

# WHY COMPLETE LEGALISATION IS THE REAL ANSWER TO THE ‘DRUGS PROBLEM’

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The drugs issue is an important, possibly the most important, illustration of a fundamental question involving the nature of ‘society’ and the function of democracy. As such it is of importance even for people who have no direct interest in using drugs themselves. It raises questions of the ultimate justifications of law and morality, questions which are almost invariably ignored or avoided.

In the first place let us note that laws are always defended or justified in terms of some sort of principle. In other words no legislator, even in dictatorships, actually says, in effect, that they passed a law just because they felt like it. They all purport to justify their laws in terms of doing good or supplying benefits of some sort or other. Some justifications are ‘obvious’ and legitimate, others dubious.

In the case of drugs the justification is that drugs are in some way especially dangerous — leading to so-called ‘dangerous drugs’ legislation.

There are two considerations here — whether the drugs in question are in fact dangerous in some sense, and whether, even if they are, this justifies suppressive legislation.

The supposed dangers from drug use fall into three distinct categories.

The first is that the drugs are, in effect, poisons which will cause death or serious physical or mental damage to users.

The second is that they inevitably lead to ‘addiction’ in users.

The third is that there are said to be disastrous social side-effects of drug use from crime and the corruption of the population.

I will consider these in turn.

## **FATAL EFFECTS ARE MUCH EXAGGERATED**

Certainly some people die from the use of drugs. Those who do often get a lot of publicity. Close examination of the circumstances in most cases confirms the appropriateness of the usual adjective associated with drugs — ‘misuse’. Deaths are invariably due to over-

doses (often because of ignorance of the purity of the substance believed to be the drug), or ignorance of appropriate behaviour in drug-using conditions, and sometimes no doubt individual hypersensitivity or ‘allergy’. The fact is, of course, that if drugs were really very dangerous they would *not* be used except for intentional suicide. Though drug use is supposed to be an ‘epidemic’ when widespread anxiety is being worked up, we don’t, in fact, have to pick our way in the street around the dead bodies of drug users or actually know of anybody who had died of drug so-called abuse. In other words the fatal effects are much exaggerated and would be extremely rare if drugs of reliable quality were available.

In the face of these facts the argument changes to alleged long-term effects. In fact very little is known about long term effects — at least officially. This is because proper controlled scientific studies have simply not been done, probably because of a strong suspicion that if they were done they would *not* produce evidence to support the official propaganda line. In the case of natural drugs such as opium, morphine, heroin, cocaine, cannabis, alcohol and tobacco, there is plenty of direct evidence from long term use by millions of individuals. From this it is safe to conclude that morphine, heroin, cocaine, and cannabis are more benign than alcohol and tobacco. This applies particularly to cannabis for which no significant harmful effects have been established. In fact morphine and heroin are very safe so long as the dosage is appropriate to the tolerance level of the user, and in those circumstances they can be used for a lifetime without significant harm. In contrast a considerable amount of harm has been done by quite a few medically prescribed drugs such as pheno-barbitone and benzodiazepines. (This has led to the formation of patient’s groups such as Victims of Tranquillisers). But, as might be expected, any harm done by officially approved drugs is minimised and hushed-up, whilst any done by disapproved ones is hyped up and exaggerated.

## **USAGE IS NOT ADDICTION**

And why are an apparently endless supply of people willing to poison themselves? Because these drugs

evidently not only produce pleasurable sensations but also induce ‘addiction’.

According to the conventional wisdom addiction is a condition produced by certain substances. Or rather *possibly* produced by these substances. In fact all the so-called addictive substances, with the possible exception of tobacco, can be, and usually are, used spasmodically and intermittently. Taking heroin or cocaine every Saturday night is no more addiction than a similar indulgence in alcohol. Long established usage at a particular time or in particular circumstances, such as in certain company, is *not* addiction — though it might have some elements of psychological compulsion and anxiety about withdrawal just like any other ingrained habit.

Addiction as distinct behaviour is quite rare. It is characterised by an apparent obsessive desire for the drug together with virtually no positive enjoyment of it. Also often bizarre and uncharacteristic behaviour whilst ‘under the influence’.

