 is not a complete list, but does give some idea of the global scale of production of these world commodities. Only the major areas for cocaine production are given.

TABLE 2: DRUG CROPS GROWING AREAS 1980s

Cannabis	Cocaine	Opium	Tobacco
Afghanistan	Bolivia	Afghanistan	China
Bahamas	Peru	Pakistan	USA
Belize	Colombia	Iran Former	USSR
Colombia		Myanmar (Burma)	Japan
Egypt		Thailand	Brazil

Honduras	Laos	Malawi
India	Mexico	Zimbabwe
Jamaica	Turkey	Tanzania
Lebanon	Malaysia	Swaziland
Mexico		Kenya
Morocco		Ghana
Nepal		Benin
Nigeria		Tunisia
Pakistan		Yemen
Philippines		India
Senegal		Pakistan
Sri Lanka		Philippines
Swaziland		Greece
Thailand		Former Yugoslavia
USA (22 states)		Italy

The Guardian, 26 June 1997. Information compiled from P Taylor, *The Politics of Tobacco* (London 1984), pp242-261, J Goodman, *op cit*, pp10-11, A Henman, R Lewis, T Malyon, *Big Deal* (London 1985), p65, C Hargreaves, *Snowfields* (Zed Books, 1992), A W McCoy, *The Politics of Heroin* (New York, 1991) p3.

Notes

- 1 J Goodman, *Tobacco in History* (London, 1994), p9, and *The Observer*, 22 June 1997.
- 2 *The Guardian*, 26 June 1997.
- 3 *Ibid*.
- 4 *The Guardian*, 6 August 1997.
- 5 *Ibid*.
- 6 *Tackling Drugs Together: A Consultation Document on a Strategy for England*, HMSO (London, 1994), Cmnd 2678, p19.
- 7 An Edinburgh survey reported in *The Guardian*, 16 April 1996, supports the idea of the trend away from ecstasy.
- 8 N Saunders, *Ecstasy Reconsidered* (Exeter, 1997), p37.
- 9 *The Guardian*, 25 February 1997.
- 10 N Saunders, *op cit*, pp151-152.
- 11 *Ibid*.
- 12 *The Guardian*, 18 November 1995.
- 13 N Saunders, *op cit*, p93, and *The Guardian*, 18 November 1995.
- 14 *The Guardian*, *ibid*.
- 15 *Ibid*.
- 16 N Saunders, *op cit*, pp151-152.
- 17 *The Guardian*, 18 November 1995.
- 18 *The Observer*, 9 October 1994.

19 Department of Health, Scottish Home and Health Department, Welsh Office, Drug Misuse and Dependence. Guidelines on Clinical Management, HMSO (London, 1995), p46.

20 Ibid.

21 A Tyler, Street Drugs (London, 1995), p6.

22 The Observer, 7 April 1996.

23 Ibid.

24 A Tyler, op cit, p259.

25 Volatile Substance Abuse, Home Office, HMSO (London, 1995), p39.

26 Tackling Drugs Together, op cit, p83.

27 The Guardian, 21 May 1994.

28 Drug Misuse and Dependence Guidelines, op cit, p47.

29 The Guardian, 21 June 1997.

30 A Tyler, op cit, p139.

31 Ibid, p167.

32 The Economist, 21 January 1989.

33 Lobster, No 33, Summer 1997, p29.

34 A Tyler, op cit, p188.

35 Ibid, p196.

36 Ibid, p213.

37 Ibid, p219.

38 Ibid, p305.

39 Ibid, p306.

40 Ibid, p307.

41 The Observer, 9 October 1994.

42 M Kohn, Dope Girls: The Birth of the British Drug Underground (London, 1992), p43.

43 A Tyler, op cit, p313.

44 Ibid, p332.

45 The Guardian, 16 February 1996.

46 The Observer, 2 October 1994.

47 A Tyler, op cit, p4.

48 Drugs in Scotland, Scottish Home and Health Department (Edinburgh, 1994), p60.

DRUG RELATED DEATHS IN SCOTLAND 1991 AND 1992 (47)

Glasgow Edinburgh

Drug(s) present at time of death	1991	1992	1991	1992
Heroin	10	41	1	1
Temazepam	5	34	2	3
Diazepam	1	23	0	2
Methadone	0	2	2	11
Other drugs	2	20	2	1

