The Truth About Drugs

- Introduction
- Acknowledgements
- Chapter 1: The Size of the Drugs Problem
- Chapter 2: The True Cost of Drug Addiction
- Chapter 3: Addicted to Pleasure
- Chapter 4: Caffeine, Alcohol and Tobacco
- Chapter 5: Cannabis
- Chapter 6: Cocaine Addiction, Crack Addiction and Heroin Addiction
- Chapter 7: Amphetamines, LSD, Ecstasy and the Rest
- Chapter 8: Why Governments are Scared of Prevention
- Chapter 9: Treatment of Drug Addiction Works
- Chapter 10: Legislation and Decriminalization; The Arguments over Marijuana
- Chapter 11: Conclusions; What We Must Do
- Appendices

From all we have already seen it is clear that global mobilisation is failing against the menace of illegal drugs.The war is lost - or is it?America spends $17bn a year fighting the drugs war, Britain a mere £0.5m on domestic efforts and more through other international bodies. But what is the result?

International response

The international response to illegal drugs has been to tackle production, supply and demand. The lesson of history seems to be that the more drugs are available, the greater the use. Drug trade is an economic activity and requires full international co-operation.It is no good burning fields if farmers are left to starve.They will be even keener to plant some more.But co-operation requires bilateral and multilateral agreements with governments to deal with international criminal activity.

· Crop destruction

· Alternative crop promotion

- Destruction of refineries

- Seizure of precursors including chemicals for production

- Demand reduction

- Law enforcement

- Seizing of illicit profits

The United Nations Drug Control Programme (UNDCP) plays a vital role in co-ordinating efforts with an annual budget of $100 million.However, despite all efforts, strategies such as intelligence gathering and drug seizures are failing.

Drug seizures don't work

Drug-producing networks are obvious targets, but drugs will always find ways through thousands of other smaller routes.Big deliveries are easier to track and seize.Less easy to track are the millions of people across the world who carry relatively small supplies to sell to friends.Thus the idea of a fixed distribution network is not a reality.

In 1995 police forces around the world seized 1,000 tonnes of Marijuana resin and 3,000 tons of herbal Marijuana. Cocaine seizures were 251 tons and heroin and morphine together came to 44 tons.However, that is a tiny fraction of world production. For example global production of heroin has leapt 60% in eight years to 360 metric.

The amounts seized have grown, and given a false illusion of success.Headlines proclaim " £20 million of heroin seized" - but what good is that in a British market worth £1.5 billion?The best test is whether the street price changes for more than days or a few weeks following a major seizure.Unfortunately the reality is that street prices of heroin have fallen steadily as the

numbers of users has continued to grow.Of course, one could argue that prices would have been even lower without the seizures, which is true, but the point is that seizures alone are having a small effect on drug prices and consumption.

There were 115,000 individual drug seizures in Britain in 1995, up from 30,000 in 1985 and 70,000 in 1991.In 1995 around 14,000 kg of herbal Marijuana was found, together with 94,200 plants and 44,600 kg of resin.

In total that's equivalent to around 58 tons of Marijuana, out of a world total for Marijuana seizures of around 4,000 tons.Yet for every ton seized in Britain, perhaps another five were not.If so, in 1995 around 350 tons of Marijuana entered the UK of which almost 300 tons were used, the rest destroyed by the Home Office. That's enough to fill a large van for every one of 2,500 secondary schools in Britain every year. Every improvement in transport adds further problems.For example, 1997 figures show an alarming rise in the volume of drugs travelling through the Channel Tunnel.

Heroin and cocaine seizures

Heroin is low bulk, high value.A single person can carry several million dollars worth on a commercial flight by filling and swallowing condoms and with other concealment methods.Thus global seizures were a mere 32 metric tons, of which just 1.3 tons was in the US. South American heroin is being sold more cheaply and at greater purity in the US market to win extra market share.

Heroin seizures were 1,400 kg in 1995, the largest figure ever recorded.However if we take a figure of around 200,000 heroin addicts, using an average of 250mg a day, then total heroin consumption of heroin in Britain is between 7,000 and 17,000 kg a year.

At a price of £250,000 a kilogram the total retail value of 17,000 kilograms would be £4.25 billion. So heroin seizures only capture 8 - 20% of the illegal trade - less effect than if the whole trade was legalised and taxed, about the same as adding VAT, of no real consequence whatever in dealing with the heroin problem.

Every year around 230 tons is seized globally of cocaine, leaving 500 tons for consumption, of which 112 tons is used in the US.The same issues apply here.

Crop destruction

So having failed to intercept more than a fifth of what has been grown, the next strategy has been to shift efforts up-line to the opium, cocoa and Marijuana farms.Once a crop has been harvested, it will eventually find its way on to a market where it will be sold (at however high or low a price), unless destroyed at source.Even a 100% effective control on drug imports throughout the entire industrial world would have little effect globally on consumption of drugs already in circulation.The drugs would simply be sold at a lower price in poorer nations where there is also a huge and growing demand.It would, however, reduce the amount cultivated or manufactured because the economics would shift in favour of other activities.

The logic of crop destruction is compelling, but once again the reality is very disappointing, with some exceptions.Drug precursors are often grown in emerging nations in remote areas with difficult access for high-tech Westernised destruction teams.The value of the crops is so great that only small plots of land are needed to be devoted to - say poppies - in order to make a big difference to the income of a subsistence farmer.But these small plots, scattered in valleys and hillsides are difficult to monitor.A farmer may be pleased at his annual profits if only a third of his acreage survives raids by the security forces.He is still likely to be better off than if he had stuck to conventional crops.

Helicopter teams have been used with some success, but usually against bigger production units, and in any case, monitoring needs to happen frequently, covering every area. The fact is that this is impossible and always will be, unless every drug producing area is run more or less as a police state with informers in every village, in every group of fields.

Then there is the problem of corruption.Many drug-producing nations have governments that are less effective than in many industrialised nations.Their budgets are smaller and their control is inefficient outside major population areas. Some of these nations also have huge internal problems, with dictatorships and civil unrest.Many of them have a history of corruption, which is deeply rooted at every level in society.

Those wanting to grow, carry or sell drugs are often wealthy enough to buy freedom from harassment, whether paying area officials to mind their own business or suspicious border guards.And if money does not work, bullets, explosions and other methods of persuasion create a climate of fear.

One way or another, the drugs trade corrupts for two reasons.Firstly,those who are themselves addicted become willing accomplices, taking many risks for a reward of regular personal supplies.Secondly, because those in industrialised nations are willing to pay such vast sums for the drugs in the first place.The market rules with its power.

An exception to this has been seen recently in Thailand where the government has taken aggressive action, pushing most of the old heroin factories out of the country into Burmese and Chinese borders.Many former poppy growers are now growing conventional crops.However opium fields still abound in northern forest clearings and drug barons continue to travel Bangkok streets protected by corrupt officials and their own carloads of armed guards.

