What did you do in the Drug War, Daddy?

Inhaling metaphor

The War on Drugs has been going on since US President Richard Nixon coined the term in the late 1960s. It appears at first sight to be a completely illogical concept: how, we might ask ourselves, can a war be fought against a conceptual term that defies definition? Of course, the War on Drugs refers to those drugs that have been proscribed by law and therefore deemed illegal, and it represents a conflict with the express intention of eradicating illicit substance use from the face of the planet. In actual fact, since the outset of the War on Drugs, there has been both a proliferation of drug use across the whole world and an enormous growth in the numbers of consumers. Former Eastern Bloc nations where drug use was previously virtually unknown now have huge burgeoning drug markets fuelled by the breakdown of borders, the growth in trade and ultimately by mass populations with a desire to seek out new forms of oblivion.

Wars of metaphor are an important element in modern political culture and the War on Drugs and the War on Terror are the latest in a long line, which most famously included the War on Poverty in the United States of the 1960s (Piven and Cloward, 1977). For the purposes of this argument it is important to see the War on Drugs and the War on Terror as crucially interlinked. The use of these particular metaphors has enabled the same secretive governing forces to extend conflicts across international boundaries without declaring war in a conventional sense. The consequences of these ‘wars’ have been the subjecting of populations to ever-increasing repression, monitoring and control in the name of a ‘drug-free’ and ‘terror-free’ world (even as governments actually profit from the international drug trade in the process). Moreover, these conflicts of metaphor represent a new asymmetrical form of warfare; one that can never be won, yet which must be constantly fought.

Anarchists and libertarian socialists have been historically uncomfortable with how to position themselves in relation to these issues. When it comes to drugs, should they be prohibitionists or libertines? Is legalisation good, bad or irrelevant? How does one deal with a drug pusher at the school gates or a liberal
police chief peddling a softly-softly approach on the streets of a city? And what happens if the people at the opposite end of the political spectrum have all the best tunes? Should we sing along or steal the hymn sheet?

This chapter argues that the War on Drugs has to be understood as a smoke screen for a wider war, on society in general, and on minorities in particular. This smoke screen has enabled recent US administrations to push forward aggressive foreign policy under the guise of fighting a metaphorical war, especially but not exclusively in Latin America. It is sustained by the myth of drug addiction and searches for ‘cures’ and ‘treatments’ that belie the fact that it is our everyday conditions of living which is the problem. Different governments, many of which have actively ignored the plight of millions of those caught up in the Drug War, such as HIV sufferers, fight the War on Drugs on many fronts. These governments increasingly choose surveillance strategies to police the bodies and minds of their populations. In the post-11 September 2001 political climate, the opportunities have arisen for an intensification of the confluence between the War on Drugs and the War on Terror, but active resistance to it remains.

To hell in a handcart

I was returning from a meeting in Spanish Harlem in New York City, on the hottest day of the year shortly after the millennium turned. On the pavement sitting just outside a shop that sold alcohol sat a whole family disconsolately arranged around a couple of large plastic travelling bags that might well have contained the family’s total possessions. It was an awful sight filled with pathos. It reminded me that despite being the most prosperous and dynamic capitalist nation in the world, the United States of America takes very little care of those who fail to live up to the American dream.

Previously I had spent some time in the company of a fellow European who was living and working in New York attempting to prevent the spread of HIV amongst the urban poor of the city. The European said to me, ‘Well, you can see the twin towers from here, but let me tell you, we are as far away from them here as they are in the Third World. This is the Third World here and don’t let anyone tell you otherwise.’ The European then went on to tell me about how Third World conditions had devastated the local Harlem and South Bronx communities in the world’s richest nation and how the injecting of drugs had provided the vital vector for the transmission of HIV in particular.

Later the European’s wife explained to me how the local police force had used the excuse of drugs and drug dealing to launch a campaign against all the local men of a particular ethnic origin in that district. She described how, in the early days of the epidemic, she had been forced to operate a needle exchange from the back of her car in contravention of the law, constantly harassed by the police. It took the fear of a full-blown epidemic, spilling out of the ghettos, to eventually force the New York State Authority to declare a state of public health emergency
in order that the federal law could be ignored and needle exchanges established on a semi-legal basis. The majority of States in the United States still have not taken this action and hence, to this date, needle exchange remains illegal across the most of the United States. The following day I mentioned the destitute family that I had seen to a civil rights lawyer in downtown New York. She explained that they could quite conceivably have lost their city housing and public benefits as a result of drug use being discovered in the family. Increasingly across the whole of the world, the act of consuming illicit substances is enough to deprive the individual of any basic human rights that are guaranteed to ordinary citizens.

