

Review Essay: The War On Drugs: Reports from the Irish Front

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A Review of T. MURPHY, 1996, *Rethinking the War on Drugs in Ireland*, Cork University Press; and the 1996 *First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs*, Department of the Taoiseach.

I INTRODUCTION

The phrase “war on drugs”, as a metaphor or shorthand for national and international policies aimed at the prohibition of a range of psychoactive drugs, has been used so widely and for so long that its provenance is no longer entirely clear, but it appears to have had its origins in the United States about 1969, during the first administration of Richard Nixon (Bellis, 1981; Trebach, 1982). This was not, on the face of it, the most auspicious moment for America to commit itself to such a venture, coming, as it did, at the tail-end of the idealistic but unsuccessful “war on poverty” and at the height of its other unsuccessful, and far more bloody, military engagement in South-East Asia. Bellis provides interesting historical background to this growth in popularity of military rhetoric in the drugs policy field, setting it in the context of the technical achievement represented by the successful landing of American astronauts on the moon in 1969.

Through the Harrison Act 1914, or more precisely through its interpretation by the Supreme Court, the United States had opted unequivocally for a

than the medically-based British system with which it tended to be unfavourably compared by policy analysts (Lindesmith, 1947; Musto, 1973). The "moonshot" paradigm of drug policy making, as it is described by Bellis, was a response to those fainthearted analysts and critics who appeared to have lost faith in American know-how and technology. Surely, it was argued, a nation which had sent men to the moon, sustained them there and brought them safely home, had the technical capacity to beat the "drug problem". It is commonly alleged that in war the first casualty is truth and despite persistent popular and political support for the war on drugs, there have always been critics to argue that such a policy, if not characterised by downright mendacity, is at least deeply flawed by its jingoism and superficiality. Commentators from a variety of ideological and academic backgrounds internationally have regularly expressed their criticism of the tendency to speak of the "drug problem" or "drug abuse" as though it were a self-evident, discrete and unitary pathological entity, open to technical resolution without the necessity to do any fundamental rethinking or reordering of society.

The significance of the war on drugs metaphor is best understood through a consideration of how societies have traditionally behaved when they are engaged in real warfare with an external enemy. During wartime there tends to be a heightened sense of cultural consensus and social integration; internal differences and critical debate are set aside, and the external enemy is portrayed as being so fundamentally evil that there can be no question of compromise or peaceful co-existence. Critics of the war on drugs generally argue that there is in fact no cultural consensus on the evil of psychoactive drugs, that the "war" damages society as much as, if not more than, the drugs themselves, and that ultimately the best society can hope for is some kind of peaceful co-existence with substances which are, after all, inanimate, not demons. A good example of this critical literature is Gossop's (1996) aptly named *Living with Drugs*.

The first text under review here, *Rethinking the War on Drugs in Ireland* (Murphy, 1996), is the only sustained critique of Irish drug policy to be published since this country first became concerned about drug use and drug problems in the late 1960s; it is in pamphlet format and draws on legal theory, philosophy and the social sciences to argue for the legalisation of all psychoactive drugs currently prohibited by the Misuse of Drugs Acts 1977 and 1984. The book's publication coincided almost to the day with the publication of the second text to be reviewed, the *First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs*, a report drawn up by a committee of Ministers of State under the chairmanship of Pat Rabbitte, Minister of State to the Government; the Rabbitte Report, as it is

colloquially known, was produced during Ireland's 1996 Presidency of the European Union and must be considered in the context of the Irish Government's commitment to make drug issues a priority for this Presidency.

In reviewing Murphy's book it is appropriate, therefore, not merely to attempt some evaluation of the validity of its argument but also to consider how a text such as this might contribute to public debate on drug policy in Ireland, at a time when drug issues appear to be at the top of the political agenda. If, as most social scientists would probably accept, conventional drug policy is based on fairly naive positivistic assumptions — where a specific enemy has been identified for technical eradication — then Murphy's critique might only be welcome or influential where a commitment to radical change has already been made. Whether the Rabbitte Report can in any sense be construed as ushering in a new and radical era in Irish drug policy will be considered below.

Lee (1989), in reflecting on how Irish society has responded to various challenges during the twentieth century, has argued that we have generally had a poverty of thought or ideas which, given our relative lack of material wealth, has greatly impeded our capacity to respond to social and economic problems. Specifically, he has suggested that academic study of major social issues has tended to consist of fragmented and narrow, single-disciplinary approaches, with little or no attempt to synthesise a range of intellectual perspectives. More recently, Kane (1996), in a paper on intellectual contributions to public discourse in Ireland, has distinguished between "intelligentsia modes" and "intellectual modes"; the former involves people who define, analyse and propose solutions to problems within the relatively constricted framework of a single profession or academic discipline, while the latter involves those who cross academic and professional boundaries, in the process showing scant respect for conventional definitions or traditional solutions.