Cocaine destruction

Cocaine production has been a key target for US anti-drug policy because of the worries about crack and the proximity of the main growing areas to the US border.The aim has been to destroy the 215,000 hectares under coca cultivation in Bolivia, Columbia and Peru, enough to make 780 metric tons of cocaine.80% of the US market is Peruvian in origin.But the effort required has been immense, the costs great and gains only slight.

These countries have small economies.The three main official Colombian exports, coffee, oil products and coal earn only $4 billion a year - but what is that compared to cocaine?Peru's' total official exports are $4.6 billion.

A big drive against small aircraft flights in and out of Peru by drug-runners resulted in Peru cocaine prices falling by 50% - but where does it all go?Unless that cocaine is destroyed, someone else will pick the loads up and take them by boat, car, commercial flights to where people will pay much, much more.Alernatively the drugs remain in-country, encouraging domestic addiction. The level of co-operation with some major heroin producers such as Myanmar is non-existent compared to countries like Colombia and Peru.

Certification

The US government has tried to make anti-drugs policy a trade-sanction issue, making it very difficult for US companies to import or export goods from or to renegade nations.

Official certification on an annual basis by the US President has been a key tool.Countries not meeting government criteria for anti-drugs policies are denied certification.With this comes a ban on multilateral development banks lending money as well as other sanctions.However

certification has limited power, as recent events in Columbia have shown.The government has won a certificate, partly for allowing close co-operation with American anti-drugs teams, but trade continues, After all the identify and burn programmes it seems the total area used for cocaine has remained almost the same or actually increased.

Huge spending on education - not enough

So if interception is failing and so are attempts to stop these drugs from being made, then the truth is that the global trade in drugs will continue to grow - unless demand on the ground can be reduced by persuading users to give up and non-users to remain abstinent.If demand falls, the market becomes flooded. In the resultant glut, farmers and traffickers cannot get the prices they want and many go out of business, all of course on a global basis.Drug production and consumption then return into balance, reaching a new steady state at a lower level of annual production.That, at least, is the theory. So then, what about demand reduction through prevention campaigns?

Huge amounts are spent on prevention in wealthy nations but nothing like enough.The trouble is that while prevention saves money in the long run it requires cash up front.The savings from prevention can be vast, but governments tend to think short term while savings are long term.We see this with smoking.If the rate of smoking doubles over the next year, it could be that the full health impact only begins to be felt by 2025.Therefore a very successful (and expensive) anti-smoking campaign which halves the numbers smoking by 2000 will all be money spent now, paid for out of reduced health bills from 2025 onwards.Governments find these kind of cash flow hurdles almost impossible to overcome.

Take drug-related AIDS:each person with HIV costs £11,000 a year for drug treatments alone if they are on the latest cocktails, which have been shown to be surprisingly effective.Therefore saving just one drug injector from getting infected could save - say - £50,000 in medicines and a further £15,000 of hospital, clinic and home care costs.

An educator costing £15,000 a year would only have to prevent one person every three years from becoming infected through a dirty needle, and the government would save that person's entire salary and more.What if an educator saves only just person a month?The saving would be £780,000 every year.Suppose a team of five educators were working intensively to reach a group of several hundred injectors, and saved twenty people a year each from infection.Their combined efforts would save £36.5 million for a total cost of less than £100,000 including all add on costs. Of course, you cannot place a price on people's lives anyway. The total "value" of their work to society must be immeasurably greater than health service savings alone.

If we went down this economic model we should add in the savings to the economy through a person not becoming infected, and being rehabilitated back to mainstream society in useful employment on an average wage of around £17,000 a year.If we did that, the total economic gain to the nation from one "saved and rehabilitated" individual would be £65,000 treatment costs plus - say - an average of thirty years at £17,000 or over £0.5 million per person.

That is a staggering yield from one educator who might therefore be benefiting the total economy with future savings of half a million pounds for every month he or she is educating dug users - assuming one infection prevented a month.

Drug addicts who never get AIDS are also very expensive to the state, through lost productivity if they cannot work (£17,000 a year) as well as social support costs, health care and costs of dealing with drug-related crime.The Substance Abuse and Mental Health Services Administration in the US has estimated other specific savings as follows:

- Each person in prison$15,500 a year

- Each drug-affected baby $63,000 over five years

- Each liver transplant from alcohol abuse$250,000

- Foetal-alcohol syndrome baby - neonatal care $30,000 in first year

In that light, the sums spent on prevention are microscopic, even bearing in mid the cash-flow arguments.Governments are afraid to spend. Take the US State Alcohol/Drug services which spent $3.4 billion in 1992 on local, State and Substance Abuse and Mental Health Services funding for all alcohol and drug services (AOD).However only 15% ($540 million) was spent onprevention, admittedly an increase on $128 in 1983, but surely not enough.

The lack of commitment by governments to serious spending on prevention is a scandal, and

almost suggests that they don't believe that education works - or that they can't add up.After all, as we have seen, a worker's salary for four years is more than paid for by the first heroin addiction prevented or cured.

What about savings in practice?From 1981 to 1991 as a result of intensive prevention efforts in America, alcohol-related admissions to hospitals fell from 38 to 20 per 10,000 people.That meant annual savings of $1.9 billion- enough to pay the employer's share of health insurance premiums for 1.5 million workers.

However a fundamental problem is proving why mass behaviour has changed.As we have seen, 13 million fewer Americans used illegal drugs in 1993 than in 1979 - a 50% decline.But was that a result of prevention campaigns or just a reversal of other more deeply rooted social trends?

Another difficulty in answering sceptics is knowing what would have happened without an intervention.A country might be criticised for a feeble prevention campaign in the face of ever rising figures for drug-taking by the young, but perhaps they would have risen twice as fast without prevention campaigns.These things are hard to establish.

US Prevention Targets

In addition to crop destruction and interception of illegal drugs, the US government has ambitious domestic aims - so ambitious that many have heaped ridicule.

- Cut cocaine and marijuana use in previous 30 days by 50%

- Increase to 95% students who sense social disapproval in trying cocaine

- Reduce drug-related deaths by 21%

- Increase high school disapproval of marijuana by 27%

· Increase numbers perceiving psychological or physical harm from marijuana by 60%

· Reduce alcohol-related motor death by 10%

· Reduce liver cirrhosis deaths by 33%

· Reduce heavy drinking in teenagers by 20%

· Reduce alcohol consumption by 20%

US youth prevention targets

President Clinton's administration aims to send educators into 6,500 schools.

· Education of youth aimed at enabling them to say no to illegal drugs and underage use of alcohol or tobacco.

· Zero-tolerance policies for use in the family, school, workplace and community.

· Using community organisations, clubs etc - public-private coalitions - 4,300 exist.

· Partnership with media and entertainment industry and professional sports organizations de-glamorise illegal drug use and underage smoking or drinking.

Research shows that if a young person abstains from illegal drugs, alcohol and tobacco until the age of 20 years, he or she will probably avoid abuse for the rest of his or her life.The

question is how to achieve this. The US government began a new $195 million national campaign against drugs targeting teenagers in early 1998. But how does one measure results?