In the West, despite years of economic prosperity, drug markets have continued to grow. Two major economic forces drive these Western drug markets: a desire for new hedonistic experiences and a desire to escape immediate personal troubles. The combination of these two aspects of desire has proved to be a winning formula (for the drug dealers), despite all apparent attempts by Governments to counter the booming drug markets of the Western world.

Was it always like this? Apparently not. Many Victorians did not consider the issue of intoxication to be one of their public concerns. To quote Dr Colin Brewer and his submission to the recent Home Affairs Select Committee report:

> Until 1916 you could intoxicate yourself with whatever you liked. You could go to hell in your own handcart, but at least the law did not interfere. Personally I feel rather strongly we should go back to that set of Victorian values. (Evidence to Home Affairs Select Committee, 27 November 2001)¹

Many Victorians, however, did not agree with this laissez-faire approach, particularly those middle-class elements that were active in the temperance movements of the late nineteenth century. Thus there began a general public debate about intoxication amongst the new urban poor of Britain’s industrial cities. These concerns about intoxication were not unfounded, as terrible social conditions combined with poor public health gave the new inhabitants of industrial cities every reason to want to escape their reality. Public concern was further driven by many cases of deaths amongst infants due to the use of laudanum and other opiates. Primarily the public concern reflected not the actual issue of intoxication but rather a fear of the new urban poor who were living in the squalid conditions. This disorderly rabble had the very real potential to cause trouble of every order, from riots all the way to full-blown revolution. It is a common historical theme that during times of great economic upheaval there is public concern about the morals of the dispossessed. In our lifetimes we have seen about forty years of some of the largest economic, technological and social changes in the history of humanity. The locus of the means of production has increasingly moved from Western factory floors to the sweatshops of the Far East and into cyberspace. Globalisation has freed up capital beyond national borders and has thus created a massive transnational workforce with little to protect it from the whims of the free market. From Buenos Aires to Vladivostock people have found their labour casualised, resulting in greater uncertainty. For many, the changes in
global markets have meant a slide into economic desperation. In this climate of desperation, there are opportunities both for those who want to corner the new illicit markets in drugs that are developing in such communities and those eager to seek the oblivion that these illicit products offer.

In response to public concerns about the British drug laws, the British Government commissioned a body of MPs to engage in a thorough review of British drug laws. The Select Committee was impressed by the contributions made in favour of the repeal of British drug laws, concluding thoughtfully that:

We have listened carefully to the arguments. We acknowledge that there is force behind some of those advanced in favour of legalising and regulating. The criminal market might well be diminished (though not eliminated); likewise drug-related crime. (Report of the Home Affairs Select Committee, 2002)\(^2\)

Despite obvious sympathy towards arguments that were tendered by individuals from every political hue, the Home Affairs Select Committee was not able to accept these arguments. To understand this, we need to understand some of the philosophies and theories that have informed drug policies in general.

**State positions on drugs**

There is a well-developed utilitarian argument against the ongoing prosecution of the War on Drugs. This opinion, expressed by the British organisation Liberty, is neatly summarised in the 2002 report that has just been quoted from:

as part of a free, democratic society individuals should be able to make and carry out informed decisions as to their conduct, free of state interference, or in particular the criminal law, unless there are pressing social reasons otherwise . . . John Stuart Mill argued that the state has no right to intervene to prevent individuals from harming themselves, if no harm was thereby done to the rest of society. ‘Over himself, over his own body and mind, the individual is sovereign.’ Such fundamental rights are recognised by government, both in allowing individuals to partake of certain dangerous activities, for example drinking, extreme sports, and also in international treaties.\(^3\)

This well-argued and perfectly reasonable position is, however, considered radical nowadays. The Home Affairs Select Committee in 2002 did reject Liberty’s view but, to their credit, they were willing to include in their report the possibility that at some future point the tide might turn towards legalisation and liberty. This is an important change in the British discourse around the Drug War and it does represent a significant shift away from some of the more authoritarian positions adopted by other nations.

From a European perspective, the Swedes and the French are perhaps the most authoritarian in their attitude to illicit drug use. Sweden has inherited a paternalistic set of values from the temperance movements of the Victorian era, which assume that the State must protect the individual from the consequences of their
own folly. French drivers will soon be subject to draconian drug testing regulations that will target cannabis smokers in a national crackdown. The Swiss, Germans and the Dutch are much more tolerant, all providing heroin users with a legal supply of pharmaceutical heroin and making drug treatment services as user-friendly as possible. (The Dutch also make cannabis use de facto legal via the licensing and toleration of ‘coffee-shops’.)