Those whose study and analysis is in intelligentsia mode are likely to be both more intelligible and acceptable to the public and to policy makers than those who can be characterised as contributing in intellectual mode to public debate, and Murphy's book on drug policy is undoubtedly in intellectual mode. Although he is an academic lawyer, he does not set out to show how the law can be an instrument of drug policy or to provide a legal text aimed primarily at barristers and solicitors (as did, for example, Charleton, 1986); instead, he moves freely across academic disciplines with the stated intention of "deconstructing" drug policy. He summarises this intention as follows:

Deconstruction, in essence, counters the certitude and “necessity” of current drug ideology; it demands, in my view, acknowledgement that drug behaviour, particularly when much of it is innocuous, should not be made the object of the criminal sanction. Deconstruction will not “solve” any “drug problem”; its insights, however, will pave the way for an improvement on the present fiasco (p. 41).

However logically persuasive this approach might be to an academic reader, the question that must be asked is whether, or to what extent, Irish politicians and administrators can accommodate themselves to its radical demands. Lee, who is a colleague of Murphy’s at University College Cork, might, for example, be pleased with the intellectual synthesis contained in this critique of Irish drugs policy; whether Minister Rabbitte and other politicians will be equally happy with it, in the face of ongoing popular support for the war on drugs, is another matter. An attempt will be made here to answer this question by reading Murphy *vis-à-vis* Rabbitte, following an initial review of Murphy’s main argument.

II DRUG, SET AND SETTING

Criticism of conventional drug policy tends to be based either on abstract philosophical grounds or on more practical arguments as to the ineffectiveness, if not the actual counterproductivity, of drug prohibition; some writers (and Murphy is such a writer) combine these two forms of criticism. The clearest, and still the most frequently cited, philosophical argument against prohibition is that contained in John Stuart Mill’s essay *On Liberty* (1859); this classic statement of the libertarian position assumes that individuals are the best judges of what is good for them and decries what it sees as the paternalistic intrusion of the state into individual decision-making, except where it can be clearly demonstrated that individual behaviour is directly damaging to others. There are nowadays relatively few critics of drug policy who operate solely from this doctrinaire libertarian position and, of these, probably the best-known is the anti-psychiatrist Thomas Szasz (1974; 1992).

The contribution of Szasz to the drug policy debate is clearly in *intellectual mode*; as in all of his other writings on mental health and civil liberties, he brings to bear on his subject a remarkably wide sweep of ideas drawn from history, philosophy, theology and medicine, all combined into a powerful and frequently entertaining polemic. His 1974 publication *Ceremonial Chemistry*, for example, is centrally concerned with looking at how society regards some drugs, such as cannabis or heroin, as evil, while others, such as alcohol or tobacco, are regarded in a more benign way. He argues that societal

distinctions of this kind are based on fairly arbitrary historical and cultural factors; those drugs for which we have evolved “ceremonials” are tolerated, while those for which there are no ceremonials are demonised. He is, therefore, dismissive of attempts to justify conventional drug policy by reference to objective science (particularly chemistry), concluding that attempts to distinguish between “good” drugs and “bad” drugs pharmacologically is the equivalent to distinguishing pharmacologically between tap water and holy water.

Despite his obvious wit and erudition, it is difficult to resist the conclusion that Szasz has had absolutely no effect in terms of *realpolitik*; this is understandable because the political Right, which might generally favour his extreme libertarian position, baulks at its application to psychoactive drugs, while the Left has been characterised by what Murphy refers to as “the traditional centrality of (unaltered) consciousness to socialist politics” (p. 38). Unlike Szasz, Murphy is not a doctrinaire libertarian who would leave the management of drugs to the tender mercies of the free market; instead, his proposals for legalisation are aimed at the creation of a system of state regulation, which represents a pragmatic compromise between the current prohibitionist regime and a total free-for-all. Nonetheless, Murphy couches his attack on existing drug policy in explicitly moral terms. Perhaps the best summary of his argument is contained in Chapter 4 where he discusses the morality of using harsh criminal justice sanctions in a war which has not been won and which shows no sign of being won; in reply to his own question as to whether current policy is morally right or wrong, he says:

I am arguing that it is wrong. I regard prohibition as ineffectual, irresponsible, and illegitimate: it is ineffectual because it is falling far short of its objectives; is irresponsible because it is contributing directly and indirectly, to the creation of greater social problems than those which it is directed against; and it is illegitimate because it employs incarceration and other criminal sanctions in an improper and excessive manner (p. 33).