This has resulted in addiction being presented as a ‘disease’ over which the ‘victim’ has no control. Addiction is also presented as a major evil and social scourge. There is, however, much confusion and deliberate distortion of both fact and logic in attitudes to ‘addiction’.

In the first place it is significant that the implied reason ‘addiction’ is a ‘disease’ is its supposed removal of free choice in the sense that the ‘sufferer’ is assumed to want to be unaddicted but is in some sense incapable of achieving this condition. And not only are sufferers not able to cure themselves, they are not even capable of deciding whether to become ‘addicted’ or not. The conventional wisdom myth is that pushers manage it all on their own. They persuade people to seek them out and pay high prices for small quantities of dull and unhygienic substances. All that without any TV, newspaper, or poster advertising so necessary for real desirables including political parties. Obviously remarkable marketing powers.

The fact is that addiction in any meaningful sense, apart from habit, is actually rare among users of any so-called dangerous drug. The distinction is significant. Habits are very common and in fact necessary for normal life. Driving a car, for instance, is a fairly complicated set of habits, such as changing gear or looking in the mirror, which are quite difficult to change as necessary in, for instance, driving abroad on the ‘wrong’ side of the road.

The distinction between a strongly ingrained habit and an ‘addiction’ was indicated to me at an Alcoholics Anonymous’ meeting. A heavy habitual drinker is recognisably the same person even when drunk, but an alcoholic becomes a different person when ‘under the influence’. In other words the true alcoholic is somebody who is really seeking an escape from the

‘act’ he or she puts on in everyday life. This has in fact been long-recognised and encapsulated in the observation *in vino veritas* — wine reveals the truth.

But so far as potential addicts are concerned different drugs appeal to different (normally hidden) personalities. Alcohol is particularly good at relieving naturally aggressive and egotistical individuals of the, to them, irksome civilising requirements for restraint and politeness (no doubt why it is so popular with politicians, journalists and policemen). Opium and heroin are particularly attractive to those who like to ‘get away from it all’ in dreams or semi-consciousness (as is cannabis on a lesser scale).

Cocaine and ‘crack’ are similar in some respects to alcohol, except that they don’t cause drunkenness and don’t last so long.

### WENDY AND MABEL — HUMAN PERSONALITIES ARE THE VARIABLE

*A short time ago I was giving a friend — ‘Wendy’ — and her six months old baby a lift. As a retired teenage prostitute — retired into the more fashionable single motherhood and social security dependence — she liked to drive through the ‘red light’ districts and renew old acquaintances briefly. This time she met ‘Mabel’ — a girl of West Indian extraction who was working outside the Jessop Women’s Hospital where Wendy had given birth. Mabel wanted a lift, and I agreed as she lived on the way back to Wendy’s. The girls decided they fancied a ‘crack’ session but found they were £6 short of the price of a crack rock. They asked me for a loan. Mabel offered her ring as security, which she said was worth £20. I agreed.*

*It took three calls to find an evil pusher with a satisfactory ‘rock’ — though Wendy had rejected the first dealer’s offer as ‘rubbish’ (she subjected all crack rocks offered to a simple but quite discriminating taste test on the tip of her tongue). From previous experience of Wendy’s crack smoking I expected to go to some tatty bedsit, possibly with Mabel’s boyfriend, and be invited to join in as well. Instead we entered a room whose most conspicuous furniture was a huge fridge-freezer leaning at an alarming angle, and a battered three-piece suite overloaded with three generations of West Indians and one very tall white man. I assumed they had all probably recently indulged in a cannabis smoking session in view of the smoke and smell.*

*This time I was obviously expected to wait as Wendy, still with her sleeping baby, and Mabel disappeared up a narrow staircase through a door at the far end of the room. Everybody glanced at me but otherwise took no notice. I leaned against the jamb of the door through which we had entered, feeling like an unwelcome guest, and got progressively more ill-tempered.*

*Wendy and Mabel returned after about fifteen minutes — Wendy with her usual post-crack bright-eyed and satisfied expression. But Mabel had a wilder look and rushed straight for the outside door, guarding it, and accusing me of stealing her ring.*

*“I want £20. You got my ring and you owe it me,” she insisted.*

*“You made a deal and you must keep to it — £6 and you can have it back — it’s no use to me and I’m not buying it,” I replied calmly.*