Many children abstain from using illegal drugs because an adult they respect convinced them of the dangers - usually a teacher, coach or religious leader. We also know that individual counselling of teenagers at risk and family interventions reduce long term patterns of drug use. Cultural sensitivity is essential, as well as involvement of the whole community. Exaggerating dangers only destroys the credibility of the person giving the health message.

One of hundreds of anti-drug projects is PRIDE, which has launched a Tool Box to help combat teenage drug use.It contains a guidebook, compact disk, two-way family pledge, family bulletin board and information on drug testing kits.The interesting thing about a voluntary family pledge not to use drugs is that, being open, it can be checked on with hair testing.

British strategy on prevention British policy on alcohol and drug use has five priorities:

· Supply reduction

· Demand reduction

· Public health

· Treatment

· Community safety

The British government has also made drugs education for teenagers a priority area, but once again with very limited spending compared to what is needed:

- Drugs education as part of the National Schools Curriculum

- Publicity campaigns

- Home Office "Drugs Prevention Initiative"

- Other special projects e.g. DARE (Drug Resistance Training)

- Health educators

In practice the current situation is totally inadequate. Many schools in Britain have next to no drugs prevention programme.And what there is can be broken by gross hypocrisy - for example the adult who ends a session on the dangers of smoking and is spotted smoking herself behind a school building.

Unfortunately, despite unprecedented amounts spent on prevention use, consumption has risen and attitudes have softened.Culture shifts are stronger than existing campaigns. More of the same is not going to get the job done.Something has to change.

Own goals and backfiring campaigns

A major problem facing teachers is knowing how to tackle drug issues in the classroom or outside it.Messages about how to do it are so conflicting that many schools feel hopelessly confused.Every school also has the views of governors and parents to consider, who may not agree with the latest fads, backed by the new politically correct research findings.

Research should by definition be an objective effort to get at the truth, but educational research projects on prevention are bedevilled by poor design, lack of proper controls and the bias of those carrying it out.

Government Ministers are rightly nervous about drugs programs in schools as reports continue to arrive of back-firing campaigns, where anti-drugs efforts are said to have increased experimentation.Tell people the detail and you may increase their curiosity.Tell people the dangers and you may increase their rebellion. But you have to do something.

Unfazed by the controversy, the Health Education Authority spends the grand sum of £5 million a year on mass campaigns aimed at discouraging young people from using drugs - less than 10p per pupil in secondary school. Since this absurdly small budget has to cover young adults as well as those in school it is hardly suprising that the impact has been slight.

Methods have ranged from radio and press campaigns focusing on Ecstasy, LSD, magic mushrooms and amphetamines, a leaflet for parents giving drugs information and advice on speaking to their children, and other local and national initiatives through independent agencies.Similar campaigns were launched by the Scotland Against Drugs Campaign.An additional £0.5 million is spent every year on campaigns in Northern Ireland.

There have also been unofficial campaigns such as the one against ecstasy following the death of Leah Betts, a young woman at home on her 18th birthday when her parents were in the house.Huge publicity was generated after they later allowed a photograph to be taken as she lay dying in intensive care.Media coverage led to a billboard campaign and a video.Anecdotal evidence suggests that as a direct result, some were put off trying Ecstasy and others were more careful. TV soaps such as Brookside have also profiled the impact of drug-taking on family and friends, and local radio and press have run their own awareness activities.However these efforts too are just playing at the edge of the problem.

Help-lines have performed a helpful role in prevention and treatment by providing expert advice whenever needed in an anonymous, safe way.The UK National Drugs Helpline was set up in April 1995 and operates day and night, every day.Trained advisors give information on drugs and local services in a range of .A number of voluntary groups also run telephone advisory services.But the numbers reached by helplines are only a tiny minority, and the calls they deal with are impersonal.Many are from people worried about what they or others have taken, or from people who are thinking about taking drugs and want to know more information.Helplines are vital in giving out useful data such as the location of the nearest needle exchange but are no substitute for face to face on-going prevention work in schools, colleges and elsewhere.

One problem is that many who already use drugs don't go to school or attend other organised activities so other ways have to be found to reach them, bearing in mind that face to face contact has a far higher impact than poster or leaflet campaigns - and anyway, one in ten of the country has difficulty reading.

Outreach teams have been very successful in reaching hidden groups and networks.Detached work happens in streets, stations, pubs, bars, cafes and night-clubs. Domiciliary outreach works with people in their homes. Workers need to be comfortable with the culture of the group they are seeking to reach and "fit in", with similar ages and dress, speech and other things.

In practice the gap between different kinds of outreach activity is blurred.I arrived on a Dundee housing estate in an unmarked van with several detached workers from the agency ACET.As the vehicle drew to a halt a number of drug users began to gather round.Most were unregistered and anonymous, appearing on no government statistic.Many were technically homeless, sleeping on the floors of council flats rented to other drug users.They were cautious about contact with authorities including social workers and hospitals and most had therefore dropped through the net of state support and care.

Within minutes we had been escorted to a flat where several others were waiting.Inside was a friend who was sick.The team provided basic care, and also gave simple health messages, whether on sterilising needles to prevent HIV transmission or preventing dehydration when taking ecstasy.In a smallbag they also carried clean needles and syringes to be used on an exchange basis.The workers offered advice on rehab programs for those wishing to stop using drugs, and on access to other services including medical help, clinics and housing agencies.

Women and ethnic minorities have been poorly represented in the past by those using existing services and "low threshold services" have been developed as a result.The aim is to encourage those who are reluctant to seek help.Services have targeted non-residents and ex-residents.

Women face a number of special issues: childcare, stigmatisation and sexual relationships (particularly prostitution).One example of a targeted approach has been Wirral Drug Service's HIV peer education project, which involved women in planning and delivering services, including advice on drugs.Similar outreach programs have been very successful in other countries.

A particular problem is designing services suitable for so-called "chaotic" drug users, who are very difficult to help because of the erratic nature of their lives.They may come and go, fail to keep appointments, turn up after long absences expecting instant attention, and be unwilling or unable to undertake any commitment to the future.Is this a prevention service or is it treatment - or just containment?

There are few low threshold services other than needle exchanges and drop-in advisory centres.For physical needs, low threshold care tends to be provided by accident and emergency departments.Those with overdoses and abscesses are treated there but users with a range of milder complaints are often sent away.Because health care teams often resent what they see as abuse of emergency services by drug users, when drug users do become seriously ill they are often treated less than sympathetically.

Day centres like the Hungerford Project in London are good examples of a low threshold services run by the voluntary sector.They offer a wide range of help in a very specialised and targeted way.Services can range from counselling, work with parents and young people, prisons and detached work, needle exchange, education and training, complimentary medicine, advice on welfare rights, benefits, legal and housing matters.

Schools, detached work, targeting of groups, low threshold services and the rest are all very praiseworthy but you still have to agree on the message or messages for each audience.For example, aiming for harm reduction (clean needle exchange) in injecting drug users requires a general approach which is completely unsuitable for twelve year-olds at school.

The trouble is that these messages have often become muddled, so that in school the lessons often consist of little more than a lesson on what drugs can do for you, and how to have some with as little risk as possible.The only thing left out of the promotion is where to buy supplies - but even general guidelines on that can emerge in class discussions, from comments by other pupils.