The United Kingdom tends to swing between these two models and has only recently begun to shift away from a long period of American-influenced infatuation with the criminal justice system as a means of tackling drugs in UK communities. This new breeze of tolerance resulted in the advent of the ‘Lambeth experiment’ that concluded in 2002 (see below) and the much-trailed plan to reclassify cannabis by New Labour. Daily Mail columnists complain that the Government has gone soft on drugs and that the legalisers have captured the Home Office. Brian Paddick, the police chief of Brixton became an unlikely hero for dope smokers throughout the UK by single-handedly effectively decriminalising cannabis use within the London Borough of Lambeth, and instead concentrating on the dealers of harder drugs. Without wishing to add to Mr Paddick’s current woes, it might also be noted that he admitted to having some regard for the concept of an anarchist society, although he did express concerns about how that society would be regulated (see the Introduction to this volume).

The ‘Lambeth experiment’ saw a clear distinction emerging between acceptable forms of drug use such as cannabis-smoking and even the use of Ecstasy whilst simultaneously subjecting the ‘hard’ drug-use of the non-working poor to ever more stringent and draconian controls. Paddick’s attempt to reform our drug laws appears to have gone too far. The Lambeth experiment has been closed and, whilst the law is changing on cannabis, there has been such fudge about its implementation that even middle-class cannabis-smokers will not sleep any more easily in their beds. In the meantime, UK cannabis campaigner Colin Davies has been sent to prison for three years for his attempts to make the drug freely available. Despite Paddick’s more liberal innovations in British drug policy, it still remains clear that the UK Government is committed to the policy of prohibition and that there will be little chance for major reform of the drug laws in the United Kingdom in the near future.

The prohibitionist paradox

The near-universality of contemporary drug cultures and problems does, however, necessitate a practical libertarian position on the prohibition or legalisation of particular drugs. At the core of these complex theoretical, ethical and moral dilemmas we find the issue of the libertarian response to authority. This subject has implications for our current activities in the world today but also for the world that future generations will inherit. Should we, as Left-leaning libertarians, back pressure groups and campaigning organisations that aim to change
the drug laws? Should we support and work for organisations that aim to ‘treat’ drug users?

Clearly, prohibition is a blunt instrument of public policy that creates illegal markets for organised criminals and secretive governmental agencies to exploit. If we accept Liberty’s utilitarian position outlined above in relation to prohibition, then the best reason to prohibit a particular behaviour is because it causes unhappiness and suffering to others. Although the majority of drug use may well constitute a ‘victimless crime’, there are three persuasive arguments in favour of continued prohibition: firstly, any loosening of control will result in a growth in the market; secondly, prohibition prevents vulnerable young people from getting involved in drug abuse; and thirdly, the use of certain substances will inevitably lead to criminal acts against others.

Cannabis and ‘softer’ drugs

It is probably true that if we legalise cannabis, for instance, people might well be more willing to try it. Evidence cited in Robert J. MacCoun and Peter Reuter’s (2001) Drug war heresies shows that the liberalisation of cannabis markets in the Netherlands has resulted in increased use mainly due to increasing commercialisation. I do not see any reason why that should be a worry, given that we know that cannabis does not cause great damage to the individual beyond a few particular and specific cases. We therefore might argue that cannabis is a preferable alternative to alcohol, a drug with a well-documented link to violence and aggression.

Few commentators suggest that we should sell heroin at the cornershop, but many argue that heroin users should have legal access to their drug of choice rather than having to buy adulterated and unreliable products from the thriving criminal gangs who have occupied the gap in the market created by prohibition. The current emphasis on the frailty and vulnerability of the young in relation to their drug use does not stand up to much analysis. Young people are ignoring the law, taking substances whether they are proscribed or not. A majority of young people in the UK will inevitably experiment with illicit substances (European Monitoring Centre, 2001; Green Party, 2002) and a significant minority of young people are using these substances regularly (Drugscope, 2002). Most people however do not experience significant problems that relate to their drug use and will eventually grow out of the use of illicit substances or will develop norms around the use of certain substances. Experimentation might well be seen as simple youthful hedonism, a rite of passage through which most present day young people will pass. The fact that authorities attempt to stop them can only serve to alienate youth further from any sane authority that does exist. In this environment, prohibition only serves to further stigmatise youth, marking normal youthful behaviour as pathological and pushing young people into contact with organised criminals via prohibition. Normal youthful risk taking becomes pathological and ultimately encourages young people to consider their
elders to be simple-minded and foolish. The Dutch have strong arguments in their favour when they indicate that their toleration of semi-legitimate cannabis cafés has ensured that there is a clear divide between this youthful kind of drug use and other potentially more dangerous forms.