*“No. You not going until I get £20.” She held the door key in one hand, firmly behind her back. The impasse continued and the passage way to the door filled with black faces and the one towering white one, all now wanting to get out.*

*“Have you any suggestions about this situation?” I asked the white man. He ignored the question.*

*“Gee us the keys and we’ll go out the back door Mabel,” he said instead. Mabel ignored him and continued with her demand whilst I stood firm largely because I assumed any concession to her irrationality would result in further demands. Wendy’s smile began to fade and turn to anxiety. Her baby was a considerable complication as it precluded any attempts to use threats or actual violence to Mabel. I asked Wendy if she had any suggestions in view of the fact that she had got us into the situation. After some thought she adopted a conciliatory attitude to Mabel. “Look, I know Paul’s alright. You’ll get your ring back. Just let us out — baby will need feeding soon.”*

*The appeal was initially rejected and Mabel’s demands reiterated, but then quite suddenly her attitude changed. She unlocked the door and let us out with no further explanation.*

The point of relating this little incident is to note that crack — as with other drugs — has different effects on different people. For my friend Wendy it seemed it was just a pleasant sensation, but Mabel was evidently unstable and her paranoia about whites easily triggered. [So far as I am concerned crack is a waste of time and money as the only effect I have noticed is a sore throat for an hour or two]. Of course we only hear about incidents where unstable people have done something criminal ‘caused by’ drugs.

But anybody whose elementary mental functions are not completely atrophied can see that if the effects of two factors in combination vary, and one factor is constant, then the observed variations must be due to the other one. In this context drugs are the constant, because they are of fixed chemical composition, and human personalities are the variable. The way to deal with so-called drug problems is to increase individuals’ awareness of their own personalities and ‘weaknesses’.

## **INCONSISTENCY BETWEEN ATTITUDES TO DIFFERENT CHEMICALS**

The last refuge of the interfering prohibitionists is the alleged disastrous effect that unrestricted drug use would have on ‘society’. Again the arguments are highly biased and selective. Margaret Thatcher is reputed to have remarked that there was no such thing as ‘society’. In the sense that society is not a ‘thing’ like a Boeing 707 or Nelson’s column she was obviously correct, but ‘society’ has some meaning as an abstraction indicating a complex set of expected behaviours and approved relationships. It is the nature of this ‘society’ that gives the clue to the real reasons behind the anti-drugs hysteria.

In reply to the frequently made observation of the inconsistency in the attitudes to alcohol and tobacco compared with so-called dangerous drugs, James Callaghan, when he was Home Secretary replied to the effect that “just because we have some social problems is no reason for risking more”. A common attitude, particularly in the Home Office, which the present ‘New Labour’ Home Secretary, Jack Straw, would no doubt endorse. It begs three questions and misses the main point — interesting because so many mistakes in so few words is unusual even for political statements.

The questions begged — or unstated assumptions — are that the substances were the ‘cause’ of problems, that more potential causes would result in more problems rather than a substitution for the existing ones, and that government action and legal penalties were both legitimate and effective. The point missed, no doubt deliberately, was that the inconsistency between attitudes to different chemicals with apparently similar attractions needs some explanation.

## **THE OBLIGATION TO OBEY ‘SOCIETY’**

This last point illustrates the critical and pivotal difference between two views of ‘society’ and government — the libertarian and the authoritarian — which finds stark expression in the so-called drugs problem. This is why I believe this so-called problem is a matter of concern to libertarians whether or not they are personally involved.

The authoritarian view actually has two ‘philosophical’ supports which can be identified as ‘obligation’ and ‘knowledge’. The obligation aspect was put to me years ago in a discussion with a Muslim Mullah who was objecting to the Western corruptive influence of personal choice (freedom) and democracy. His argument was that every individual owed obligations to ‘society’ whether he or she was prepared to recognise them or not. Life itself was probably due to the protection of ‘society’ from starvation and disease in particular, and the quality of it was enhanced by education and culture and (according to that Mullah) the great good fortune of being brought up as a Muslim. The

conclusion was that as one did not choose these benefits but inevitably enjoyed the advantages of them then one could not choose to ignore the obligations which 'society' required in return.