So how did schools get bludgeoned into such a ridiculous state of affairs?The answer is that schools live in fear of "own-goals", where their efforts make things worse. The chorus telling them they will increase drug use by being too prescriptive is far louder than the chorus telling them they will do so by being too permissive.

Heroin screws you up campaign

One of the most spectacular own-goals followed the Heroin Screw You Up poster campaign.The picture of an emaciated, sick teenage lad became an instant "must-have" for teenage girls.Thousands of posters put up outside classrooms disappeared home, where they became pin-ups in girls bedrooms.The thin boy had become an attractive, desirable, sensuous hero - or anti-hero.

Teachers found that they were in a no-win situation.If they warned against the dangers of drugs, they were criticised by "experts" as misguided naÃ¯ve fools likely to encourage abuse as a reaction against authority.If they tried to bring in a former user to explain why he or she deeply regretted using drugs, they risked severe censure from parents and governors concerned about copycat behaviour.After all, such a role-model may suggest to pupils that drug use is a phase and that stopping is not that difficult, even for very addictive drugs.

But that left only one option: a relatively sympathetic approach to drug use, neither negative nor positive, just "informative".The philosophy was that each person must make up his or her own mind. However, it is impossible to educate in a moral vacuum, and even saying that you are going to aim to do so is in itself a very strong moral position.In practice the message becomes:

"You know these things are illegal so I can't (officially) encourage you to try these things, but you know as well as I do that many of these illegal things are relatively harmless, far less dangerous perhaps than smoking so lets have a mature chat about it all.And because no doubt many of you are using these things anyway or soon will, I am going to tell you how to do it all as safely as possible.And because we believe in learning through sharing, I am going to do most of this through open class discussion.Any of you are free to share whatever views or information you have on any aspect of drugs."

This is a very mixed message.On the one hand it is supposed to be prevention, on the other it is clearly aimed at harm reduction. But these two very different outcomes require two very different strategies.We need to decide: is drugs education for fourteen year olds about prevention or just encouraging people to be safer than they might be?

Harm reduction lessons on drugs for younger teenagers are entirely innapropriate on their own and can themselves promote harm.The primary, overwhelming priority should be to affirm the

confidence of the majority who are non-users, to remain so, and to actively discourage users from continuing through negative peer pressure.In the context of prevention it is possible to provide some important information on risks - for example the dangers of over-heating after Ecstasy, or of HIV through sharing needles.But the basic approach should not be "value free".

The idea of "value free" drugs prevention is pseudo-scientific nonsense, empty-headed 1990s psychobabble."Value free" slogans hide the truth which is that "value free" education is shot through with value statements, which can all be summed up in one phrase: "Now you have some information, go and do whatever you like."But this abdication of moral responsibility for providing direction is itself a strong moral position.

The greatest problem of all is that those giving out the information are often doing so in a way which encourages a liberal attitude in a world where rules, obligations, duty and self-control only matter if they matter to you."Value free" education is destined to produce self-obsessed, narcissistic, self-indulgent individuals and is very short-sighted.Places without values which are commonly agreed become living hell.When every person makes up their own moral code, by definition law and order breaks down, communities collapse and companies can't trade.If you want to join the club you have to keep the rules.Without rules there is no club and without values there are no rules worth believing in.

Another example of back-firing messages has been in prevention of alcohol abuse.Pupils are commonly warned that "alcohol leads to risky sex" or "drinking makes you do stupid things".Both these statements are absolutely true is statistical terms, as we have seen. However a disturbing piece of research has suggested that messages like these make it more likely that the person will behave that way.The power of suggestion can certainly be enormous. Researchers found that those who took the greatest sexual risks after drinking alcohol were those who expected alcohol to lead to a higher risk of doing so. Thus the statements become self-fulfilling prophecies.

The demonisation of alcohol allows the person to excuse behaviour as not really under his or her control.But where does that leave us? Does it mean that by warning that Marijuana often leads to experimentation with other drugs we are actually propelling teenager Marijuana users into doing so?

However you can't have it both ways.If this research is a true reflection of real life then at least it shows that there is indeed a powerful effect from education messages.The question is what

the message should be to get the desired result.For example this research suggests that it may be helpful to stress that while alcohol loosens inhibitions, you still have free choices and are responsible for your actions.

Exactly the same dilemmas have been faced over the last decade in HIV prevention and sex education, in regard to telling people what not to do or just helping them to reduce risk when they do it anyway. For example do you place condom dispensers in schools as a harm reduction measure or does that undermine the message that it is better for teenagers not to have multiple partners anyway?

The result of all this has been near paralysis in schools regarding drug abuse.The education paper Tackling Drugs Together asks schools to develop policies on managing drug-related incidents and prevention, but energetic application requires confident leadership and vision, something many head teachers do not feel qualified to provide in this area.School OFSTED inspectors take a close look at drugs policies on regular visits, but thorough implementation at every level of school life is very hard to enforce.

Another key problem in all areas of health promotion in schools is the difficulty in measuring effectiveness. It is especially difficult where the outcomes may involve breaking the law or other codes of practice.How do you assess what pupils are actually doing?

As we have already seen, self-reporting surveys of illegal or disapproved of behaviour are notoriously unreliable.Some pupils exaggerate and boast, while others are scared to own up, even in strictly anonymous conditions.Yet while absolute numbers of users may not always be known, changes in reported attitudes, intentions and behaviour can be very important indicators. For example, between 1991 and 1993, a pilot of a new programme called Project Charlie was launched in the London Borough of Hackney in primary schools.It was found that pupils exposed to the programme for a year, when compared to others:

- Had greater knowledge of the effects of drugs

- Were more confident in their ability to resist peer pressure to commit anti-social acts

· Produced better solutions to social dilemmas

However, proving that the programme actually reduced substance abuse in later years will be more difficult.

Does giving facts increase curiosity?

Giving facts is bound to increase curiosity, but that does not mean we should stop doing it.It just means that without balance. "value-free" education will simply increase drug-taking.Take myself.I drink alcohol although I have never been drunk.I have puffed once or twice at the same cigarette once in my life and have never tried any illegal drug.However as a direct result of spending so much time studying what these drugs do,and in debating the issues,I confess I am now far more curious than I was to try - for example - Marijuana.I have not done so for several reasons but there is no doubt that I am closer to doing so than I was.

I have decided not to because:

· It is illegal (but then my wife and I visited Amsterdam recently and even sat observing others in a Coffee House where Marijuana was on sale legally).

· I am concerned that others who look to me, including my own children, would follow my example, even if only doing so in a country where no law was broken, and go far beyond my example with a risk of real danger to themselves.

· I am not sure, knowing what I do about the alterations in brain function that I want to have an altered mind in any way whatsoever.

· Deep down inside I am concerned that I might like Marijuana as much as others do, and become fascinated by the whole experience, and that having tried it once or twice, would find myself becoming a regular user.

· I am concerned that I would not logically be able to say no to - say - ecstasy, having tried

Marijuana, and that the same thought processes would lead me to justify trying a wide range of other "relatively harmless" drugs .Indeed I could easily argue to myself that such experimentation is vitally important if I am to form a view on how much of a hazard these "milder" drugs really are.It would increase my understanding.

