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Bans or Legalisation

the DRUGS debate

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tried. For example, a doctor in England used to supply all of his addicted patients with medical heroin, which was both safer for them, as it removed the risks involved with using heroin available on the street — often cut with other drugs and of varying strengths — and better for those around them, as it allowed them to live a relatively normal life.

The fundamental question is of freedom. People must be free to do what they like with their own bodies, but the freedom of others must not be restricted. Where a drug effects only the user, like cannabis or LSD, there can be no excuse for preventing a mature adult from using it. If a drug effects others, like heroin, alcohol (indirectly responsible for how many road deaths and assaults per year?), or nicotine (cigarette smoke is bad for everyone who breathes it in, not just the smoker), then we can justify restricting its use to situations where bystanders are not harmed. In short, then, we call for the decriminalisation of drugs, to allow people to make up their own minds on what they will use, and to make the circumstances under which they make that choice as safe as possible.

SINCE THE DAYS of Concerned Parents Against Drugs (CPAD), the growth of the heroin problem in inner-city Dublin has largely gone without comment. In the last few months, two factors have pushed it back into the spotlight — the government's declaration of a 'War on Drugs', and the emergence of the city-wide campaign against heroin which has been set up by Inner City Organisations Network. In this article, we look at these campaigns, and how we, as anarchists, would deal with the problem of drug-abuse.

Not War, But Containment

It's not a coincidence that the heroin problem is concentrated in communities with the highest rates of unemployment, worst housing, etc. The inner-cities have been written-off already, it doesn't make political sense to spend money on people who are poor, unemployed, and probably don't vote anyway. Besides which, everyone knows that as long as these areas remain run-down unemployment black-spots, people are going to keep turning to drugs, if only because there's nothing else to turn to.

Instead, the government is concentrating on soft drugs, cannabis and Ecstasy mainly, because these are the drugs which have broken out of the ghetto. Even the most paranoid suburban parent is unlikely to think that their teenage son or daughter is developing a smack habit, it's much easier to picture them smoking a joint or taking an E at a rave. These parents are the swing voters, the people that political parties must win over to get elected, so they are the ones at whom the publicity campaign must be targeted. The proof of this is in the number of customs seizures of heroin as opposed to those of hash or E.

Easy Targets

There are few, if any, grounds for criminalising cannabis. Countless studies have shown it to be a drug that is not addictive and has next to no adverse physical effects, especially compared to alcohol and nicotine, Ireland's drugs of choice. Ecstasy, though dangerous in large quantities (as with most drugs, legal or illegal), is safe at its normal dosage provided basic guidelines are followed¹, drinking enough water if dancing, etc. The two main health risks associated with using Ecstasy are of allergic reaction – a small percentage of people can be killed by a bee sting, a similar number of people may have an equally dangerous reaction to E – and the fact that not everything sold as Ecstasy is in fact MDMA. Lack of testing facilities means that people are at risk from unscrupulous dealers.

Because neither of these drugs is addictive, it is (relatively) easy to control their usage. Heroin is a different matter. The physical craving for heroin, and the side-effects of withdrawal, prove unbearable for many, and ensure that there is a steady demand, even if the price is driven up by raids or seizures at customs. It requires a lot of resources to deal with the problem of heroin in any meaningful way. Needle exchanges are essential to stop the spread of disease through dirty needles. Helping someone get off heroin means supplying them with other drugs to lessen the withdrawal symptoms, providing them with support facilities so that they do actually clean up rather than just develop another addiction, and finally, making sure that there is an alternative waiting for them so that they don't get hooked again six months after detoxing.

Anti-Social Drugs

The absence of this support means that heroin is likely to remain a problem in Dublin for some time. But it is important to realise exactly what the problem is. Too often, analysis goes no further than 'Drugs are bad, heroin is a drug, therefore heroin is bad'. Given that most of the people reading this article will have used some illegal drug – acid, E, speed, almost certainly cannabis – this is hardly a very credible argument. The difference with heroin (the most common 'hard' drug in Ireland) is that it is highly addictive.

Smack is an expensive habit, and since most drug users (like most smokers, heavy drinkers, and Lottery 'players') come from poor backgrounds, they have to turn to crime. Addiction to something as demanding as heroin means that most users cannot afford a sense of social responsibility. This is the destructive side of drugs, this is why it is not mere moralism to describe heroin as a problem. When so much of crime is related to a particular drug, that drug is obviously a problem.

Solutions?

So what can we do? The first step is to stop treating drugs as one undifferentiated mass, and to distinguish between those that are physically dangerous and those that are not, between those that are addictive and those that are not. If we allow people to smoke cigarettes, why not allow people equal access to other recreational drugs, perhaps with the same age restrictions as apply to alcohol consumption. Legalisation would allow regulation, which in turn allows testing, so that people won't be poisoned by dealers ripping them off.

For more serious drugs, there are a number of options. At the very least, the current type of support programme needs to be properly funded. More sensible approaches could also be