Very significant among these obligations was of course to obey and support (financially and with 'respect') the Mullahs who, though acting on behalf of God and 'society', happened to do quite well out of it. Individual choice and freedom are taken as a threat to the continuance of the Muslim theocracy, and a closer look at present-day democracies suggests that the theocratic form is not completely replaced though its scope and supposed justification have changed.

This exposes the real significance of the so-called drugs problem. It is an invention of the 'ruling class' as a major factor in maintaining the mystique of special knowledge and rights to authority. In the overtly theocratic regimes, authority is 'justified' by the 'we've got a hot-line to God' theory pushed by priests and some other 'leaders of society'. Where God is not taken so seriously the story has changed to democratic endorsement. But democracy is manipulated — largely by updated varieties of age-old methods.

#### **'DRUG PROBLEMS' MOST PREVALENT WHERE GOVERNMENT IS FAILING**

An important aspect of authority is the generation of fear and anxiety so the population — or at any rate the gullible part of it — is prepared to put unquestioned trust in anybody who claims the ability to solve the 'problems' and provide 'protection'. Then there is a good excuse for intrusion and regulation. The traditional stand-by for anxiety mongering has been foreign powers, but that 'danger' is not sufficient on its own and others are useful supplements at times. It is interesting to note that the end of the 'cold war' has not resulted in curtailment of powers of MI5 for instance — instead its attention has been redirected to 'organised crime and drug dealers'!

The use of the term 'ruling class' above was not, of course, in the discredited Marxist sense but in the one described by Chris Tame. Broadly speaking they are the people who depend on tax finance for their income and government sponsorship for their careers. Though not directly tax-financed this also applies to most of the media who depend to a large extent on government and other closely allied establishment sources (such as Trade Unions and Professional Associations) for most of their material.

Consequently anything which is attention grabbing, sensational, and presentable as requiring government action in the form of more agencies and staff financed by the taxpayer gets favourable treatment. *Another interesting observation I made recently was in regard to an alcoholic I know requiring treatment in the form of giving up drinking completely to avoid further serious*

*liver damage. The NHS consultant politely rubbished Alcoholics Anonymous as 'only suitable for some people' and directed the patient instead to an NHS-backed agency — with, of course, salaried staff and a waiting list!*

In fact the so-called drugs problem is very convenient for government and its hangers-on. Apart from an excuse to bring in restrictions and draconian penalties for people not directly involved, for instance on bank employees who fail to notify the authorities about 'suspicious' transactions, it also enables the numerous expensive policy failures to be obscured. It is no accident that 'drug problems' are most prevalent in areas of conspicuous government interventionist *failures* such as communal housing schemes (the notorious council estates for instance) and the unemployed and disaffected 'underclass'.

Addiction 'cures' invariably involve substantial personal reassessments and environmental changes (eg. residential care and different friends). Which is not surprising considering that most areas where drug problems are endemic such as redeveloped housing estates are also areas which have 'benefited' from government aid and economic support. If drug pushers can be blamed for the problems there, then there is a chance for even more interference and expenditure of tax money to 'solve' the new problems.

So the conclusion I hope readers of this article will come to is that the so-called drug problem is actually a different one from that usually presented. In my view libertarians have squandered a lot of time and energy researching and enquiring into whether the stories about death, injury, and addiction are credible in order to refute them. In this we are clearly *objectively* successful, but that has not, and in my view will not, make any difference to the attitudes of the 'we know what is right for everybody and we intend to make sure they know it as well' brigade. These 'reasons' are actually excuses for their claim to special knowledge of what is 'good' and *their right to power and influence over other people which this 'knowledge' is supposed to confer*. Consequently argument over particular facts is futile. As quickly as one of their 'reasons' is refuted they find another one, or simply refuse serious discussion as all political parties did during the (1997) election campaign.

#### **SUFFERING FOR NUMEROUS INDIVIDUALS**

But excuses for unnecessary laws is not the only side-effect of the drugs hysteria.

Here is a short extract from an article 'The Tragedy of Needless Pain' [*Scientific American*, Special Issue 1993, by Ronald Melzak].