But as I say, despite the noblest of arguments in favour of continued abstention and all my knowledge of the risks to mind and body, increased knowledge has increased my curiosity.I cannot believe this will be any different for any teenager having just sat through three classes, one week apart, on what drugs are, how they work, how wonderful they make you feel and how unsuitable, foolish, or evil they are to use.

Perception of harm

Perception of harm is a key issue.It is no good pretending that Marijuana is bad for your health when the person doing the drugs education slot is a chain smoker of cigarettes.On the relative risk scale, as we have seen, Marijuana is near the bottom of the league.The same is true of Ecstasy.The truth is that a small number of deaths and other problems have created a frenzy of headlines, out of all proportion to the tiny number of problems in relation to the millions of doses taken.Ecstasy is unsafe.Ecstasy kills, but so do hundreds of other things young people do of which one of the commonest and most dangerous is allowing themselvesto be driven by a friend who has only recently learned to drive.

When health risks become good news

Another difficulty is that when talking of the dangers of - say - smoking, we are addressing people who may be starting to worry not about dying but about living too long.They may not care about getting lung cancer at the age of seventy five."We've all got to die of something. Who wants to live to ninety anyway?Look at my own elderly grandparents.I hope I do die before then."

Belief in immortality

It's an illogical paradox because the same teenagers can be neurotically obsessed with health in some areas,indifferent in others.Teenagers usually have a strong belief in their own immortality (for the foreseeable future). "It won't happen to me."Young people find it very difficult to estimate real personal risk.

Add these effects together and we have a young person who may be chronically anxious about his body,yet who also thinks he is currently leading a charmed life where he can take all kinds of risks and get away with it, and where longer term health problems seem either too far removed to be worth worrying about, or as a positive way of making sure that life comes to an end when it is still worth living.

So what is the answer?

In summary then, no single approach works for everyone.The most effective campaigns target particular groups, whether teenage girls about to start smoking or heroin users sharing needles.The best campaigns are also very specific in the behaviour they wish to change as seen in Christmas drink-drive campaigns, when the aim is not to tackle alcoholism nor drink-driving, but rather to persuade people to keep to the legal limits for blood alcohol when taking to the road.

Research shows that close friends and wives / girlfriends are most likely to prevent a man from drink-driving.The highest risk male is white, 21-35, has a blue collar job, drinks in a bar once a week and has driven after five or more drinks in the last year, and believes that he is safe doing so. So then, health messages targeted at one group can affect behaviour in another.

Life skills training in Schools

One reason why young people land up in trouble is because they often feel very insecure and vulnerable.Anyone standing out from the crowd can quickly become a target for teasing and bullying, whether for wearing the wrong kind of trainers or for having the wrong shaped nose.Social pressures to conform are there all day every day, to be accepted, to be liked, to be one of the crowd.

It takes a lot of self-confidence to risk earning respect by standing out from the crowd, going a different way,when you appear to be taking a position that adults approve of.It is easier to be different when rebelling, flouting authority, daring to go three steps further than anyone else. It's considered to be cool and it's a fast track to positive image building.

A key strategy therefore in all health promotion among the young is to help people feel secure in who they are and what they want to be so they can be themselves and walk away from trouble.

Self-esteem building - what works in the classroom

These issues recur in sex education, AIDS and a host of other areas, including vandalism and other crime, not just drugs prevention. Practical sessions build round certain scenarios, helping pupils think through what their options are, giving them freedom.

Around 10% of adults do not drink alcohol and the majority of teenagers do not use any illegal

drugs and never have done.These are important messages.As we have seen, the biggest weapon we have in prevention is normalisation, helping those under pressure to see the truth which is that abstention from illegal drugs and tobacco is the norm at any age of childhood, adolescence or adulthood.

This is vitally important.Otherwise normality becomes defined by those with the loudest voices.That is a major problem in class discussions on drugs, alcohol and smoking.These activities are often carried out by pupils as part of bravado, and being loud and dominant in class discussions is part of that. Pupils rarely admit to a criminal activity in the classroom.Few pupils will risk disclosing publicly that he or she is a regular user of illegal drugs in a situation where that information might later count against them.However, their attitudes in discussion can be very influential, with every word measured by the other pupils in the light of what they know (and perhaps the teacher does not) about what he or she gets up to.

It is the same with sex education.By the time they are 17 years old, most boys in some schools can be under the delusion that they are almost the only virgins left, such is the level of bragging about sexual conquests.

Yet the most authoritative British survey ever conducted found that only 75% of all those leaving school to go to college had been celibate throughout their lives. You should see the wave of relief across the faces of 6th formers when they find out that probably the vast majority of their peers are also as sexually inexperienced as they are.It helps next time they feel under pressure to follow a non-existent crowd.

Difficulty with double-standards

The faintest whiff of hypocrisy destroys credibility in school and any teacher with a personal double standard regarding drug taking is an impossibly weak position.Teachers or educators may not be current users but they are liable to be asked sharp questions like anyone else - and pupils can spot liars a thousandmetres away."Sir have you ever tried Marijuana? " could be an embarrassing question to answer truthfully.

If the answer is no, that is one thing but what if the answer is yes?

"So then, you survived." Or

"You tried it as an experiment, now we want to. Can't blame us." Or

"Hypocrite to lecture us - typical." Or

"So you carried on using Marijuana for a while which just goes to show that you can have lots of fun while you're young and still go on to get a decent job."

And of course, alcohol abuse and smoking by teachers are the biggest double standards of all.

Youth programmes outside schools

Youth programmes outside schools also have an important role to play.Successful projects include the Youth Awareness Program in North East London, which has found that non-using pupils had more negative attitudes to drug use after participation, and that users were less likely to feel like extending and developing their use.Similar programs have been developed across the country.

Role of parents

Parents have a far more important role in drugs education than teachers.For a start most drug use occurs out of school hours at home, in the homes of friends (who also have parents or guardians) or nearby. Secondly parents have more opportunity.One-off classes are relatively ineffective compared to the on-going discussions about all kinds of life issues that should take place ideally month by month, year by year, in pace with each individual child's personal and social development.

Home is the best place to build up a child's sense of self-confidence and self-worth.Home is the best place to help a child feel special, important and loved.Home is the place where younger children will most naturally ask questions.Attitudes towards smoking for example are influenced in the home from the age of two or theee onwards, mainly by seeing people smoke or not smoke and by overhearing conversations about it.The same is true for use of alcohol.Children are great imitators and example is the most powerful influence on future behaviour. We will look at this whole area more fully in the final chapter.

Yet, as we have seen, despite all the publicity, the numbers of US parents often talking to their own children about drugs fell from 39% to 31 from 1991-2 to 1996-7

Prevention at work - big impact

71% of drug users in the US are in work, and a similar number in other countries such as Britain, so how should employers respond?Federal government is trying to get all companies to create drugs policies, with work contracts forbidding possession, use, and transfer or sale of illegal drugs, preferably with a ban on being under the influence of drugs or alcohol at work.

