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Headline	The Five Parameters
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Many recreational drugs are subject to prohibition in the UK, and across the Western world. However, some drugs aren't subject to prohibition. Alcohol isn't, while cannabis is. Caffeine isn't, while cocaine is. The historical reasons for why some drugs find themselves prohibited by law and others don't makes a fascinating story, and I recommend the opening chapters of Johann Hari's *Chasing the Scream* for those unfamiliar with this historical narrative, which begins in early twentieth century USA and involves a surprising cast of characters. That narrative alone should serve to bring into question the current state of affairs.

But what policy would we arrive at if we examined drug policy via our five parameters of PRECAUTION, EVIDENCE, POLITICAL ECONOMY, ASYMETRY & FRAMING? Perhaps we will conclude that prohibition is the best policy..? Though then we would want to ask why we consider this not to be the case with alcohol, for example.

For drug prohibition, where justified, seems to rest on claims about the threats drugs carry to the health of individuals and the health of society. These threats can in turn be classified:

1. there are the threats to agency and control that come from either addiction or directly from the psycho-active properties of the drug. *People become monsters and this is a threat not only to those individuals, but to society.*

2. There are the threats to health which emerge from the method of administration and overdosing. *People die and public health problems are generated.* and
3. There are the long-term, slow-burning, health problems that are associated with taking drugs: both bodily and psychological health. *People suffer poor health, which also burdens society.*

One problem with appealing to these as a rationale for current drug legislation is that alcohol can be shown to have such impacts: people lose inhibitions when they drink, and they can become addicted to alcohol; too much alcohol leads to alcohol poisoning; and long-term alcohol consumption can lead to liver failure and mental health problems. So, it seems at the very least we have a serious problem of consistency in the current policy.

But what of that policy, consistency and alcohol aside, what drug policy should be in place?

Let us begin.

1. PRECAUTION.

The first parameter, PRECAUTION, might, given ordinary usage, suggest prohibition. If a substance can be demonstrated to do damage in the three ways we've discussed, then surely prohibiting the sale of that substance is the best policy.

The inclination to think in terms of prohibition always draws on more than purely precautionary reasoning. It rather combines precautionary reasoning with a particular moral agenda, perhaps latent, that treats taking certain substances as suspicious, deviant, a sign of weakness, or just plain bad. Indeed, there is some evidence deemed through comparative studies of societies which pursue prohibition and control, and those that pursue other, non-prohibitive, policies that prohibition and control is not only morally-inflected (if not loaded) but ineffective as a precautionary policy. Indeed, there are grounds for believing that it is not merely ineffective but counter-productive (See for discussion and detail 'EVIDENCE', below).

A serious problem with policies that seek to prohibit is that similar to the problems identified in the 5 Parameters entry on the Policy of Sex, to prohibit something is to stigmatise that which is prohibited. Indeed, this is one of the declared goals of prohibition put forward by advocates. This, for example, is an argument Peter Hitchens rests on somewhat heavily in his book *The War We Never Fought*. Hitchens thinks the goal of prohibition and the war on drugs is not winning the war, but rather sending (moral) messages: We stigmatise drug use through prohibition, prosecution and conviction and that, so the argument goes, will deter others, who will know it is bad and know that engaging in such behavior has consequences. For each prosecution and conviction there will be, Hitchens claims (without citing evidence, it should be noted), hundreds who will be deterred. Interestingly, Hitchens concedes this might be worse for those convicted, but the utilitarian pay-off, he believes, is worthwhile. A few criminalized addicts are sacrificed at the altar of mass deterrence.

Unfortunately, stigmatization is a double-edged sword, as fear campaigns in the context of public health messaging, for example, demonstrate. Stigmatising people via outlawing their

drug of choice might well deter a few but it will also lead to individuals who have developed problems with their drug use, or who have a health condition that is widely associated with drug use, hiding rather than seeking help. They will hide because they will not want to be associated with that which is prohibited and stigmatized. In this way, the prohibition can make the problems worse.

If that which we need to be cautious about are the problems some users develop through their drug use, then crucially, we need to avoid stigmatization and provide means of taking precaution which do not smuggle in moral attitudes that militate against openness.

2. EVIDENCE.

There are two places we might focus our attention when considering the evidence. First, we might consider the evidence for the effectiveness of prohibition, here we would have to draw comparisons between countries like the UK where prohibition has been the policy for some time and those where prohibition has been repealed through decriminalisation, such as Portugal.