Evidence for beneficial medical uses of cannabis continues to accumulate. Cannabis therapeutic clubs have sprung up in the United States and are now at the centre of a major storm, with authorities attempting to close these down. Some cannabis therapeutic advocates have even sought refuge in Canada, claiming that they are subject to politically-motivated oppression.

‘Harder’ drugs

Now let us consider other potentially more dangerous drugs such as cocaine and heroin. Heroin in its pure pharmacological form is not necessarily dangerous. Opium and its recent derivative heroin have provided a heaven-sent relief to many people suffering from chronic pain over the centuries. Should the UK Government decide to follow its Swiss counterpart and establish clinics where heroin users can gain free and legal access to heroin, we would most likely see a similar decline in the problems that are associated with this drug. We might, however, be concerned about the hidden agenda behind such programmes, especially as heroin use is found disproportionately amongst the poorest and most deprived communities.

However, if we were to legalise cocaine hydrochloride we might also see a rise in the use of this substance and its more powerful derivative crack cocaine. Cocaine hydrochloride users with no demonstrable problems probably do exist, but this drug has considerable potential to cause trouble to any user, especially in the form of crack. Dependency on this variety of the drug is frequently linked to violence and psychiatric disorder, and relapse is a common and frequent feature amongst users. Most commentators on the nature of crack cocaine accept that the use of this drug over a given period of time will eventually usually result in problems for the user and also for the user’s family, friends and wider community. Some individuals claim that crack can be used recreationally and with control, but there are only a few people who would support this view, and this author is not one of them.

Myths of addiction; myths of cure

What we know about drug dependency is often what those in power want us to know. For instance, studies that do not agree with the status quo are quietly shelved whilst sensational and often highly skewed studies into, say, neonatal defects associated with whichever substance are trumpeted to the world as conclusive evidence that drugs are harmful. There is, however, now a significant body of knowledge that has begun to challenge these dominant definitions and
is worth considering. The idiosyncratic but seminal *The Myth of Addiction* by J. Booth Davis (1993) and Elliot Currie’s (1993) masterful *Reckoning* summarise much of the existing knowledge in this area. There are three important issues that we should consider in relation to drug dependency:

Firstly, there is no such thing as addiction and no such thing as an addict. Whilst drug dependency is a very real social phenomenon, we can find no convincing evidence of an underlying illness that is associated with the behaviour. The real social fact of drug dependency has been colonised by psychiatrists who have reduced this complicated phenomenon and individual drug users down to a set of symptoms.

Secondly, drug dependency appears to be the result of a complex set of interactions between our genes and the environment. We should be aware that some people are more prone to dependency through a complex set of interrelationships between their genes and the situation in which they live. Importantly we should be aware that the environment is a vital part of the equation, ameliorating or exacerbating the potential for the ‘dependency’ genes to express themselves.

Thirdly, there is strong and compelling evidence that people gain control of their drug dependency when they perceive themselves to have good reasons to stop. The recent history of attempting to control drug misuse in our communities provides a wealth of evidence to show that no amount of external control will stop the determined dope fiend from pursuing his or her poison. On the other hand, researchers cited by Elliot Currie have discovered that, on an annual basis, 10 per cent of the population of people with a drug problem will spontaneously desist. Currie also cites Charles Winick’s (1962) classic study that indicates that people with drug problems tend to ‘mature out’ of their dependency. Is the challenge therefore not to stop drug use but simply to ensure that the drug user stays alive long enough to learn from their own experiences?

There is, of course, also much contrary evidence of drug users who continue a lifelong battle against dependency, and the reasons for ‘relapse’ are many and complex. Indeed, the relationship between addiction, desire and the experience of modernity is something that continues to interest sociologists (Giddens, 1991). That people may switch from one addictive focus to another is also an under-acknowledged point in drug policy debates. Clearly there are few simple facts and no simple answers in this area, and therefore we must tread carefully in our pursuit of reasonable and considered attitudes to such an emotive and complex subject.

Much current drug policy is predicated on the assumption that sufficient punishment will deter drug taking. Despite the fact that our prisons are stuffed with drug users, that drug users will risk death to continue their dependency and that drug use appears to be normal human behaviour, we still continue to threaten and exhort people towards ‘the good’. Current drug policy is also predicated in the United States and the United Kingdom on the assumption that, once drug users are caught, they will be amenable to ‘treatment’. There is very little reliable
evidence that external pressure (whether it is the family, the community or the police) has any impact on drug users’ intentions to use drugs.

Drug policy is also predicated on the notion that drug dependency can be ‘treated’. Just as addiction can be said to be a flawed concept, what passes for ‘treatment’ is frequently based on poor research and little evidence and is based on the psychiatric/medical model of drug dependency that has held sway since the late 1960s.