These measures go hand in hand with training supervisors and staff about drugs and how they affect safety as well as people and families, how it affects productivity, product quality, absenteeism, health costs, accident rates and the profits.Staff also need to know exactly what will happen if they test positive and what help is available.

Some companies think it saves money to sack drug users, but from commercial and personal points of view helping a valued employee to stay on the job makes sense.Employee assistance programs (EAPs) not only reduce accidents, compensation claims, absenteeism and employee theft but also improve productivity and morale.

EAPs only work if they are seen to be confidential.Staff must be certain that information disposed to EAPs will not affect their job.On the other hand, EAPs cannot shield them from disciplinary action for poor work performance or violations of company policy.Smaller companies cannot afford their own EAPs but can maintain a list of useful agencies.

Drug testing is a component part of a full program - or should be. It should only be introduced after:

· A written substance abuse policy

· A supervisory training program

· An employee education and awareness program

· Access to an Employee Assistance Program

Transport industry closes door to drugs

Since 1988, employers in DOT regulated transport industries have been required to implement comprehensive drug programs.These require drug testing of staff in safety-sensitive roles:

· Flight crew member, flight attendant, flight instructor or ground instructor, flight tester, aircraft dispatch. Aircraft maintenance or preventive maintenance, aviation security or screening, air traffic control for commercial flights

· Operating commercial motor vehicles travelling between states more than a certain size or with hazardous cargo.Drug testing has already created driver shortages and turnover problems for some of t5he 14,000 US trucking companies.

· Work on a variety of railroad jobs.

· Operate maintain or emergency call-out on pipelines or liquid natural gas facilities.

· Crew on US commercial vessels.The US Coast Guard now requires drug testing of workers on board US vessels in foreign waters - pre-employment, periodic, post-accident, reasonable cause and random testing are all required.

As a result of these measures the Department of Transport has the largest drug testing programme in the world,involving 8 million US workers. Any worker in aviation, car, truck, bus, sea or rail sectors who tests positive is referred for professional help.

One in five US companies now tests for drugs

By January 1996, 81% of major US firms were conducting drug testing, representing 40% of the workforce, while 95% of those with more than 2,500 employees had drugs policies and 91% had drug testing programs. US Federal policy is to increase this to include small businesses that employ 87% of the work force.

A recent survey of 250 large and small companies found that a third viewed drugs and alcohol as significant problems and half would sack a worker immediately if under the influence at work.

Some industries are notorious for high levels of drug abuse among workers - construction for example.In the US building industry up to one in four workers have a problem with substance abuse.

Dug testing works - fast.A plastics company in the Midwest US decided to change the normal eight hour shift to twelve hours to increase output.Some staff began taking stimulants to help them stay awake.Before long the factory was facing a serious amphetamine addiction problem.The safety manager became worried after finding powder residues and razor cut marks on equipment and called in a substance abuse consultant.

The company estimated that 15-20% were abusing drugs - mostly on the job - and began a strong drugs education and prevention programme with testing.Within a year drug-taking had fallen to negligible levels.

A cardboard factory in Wisconsin caught the attention of its insurance company after a high number of accident claims at a work-site that seemed to have few hazards.In 1995 the company was asked to start a drugs education and prevention programme.Employees were required to undergo random drug testing, and tests were a condition of employment.As a result, claims fell by 72% the following year and there was an 80% decrease in days lost due to job injuries.

Compulsory drug testing in Britain

Compulsory drug testing was introduced for the armed forces in 1995, with an annual budget of £1.5 million a year.In April 1997 testers began visiting naval and marine units unannounced

with the names of computer-selected personnel.Eleven sailors failed the firstbatch - 0.1% of the sample - mainly for traces of Marijuana.Equivalent figures for the US were under 1%.True figures are probably higher as there are often leaks about the dates of surprise visits.

A signalman was recently sacked by Railtrack for having traces of Marijuana in his body.An industrial tribunal upheld the decision despite worries that the drug could have been taken weeks before. More than half the prisoners in the first compulsory drug check failed the test at Shotts prison.Prisoners faced stiff punishment. Drug testing has also been introducedin one police force.

Cost of drug use at work in Britain

Drug and alcohol-related problems at work cost Britain up to £2bn a year and cause 11% of workplace injuries. A third of Britain's top fifty companies already has some kind of drug testing policy, introduced to increase productivity rather than because of any legal requirement.

Other countries talk of testing

Other nations are also talking seriously about drug testing. The head of Narcotics Command in the Philippines called recently for compulsory drug testing and rehabilitation as a matter of drug policy, with 1.9 million drug users up from only 20,000 in 1992.Thailand is testing tens of thousands of students and other groups.

Is compulsory testing lawful?

US courts have upheld the legality of random drug screening of prisoners but there has been no firm decision yet about screening of all prisoners.In the meantime, British prisoners are campaigning to have the whole process declared illegal.

Questions to answer on testing

There are important questions that every business has to answer before testing.The aim should be to rid the workplace of drugs - not employees.

- Who will you test?Job seekers?All staff?Employeesdoing certain tasks?

· When?After accidents or only after some?On suspicion of drug use?As part of routine medicals?Random?

· What substances are you testing for?Many Federal government agencies require testing for marijuana, opiates, amphetamines, cocaine and PCP.What about alcohol or prescription drugs that may affect work performance?

· What do staff or job seekers face if they test positive?

· Who will carry the program out?

Approaches to testing a particular employee

So how do you react if you think there is a problem with a member of staff?The Utah Council for Crime Prevention guidelines are helpful:

1. Make sure there is a real problem, not just a personality conflict.

2. Is the problem causing a real threat? If so, send the person home.If not, don't rush into a heavy-handed response.

3. Get the employee's side of the story.

4. Document problem behaviour.

5. Check how other employees have been treated in similar situations in the past.

6. Check your own responsibilities in the situation.

7. Decide on a response.

8. Get help.

9. Take action.Define the new behaviour pattern expected in future, evaluate, follow up.

10.Maintain confidentiality.

11.Reduce risks of it happening again by communicating clearly understood corporate policy.

If you get it wrong you could land up in court for violating human rights issues or under employee protection rules.For example Imperial Oil in Canada had a policy that all past drug abuse had to be disclosed.Someone who had abused alcohol found that the result of being open was that he was moved to a worse job.The Ontario Human Rights Board of Inquiry declared that pre-employment drug testing that made offers of work conditional on a negative test were illegal, because the company failed to show why it would affect job performance.It also rejected random drug testing.The Board did support testing after an accident or a "near miss" or where there were other grounds for suspicion of abuse.

Impact of drug testing

Market pressures are increasing for wide curbs,more likely to be effective than just passing laws.Most people are far more worried about losing their jobs as a result of a positive random drug test, than about being arrested for possession of illegal substances in a public place.

The Ohio Bureau of Workers' Compensation is cutting employers' premiums by 6% - 20% if they enrol in the Agency's new Drug-Free Workplace program.This voluntary program includes drug testing for employees and treatment for substance abuse.Different levels of premium apply depending on how much the employer does to curb abuse.