We might also look at the evidence for the damage drugs are alleged to do; put another way, are the policies of prohibition based on medical evidence or are they based on prejudice?

The evidence seems clear: Portugal ended the policy of a war on drugs with the 2001 decriminalization, and since that date they have seen no increase in drug use and have witnessed a reduction in what had hitherto been assumed to be drug-related problems, but which the evidence now suggests were rather war-on-drugs-related problems. There has been and continues to be a significant documented improvement in the health of drug-users, which includes a significant fall in the number of users being diagnosed with HIV. The data from Portugal are accepted across the ideological spectrum, the evidence really is that clear, though, of course, the policies that brought about this transformation are still, in spite of the evidence, controversial outside Portugal (See FRAMING).

The evidence from 15 years of decriminalization in Portugal tells us that, at the very least, an approach to drug policy other than that of prohibition brings significant benefits over a policy of prohibition. Compared to its own earlier approach and the prohibition practiced by its neighbours, Portugal wins: no increase in drug use, better health and fewer new HIV infections. Moreover, this segues nicely into the second focus for our evidence parameter: the damage drugs do. For, what seems like the obvious damage resulting from drug use transpires to be largely damage done by the war on drugs. As mentioned in the PRECAUTION section, prohibition has lots of unanticipated, or anticipated and ignored, consequences, such as stigmatization, and the knock-on public health problems associated with that. So, this is one respect in which we need to revise our understanding of the evidence for the health problems associated with drug use.

And here we can get even more specific with the evidence. Let's focus on addiction and the drug that is widely considered to be the most addictive of all: heroin. There are some studies that Hari discusses in his book *Chasing the Scream* which bring into question these beliefs about drug addiction, and, even, the very nature of addiction. These studies seem to show that addiction is a function of disconnectedness, an absence of purpose and meaning in one's life,

of loneliness, or anomie. Such conclusions began to be taken seriously following Bruce Alexander's "Rat Park" experiments, where he demonstrated that rats living in emotionally rewarding, connected environments had little-to-no interest in the opiate-laced bottle of water when given a choice between that and a bottle containing plain water. In contrast, rats kept in solitary confinement, in plain, empty cages always preferred the opium water over the plain water and would consume it until it killed them. The conclusions drawn from these studies, then gained support from studies of heroin-addicted soldiers returning from the Vietnam war, which showed how few persisted in their addiction when they had connected, rewarding lives. The Portuguese experience continues to provide further support for these conclusions: money which had been spent on the old-style rehab of addicts pre-2001 was transferred to projects which sought to reconnect addicts with society, through reintegration in the workplace and so on. As we've already seen, the Portuguese experience is breathtaking for those of us drip-fed the old war-on-drugs rhetoric: Overdose rates dropped, rates of addiction are down over pre-2001 levels and injecting drug-use fell by 50%. This is not to deny a pharmacological element in addiction, but it is to say that pointing out that element is to fall well-short of explaining addiction.

The evidence shows that addiction is not what we believed it was when most countries set-out on a policy of prohibition. This is why the war on drugs will always fail, because it will increase drug use and provide a context in which addiction becomes entrenched.

3. POLITICAL ECONOMY

Prohibition, and the war on drugs it entails, is expensive. This is one of the reasons Portuguese politicians, both government and opposition, came together, put ideological prejudice aside, and implemented this radical cross-party policy. It's why in the fifteen years since, no Portuguese political party has sought to benefit from criticizing the policy: it would not be a vote winner. Portugal was spending a lot of money on the war on drugs, more than its economy could sustain, yet at the same time losing.

Furthermore, prohibition creates black markets in which organized crime can flourish through unregulated monopolies on supply, and where violence is used to maintain control of supply. When a seller has no protection in law from those who would rather take than buy what they are seeking to sell, they have to find other ways to ensure the contract between seller and buyer is 'honored'. Markets such as those for illegal drugs, which operate outside the law, do so in a kind of localized Hobbesian state of nature, and to succeed in such a state the drug dealers need to engage in shows of strength. Showing willingness to engage in acts of violence is one way those selling drugs can ensure those wanting drugs will be willing to buy rather than take. Violence is a function of the system.

