

POLICY

The year is 2022 and drugs are legal...

While in many ways things look much like they did in 2007, in the drug policy world a quiet revolution has taken place. The monolith of absolute global drug prohibition has collapsed, being replaced with a series of different regulatory regimes for the legal control of drug production and supply. **Steve Rolles** describes what a post-prohibition world might look like and the changes it could bring to the streets of Britain.

Pulling up outside one of several Dutch-style 'coffee shops' in north London you are met with the distinctive aroma of cannabis wafting from the interior. Above the door the licensee is named, and a sign states 'Over 18's only. NO ALCOHOL'. Modelled on the Netherlands coffee shop system, there's nothing much different here except that the smoking is taking place on the outside terrace, because of the smoking ban of 2007.

Inside it looks much like any contemporary bar or music-café, with people chatting, reading, relaxing, or playing table football and pinball games by the window. A few ornamental nods to 'weed culture' can be seen (the almost mandatory Bob Marley poster), and vaporisers sit on several of the low-level tables surrounded by sofas and bean bags. People drink fruit smoothies, coffee and tea (including the now freely available coca and poppy teas). When two clearly underage teens come in wielding a 2-litre bottle of White Lightning cider and asking for a joint, they are politely kicked out by the staff.

diamorphine, disposable syringe, ties and swabs – all signed for with a fingerprint scan

A menu by the small sales booth in the corner details the available cannabis varieties, strength (THC and CBD), and price. It is sold in small orange plastic cannisters with a printed label detailing the contents and mandatory health and safety info. Cannabis brownies are also on sale but don't seem to be as popular as the cake counter nearby. Leaflets detailing the drug's effects, risks and safety considerations are prominently displayed – as required by the the DRA, the new Drug Regulatory Agency – although they sit largely unbothered by the clientèle

"After all the years of campaigning it was a bit of an anti-climax when cannabis was finally available legally," says Nick, the owner. "Really, except for the coffee shops, nothing much changed. People who liked a smoke carried on – mostly at home – and well, that's about it really. You're allowed to grow at home, up to five plants for personal use apparently, although now you can come in here, not many people bother except the really nerdy weed-connoisseur types."

Two blocks down the road a conventional looking pharmacy shop front carries a small additional illuminated sign below the green cross which reads 'Licensed Druggist'. Inside looks like any other chemist, except there are two counters, one providing conventional prescriptions, and another, with a perspex frontage, where three young men and one woman are queuing. The pharmacist at the second counter wears a photo name tag bearing the DRA logo indicating he is licensed to vend non-medical drugs, including MDMA, amphetamines, opium and cocaine in a various preparations and strengths.

Nadia, a 25-year-old accountant, is dressed up and on her way round to a friend's house before heading out for the night. As she waits in the queue she explains: "Yes, most drugs are



legal now, but there's still a lot of annoying restrictions. In fact it was often less hassle scoring in the old days – especially now there's almost no dealing in the clubs anymore. When the law changed initially there were predictions that all the students and the party scene would go a bit mental. At first you needed to get a license to buy anything, and pre-order two days before pick up. So most people carried on using their dealers. If there's too many restrictions or the price is too high, then illegal markets persist. But, since then, the system has been relaxed a bit, so we don't bother with the dealers so much."

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One of the customers is remonstrating with the pharmacist. Even after accepting that his ID establishes that he is 21 as he claims, (the legal age for buying pill and powder-form stimulants), the pharmacist won't hand over more than the DRA-mandated limit of five grams of cocaine per purchaser. The vendor patiently explains that there's no point trying to buy more down the road as cocaine powder is still on the Schedule 1 restricted list, which means his purchase is recorded and will come up on the screen if he uses his ID anywhere else in the next three days. He points out, however, that there is no volume restriction on the Schedule 3 coca-based 'energy drinks', saying they are less risky – but should not be mixed with alcohol. It is Friday evening and by now the queue for the booth has doubled in size.

The drugs themselves look much like those from the other counter: non-branded plain packaging, blister packs, sachets, card boxes and plastic containers – all containing information on dosage, risks, harm reduction and so on. The main difference is the prominent health warnings in bold red print that cover 30 per cent of the packaging, and the bar code that can identify the buyer.

"To be honest," adds Nadia, "I'm occasionally nostalgic for the old days when scoring was part of the excitement and ritual of a big night out. Now it's much more clinical and boring really – any underground vibe has gone entirely, and all the packaging warnings can be a downer. For me, and most of us who only indulge occasionally, the most interesting thing has been that, now we've a choice, we tend to go for the lower dose products, the drinks or less processed herbal stuff. I



suppose it's a bit like the way most people choose beer and wine over vodka and absinthe. I actually care about my health and just because I occasionally take drugs doesn't mean I can't make rational decisions."

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Another three blocks further and the street landscape has changed. The fancy bars, bistros, coffee shops and glitzy clubs giving way to pawn brokers, greasy fast food, massage parlours, and less salubrious pubs. Between a newsagent and graffiti-covered boarded-up building is an innocuous looking shop front with clean blacked-out windows bearing the name 'North Street Clinic'.

Inside is a room looking like a somewhat bleak dentist's reception area with soft chairs around a couple of coffee tables scattered with a few outdated celebrity magazines. There are five or six people sitting around, most in their 30s and 40s. Two of them, apparently, are fast asleep. A smartly dressed nurse at the reception desk greets people as they

arrive every five minutes or so, checks their dispensary cards on the computer system and hands over a small disposable plastic box that contains their prescribed amount of diamorphine, disposable syringe, ties and swabs – all 'signed' for with a fingerprint scan.