The highest discounts require half of all workers to have random drug tests each year, including tests for all job applicants, and for all those involved in accidents.These kind of programs have resulted in a steady decline in positive drug test results at work to a ten year low in 1997.In 1987, 18% of the workforce tested positive for illegal drugs, but by 1994 it was only 7.8%.

Workers with lowest rates of participation in drug testing schemes have the highest levels of drug abuse. The food-sector industry has a participation rate of7.6% and a past month use rate for illegal drugs of 16.5%.The armed forces have a 100% participation rate and a past month use rate of 2%.

It is often said that the difference between alcohol, tests and drug tests is that alcohol tests detect intoxication today rather than previous use, whereas drug tests tend to pick up previous use saying little about intoxication.However there are ways round this.Future technology will allow us to be far more precise about the drug levels needed to produce measurable effects on performance, while longer term alcohol abuse can also be detected in sober employees with a battery of ten commonly used blood tests from a single sample.Results need confirmation using more reliable methods but it is a useful screening device.

Methods of drug testing

There are four main ways to test whether someone has used illegal drugs: blood, urine, saliva or hair analysis.Urine, saliva and hair tests are simpler and less invasive, and urine is mainly used.Although the test is reasonably straightforward, in practice the results can have such devastating effects on an individual's career that a huge number of steps need to be taken to ensure that there is no interference by the person being tested.

For example SmithKline Beecham carried out five million employee tests in the US during 1997.They have recently become worried about workers cheating the test by adding nitrites to their urine samples as an adulterant, although a separate test can detect nitrites.Vigilance is necessary.

Their national survey showspositive US worker rates vary from 3% in Miami to 4-6% in New York, Chicago and Los Angeles - 60% of positives are for Marijuana.These results are all lower than they were a decade ago when the national average was 18%.Part of the reason for the fall is undoubtedly the impact of testing itself.

However drug testing may actually encourage the use of hard drugs such as heroin an cocaine that do not linger as long in the by.Those working in prison are convinced that this is already happening in Britain.Prisoners have found a variety of ways to beat the system such as carrying urine samples in their pockets on a daily basis from abstaining prisoners just in case there is a random check. However even when allowing for cheating, positive tests in British prisons have fallen significantly by more than 2% for Marijuana and 1% for heroin.

As well as being tricked by substitution, dilution and adulteration into false negative results, drug tests can also give false positives - for example some tests confuse heroin use with poppy seeds eaten as the outer coating of a roll. As a result the US Department of Health and Human Sciences has proposed making the test six times less sensitive for opiates.The same is true of cocaine testing, which is so sensitive that a milligram ingested accidentally from environmental contamination can be enough to trigger a positive result.This sort of thing can happen to a flatmate of a cocaine user or to a member of the police force used after arresting a cocaine addict.

Therefore drug tests need to be regarded with a degree of caution, and should be conducted with the utmost care, taking many factors into account.Expect to see large numbers of court room challenges by those claiming that correct procedures were not followed ranging from mixing up two samples, to failure to wash hair clean of environmental contaminants, or deliberate contamination of a result by a police officer or member of the prison service.

Taking a urine sample is a complex process fraught with dangers for the inexperienced.

· The person's identity is checked, for example with a passport or some other photo card document.

· The seal on the test is broken in the presence of the person to be tested so that no tampering is possible by a third party.

· The person being tested has to empty his or her pockets and remove outer clothing, as well as surrender cases or handbags.

· The person is led into a bathroom to wash their hands and then into another where there is no source of tap water that could be used to dilute the sample.

· The toilet bowl is filled with strongly coloured water to prevent it being used.

· The water cistern above the toilet is also sealed and tamperproof.

· Flushing of the toilet is forbidden (source of water).

· When the sample is produced it is checked for temperature.The sample has to be between 90 and 100 degrees Fahrenheit to satisfy the tester that the entire sample has just come from the body.If outside the range, a second sample is requested, perhaps with someone of the same sex watching.

· The sample is then sealed in front of the person being tested, and placed in a container with a tamper-proof seal.

Hair testing is becoming widespread, partly because it is far simpler.When drugs are taken they circulate in the bloodstream and are built by hair follicles into the structure of the hair.No amount of washing or hair care will remove these traces, which are different from outer environmental contamination - for example in a smoky room.Contamination is dealt with by washing with chemicals before testing.

The traces inside the hair remain there until the hair grows out, at a rate of half an inch a month.Standard hair tests use the inch and a half closest to the scalp, but testing much longer strands gives a more complete record of use over the past few months.In comparison urine only gives reliable results about use over the last few days, and cheating is easier.Retesting is also difficult with urine.By the time the test comes back, it is often too late to ask for a second sample, whereas hair tests can be repeated as often as necessary if a result is questioned.

Hair cut from the scalp cannot provide information about use in the last five days because this is below the level of the skin.However plucked hair that provides the root could do so.

So then, urine or blood testing is the only way to measure recent blood levels, although data is still lacking to enables us to say with confidence what the level was at a particular time before the sample was given, and to correlate level with performance limitations.Hair testing gives a full picture of the past, but not the present.

PDT-90 is a personal drug testing service for personal use using human hair.It's an example of a coming flood of "consumer" products for drug detecting.It costs $60 a kit and is widely available in the US. It tests for use of any of five drug groups: marijuana, cocaine, opiates, methamphetamine and PCP in the previous 90 days which is useful for long-range monitoring but not for determining whether someone is currently "under the influence".However it is easy to use, and less embarrassing than asking for a urine sample.These kind of kits can act as a powerful deterrent to a teenager, knowing that people will find out if he or she has used drugs at all over the last three months.It can also in theory be a help to a teenager who wants to use long term testing as a reason why he or she cannot risk taking drugs.

PDT-90 is being marketed heavily to parents of teenagers in the US who have to collect hairs and send them off to get the results.The person sending in the samples has to sign a form declaring that they are the custodial parent or legal guardian of the minor child.However there are many ethical issues raised by home testing, especially of someone without his or her knowledge or consent - and what do you do with the information?

Hair testing has to be able to tell the difference between environmental contamination by smoke for example, from actual bodily ingestion, injection or inhalation.As we have seen, this requires rigorous testing methodology, and is not always reliable.In addition, hair testing may pose equality issues since blond hair does not retain traces of drugs as well as dark hair.For these reasons the Society of Forensic Toxicologists does not yet endorse hair testing for employee programs. Hair testing remains unusual and expensive.Testing accuracy can vary with the company used.

Saliva testing is becoming cheaper and more reliable with one-stop tests for alcohol as well as a range of illegal substances.Collection and test results takes around five minutes. Skin testing is also undergoing trials - for example the Drugwipe system.This takes a specimen of sweat from the forehead and gives an instant colour change on a strip.Drugswipe devices are

drug-specific, available for Marijuana, amphetamines (including ecstasy), cocaine, opiates and benzodiazepines such as Valium.Drugwipe products are being tested at the roadside in Britain with Australia expected to follow.

One compromise is to use non-invasive disposable tests like Drugwipe for situations such as road-side testing, with blood or urine tests back at a Police station where a result appears to be positive.It would be hazardous at present to rely on skin tests alone to support - say - a ban on driving or a pupil expulsion.