49 The Guardian, 16 December 1996.

50 Drugs in Scotland, op cit, p44.

51 J Neale, 'The Politics of AIDS', International Socialism 53 (London, Winter 1991), p16.

52 Drugs in Scotland, op cit, p96.

53 J Neale, op cit, p16.

54 Drugs in Scotland, op cit, p42.

55 A Tyler, op cit, pp275 and 289.

56 The Observer, 8 September 1996.

57 The Observer, 6 October 1996.

58 A Tyler, op cit, p14.

59 Ibid.

60 Zest Health Magazine, March 1997.

61 A Tyler, op cit, p308.

62 The Observer, 6 October 1996.

63 Tackling Drugs Together, op cit, p5.

64 Ibid, p18.

65 The Guardian, 20 April 1994.

66 The Guardian, 6 August 1997.

67 The Guardian, 19 June 1997.

68 J Goodman, op cit, p242.

69 Ibid, p191.

70 P Taylor, Smoke Ring (Bath, 1984), p6.

71 Ibid, p71.

72 The Guardian, 15 July 1997.

73 The Observer, 22 June 1997.

74 The Guardian, 20 June 1997.

75 Reported in The Observer, 22 June 1997.

- 76 Ibid.
- 77 Financial Times, 10 July 1997.
- 78 The Guardian, 24 June 1997.
- 79 The Guardian, 12 March 1997.
- 80 N Chomsky, *Deterring Democracy* (London, 1992), p126.
- 81 The Observer, 25 August 1996. The same article says the Medical Research Council - the first body to show that cigarettes kill smokers - has accepted £147,000 from BAT to study whether nicotine can help people at risk of Alzheimer's disease.
- 82 The Guardian, 9 December 1996.
- 83 N Chomsky, *op cit*, p126.
- 84 Ibid.
- 85 The Guardian, 20 January, 1992.
- 86 The Observer, 17 December 1995.
- 87 The Guardian, 9 August 1994.
- 88 The Observer, 11 December 1995.
- 89 The Guardian, 9 August 1994.
- 90 The Observer, 17 December 1995.
- 91 M Longstreth, *The Silent Force* (London, 1928), p54.
- 92 L Dolan, *Land War and Eviction in Derryveagh 1840-65* (Dundalk, 1980), p63.
- 93 C Rosenberg, *Britain on the Brink of Revolution 1919* (Bookmarks, London, 1987), p79.
- 94 The Guardian, 1 July 1992.
- 95 The Guardian, 16 May 1997.
- 96 The Guardian, 3 July 1997.
- 97 The Guardian, 29 May 1997.
- 98 The Guardian, 27 March 1997.
- 99 N Saunders, *op cit*, pp21-22.
- 100 Ibid, p21.
- 101 Ibid, p26.
- 102 Ibid, p23.
- 103 The Economist, 16 August 1997.
- 104 J Goodman, *op cit*, p19 onwards and pp39-41.
- 105 C Hargreaves, *Snowfields* (Zed Books, 1992), p42.
- 106 J Braithwaite, *Corporate Crime in the Pharmaceutical Industry*, p207.

- 107 J Saunders, op cit, p12.
- 108 The Guardian, 4 July 1997.
- 109 J Braithwaite, p215.
- 110 Ibid, p209.
- 111 Tackling Drugs Together, op cit, p19.
- 112 The Observer, 20 March 1988.
- 113 Drug Misuse and Dependence, op cit (London, 1995), p44.
- 114 The Guardian, 9 March 1996.
- 115 Sjostrom and R Nilsson, Thalidomide and the Power of the Drug Companies (Harmondsworth, 1972), p32 and pp31-41.
- 116 A McCoy, The Politics of Heroin (New York, 1991), pp88-97.
- 117 Ibid, p132.
- 118 Ibid, p18.
- 119 Ibid, p35.
- 120 Ibid, p19.
- 121 Ibid, p19.
- 122 Ibid, pp447-460.
- 123 P Dale Scott and J Marshall, Cocaine Politics (University of California Press, 1991).
- 124 Ibid, p23.
- 125 The Guardian July 27 1991.
- 126 N Chomsky, op cit, pp128-129.
- 127 The Guardian, 12 May 1989.
- 128 C Hargreaves, op cit, p15.
- 129 Ibid, p14.
- 130 N Chomsky, op cit, p114.
- 131 The Guardian, 29 April 1990.
- 132 C Hargreaves, op cit, p157.
- 133 Jane's Defence Weekly, vol 28, no 7, 20 August 1997, p22.
- 134 The Guardian, 11 July 1992.
- 135 C Hargreaves, op cit, p169.
- 136 P Dale Scott and J Marshall, op cit, p82.
- 137 Ibid, p73.
- 138 The Guardian, 30 August 1991.