He develops this argument by using the framework of Drug, Set and Setting (Zinberg, 1984) to explore the extent to which drug-related problems — and he does not deny that drug use can in commonsense terms be problematic — are attributable to the drug itself, to individual factors (set) or to environmental or contextual factors (setting). Just as some of Becker’s (1963) classic research into cannabis use had demonstrated that positive or desirable experiences with the drug were socially and culturally mediated and not just drug effects, so too does Zinberg clarify how negative experiences

are largely explicable in terms of social context. For Murphy one of the most objectionable features of the war on drugs is its implicit assumption that drug use can be regarded as a phenomenon which exists in a social vacuum, with an accompanying disinclination to address those socio-economic factors which leave some sections of the population particularly vulnerable to bad drug experiences. Epidemiological studies of treated "drug misuse" in Dublin (Stevenson and Carney, 1971; Dean *et al.*, 1985; O'Higgins, 1996) have consistently revealed that serious drug problems are not randomly distributed in geographic or socio-economic terms but that they cluster in neighbourhoods characterised by poverty and general disadvantage; these studies have also shown that problem drug users tend to be educationally disadvantaged and unemployed, and that this complex package of personal difficulties cannot reasonably be attributed to drug use alone.

When these epidemiological data are considered from the Zinberg perspective, what they suggest is that poverty predisposes young people to a different and more risky style of drug use than would be commonplace amongst their more affluent peers. The motivation of young drug users in this institutionalised setting of poverty, boredom and hopelessness may be seen in terms of self-medication; the drugs used are generally more addictive, and the style of administration — intravenous use tends to be the norm — carries with it more indirect risk. By contrast, young drug users from middle class backgrounds may be seen as using drugs to enhance what is already a relatively interesting and promising lifestyle, and as having much clearer cause to take care of themselves and to minimise risk.

When Irish, or indeed most other countries', drug policy is looked at in the context of Zinberg's framework, it appears as though policy concentrates on "drug" and "set" to the almost total exclusion of "setting". The war on drugs is largely, albeit unsuccessfully, aimed at eliminating the supply of illicit substances, while policy aimed at reducing individual demand through education (at its crudest in exhortations to young people to "Just Say No") focuses on individual decision-making, with little or no reference to structural factors which influence such decision-making (Dorn and Murji, 1992; Butler, 1994). Murphy's recommendation, in the light of this analysis, is that the war on drugs should be declared a lost cause, and that some form of legalisation should be introduced; he believes that the damage done by drugs would be reduced in this way and also that it might become easier for public policy to address a host of other social ills currently obscured by the rhetoric of the war on drugs.

III MEASURES TO REDUCE THE DEMAND FOR DRUGS — THE RABBITTE REPORT

Apart from the coincidence of their simultaneous publication, it is interesting to read Murphy's book in the light of the Rabbitte Report because the latter — an official policy document drawn up by a committee of politicians — ought to provide clear evidence as to the policy climate into which Murphy has launched his pamphlet.

In an earlier paper (Butler, 1991), this author was critical of Irish drug policy making on the basis that it had failed to create any structure which facilitated critical debate and that, accordingly, policy recommendations axiomatically reflected the fundamental tenets of the war on drugs. It was also argued that real policy change has taken place in the drug treatment area since the late 1980s, with the introduction of "harm reduction" practices as opposed to abstinence practices, following the discovery of the role of needle-sharing amongst intravenous drug users in the transmission of HIV; it was suggested, however, that these changes were introduced in Ireland in such a gradual and covert way that they did not achieve full momentum as quickly as they might have. In the British policy-making system, on the other hand, the statutory *Advisory Council on the Misuse of Drugs* has published a stream of reports (examples are: ACMD, 1982; 1984; 1988; 1990; 1994) which, while not always accepted by legislators and other policy makers, have at least contributed to a more open and critical debate on drug issues.