Consider the case of a 26-year-old athlete who sustained a major spinal injury that caused him to suf-

fer from excruciating pain in the back and legs. The pain rendered him unable to work, and he became a burden to himself, his family, and society which pays his medical bills. His physician discovered that small doses of morphine taken orally each day (the way cancer patients receive them) obliterated the pain. With the help of the medication, the young man resumed working and made plans to marry his childhood sweetheart, who was accepting of his injury.

One day, however, the physician was accused by his Regional Medical Association of prescribing narcotics for a purpose unapproved by the Association and of turning the patient into an addict. Fearful of losing his medical licence, the physician stopped prescribing the drug. (Where morphine administration is allowed by law, physicians can technically prescribe at will, but they are in fact restricted by the regulations of medical societies, which control licensing)

Of course, the young man's pain returned. In desperation, he turned to other physicians and was rebuffed. He then sank rapidly into depression and again became mired in helplessness and hopelessness.

The article was a detailed consideration of pain control techniques available. Very noticeable was the frequent polite but clear exasperation and disgust at the way effective pain control had been frustrated by the official paranoia over the use of opiates. Also very significant is the observation that 'addiction' among patients given morphia/heroin for pain control was *unusual* and generally restricted to individuals who had previously experienced problems with 'drug abuse'. In other words *addiction problems from pain control treatment with opiates in particular, and other appropriate drugs, was clearly related to the character and personality of the patients not the properties of the drug.*

The damage done to effective pain control is not confined to the notoriously absurd attitudes in the USA. Recently a friend of mine suffered a fractured head of femur. Self-administered morphia pain relief was provided initially but only for about 18 hours. After that it was DF118 (Dihydrocodeine) only, which was by no means effective. But part of rehabilitation was to walk on the repaired fracture even though it was very painful — "you have to walk through the pain" the consultant ordered. There is no need for such restriction of opiate use and the resulting pain and inconvenience apart from supporting the 'drugs are dangerous' myth.

The costs of the absurd 'war on drugs' are not only economic, such as the wasted resources of police, customs, and so-called rehabilitation facilities, prisons, and legal fees — *it also results in a lot of pain and suffering for numerous individuals.*

## THE GOOD, THE MAJORITY AND THE CONTRARY

Probably even more important is the implicit support of the notion of individual incompetence in the face of mysterious evil people and forces in a frightening and dangerous world — from which these supposedly (in other circumstances) autonomous individuals 'need' the wisdom and protection of government and its various surrogates — at a price of course!

This is particularly important in the case of children. Much is made of the idea that legalising drugs would 'send the wrong message' to children. This wrong message is that drugs would be 'approved'. The assumed result is that drug use among children would escalate. In fact anybody who has had much contact with children will be aware that this is most unlikely. So far as the influence of teachers and other 'authority figures' is concerned children fall into three main categories. There are those who want to be 'good' and do in fact seek to please their parents and teachers by working hard and adopting the 'authority' values. Then there is the main body who take the line of least resistance and appear to conform but in fact adopt a healthily sceptical attitude — often overtly cynical. The third group is rarely mentioned and any members of it are kept out of the way during ministerial and other VIP visits to schools. They believe, and behave in ways, that are *contrary* to whatever is officially approved.

As adults these tendencies often continue. The 'good' ones get well qualified and consequently the supposedly best jobs — where continuing to be 'good' is essential for acceptance and credibility. So they have a double vested interest in maintaining the myth of special knowledge and the 'authority' which it is assumed to justify. One is that they have accepted it themselves as part of the 'deal' to obtain and hang on to their social positions. The other is that many of the 'best' jobs (from both the financial and prestige points of view) depend on the myth. This applies obviously to those employed in the law enforcement areas directly concerned, from government ministers through judges and other lawyers to police and customs officials. Also the 'rehabilitation' industry which is now a promising career for people with medical and social work aspirations.

## THE MAJOR PRIZE OF LEGALISATION

It is interesting to construct an inventory of advantages and disadvantages of continuing the present drugs hysteria, with its legal and social consequences.

The one major advantage of pretending the present attitudes are justified is the maintenance of 'confidence' in the present 'ruling class' who, for reasons explained, will almost inevitably support the existing conventional wisdom. A serious disruption of this 'faith' might well

result in erosion of respect for established role-models and supposedly prestigious state appointments.