Ethical questions relating to drug testing

All these testing measures are controversial, especially random testing, with worries that some companies have used positive results to compromise privacy, harass and intimidate employees. Accuracy will undoubtedly improve as unit costs fall and testers become more experienced, but even if the results are always 100% accurate, there are other questions to be dealt with.

How is the information to be used?Are those testing positive to be given counselling about voluntary treatment programs or be threatened with the sack or sacked on the spot?What about the difference between - say - hair testing which might show use in the last 90 days, and blood or urine testing which might indicate far more recent use or actual intoxication in the workplace?Is it right to penalise job applicants when a hair test might test positive despite the fact that the person has not used any illegal substance for half a year?

The real question is this: how serious are we as a society about wanting to tackle the drugs problem?And what alternatives are there given that many other measures seem to have failed? If we conclude that the drugs menace is a real threat, and that drug testing is one of the only practical measures proven to have a significant impact on the problem, then we may conclude that we have little choice but to welcome a measure which would have been unthinkable in the past.

Almost all major steps against drug abuse involve some degree of compromise over personal privacy and other freedoms.For example,tight customs checks require opening peoples' luggage at airports between aircraft and collection areas, as well as thorough random checks on all those entering and leaving the country.It also involves stop and search at any point where police have reasonable grounds for suspicion.Anti-drugs teams are allowed to bug phones, intercept mail, follow people, open packages, break into warehouses and homes and inspect bank accounts.We accept all this as a normal part ofmaintaining law and order.

Yet at a time when drug use is soaring,borders completely opened with Europe,the numbers of customs officers have been reduced, random road-side testing for intoxication of any kind is very unusual and in Britain, random testing for drugs or alcohol use at work is almost unheard of.There are hard choices to be made, which require clear evidence that the invasion of personal freedoms is worthwhile in terms of lives saved, injuries prevented, crimes curtailed.

Civil liberties groups are gearing up for a big fight, which they will lose because there are so few alternatives to controlling a growing problem, and because as we have seen, market forces will have the ultimate say.Because of this, the counter-arguments being used are now economic ones as well.The language of the market is being used by both sides. For example, the American Civil Liberties Union says companies are wasting millions of dollars a year on a urine testing industry with an annual turnover of $340 million.

They argue that 80% of their members with urine testing programs have never worked out the cost benefits.They go on to say that if positive results are only 3% of the total then the cost of identifying each person could be as high as $10,000.However the testing process itself keeps the numbers of users low - indeed it has contributed to a fall at a time when other trends would have led many people to expect a rise.

Prevention works for drink-driving

Drug testing does in fact have a long history with widespread acceptance in Britain - for alcohol abuse. The best studied example of anti-alcohol abuse campaigns is drink-driving.Many countrieshave run these high-profile advertising campaigns and the outcomes have been easy to measure: numbers of drink-driving accidents down, numbers over the limit down at kerb-side random testing sites.

My own view is that drug testing is inevitable and necessary whether in the workplace or at school or at college.It should be part of a package of comprehensive prevention methods aiming to inhibit use and to channel care to those who need it.Drug testing has only recently emerged as a realistic large-scale option because the technology has only recently improved.We still have a long way to go before drug testing can be applied with the same precision as alcohol testing of breath, blood or urine but that should not dissuade us from applying the technology we have wherever we can, within the limits of its accuracy.

Drug testing is not an expensive option because it can be limited to cases where there is

suspicion, and to random samples. These together are a strong disincentive.As we have seen, for a small investment in training and technology there can be a great increase in productivity, and in the well-being of the workforce.There are ethical challenges to be faced, all of which can be worked through with clear guidelines, consistently and fairly applied, introduced after a proper period of consultation and after pilot testing.

Society will have to take a view on whether workers such as train drivers and pilots should continue to be disciplined or dismissed if they are found to have traces of illegal drugs in their bodies.Few would question the need for immediate sanctions if such a person were drunk on duty or obviously "out of it" because of recent drug taking.My own view is that in the absence of a sophisticated measure of drug intoxication, it is far better to err on the side of caution.If someone has traces of Marijuana in his or her body that is sufficient for me.If I have a choice I would rather that person did not fly my plane or drive the bus.I would also rather he or she kept out of the operating theatre or the cab of the crane.Those who feel comfortable about positive tests for Marijuana may draw the line at a positive cocaine or heroin test.

A strict line on drug testing would fill a yawning gap in current anti-drugs law, a gap that laws are not suited to fill. At present there is an inconsistency.If three teenagers are given Ecstasy at a party, and two swallow the tablet while the third declines and leaves it in his pocket, two may land up in hospital while the third could land up in prison.So long as the drug is inside your stomach, you can't be charged.The only exception is in the case of the courier who has filled his stomach with sealed condoms containing drugs.

In contrast to the letter of the law, drug testing disciplines the user rather than the carrier.Since use is just as relevant as possession - if not more so - there is a strong moral argument in favour of drug testing rather than just relying on searching and finding supplies before they have been used.

I am not proposing a change in law making it a crime to have taken drugs in the past, but I am in favour of employers being able to chose to take action where staff are found to test positive for drug use, if they work in situations where the health or safety of other could be compromised.The same argument can be used to justify pre-employment testing for those in these kinds of jobs.In practice as we have seen, very large numbers of jobs could be said to fall into these categories.To be consistent, such measures should go together with a drive against alcohol intoxication.

So then, we have seen that prevention can work.Seizures alone are inneffective as are attacks on farmers or drug factories.It is vital to reduce demand.Face to face education is effective and cost-efficient when backed by mass campaigns and set in a values-framework, and where everyone pulls together, whether parents, teachers, youth workers or others who influence image such as those in the media.Workplace testing is also very effective as part of a range of interventions with the option to extend what is already happening in the US more widely in countries such as Britain, and to encompass places of education.Testing is the one measure most likely to have the greatest impact on behaviour, and if introduced sensitively, with compassion, should become a central part of government, industry and community prevention efforts.

However, some will always use drugs and we face an enormous challenge in helping those already addicted to break free.But does treatment work?What kinds of treatment programmes are most effective?And how can we help ensure that those who beat addiction manage to stay free of it for the rest of their lives?Is enough being done?

The Truth About Drugs - free book by Patrick Dixon, published by Hodder in 1998

- Introduction
- Acknowledgements
- Chapter 1: The Size of the Drugs Problem
- Chapter 2: The True Cost of Drug Addiction
- Chapter 3: Addicted to Pleasure
- Chapter 4: Caffeine, Alcohol and Tobacco
- Chapter 5: Cannabis
- Chapter 6: Cocaine Addiction, Crack Addiction and Heroin Addiction
- Chapter 7: Amphetamines, LSD, Ecstasy and the Rest
- Chapter 8: Why Governments are Scared of Prevention
- Chapter 9: Treatment of Drug Addiction Works
- Chapter 10: Legislation and Decriminalization; The Arguments over Marijuana
- Chapter 11: Conclusions; What We Must Do
- Appendices