The question, therefore, is whether or to what extent the Rabbitte Report can be seen as a new departure either in terms of its content or in terms of its commitment to a more open and critical policy process. Perhaps the first thing to strike the reader approaching these two documents in a comparative way is the enormous difference in their style and presentation. Murphy, as one might expect of an academic author, presents his argument with clarity, succinctness and copious references to the relevant literature; readers who might disagree with his conclusions would probably accept that at least his case is well presented and that he makes no irrational or exaggerated claims for the radical policy shift which he advocates. If Murphy's book has all the appearances of a text emanating from the groves of academe, then the Rabbitte Report may fairly be characterised as a document produced in the heat of battle. In opting to produce a quick report, during August and September 1996, the Ministerial Task Force had to forgo the polish and refinement associated with policy documents drafted by civil servants under more leisurely conditions; the report, not to put too fine a point upon it, is garbled and repetitive, and it is a constant struggle for its readers to distinguish between summaries of submissions made to this Task Force,

analysis of the issues, and recommendations and conclusions. It has already been mentioned that this report was undertaken during Ireland's six-month Presidency of the European Union, but another event which was of obvious relevance to its production — and which added at this time to the general sense of moral panic — was the murder of the journalist, Veronica Guerin, allegedly by criminals involved in drug trafficking.

The fact that the Rabbitte Report is not as coherent as it might be gives it a paradoxical energy and authority, and it is almost impossible to read it without being convinced that, at least for the period of its preparation, the Ministers of State concerned were fully engaged with the issues and fully committed to the exploration of new policy initiatives in this area. Minister Rabbitte and his colleagues were concerned with measures to reduce the *demand* for drugs, but it is important to bear in mind that the Government was simultaneously involved with several new legislative initiatives aimed at the prevention of drug trafficking and the confiscation of illegal drug assets. There was, in other words, no abandonment or diminution of the commitment to *supply* side policies, and it is this retention of the basic philosophy of the war on drugs which largely explains why the Rabbitte Report, despite containing some important new policy approaches, cannot be seen as initiating a radically new era in Irish drug policy making.

Much of the material contained in Rabbitte is not particularly new; in the case of its discussion of drug education (pp. 42-43 and 70-71), for example, it is remarkably similar to previous, almost ritualistic, coverage of this topic in earlier reports, such as the *First Report of the National Co-ordinating Committee on Drug Abuse* (1986) and the *Government Strategy to Prevent Drug Misuse* (1991). Rabbitte's discussion of drug education in Ireland makes no attempt to explain why previous education strategies were not notably successful, nor indeed does it review the wider evaluative literature on this topic. In one specific and vitally important way, however, the Rabbitte Report contains a radical new policy perspective and initiative; for the first time ever, Irish policy makers have publicly and unequivocally accepted that a causal link exists between poverty and serious drug problems, and that demand reduction measures should be selectively aimed at those neighbourhoods or communities where a high prevalence of drug problems coincides with generalised social exclusion or disadvantage. The Task Force noted that the submissions which it had received had consistently:

identified the same underlying causes of problem drug use as had already been identified by the Group, i.e., social disadvantage/exclusion, characterised in high levels of unemployment, poor housing conditions, low educational attainment, lack of recreational facilities,

etc. (First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs, p. 33. Bold in original)

The main strategy adopted by the Ministerial Task Force to deal with this newly acknowledged causal link between communal poverty and serious drug problems is the creation of eleven *Local Drug Task Forces* (ten in Dublin and one in Cork City) in areas deemed to have such a coincidence or overlap of problems. These Local Task Forces are expected to link where possible with existing Area Partnership Companies, which are already working on broader socio-economic issues; they are to include representatives of statutory health and social services, the Gardai and Probation and Welfare Officers, as well as local voluntary workers, and their task is to draw up a development plan for a co-ordinated local response to drug problems. The work of these Local Task Forces is to be monitored by a *National Drugs Strategy Team*, a body consisting mainly of senior civil servants from a range of relevant central government departments (Health, Justice, Education, the Environment, Social Welfare and others) but with some representation from the community and voluntary sector; in turn, the National Drugs Strategy Team is to report to a newly-established *Cabinet Drugs Committee*, chaired by the Taoiseach and consisting of the Ministers for Health, Education, Justice and the Environment, and the Minister of State to the Government.

All-in-all, this new structure for reducing the demand for drugs seems very impressive, combining "top-down" and "bottom-up" features in a clearer and more explicit way than had ever been the case previously. Furthermore, any suggestion that the Government's commitment to the local Drugs Task Forces is a token one could be immediately repudiated by reference to the generous funding for all the measures announced in the Rabbitte Report, with £10 million specifically allocated for the Local Task Forces. In terms of Murphy's critique, it would appear that *setting* has finally come centre stage and that Irish drug policy no longer regards drugs as a totally independent force for evil operating, more or less, in a social vacuum. The *Government Strategy to Prevent Drug Misuse* (1991), the major policy document immediately preceding Rabbitte, had made only the most cursory of references to links between poverty and serious drug problems, and had not based any specific policy recommendations on this perceived link. An earlier *Special Governmental Task Force on Drug Abuse* (1983) had admittedly proposed the establishment of Community Priority Areas, based on the same criteria which Rabbitte used in deciding where to locate the Local Drugs Task Forces, but this proposal was not implemented and only came to light many years later following the leaking of this unpublished report. Instead of publishing this 1983 report, the Minister for Health of the day (Barry Desmond of the Labour

party) decided to issue a number of press releases which contained no reference to this proposal to selectively aim resources at disadvantaged areas, and which largely reiterated the individualistic “Just Say No” approach (see Butler, 1991, p. 220).

