Declaration of interest

None.

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THE TROUBLE WITH DRINK *AND* DRUGS: WHY PROHIBITION AND CRIMINALIZATION MATTER

Like other readers of *Addiction*, we have long rejected the false dichotomy of drink problems and drugs problems. Alcohol is a drug. Like other drugs, it is used, misused and overused. Although addiction takes somewhat different forms with different drugs, there are many important commonalities among the problems with alcohol and with other drugs. None the less, we have been struck by how alcohol problems and other drug problems often seem to occupy separate intellectual and professional universes.

Griffith Edwards's thoughtful, erudite review of the history of concepts about alcohol addiction reminds us of perhaps the most important reason why other drugs are, as he puts it, the 'surprisingly distinct other show in town'. [1] Dr Edwards notes in passing the lowest point (at least in the United States) in quality of ideas about alcoholism and of professional assistance to alcoholics:

> Between the two world wars, the American prohibition experience virtually wiped out interest in alcoholism as a disease, and many private US treatment institutions closed . . .

For most of the last 200 years in the United States, alcohol has been a regulated commodity and its users lawful, ordinary people. Sympathetic medical understandings of alcohol addiction have developed in that context. However, the first third of the 20th century, when alcohol prohibition was ascendant and then triumphant, was a difficult time for physicians advocating compassionate approaches to drinking problems. Alcohol prohibition was in fact toxic to humane responses to addiction.

In the decades after national prohibition, the first generation of alcohol addiction professionals certainly thought that alcohol prohibition had been bad policy—especially those in the three western countries that 'experimented' most with it: the United States, Canada and Finland. Researchers at the Yale and Rutgers alcohol centers in the United States, Canada's Addiction Research Foundation and the Finnish Foundation for Alcohol Studies felt strongly that alcohol prohibition had been a disaster for alcoholics; nor did the new mutual-help movements of alcoholics in these countries [chiefly Alcoholics Anonymous (AA) and Finnish A-Guilds] consider prohibition good policy. Indeed, alcohol prohibition was a kind of trauma from which all three countries have had to recover. Since then, all have focused upon developing non-punitive responses, reducing the stigma of abuse and making it easy for people to get help.

For most of the 20th century, and now in the 21st, this has *not* been the situation for other common drugs, in particular opiates, cannabis, stimulants and psychedelics. The United Nations' Single Convention of 1961 firmly established global prohibition of all these drugs, and usually the criminalization of users. The situation in the United States was captured well in the 1967 'Report of the Task Force on Narcotics and Drug Abuse of the President's Commission on Law Enforcement'. The Task Force described the American approach in the decades before President Nixon first declared 'war on drugs', an approach that has only intensified in subsequent decades:

> Since early in the century we have built our drug control policies around the twin judgments that

> drug abuse was an evil to be suppressed and that this could most effectively be done by the application of criminal enforcement and penal sanctions. Since then, one traditional response to an increase in drug abuse has been to increase the penalties for drug offenses. The premise has been that the more certain and severe the punishment, the more it would serve as a deterrent. Typically, this response has taken the form of mandatory minimum terms of imprisonment, increasing in severity with repeated offenses, and provisions making the drug offender ineligible for suspension of sentence, probation and parole. . . . [Purchase and possession] are criminal offenses under both Federal and State law. So is sale, to which many addicts turn to provide financial support for their habits. In many States, the nonmedical use of opiates is punishable, as is the possession of paraphernalia such as needles and syringes. In other States, vagrancy statues make it punishable for a known or convicted addict to consort with other known addicts or to be present in a place where illicit drugs are found. Thus the addict lives in almost perpetual violation of one or several criminal laws (excerpted and reprinted in [2]).

Despite the best intentions of dedicated professionals working within such a system, this is a toxic environment for humane responses to drug problems. Indeed, drug prohibition is even harsher than alcohol prohibition, which did not generally criminalize users. This situation of long-term prohibition of other drugs, but not of alcohol, produces much of the unreasonable divide between the two professional worlds. Further, drug prohibition heightens the illusion of difference when criminalized addicts act in ways that make them seem more different from non-criminalized addicts than they actually are. Like alcohol prohibition, drug prohibition has created the worst possible context for responding sensibly and effectively to addiction and other drug problems.

We expect that some day physicians, researchers, treatment professionals and others will be able to fashion new humane responses to drug problems without the punitive context of prohibition. In so doing, they will help their societies recover from the damage caused by this disastrous experiment.

Declaration of interest

None.

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