Essentially, for the last 30 years drug users have effectively been dealt with as a sub-set of the population of people with mental health problems. There is no convincing rationale behind this other than the pressing concern at the time to move prescribing away from general practitioners towards a more tightly controlled and monitored system. Unfortunately this expedient was unable to prevent the rise in the numbers of heroin users that grew gradually during the late 1960s and early 1970s, leading to a dramatic increase in heroin use during the late 1970s and the 1980s.

By the mid-1990s, heroin use was endemic in most urban communities, and with increasing use emerging among rural populations. The response on the part of the British Government was to develop services that dovetailed with criminal justice agencies including: the development of arrest referral schemes; community-based drug treatment and testing orders whereby magistrates compelled drug users to access treatment; and prison-based ‘CARATS’ (Counselling, Assessment, Referral, Advice and Throughcare) programmes. Thus the latter half of the twentieth century saw UK governments using both a psychiatric-led medical model and the increased use of the police, prison and courts as a means of identifying, monitoring and controlling heroin users.

During the last three years in Britain, the health model of understanding drug issues in our society has started to re-establish after several years in the doldrums. The British Government has developed the ‘National Treatment Agency’, a special health authority with powers to oversee all aspects of drug treatment. Should libertarians support such moves? Clearly it is preferable to view drug-dependent users as people who need help rather than as criminals. Yet, according to the Right-wing libertarian Thomas Szasz (1996), the treatment paradigm is just as iniquitous as the crime and justice model for dealing with drug dependency. Szasz argues that this mode of thinking does not resolve the problems caused by prohibition and allows the psychiatric profession to extend their influence over people who do not have demonstrable psychiatric problems.

Harm reduction and the politics of HIV

Within the ‘treatment’ discourse, one truly libertarian thread has emerged: harm reduction. This side-steps the issue of the legal position of drugs and takes at its base the notion that the most important issue is not prohibition but the prevention of the worst harms that are associated with drug use. As a result of this
perspective it is possible, for example, to develop programmes for the prescription of ‘substitute’ drugs such as methadone in the place of heroin and to establish needle exchanges.

The concept of harm reduction with methadone, however, amounts to the replacement of heroin with an opioid analogue which has few of heroin’s finer qualities such as a sense of euphoria. This is a triumph for the temperance-minded amongst us who blanch at the idea that ‘treatment’ might also be pleasurable. Thus it is that an impartial observer of methadone treatment programmes would observe that very few ‘patients’ manage to avoid the continued use of heroin on top of the State-sponsored dependency formed by methadone use.

Needle exchange schemes in many Western nations have helped reduce HIV infection and have generally succeeded in giving injectors access to clean equipment. This strategy quickly became established in the UK and several other liberal democratic nations in Europe and further afield in Australia. In spite of opposition to these programmes from some quarters, those nations that have made needles freely available to injecting drug users since the outset of the HIV epidemic have low levels of HIV amongst their injecting drug users. The United States, however, has consistently failed to adopt this policy for the reason that it would be perceived as tacitly condoning injecting drug use. In 1998 the Governor of New Jersey sent in State troopers to close down a needle exchange service, arguing that HIV infection is a consequence of such deviant behaviour and therefore the transmission of such infections should not be prevented as they are an important potential deterrent for future drug injectors! (Day, 1998: 13).

Although HIV infection rates are considerable amongst drug injectors in the United States, they are held in relative check by a variety of factors mediated by the US federal government’s ability to provide treatment and care to the infected individuals, combined with the effect of considerable social stratification. Outside of the United States, however, in poorer nations, where access to treatment is not available and where the majority of the population live in poverty, the HIV epidemic amongst injecting drug users has skyrocketed.

Harm reduction in the former Soviet Union is something of a luxury by comparison. HIV is a biological time bomb that has already begun to tick there, with various sources suggesting that the Russian Federation will have a million HIV positive individuals within the next decade. Experts predict that the nation’s population might halve by the year 2050 (Hill, 2003). Just over the border in Ukraine, the HIV epidemic is developing even faster with the possibility that Eastern Europe will soon see an epidemic that will rival Africa’s in the scale of its misery. In Eastern Europe, prescribed medicines as well as illicit substances are routinely administered by injection in order to save resources, which means that there are few population-wide taboos against the injection of drugs. An ideal vehicle thus exists for the dissemination of a virus across the whole of a nation. Drug users travel, tend to be young and sexually active, and some of them work in the sex industry to pay for their drugs. Those that spend time in jail help an already effective mechanism for HIV transmission. At the time of writing, a
second wave of infection had already begun in the city of Kaliningrad where the epidemic was first discovered. This wave of infection is affecting heterosexuals who have never injected drugs and who do not work in the sex industry. The implications of this phenomenon, once it spreads to the rest of Eastern Europe, China and other Asian nations, are enormous.