While acknowledging the significance of the setting-up of Local Drugs Task Forces, and their generous funding, as well as the Cabinet Drugs Committee and the National Drugs Strategy Team, it would seem from the perspective of Murphy’s call for a radical rethink of the war on drugs that the Rabbitte Report is a most unsatisfactory document. A negative judgement of this kind stems not just from a reading of its content but from an assessment of the policy-making process inherent in this report. Specifically, it appears that where Murphy has acknowledged and attempted to grapple with all the contentious analytical issues which arise in the course of his ambitious scrutiny of Irish drug policy, Rabbitte continues the practice already alluded to of dodging the difficult questions which arise in this sphere. Despite the sense of urgency and commitment which the Rabbitte Report communicates, it is clear that there are many awkward but fundamental questions which it simply ignores. Some of these questions will be dealt with in the next section, before a concluding section attempts to explain why this avoidance of policy debate has continued and whether change in this area is imminent or even possible.

IV QUESTIONS BEST AVOIDED?

It has already been suggested that the trend in Irish drug policy making has been to avoid critical and open debate on policy dilemmas, a practice which may both slow down the emergence of new policy measures and occasionally conceal policy change where important change has actually occurred. In reading the Rabbitte Report, there are a number of important but largely unexplored topics which suggest themselves and three of these — *the definition of drug problems, the dynamics of local community partnerships and the concept of harm reduction* — will be discussed here.

The first of these, the definition of drug problems, might appear to be an academic irrelevance since a large part of Rabbitte’s discussion, and probably the most important of his recommendations, concerns opiate use — in particular heroin use — in Dublin. From a commonsense perspective, heroin use is inherently problematic, and media coverage and popular cultural representations of heroin reinforce this negative image: the drug has a high potential for physiological dependency, requiring its users to “fix” with great frequency so as to avoid the discomfort of withdrawal; it creates a direct risk of death by overdose and is indirectly associated with the transmission of

serious illnesses such as hepatitis and AIDS; and, of course, its exorbitant price tends to draw its users into crime or prostitution so as to “feed their habit”. In fairness to Murphy’s case for legalisation, it should be pointed out that most of these negative features could arguably be lessened, if not entirely eliminated, through the provision of a legal drug, produced under quality control and sold at a reasonable price. Nonetheless, heroin is, in terms of its popular image, the “hardest” drug and Rabbitte is at its surest and most unequivocal in handling this subject, particularly in the context of urban poverty.

Aside from this rather pragmatic handling of heroin issues, however, the Rabbitte Report makes no attempt to analyse the general phenomenon of psychoactive drug use, particularly as it exists amongst young people; instead it tends to refer interchangeably and without definition to “drug abuse”, “drug misuse” and the “drugs problem”. The presumption underlying these linguistic usages is that there is a cultural consensus on the danger and undesirability of using illicit drugs; referring back to the war on drugs metaphor, it is as though all sections of society — with the exception of a deviant minority of fools, knaves and conscientious objectors — are at one in their identification of this common enemy and in their commitment to its eradication. However, this notion of absolute consensus has long been disputed by sociologists, particularly those subscribing to “new deviancy” theory (Young, 1987); in place of this concept of absolute consensus on societal values, deviancy theorists have posited a plurality of values, and this latter concept appears to fit reasonably accurately the empirical realities of young people’s drug use. A recent British study (Parker *et al.*, 1995) argues that illicit drug use by adolescents and young adults is no longer seen by this group as deviant or pathological (if, indeed, it ever was seen by them in this way) but that it is now a normative or mainstream part of youth culture. Parker and his colleagues also suggest that while such drug use may offend specific adult values on this subject, it conforms in a more general way to the ethos of the mainstream global economy and that the measures required to prohibit drugs internationally — if this prohibition were to be effective — would be draconian and totally unacceptable in democratic, open economy societies.