Against this the benefits would be considerable. First a very large saving in enforcement expenditure. Secondly a relaxed attitude to pain control in hospitals and for post-operative and chronic treatment. Thirdly a realistic attitude to ‘addiction’ — the most appropriate being “so what”. Addictions can be tolerated with advice and training from (voluntary) organisations such as AA, Al-anon, Narcotics anonymous, etc. (Look in the telephone directory or ring the Samaritans who know all these organisations). Fourthly a general realisation that *problems* supposedly with drugs are really personal problems which need to be addressed by self-assessment and relationship analysis not superstitions about the evil powers of pushers and chemicals — superstitions on about the same level as medieval beliefs in evil spirits and dragons and with about the same level of objective justification. Fifthly the removal of a ready-made excuse for both the failures of previous expensive and futile government attempts at social engineering, and a justification for even more. Lastly, but most important, is the prospect of removing a major excuse for government intrusion and interference in essentially personal decisions under the guise of gratuitous protection from hyped and manufactured ‘dangers’.

It is this last benefit which is the major prize (though saving money and reducing the global total of pain and suffering are also important, of course). The so-called drug problem can be, and often is, used as a means of silencing other assertions of individual rights of choice. For instance in a recent [early May 1997] John Stapleton TV discussion on prostitution one contributor used the ‘satisfying a demand’ argument to justify her profession as a prostitute. Another contributor attempted to refute this argument by saying a similar one would justify being a ‘drug pusher’. Stapleton made no comment, which left the implication that some decisions affecting only participating consenting adults are nevertheless legitimately forbidden.

## WE WANT COMPLETE LEGALISATION

But the achievement of this glittering prize will require a major change of tactics in the drug legalisation campaign. In the first place the time wasting refutation of the usual repression school arguments about ‘harm’ and death of children might as well be abandoned.

The really fundamental and decisive argument is that there is no possible source of ‘values’, or justification of choices, than the individual so far as actions affecting only that individual are concerned. In fact this is accepted by the drug war advocates. That is why they are so anxious to establish that drug use is *not* a free individual choice.

So what we want is complete legalisation together with an official acknowledgement that the whole drugs war fiasco was a mistake from the start. A tall order perhaps in the present ‘climate of opinion’. But anything less would ultimately be a Pyrrhic victory. Arguments on the lines of “we must legalise to get control”, “we must legalise to break the criminal gangs” still leaves intact the implication that governments can and should specify what people should and should not do with their own bodies and lives. The ‘excuse’ that sane individuals do not in fact voluntarily make these decisions but are somehow forced into them is absurd. If it isn’t absurd then the implication must be that there is a substantial *and potentially rapidly rising* section of the population which must be unfit for just about any decision, including much more abstruse and complicated ones such as voting in elections perhaps?

In pressing for legalisation it will be important to acknowledge that there will be costs as well as the advantages mentioned above. In fact the prohibitionists probably regard the libertarian position as virtually incomprehensible. “If it is clear to anybody with a bit of common sense that there is an obvious cause of some serious social problem and distress then of course it is the government’s business to ‘do something about it’! What do we have governments for if it isn’t to protect people from dangers — including their own choices if everybody agrees they are bad choices? It’s just irresponsible to let people harm themselves.”

Many people — quite likely a majority — would ‘instinctively’ agree with this attitude. The trouble is that it is just about impossible to find anybody who thinks *they themselves* are the ones who need government protection from bad choices. It is always somebody else — or some (generally otherwise despised) subgroup who allegedly harbour this strange desire. In observing political conferences over at least thirty years I have been on the lookout for some government spokesperson to include the audience in the section of the population which is not competent to decide what to do with themselves. But it hasn’t happened yet. It is always somebody else who ‘needs’ this gratuitous concern. Considering the applause which is invited, often successfully, for demands for penalties for non-conformity to the behavioural norms of the audience, the strong suspicion must be that the applause is really for the prospect of the indulgence of their own self-righteousness. There are few more satisfying political experiences than the vicarious prospects of having some despised alien group forced to conform — particularly at zero cost to oneself which is what tax-finance seems like.