If HIV was not invented as a means of hitting the poorest and the most deprived in the world then it is certainly doing that job very effectively now.

**Crocodile tears**

The War on Drugs might alternatively be viewed as a smoke screen and one where governments across the world shed crocodile tears at the devastation that drugs and HIV have caused in some places. They then use the ‘scourge’ of drugs as an opportunity to push forward a range of repressive measures against their own populations. From China to the United States, abuses of all forms are permitted under the cover of the prevention of this awful ‘scourge’. During the national anti-drugs day in China during June 2001, over 60 drug dealers were publicly executed (CBS news, 26 June 2001). In the United States in the same month, the Supreme Court legitimised the use of random drug testing on school children, something that corporations already carry out on their staff on a regular basis. An important barrier has thus been breached, giving to the panoptical State powers to develop surveillance of our bodily fluids.

The War on Drugs is of course also a war against Blacks, Latinos, the under-class and deviants of every hue. The United States has over a quarter of a million drug-related offenders currently behind bars. In 2000, drug law violators comprised 21 per cent of all adults serving time in State prisons – 251,100 out of 1,206,400 State prison inmates (Harrison and Beck, 2002: 12–13), with Black and Latino drug users far more likely to receive custodial penalties than their White counterparts (www.drugwarfacts.org/racepris.htm). It is also a war against the young, with the US Government recently rushing through the RAVE Act, with the aim of prohibiting dances that are related to the use of Ecstasy.

There is an even darker side to the Drug War in terms of secrets, organised criminals and covert sources of funding. The alcohol prohibition period of the 1920s in the United States enabled organised crime to flourish. Prohibition of illicit drugs in the early twenty-first century towers over that period in terms of the potential threat to undermine any just authority that may continue to exist. Nowadays, we should not be concerned about Al Capone holding Chicago City Authority in his pocket, but rather we should fear the role that drug prohibition has played in undermining what little democracy exists in the world. Colombian judges declare that cocaine cartels have enough money to buy off or to destroy the whole Colombian legislative body. Secret service agents in the pay of the American Government sign sworn affidavits (www.wethepeople.la/ciadrugs.htm) claiming that American intelligence services established a top-secret air
link from Colombia with the express intention of importing cocaine (DynCorp-sucks, 2002). Senate investigations into the Contra affair in Nicaragua proved links between the Central Intelligence Agency and cocaine dealing (Webb and Waters, 1999). Opium production in Afghanistan has boomed following the fall of the Taliban (Drugscope, 2002a). Who knows just what kind of unholy alliances are being forged in the ongoing War against Terror?

**Neither Left nor Right**

One of the great ironies of the War on Drugs is that, in the opposition to drug laws and State surveillance, some of the old-fashioned distinctions between Left and Right have become more and more blurred. Libertarians on the Left might well find surprising friends and some unusual enemies in this brave new world of ours. Noam Chomsky is at least one Left-leaning libertarian who has the Right-wing libertarians at the Cato Institute to thank for publishing his views. Chomsky himself has expressed the view that current policy on drugs has failed and he advocates the development of ‘harm reduction’ policies and of course radical re-thinking of the drug laws. Left-wing advocates of liberty might find common ground in the work of a non-governmental body such as the Drug Policy Alliance that campaigns for drug-law reform in the United States.

At the American National conference on harm reduction that took place in Miami during October 2000, the Director of the Drug Policy Alliance, Mr Ethan Nadelman presented a vision of the mission of the organisation that is funded by the Hungarian billionaire George Soros, a devotee of the neo-liberal libertarians: economist FA Hayek and political theorist Karl Popper. Thus it cannot be said that the Drug Policy Alliance truly represents the views of Left-wing libertarians; rather, it appears to be more concerned with establishing truly legitimate market forces in an unregulated and chaotic situation. Within a discourse that does not address the profound impact that drug dependency has on the poorest communities, the Drug Policy Alliance takes the view that drug use is no more than consumer behaviour and that, as consumers, drug users are being deprived of their rights to consume what they will. This position is not far removed from Liberty’s utilitarian philosophy that so impressed the UK Parliament’s Home Affairs Select Committee. Nadelman compared opposition to the ongoing prohibition of illegal drugs to the civil rights movement of the 1960s and obviously to the previous prohibition of alcohol in the States. Mr Nadelman is clearly correct in the scale of his comparisons but readers must ask themselves whether an organisation with such close links to a neo-liberal agenda can truly represent their views.