Ideas such as these are not discussed or referred to in the Rabbitte Report, indeed the report contains no literature review or bibliography of any kind. It is, however, suggested that “the abuse of ecstasy and cannabis is nation-wide” (p. 8), and the Task Force proposes to produce a second report which will deal *inter alia* with “the effectiveness of the current response to the nation-wide misuse of non-opiates such as E and cannabis” (p. 8). It would seem difficult for the Task Force to undertake a review of this latter topic without dealing

directly with the “plurality of values” and the general cultural ambiguity implicated in this scene; the drugs concerned are regarded as having a low potential for dependency, the health risks (while certainly not imaginary) are not particularly stark, and the users are more mainstream in terms of their education, their work backgrounds, their geographic spread and their political views. Given the Task Force’s avoidance of basic definitional work in this, its first report, it will be interesting to see whether or how it conducts this review of drugs commonly regarded as recreational; what it will discover, almost certainly, is that there is no consensus on these “soft” drugs and that it is much harder to avoid contention than was the case with its review of opiate use.¹

The second topic to be considered here, on the basis that it arises from the Rabbitte Report without receiving the detailed critical attention it merits, is that of local community partnerships. The concept of partnership is currently very popular in Ireland, both in terms of social and economic planning at national level and in terms of local development strategies for disadvantaged areas; it is, therefore, not surprising that it should be invoked in relation to the prevention or management of serious drug problems in disadvantaged neighbourhoods. What appears to be envisaged within the framework of the Local Drugs Task Forces is a co-ordinated approach to drug problems, consisting both of vertical partnership between statutory authorities and local voluntary and community interests, and horizontal or intersectoral partnership between different sectors of the state. There are a number of questions which arise in this context, but the fundamental question is whether these partnerships will prove to be a practical and effective proposition; as a corollary, one could ask why, since the partnership approach seems such an obvious one, this was not tried before, or, if it was tried before, how well did it succeed?

In relation to cross-sectoral co-ordination of anti-drug strategies by various Central Government Departments, the Rabbitte Report refers to “the drugs problem” in terms of the *Strategic Management Initiative* (1996) as a “cross-cutting” issue (p. 12). To a reader unfamiliar with the evolution of Irish drug policy this might seem like an original perspective, presented in the context of a new management concept with the potential to radically change and streamline state interventions in this sphere. The reality is that belief in the necessity for such intersectoral co-operation and co-ordination has always

1. The *Second Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs* was published in May 1997 just as this paper was being completed, which did not allow time for a full consideration of this report here. From a preliminary reading of it, however, it appears that Chapter Two on the “Misuse of Non-Opiate Drugs”, while somewhat equivocal, does accept that youth culture has tended to normalise drug use.

been explicitly acknowledged, although perhaps never fully achieved, in the Irish drug policy-making scene (Butler, 1991). From the early 1980s onwards, this task was commonly conceptualised in terms of *health promotion*, the paradigm which ostensibly guides all Irish health policy at present, with its emphasis on switching the balance away from curative medicine towards the promotion of positive health (*Shaping a Healthier Future*, 1994). In fact, in one of the earliest discussion documents on health promotion issued by the Department of Health it was argued that "In Ireland the problem of drug abuse provides a good example of intersectoral collaboration working successfully in practice" (*Health, the Wider Dimensions*, 1986, p. 26). It is probably fair to say, however, that previous attempts to co-ordinate drug policy intersectorally have tended to lapse into inactivity after initial enthusiasm, and Rabbitte's failure to consider this leaves legitimate room for scepticism about the new structures. The inclusion of a Cabinet Drugs Committee in the new structures suggests that intersectoral collaboration is being given top political priority and that things may be different this time around; it would be foolish, however, to place too much credence in Cabinet involvement, particularly since the *Cabinet Sub-Committee on Health Promotion* (Kelleher, 1992) established in the late 1980s — which had the potential to co-ordinate drugs policy, among other things — did not make any obvious contribution in this sphere. Furthermore, the present constitutional position on Cabinet confidentiality makes it impossible for interested members of the public to know what, if anything, the Cabinet is doing on this, as on any issue, unless the Cabinet chooses to disclose this.

Similarly, it must be said that the track record of vertical partnership between statutory authorities and local community groups involved in the drugs field is not good. The capacity of the Eastern Health Board to work in partnership with community groups on drug issues is obviously crucial, since it is in the Dublin area that the most serious drug problems have been identified and it is in Dublin that ten of the eleven Local Drugs Task Forces are located. The first wave of heroin use in Dublin, often referred to as the "opiate epidemic", took place between 1979 and 1983 (Dean, *op cit.*, 1985); then, as now, there were specific neighbourhoods where the prevalence of heroin use was particularly high and where local community groups tried to mitigate its worst effects. The Eastern Health Board, as the statutory health and social service authority for the Dublin area, became involved at this time in its first attempts at partnership with local anti-drugs activists, a process which has continued to a greater or a lesser extent ever since. In general, it would have to be concluded that this statutory-voluntary relationship has been a most unhappy one, characterised by acrimony and mutual distrust. Cullen (1993) has written a detailed case study of events in the early 1980s in

one south inner-city area in which he concludes that the Eastern Health Board found it virtually impossible to share power or work collaboratively with the local community development body.

