Editorial: Which Prohibition? Which Legalization?

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The legalization debate on illicit drugs has gained renewed interest, and a number of initiatives and movements have been started in various countries. But are there new arguments and new proposals?

No overall analysis of the process is available yet, but some studies have been made. An American media content analysis, covering two decades 1970-1990, registers a shift to an increased number of prohibitionist essays in the New York Times, but also a shifting focus from canna-bis to cocaine; the two shifts may be interrelated. Pro-legalization wins over pro-decriminalization, reduction of crime over protection of civil liberties as the core argument of anti-prohibitionist essays. In essence, the analysis describes a growing polarization of the debate [1]. An overview of arguments calling for a reform of American drug policy includes some calculations of costs due to law enforcement during the last years, and it claims a reduction of government expenditures by billions of dollars as well as an increase of tax revenues by additional billions if alternative drug control policies, not based on criminal justice, were introduced [2].

A recent publication by the American University Press described in detail the positions and arguments for legalization and for prohibition [3]. A summary of it could read as follows: Trebach describes his radicalization process from favouring a 'medicalized' model to advocating re-legalization by repealing prohibitionist legislation, implying full legalization of drugs along the alcohol model. This process is mainly motivated by excesses in the 'war on drugs', diverting attention and resources from other pressing social problems. The original prohibitionist law, the Harrison act of 1914, is viewed to have not been justified rationally by massive drug-related crime or other social problems, nor has it prevented major waves of increased use of cannabis, LSD, cocaine and especially crack. A review of historical documents and analyses is undertaken in order to demonstrate that harm caused by drug use before prohibition was negligible in contrast to harm caused by the war on drugs. Inciardi, on the other hand, surprises by stating his support to most of Trebach's proposals, but opposing his final reform strategy, the re-legalization model. In his view, addiction is a complex behavioural disorder which cannot be adequately addressed by legalizing drugs. Delinquency as a rule precedes drug use and is not merely its consequence. Also, legalization might reduce 'systemic violence' (linked to the illegality of drugs) significantly, but 'psychopharmacological violence' (linked to drug effects) would increase with the number of users. What therefore addicts need is more treatment, including compulsory treatment instead of incarceration (e.g. therapeutic communities within the prison milieu and projects like 'Treatment Alternatives to Street Crime'). The American drug policy should rather invest in prevention and treatment than interdiction and enforcement, and a more humane use should be made of the criminal justice system.

Where does all this leave us? I think that the debate will make no progress unless argumentation becomes more concrete, and this means looking at illicit substances not globally, but specifically. In the material presented here, heroin will be the only focus.

Three specific aspects of heroin are to be mentioned: illegal heroin is responsible for a high proportion of drug-related crime and death by overdose; pharmaceutical heroin can be used as analgesic medication with no more risks than those presented by other potent analgesics; pharmaceutical heroin seems to have no systemic toxic effects comparable to those of e.g. cocaine and cannabis.

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A fourth aspect is less well documented: heroin may have a beneficial stabilizing effect on some individuals with behavioural disorders.

These aspects create a situation where strategies how possibly to deal with heroin become specific and not at the same time appropriate for other substances such as cocaine as well. This is reflected in the history of heroin prescription. The contributions to this special topic issue were chosen accordingly. The focus is on legal availability in the treatment of narcotic addiction where some evidence can be found, not on legalization in the sense of availability for non-medical purposes.

Springer reviews the history of successive steps which made heroin – originally largely used in patent medicines for a range of conditions – an exclusively undesirable and illegal substance. Gossop and Strang describe the development of the unique British way of dealing with heroin in a pragmatic policy, avoiding radical positions and favouring ‘small gains’, at the same time lacking to produce sufficient scientific evidence on the advantages and disadvantages of this ‘most famous characteristic of the British system’.

Metrebian, Shanahan and Stimson give a report on the extent and nature of the current practice in prescribing heroin to heroin addicts. Problems and difficulties are discussed, such as diversion of prescribed heroin to the illegal market, eventual prolongation of addiction by maintenance, missing consensus on adequate dosage. Evaluation results are not conclusive; evidence for a reduction in crime is not available. In contrast to its image, heroin prescription is considered to be a minority treatment, serving not more than 142 persons by 1995.

The lack of scientific evidence from the British experience was one of the starting points for the Swiss experiment with the prescription of narcotics including heroin to heroin addicts who failed in other treatments. Background and scope of the project are described, as well as intermediate evaluation results demonstrating to what extent the project was feasible, protecting the safety of participants and of neighbourhoods, to what extent the target group could be reached and retained, and what type of changes in health and social status occurred in those who participated at least 6 months in the comprehensive therapeutic programme.

Another result of the Swiss project is the experience with intravenous morphine, being associated with more frequent and more severe side-effects than expected, in contrast to intravenous heroin, and therefore not representing a viable alternative. The contribution of Moldo-vanyi, Stohler, Affentranger, Natsch and Ladewig reports in detail the experience from an additional specific study.

It certainly is too early to draw final conclusions from that experiment. Some of the more dubious experience from the British system, especially diversion of prescribed heroin to the illegal market, was avoided by insisting on controlled on-site injections. Initial positive behaviour change must be seen in the context of comprehensive care provided by the project; mid- and long-term results cannot be predicted.

In the light of this experience, it will have to be asked whether prohibition of heroin should exclude availability per se or permit availability for medical purposes including maintenance for a minority group of addicts. Eventually there will be similar projects in other countries, and if so, it will be of great scientific and practical interest to learn more about the importance of socio-cultural background and therapeutic traditions for the outcome of such projects.

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