Is there clear blue water between the Right and Left wing of libertarian thought around the drug policy debate? I believe that Left-wing libertarians would generally hold the view that drug use and economics are far more complex in their relationships and that those existing features of inequity that exist in markets are mirrored when we look to drug markets. I would hope that Left-
leaning libertarians would not consider the deregulation of markets a sufficient answer to the problems of drugs in our societies.

For example, let us look at crack cocaine. Right-wing libertarians would presumably argue that we have a right to consume whichever drugs we wish to consume and if there are negative social consequences as a result of this situation then markets will inevitably respond to correct imbalances. Thus, epidemics of crack cocaine in poor urban communities will effectively be self-limiting: those who will die will die; those who will get better will get better; and ultimately local consumers of these products will learn from their experiences not to use the substance or will find safer ways to use. There is logic to this argument, but this logic ignores the economic reality of oppression in the poorest communities across the globe and the role that drug use plays in these communities. The crack epidemic of the late 1980s and 1990s appeared to be self-limiting, with fewer and fewer new recruits as younger consumers reached the wise conclusion that crack use was not for them. This does not mean, however, that drugs are no longer an issue in Harlem and the South Bronx. Left-wing libertarians might consider the prevalence of crack cocaine and heroin use amongst the poorest communities and the persistence of these forms of drugs in those communities when compared with richer neighbourhoods and communities. We might also acknowledge the role that drug use has to play in the degradation of poorer neighbourhoods and communities. We might also worry that the creation of a free market in drugs would enable corporations to become richer and that these corporations would not necessarily have the best interests of their consumers at heart.

Despite the hypocrisy and repression that is associated with the Drug War, would libertarians really support the establishment of a free market in cocaine and its derivatives? Are there alternatives to the problems associated with cocaine hydrochloride that do not require the legalisation of cocaine, and could involve ‘safer’ supplies of the stimulant? This second question concerns an idealised future world where issues of economic injustice have been settled. Given our understanding of the potential effect of this cocaine on susceptible individuals, would we still wish to allow access to this substance even though we know that it might cause harm to others? Is the individual right to self-expression always paramount over the public good in a libertarian society? How would we ‘police’ such a policy, given our natural reluctance to exert power over others?

The Infinite War

Even as far back as the early twentieth century, Errico Malatesta, responding to the concerns about cocaine in his era, concluded that we might be better off liberalising the trade in cocaine and using taxation to fund the treatment of those who develop dependency. Spanish anarchists in the 1930s had a far less laissez-faire attitude: in Barcelona following a defeat of Franco’s rebels during the Spanish Civil War, local anarchists went down to the docks and murdered every...
pimp and drug dealer that they could find, throwing their bodies into the water (Beevor, 2001). On the other hand, Aldous Huxley, a supporter of the (anarcho-syndicalist) CNT during the Spanish Civil War, considered psychedelic drugs such as mescaline extremely valuable to the inner development and even asked for the substance on his deathbed.

French playwright Jean Genet held the view that criminals are not only engaged in crime but are also actively opposing the oppression by dominant value systems. Whilst this might seem to be a subject for philosophers, in the Drug War there is a great truth in this view. Drug users all across the world on a daily basis act against authoritarian laws and oppressive political structures simply by continuing to express their desire to get high. They express their agency over their own bodies even though it might be only in a negative sense. The thousands of young people who take Ecstasy every weekend all over the world are engaging effectively in weekly civil disobedience.

In an era of what Gore Vidal (2002) (quoting Charles Beard) calls the ‘Perpetual War For Perpetual Peace’, the complexities of addiction, of treatment, of State surveillance of our bodies and of international politics require more flexible and comprehensive analyses that look beyond our parochial boundaries and towards a more far-reaching meta-analysis. Left-wing libertarians need to take as much interest in the emerging debates around the Drug War as their Right-wing libertarian counterparts do because there is potential ‘business’ in this for both sides. Whilst Right-wing libertarians may generally not take much interest in drug debates once the issue of economic liberalisation has been considered, we on the Left have the opportunity to demonstrate that there are far deeper concerns. It will come as no surprise to the reader to discover that the use of heroin is found disproportionately within deprived communities (Drugscope, 2002b). We may ask ourselves about why impoverished people are more likely to seek solace in opiates and super stimulants? We may also want to ask ourselves why we on the Left of the libertarian spectrum have tended to ignore the issue of drugs. Does this say something about our response to the issue of pleasure and desire that needs addressing?