Some of the clients then proceed to the adjoining room, a series of well-lit booths each with a three-quarter length curtain, wall mounted desk surface and plastic chair – rather like a voting booth but with a more clinical, hospital-like feel. There is a lingering smell of antiseptic. A supervisor is present. The clients are given 20 minutes each to self-administer the drug, and then up to one hour in the reception room before they are asked to move on. They have to hand over their used needles and empty ampoules before they go.

Brian, 36, has been using heroin for 12 years, five of which have been on a prescription. As he is leaving the clinic after picking up his weekly supply, he explains: "For two years I had to go to the clinic twice daily and use on-site under supervision. But now I've sorted my life out, got a flat and a job, I'm a 'low diversion risk' and allowed to take my prescription away and use it at home.

"They never found a credible way to make crack cocaine available through medical channels, but once cocaine powder could be bought legally it became kind of academic anyway – if you wanted to smoke it you just cooked it up yourself.

"You can buy smokable opium and low-dose, slow-release

opiate pills from the druggists now, although they are still Schedule 1-restricted. But that, and the fact there aren't user-dealers on street corners any more, has had a big effect on the numbers of new injectors. What's left of the scene is ageing old 'junkies' like me. The clinic's a pretty depressing place, but it's a necessary evil: for most of us this has been medication, not recreation, for years. In 20 years I don't think there will be many of these clinics left."

The supervising nurse overhears Brian and chips in. "The problem for us is that politicians aren't very interested in addiction anymore, now drugs aren't so entwined with the crime problem. The treatment industry had a strange symbiotic relationship with prohibition. But today funding for treatment services has dwindled – its on a par with alcohol and tobacco treatment now. In other words, not far from sod all."

Sergeant Browning is patrolling the strip of bars and adjoining local council estate. It's a typical Friday night, mostly spent dealing with young people and public disorder of various kinds – especially as the night wears on, and the clubs and bars begin of empty hordes of drunken revellers.

"You wouldn't think it seeing all this carnage, but for us legalising drugs has been a pretty remarkable transformation. Public order is still a problem of course, and now drug possession isn't illegal some people think that gives them free reign to use them anywhere. But public consumption is illegal and we have to enforce that with fines, and cautions for repeat offenders."

Sgt Browning stops to break up two drunken women fighting outside a club. Moments later he collars a teenager for urinating against a postbox. The young man arrested is also found in possession of cocaine, but cannot show any evidence that it was legitimately purchased by him. He is under 21. "Dealing's changed," Browning explains as he issues two ticket fines. "It's now mostly small-scale diversion of legally produced and bought drugs amongst mates. It's not a big concern for us unless it involves kids. The big difference has actually been the decrease in the trouble associated with dealing and the illegal drug scene more generally – gang violence, street dealing and guns.

"The bottom has fallen out of the market so the gangsters have moved on. None of us expected they would go away completely, a lot of the big players have moved into other things, such as cyber crime. But breaking the law is about opportunity and even if only three quarters of the illegal market has gone, that's three quarters less grief than before. It's freed up more coppers to deal with other stuff, and we aren't expected to be social workers for addicts any more."

Browning gets back into his squad car and drives off at high speed in response to a report of another fight. It's going to be a long night.

■ **Steve Rolles** is Information Officer for Transform Drug Policy Foundation

HOW IT HAPPENED...

The crunch moment came at the 2018 UN General Assembly Special Session when a coalition of over 20 countries, including much of Western Europe, Australasia, South America, Mexico and Canada, made it clear that they could no longer be a party to the increasingly redundant, ineffectual and often counter-productive strictures of the UN drug conventions. They demanded the sovereign and democratic right to determine their own drug policies in accordance with their own needs.

For the coalition countries the failings of a punitive prohibitionist approach could no longer stand the increasing public scrutiny and critique, and the shift towards a more just and effective public health-led approach could only lead in one direction. Untangling drug harms from those created by prohibition, saw polarising drug war rhetoric go into retreat, and the UK was pulled in the direction of some of our more progressive European neighbours, rather than the crusading drug warriors of the US.

The UK, following a Wolfenden-style inquiry report, removed criminal sanctions from drug use, before joining other coalition countries in cautious moves towards legally-regulated production and supply of the most commonly used drugs, from cannabis through to cocaine and heroin. Different countries have adopted different regulatory models and policy is evolving rapidly. But not everywhere: old school punitive prohibition continues in the US, Sweden and Saudi Arabia [where alcohol is also still illegal].

The Prime Minister, who heads the new coalition government, told a recent documentary on the end of drug prohibition: "In the end, it was more about politics and money than rationality or human rights. The tipping point

was the overloading crisis in the criminal justice system. We knew the game was up when the *Sun* started calling for legalisation. The shift towards a public health-led model became inexorable. Anti-drug messages are much more effectively transmitted by teachers, parents and public health educators than by politicians, police and judges. In retrospect it's amazing people didn't figure this out earlier."

Today most of the poppy fields in Afghanistan are gone, whilst coca production in the Andes has dramatically reduced. Drug crops are now mostly grown and processed in the coalition countries themselves, traded under a complex raft of new bilateral agreements. The corrupting and destabilising effect of illicit drug profits in producer and transit countries has shrunk accordingly. The UK's own opium crop has expanded, now dotting Hampshire with purple, white and red fields every autumn – even exporting to some of our European neighbours. Pharmaceutical companies have taken over drug processing from organised criminals, mostly by expanding existing medical production into non-medical supply, whilst production of cannabis and magic mushrooms is now licensed to small scale farmers.

Administration of the new drug control systems has moved from the Home Office, and is now managed by the new cross-departmental Drug Regulatory Agency, which oversees local licensing authorities, health and safety and trading standards, as well as co-ordinating policy responses from relevant ministries, national and local public health agencies. Alcohol and tobacco have also been brought within the remit of the DRA and are much more tightly regulated.

More info: www.tdpf.org.uk