A more recent but broadly similar situation occurred in Ballymun with the establishment of a *Community Drugs Team* (CDT), as a partnership between the Eastern Health Board and the Ballymun Youth Action Project in 1992. This CDT was established as a result of a recommendation contained in the *Governmental Strategy to Prevent Drug Misuse* (1991), a report which went some way towards presenting a case for drug services to be decentralised and for drug users to be seen and helped in terms of their local setting. The Ballymun CDT was dissolved in 1995, again in a flurry of mutual recriminations, and the scale and intensity of the confusion and bad feeling involved may be gleaned from this quote from its evaluator:

It is essential that both partners are clear about why they are in partnership, what they wish to achieve and how they will do so. This evaluation has shown that such clarity did not exist, that the vision, aims etc., did not go much beyond general statements of aspiration, that the partners did not openly share their agendas for being in partnership, that they guessed at each other's motivation for being in partnership and never checked out their assumptions, that there were so many differing expectations of the CDT which were never articulated and dealt with and which ultimately resulted in inactivity, frustration and anger. (Forrestal, 1996, p. 36).

The major change that has taken place in the administrative structure of the Eastern Health Board since this failed attempt at partnership has been the creation of a separate organisational "programme" for drugs and AIDS, but it would be naive to expect that this innovation alone will alter the nature of this troubled statutory-voluntary relationship. Indeed, one could argue that since the Community Care Programme failed to foster good community relations in this sphere, there is little reason to expect anything better of the new Drugs and AIDS Programme. One of the main difficulties facing the Eastern Health Board in working with community groups is the enormous ambivalence of these groups towards drug users; there are regular demands for the creation of new local treatment services but simultaneously there are aggressive protests that such services should not be located "in my back yard", coupled with threats of violence against drug users.

The recommendations of the Rabbitte Report on partnership as a response to drug problems appear to be modelled, albeit without acknowledgement, on *Tackling Drugs Together* (1995), the current English drugs policy document.

MacGregor (1995) has pointed out the difficulties involved in implementing these policies in English cities in the absence, as she sees it, of effective local democratic structures; her misgivings on these grounds apply *a fortiori* to Ireland. The difficulties which arise in relation to community policing are also not treated in any depth by Rabbitte, but it is fair to say that McCullagh's (1985) critique of this area is still as sharp and as relevant as when it was published. It has to be concluded, therefore, that the concept of partnership, while offering hope for a concerted and energetic response to drug problems in disadvantaged urban areas, is not without its difficulties, and that these are difficulties which cannot be resolved by funding alone.

The final question which is to be found lurking in the text of the Rabbitte Report, but which is not given any explicit consideration, concerns the role of *harm reduction* in Irish drug policy. The term itself is somewhat ambiguous (Wodak and Saunders, 1995) but essentially it refers to policy and practice aimed at reducing the harm caused to individuals or to society by the use of drugs, once it is accepted that society cannot be made drug-free and that individuals cannot always be persuaded to abstain from drugs. Ideologically, it is clear that harm reduction is incompatible with a total commitment to the war on drugs, and to fundamentalists it is the thin end of the wedge, ultimately leading to legalisation. Rabbitte mainly deals with the question of methadone maintenance, a specific form of harm reduction for opiate users, and with the necessity to eliminate waiting lists for methadone maintenance in Dublin. The dilemma which methadone poses for policy makers is relatively straightforward: evaluative research (see, for instance, Farrell, Ward *et al.*, 1994) confirms its value for stabilising social behaviour, reducing criminality and as a public health measure, particularly in relation to the transmission of HIV, but at the same time it appears as though its use is fundamentally wrong in terms of the traditional abstinence framework. It is difficult, if not impossible, to reconcile methadone maintenance with the war on drugs, since methadone maintenance consists of the prescription by the state of a substitute opiate for an indefinite period of time.