Now we are moving into a new age that began with those awful events of September 2001, spawning the War on Terror. The two wars of metaphor have begun to coalesce and develop into a global conflagration without borders. The twin wars of metaphor have begun to merge together in Colombia, Afghanistan, Russia, on every Western street and in every school and in the very living room of every family. Soon conventional warfare will also add to the woes of the people of the world as nation states move towards conflict too. Stan Goff, a former Green Beret and Special Forces soldier for the US army, provides us with an illuminating insight into this spooky world where metaphor and real violence coincide. Goff, writing about US anti-drug operations during the 1980s and 1990s in South America compares them to Vietnam: ‘Democracy wasn’t a goal then. We were stopping communists. Drugs are a great rationale too. But with FARC we can have our drug war and our war against communists’ (2001).
Observing the situation in Colombia, Goff concludes that the United States more often than not ends up in league with drug lords rather than fighting them. He explains that the war in Colombia is primarily a war against communist insurgents; drugs simply provide the excuse for the intervention and the opportunity to make lots of money that will never be scrutinised by any Senate committee. Wryly he observes the role of the CIA in the international drug trade and says of the former Drug Czar of the United States: ‘It might make more sense for McCaffrey to find $1 billion dollars to declare war on the CIA’ (2001). Now there’s an idea!

Conclusion

All over the world disadvantaged people are subject to ever-more draconian measures in the name of ‘the public good’. In Western nations, the most disadvantaged groups are subject to the most extreme forms of repression under the guise of the Drug War. The so-called underclass knows what it is to live under occupation just as their counterparts in Colombia and all over the so-called developing world do. They also know the degree of hypocrisy and corruption that is to be found consistently within the hall of mirrors that is the War on Drugs. This oppressed group forms a natural constituency for libertarian socialists and anarchists of every hue; principled action against the War on Drugs might well help to galvanise these groups and their constituencies.

The process of resistance has already begun in the United States where it is currently being led by the Drug Policy Alliance, an organisation that is supported by neoliberal backers. In that enormous nation, the sheer number of incarcerated Black and Hispanic people is now beginning to create the opportunity for political resistance towards the War on Drugs. During the Vietnam conflict, drug politics and antiwar protest merged, resulting in a creative and dynamic counter culture that provided an effective resistance to the dominant interests of the powerful elite. That movement was strongly influenced by Left-leaning libertarians who saw no distinction between their desire to consume proscribed drugs and their opposition to Uncle Sam’s ongoing prosecution of an imperialistic war: it was all about freedom of self-expression and liberty, the most fundamental of American concepts. So far, Left-wing libertarians have not made much of an impact on the present-day Drug War debates and there has been little connection between the two wars of metaphor in the minds of Left-leaning libertarians. Stan Goff (2002) has coined the term ‘Infinite War’ to describe the present situation that is emerging since the fall of the twin towers that once dominated the Manhattan skyline. We can only hope that this Infinite War will in its turn spawn an equally active and effective resistance.

What are the dimensions of resistance that Left-wing libertarians should consider? Firstly, we should consider the new plague that afflicts our era and concentrate our efforts on the care and support of people who are infected with HIV. This is an international concern and libertarians must develop a transnational
response to the virus. One important area of attention is the prevention of its spread amongst drug injectors; in this respect the urgent need is to establish needle exchanges and ‘helping services’ for drug injectors, particularly in nations where such agencies do not exist. Those young Americans and Russians who currently operate illegal needle exchanges are engaged in a political struggle that is vital.

Secondly, libertarians should engage with drug policy debates and should support reformist movements that aim to move away from repressive policies. Civil disobedience against such laws must be perceived as a just response to unjust laws.

Thirdly, libertarians should address the connections between drug laws and the disproportionate use of these laws against underprivileged communities. The racist and oppressive nature of the Drug War is plain to see in the numbers of Black and Hispanic people who are currently incarcerated in the United States.

Fourthly, we should resist the international assault on human rights that the War on Drugs represents. The threat to the right to privacy and the principle of freedom of speech that the Drug War and its twin, the War on Terror, represent should be of great concern to all libertarians.

The Infinite War will be fought on many fronts and it should be resisted on every level.

Notes

1 This source and those on the following pages which relate to the UK Government Select Committee investigation into the effectiveness of drug policy can all be found www.parliament.the-stationery-office.co.uk/pa/cm200102/cmselect/cmhaff/318/1112708.htm.
3 Memorandum 36 – submitted by Liberty and found at www.parliament.the-stationery-office.co.uk/pa/cm200102/cmselect/cmhaff/318/318m52.htm.
4 Links between the death penalty in China and the lucrative trade in organs have been well documented (Amnesty International, 1996). China’s history of the oppression of drug users goes way back and as many as 50,000 drug users may have been killed during the Cultural Revolution. There are few willing to speak in defence of drug dealers who are commonly vilified as the scum of the earth.