Whether one's economic predilections are pro-market or socialist, the economic effects of prohibition are unlikely to be something you welcome. This, of course, takes us beyond arguments for decriminalization and into the domain of arguments for legalization.

4. ASYMMETRY

Prohibition and the war on drugs are driven not by evidence or precautionary thinking, but by particular morally and/or ideologically informed or inflected positions on recreational drug

use, serving to prop-up long-discredited claims about addiction. So the asymmetry here stems from the voiceless being those who do not subscribe to that particular view on morality, or those drug users who are depicted as immoral from the perspective of the dominant moral viewpoint. The current policy of prohibition is strongly inflected, indeed created, one might argue, from there being in-play certain moral attitudes towards drug-taking, where those arguing against decriminalization do so because, they believe, it will encourage people to take more drugs. (see FRAMING).

Second, and relatedly, asymmetry emerges from groups being stigmatized. It is a function of stigmatization, that the stigmatized group's voice becomes (further) marginal(ised), thereby creating asymmetry. Our current policy stigmatizes, for if you are a policy-maker who believes drug-users are simply weak-willed you will be unlikely to give weight to their arguments.

5. FRAMING.

While one should remain open to the thought that all considerations are morally inflected or ideologically framed, the specific nature of the moral inflection or the ideological framing is what serves to constrain the discussion.

If the discussion is framed by a morality which assumes intoxication is bad, and is guided by background assumptions about purity, then policy proposals framed by these assumptions will, for example, not be designed with a view to better enabling or facilitating the living of a healthy life while occasionally consuming recreational drugs—an attitude many have towards alcohol but not other drugs, for example. This is why the EVIDENCE and what that EVIDENCE demonstrates regarding PRECAUTION so often falls on deaf ears, so to speak. It is not that the EVIDENCE is rejected, in favour of a better explanation, it is that the puritanical framing means that those citing the Portuguese experience in answer to a question are misunderstanding the question (as framed in this way).

Such framing leads to drugs being seen as BAD, and we ban bad things; to do otherwise is to fail to affirm their badness. Good people affirm the badness of bad things. The population of Portugal might well have benefitted in many ways from decriminalizing drugs: deaths are down, addiction is down, injecting drug use is down, the spread of infections associated with injecting drug use is down, and former addicts are re-integrating into society at rates not present prior to 2001; but this is all beside the point for those whose thoughts on drug policy are framed by certain moral attitudes. For those whose engagement with drug policy is framed by such assumptions, Portugal's achievements come at a too high price, because those achievements led Portugal to stop affirming the badness of drug use simpliciter, and badness is primary here.

This suggests that we cannot simply hope that the framing will be informed by the evidence. Framing often precedes evidence and guides us in our decisions about what counts as evidence. Frames provide ways of bypassing evidence, by rendering it irrelevant to the deeper question, which is operative in the background. If you struggle to understand how this works think of something outlawed now that if it were to be decriminalized you would be horrified. Murder, perhaps.

I strongly suspect I would fight any attempt to decriminalize murder. I would fight the decriminalization, not because of some position I had taken on the evidence for the

consequences of decriminalization of murder, because for me it would not be about the consequences and the evidence for those. I would fight decriminalization because murder is wrong, it is a morally abhorrent act, and should be subject to legal sanction.

For many of those who resist the EVIDENCE on drug prohibition, who respond to the inconsistencies in the policy with a shrug, who are unmoved when shown that judged via the parameters of PRECAUTION and POLITICAL ECONOMY prohibition fails, you might as well be talking about decriminalizing murder. To reframe one would need to show how drug taking does not fit this model, how something like murder and something like drug taking are not analogous in relevant ways, for example. The frames really are where the action is on this occasion.

Conclusion

Framing is the parameter that makes this a discussion that needs to be had. When one assesses drug policy via the parameters of PRECAUTION, EVIDENCE, POLITICAL ECONOMY & ASYMETRY the discussion can seem a little one-sided. Prohibition doesn't work. Of course, when something persists in such a dominant manner despite so clearly not working then there must be a significant factor that we need to understand and get to grips with. In this case, I propose it is how we have framed the whole discussion. If we want to help addicts, if we want to stop the costly, ineffective, unwinnable and destructive war on drugs, we need to better understand the frames through which the proponents of prohibition think about drug use. We need to engage in some reframing, perhaps we also need to be prepared to have our own frames challenged here too.