- 139 The Guardian, 24 February 1997.
- 140 The Economist, 29 March 1997.
- 141 The Guardian, 26 April 1997.
- 142 The Guardian, 17 March 1997.
- 143 W Chambliss, Policing the Ghetto Underclass, Social Problems, vol 41, no 2, May 1994.
- 144 Ibid, p181.
- 145 Ibid, p183.
- 146 G D Jaynes and R Williams, A Common Destiny: Blacks in American Society, (Washington DC, 1989), p415.
- 147 N Chomsky, op cit, p114.
- 148 C Hargreaves, op cit, p24.
- 149 N Chomsky, op cit, p121.
- 150 The Observer, 23 June 1991.
- 151 The Observer, 28 July 1991.
- 152 M Gold and M Levy, Money Laundering in the UK (Police Foundation, London, 1994), p2.
- 153 Ibid, p30.
- 154 P Halloran and M Hollingsworth, Thatcher's Gold (Simon and Schuster, 1997), pp355, 357.
- 155 M Gold and M Levy, p8.
- 156 Ibid, p17.
- 157 Ibid, p57.
- 158 Ibid, p92.
- 159 Ibid, p114.
- 160 Ibid, p83.
- 161 Ibid, p47.
- 162 Ibid, p89.
- 163 The Observer Review, 8 September 1996. This article gives a lot of information on the drugs business, the use of informers and laundering.
- 164 The Observer Review, 8 September 1996.
- 165 The Observer, 19 March 1995.
- 166 Tackling Drugs Together, op cit (London, 1994), p36.
- 167 P Taylor, Smoke Ring: the Politics of Tobacco (London, 1984), p23.
- 168 The Guardian, 31 August 1995.
- 169 The Guardian, 12 July 1995.

- 170 A Tyler, op cit, p177.
- 171 The Guardian, 19 March 1996.
- 172 D J Smith, Police and People in London, vol 3 (Policy Studies Institute, No 620, London, 1983).
- 173 The Guardian, 11 June 1995.
- 174 A McCoy, op cit, pp14 and 15.
- 175 B Cox, J Shirley, M Short, The Fall of Scotland Yard (Harmondsworth, 1977), pp86-87.
- 176 The Guardian, 11 January 1994 (my emphasis - AF).
- 177 The Guardian, 2 October 1992.
- 178 C Hargreaves, op cit, pxi.
- 179 The Guardian, 30 July 1990.
- 180 P Dale Scott and J Marshall, op cit, p37.
- 181 The Observer, 16 January 1994.
- 182 The Guardian, 19 August 1994.
- 183 The Observer, 16 February 1997.
- 184 The Guardian, 29 April 1995.
- 185 The Economist, 10 February 1990.
- 186 Ibid.
- 187 Ibid.
- 188 The Guardian, 22 October 1994.
- 189 The Economist, 10 February 1990.
- 190 The Guardian, 22 October 1994.
- 191 The Economist, 21 January 1989.
- 192 Letter from Chris Harman, 1997, following a visit to India.
- 193 Ibid.
- 194 P Dale Scott and J Marshall, op cit, p6.
- 195 The Guardian, 28 August 1994.
- 196 For more detailed argument about the role of the police see my Crime, Class and Corruption (Bookmarks, London, 1993).
- 197 K Beckett, 'Setting the Public Agenda: Street Crime and Drug Use in American Politics', Social Problems, vol 41, no 3, August 1994, p425.
- 198 The Economist, 28 June 1997.
- 199 Ibid.
- 200 Ibid.

201 Ibid.

202 The Guardian, 14 October 1994.

203 J Neale, op cit, p15.

204 Home Office, Volatile Substance Abuse, HMSO (London, 1995), p27.

205 Ibid, p42.

206 L Colletti, Early Writings of Marx (Penguin, 1981), p327.

Return to [Contents](#) page: Return to *International Socialism Journal* Index [Home](#) page