## THE LIBERTARIAN VISION

This brings us straight to the differences between the authoritarian and libertarian views. The authoritarian *knows* what is good for himself, has assiduously ap-

plied it, is now virtually perfect and sees no reason why everybody else shouldn't do the same and consequently be as perfect as he is. Anybody who can't see the obvious truth of that must be either evil or stupid and consequently in need of punishment or compulsory reform — with punishment as the preferred first choice.

The libertarian is not so confident. He or she assumes that everybody knows their own affairs best and are consequently able to assess the risk/reward properties of any actions they propose to take. Libertarians are definitely not capable of assessing the risk/reward ratios for anybody else. In particular they take it for granted that interference in such decisions, by attempting to reduce rewards or increase risks, is not a legitimate activity for either themselves or the state.

Each model has its own ideal vision of 'society' which is largely subconscious. The authoritarian sees citizens as sober, hard working, and ambitious, but nevertheless contented with their current situation, and very respectful of convention and the law, which they rarely if ever question. They are pleased by their rewards for work such as nice houses, holidays, cars, and television soap dramas where virtue always prevails in the end.

The libertarian vision is not at first sight substantially different. The main contrast is that individuals are assumed to know their own and their families needs and desires best and expect to be able to imagine and experiment with new and possibly disturbing experiences and ideas. Critically the state and law are not regarded as some eternal expression of correctness and guidance. In so far as government has a function it is to ensure the application of principles that can only be ultimately justified on objective or rational grounds. Those are grounds which anybody can appreciate if they care to consider them. There can be no imposition of special knowledge of goodness either from supposedly special relationships with 'God' or privileged access to technical information. Where facts are well established then they can be made universally available and each individual can make whatever use of them seem appropriate for his or her tastes and circumstances. When facts are not clear then any action involving a knowledge of them is essentially a gamble. The only rational or libertarian principle here is that any such risks should be confined to the individuals initiating them. This applies mainly to the development of new technology, particularly medical treatments, including drugs. There is clearly no objective reason why anybody suffering some disease or discomfort (including 'mental') should not choose whatever means he or she is persuaded might alleviate it. If there are other interests — such as taxpayers in the case of the NHS who are required to meet the costs — then they might have a case for refusing sponsoring treatments which are demonstrably ineffective. But that is the limit of legitimate inter-

ference. Self-financed and personally risk-bearing decisions are *always* legitimate.

It is this basic libertarian position that the authoritarians, and both their fully conscious and their mentally comatose supporters, are most anxious to discredit. Which is why they bang away so obsessively at any social problems or personal tragedies that can be attributed to apparently unwise (that is, against official advice) free decisions that some people may make about themselves. Note that these official versions of 'causes' and 'dangers' are never properly presented in a balanced scientific manner. They invariably have the stamp of the Public Relations expert and the advertising copy writer. There is no consideration of alternative explanations such as those briefly indicated above. No statistical comparisons for instance of supposed drug related deaths to the total number of users, or from comparable indulgences such as alcohol.

In other words a selling pitch not a search for 'truth'. Standard instructions in manuals for salespersons in sections on "how to deal with sales resistance" such as "valid objections that some competition is lower in price, has extra benefits, etc." is invariably on the lines of "ignore the point and continue to emphasise the favourable features of the product you are selling". So objections to present policies are never answered — there is just the sales technique — ignore them and bang away at 'protecting children' and 'drug related' crime and leave the rest to be taken for granted by the gullible and only half-attentive voters and taxpayers.

## FUTURE LIBERTARIAN OPPOSITION

In short, so far as the three supposed reasons for the drug wars are concerned, none of them is justified by either the facts about drug effects or any theory of government coherent with ideas of personal autonomy and democracy which are taken for granted in other contexts. This should be the main line of argument in future libertarian opposition to the present absurd and morally corrosive 'drug wars' laws and practices. I hope readers will have ideas of their own on how this should be pursued.

*[A few days after the incident alluded to above my friend Wendy reported that she had seen Mabel again in the Social Security office and 'given her a beating' over the ring incident (Wendy had often expressed pride in her street fighting abilities). The Police were involved initially, but did not take any further action, apart from warnings. If they had known the full story they would no doubt have recorded it as 'drug related', but that would be tendentious. As Mabel was now definitely persona non grata Wendy eventually gave me £6 for the ring as a bargain.]*