Readers of Murphy's book, or of similar policy analysis texts in this field, have the advantage of seeing harm reduction presented in a broader historical and sociological context so that it becomes clear that this policy approach is not of very recent origin and is not exclusively linked to HIV/AIDS issues. Other countries have recently adopted harm reduction as their official drugs strategy in an open and explicit way; Canada (Single, 1995) and Australia (Hawks and Lenton, 1995) are cases in point and Dutch policy (Englesman, 1989) has long had this orientation. Perhaps the most obvious conclusion that can be drawn concerning the reluctance of Irish policy makers to debate the question of harm reduction is that they judge this topic

to be politically dangerous; it has the potential to evoke the ire of those fundamentally opposed to any degree of liberalisation in the drugs sphere, and of course change can be (and has been) introduced in a relatively covert way, with the minimum of fuss. On the negative side, however, failure to initiate and sustain explicit policy discussion on harm reduction appears to have led to delays and inconsistencies in service provision. For instance, the Department of Health's *Protocol for the Prescribing of Methadone* was drawn up in early 1993 but was only launched on a pilot basis in early 1996; this protocol concerns the prescribing of methadone by general medical practitioners, which is a contentious issue both for doctors and for the general public. This is clearly an area of great ambiguity, where there are no clear-cut or technical solutions, but, impressionistically, the debate amongst GPs on this subject has been unnecessarily polarised, ranging from those who see methadone prescribing as grossly immoral to those who see methadone as "just another treatment". It can also be argued that the retention of the National Drug Treatment Centre Board (which is a successor to the National Drug Advisory and Treatment Centre established in 1969) is now anomalous, given the huge development of services by the Eastern Health Board and the implicit philosophical shift from centralised services.

The recent Fianna Fáil policy document on drugs (Fianna Fáil, 1997) proposes to demote methadone maintenance from its current position in Irish drug policy, and in various other ways hints at a return to abstinence policies; whether the clock can be turned back in this way, should Fianna Fáil be elected to Government, remains to be seen. Interestingly, Fianna Fáil also proposes to establish a *National Commission on Drugs*, which might be comparable to Britain's *Advisory Council on the Misuse of Drugs*; should Fianna Fáil actually do this, it might have the effect of challenging much of the philosophical thrust of the party's current policy.

V AN END TO WAR?

The two main questions posed early in this review were whether Murphy's argument for legalising drugs could, broadly speaking, be seen as valid, and, if so, whether his book might have a significant impact on drug policy debate in Ireland. The answer to the first question, in the opinion of this reviewer, is that Murphy's argument is indeed valid; his book is an excellent example of intellectual synthesis which transcends any single academic discipline and offers for the first time a sustained critical review of Irish drug policy. His argument, in summary, is that the moral basis for prohibition is ambiguous since, like most other western societies, we are not fundamentally opposed to mood-altering drugs; he also believes that in practical or instrumental terms

the war on drugs has added to the problems of drug users and society, and that in particular it has not protected the most vulnerable sections of society where the problems of drug use have hit hardest. If one compares Murphy's critique of conventional drug policy to that of American policy analysts — which is valid since it is from America that we have drawn what Kane (1996, p. 134) describes as our "root metaphor" in this sphere — he most resembles Ethan Nadelmann (1989), who has set out in careful detail the costs and consequences of retaining strict prohibitionist policies and a framework for regulating drugs under a new regime.

When read in the context of the Rabbitte Report, however, Murphy's text seems excessively rational and almost indecently explicit in its coverage of drug policy issues; one could almost imagine that politicians who decided to read it would do so under a plain brown cover, so far ahead of popular sentiment does it appear to run. Discomfort with acknowledging the social, economic and political aspects of problem drug use is still in evidence in Irish policy making, as it was in Nixon's America. The "moonshot" approach to drugs policy has always been politically safer, and traces of this are evident still, most notably perhaps in the naming of the recent Forbairt research programme — *Science and Technology Against Drugs*. Presumably, social scientists will have private reservations about this title, while at the same time welcoming the funding.

Change in the social policy field is most commonly an incremental process, and it is comparatively rare that a rational-comprehensive review of existing policy radically reverses its overall thrust. The war on drugs may, in the eyes of most policy analysts, be morally and technically discredited, but for as long as popular opinion continues to favour it, politicians will hesitate to introduce dramatic change. The war on drugs metaphor is, of course, American in origin and it is likely to gradually lose currency as individual European countries and the European Union struggle to develop policies of their own which reflect their own policy climate (Dorn, Jepsen and Savona, 1996). The indications are that the Irish policy climate is not yet ready for the rationality and the radicalism of Murphy's critique; change is taking place in Irish drug policy, but it is a cautious and gradual change which seeks to avoid the impression that a war has been lost. Murphy's book will undoubtedly play a part in this process of change, although the pace of the change may not be to his liking.

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