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SOCIETY FOR INDIVIDUAL FREEDOM

The Individual

THE SIF ON DRUGS...

Although in the case of your editor, this is nothing more 'exotic' than Bombay Sapphire gin and Jack Daniel's whisky!

This issue of *The Individual* is a drugs and healthcare 'special' largely because of two fascinating talks in that area given to the SIF earlier in the year. From the first of these talks, that by Ms McTaggart, and the accompanying article by Mr Gaiman, we can note three themes. First, the empirical matter regarding the benefits and disbenefits of differing types of medical treatment. This is an important issue but relatively tangential for the SIF *qua* political organisation. However, the two others are certainly 'political'. The first of them is the straightforward 'freedom issue' of the right of individuals to choose their own method of healthcare based upon their own judgement and beliefs and those of others in whom they freely decide to place their trust. The second of these is the widening and deepening of corporatism at the expense of the small and medium-sized business sector particularly in Britain and, of course, the EU.

Mr Eckersley's talk in May supporting the continuing prohibition of 'recreational' drugs sparked a lively debate at the time, and I am grateful to Mr Henderson for putting his contribution at the time in print and also for the views of Dr Lefever who is both a long-standing libertarian and an expert in addiction treatment. I would also draw readers' attention to an excellent essay, *The Real Nature of and the Abuse of the Drugs Problem*, written for the Libertarian Alliance by my predecessor as editor, Paul Anderton, and freely available as a PDF/Acrobat download at www.libertarian.co.uk/lapubs/polin/polin178.pdf. Between them, these four essays indicate the hotly contested nature of the ongoing debate over drugs.

We start and conclude this issue of *The Individual* with two pieces by Mr Peacott, a healthcare professional from the USA, and myself that, in different ways, question the whole State-dominated basis of healthcare provision in most of the liberal democracies.

Finally, on a separate matter, if you have not already done so, please take the time to have a look at the SIF's website at www.individualist.org.uk. Our webmaster, Howard Hammond-Edgar, and I have 'put in the hours' recently to revamp it. Most notably, reformatted 'pseudo-issues' of *The Individual* from 1995 to 2001 are now available as free PDF/Acrobat downloads.

Edited by Nigel Meek. Published by the Society for Individual Freedom. For contact details, see back page.

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HEALTH CARE WITHOUT GOVERNMENT

Joe Peacott

The Therapeutic State

Health care systems all over the world are, to varying extents, dominated by government intervention. Whether it is a largely 'private' system driven by state funding and regulation, like that in the US, or a 'socialized' model like those of Canada and the UK, the state manages to insinuate itself into the most intimate contacts between individuals and their medical providers. Such intervention in the health care market is advocated by its supporters for two primary reasons. First, government is seen as the best protector of consumers, through such methods as compulsory licensure and accreditation of health care providers and institutions, as well as regulation of what medicines can be prescribed and distributed, and under what conditions. Second, in a world where health care can quickly become prohibitively expensive and private insurance is not always available or reasonably priced, government funding, either to individual consumers or the health care system as a whole, can often appear to be the only means by which people can afford to utilize modern health care providers and technologies.

"Anarchists believe that people are capable of managing their own affairs…"

Despite the arguments of the defenders of government meddling, however, the state has shown itself not to be a good steward of our health care. It denies us the freedom to avail ourselves of the services of the practitioners of our choice. It has produced an incredibly expensive health care system which we are all forced to pay for, either out-of-pocket at our doctor's office, with our insurance premiums, by taxation, or through a combination of these. It lies about disease prevalence and incidence in order to further bloat the budgets of public health bureaucracies. It has kept life-saving drugs off the market, and made some of those available so expensive as to be beyond the means of many who could benefit from them. It requires people to wait months for simple operations. It forces potentially dangerous vaccines on children. It restricts access to pain-killers because of myths, propagated by its own 'experts,' about addiction. It has turned physicians into an economic and social elite who often treat their customers with a complete lack of respect. And the individual people seeking and receiving health care, the supposed beneficiaries and focus of this system, are deprived of any real decision-making power, while at the same time they are prevented from taking their business elsewhere if they are dissatisfied.

A Different Vision

Anarchists believe that people are capable of managing their own affairs and providing for all their needs and wants without the state and other authoritarian institutions. In a world without government like that envisioned by anarchists, people would still get sick and sustain injuries and require health care, surgery, and medicines. But, because people have become so accustomed to government involvement in health care provision at all levels, it may be difficult for many to imagine how such needs would be taken care of in a libertarian society.

Anarchists differ among themselves about how people's medical needs and wants would be met in the absence of a government. Some believe that all health care should be provided free of charge with costs absorbed by the community at large, while people's good intentions and dedication to the interests of the group would be sufficient to guarantee quality, ethical healing services. Others, of a more individualist bent, believe that health care, like all other products and services, could be provided on the free market, with prices restrained by competition and quality and safety insured by voluntary watchdog organizations and educated, self-reliant consumers. Such a market-based system would not only be capable of providing high quality, affordable healing services, but would also maximize the range of choices in providers and therapies available to people in need of medical or other therapeutic services or information.

The Current Model & Anarchist Alternatives

Government-run or -regulated health care systems rely on mandatory licensure and accreditation to ensure the competence and safety of providers and institutions. While this method is somewhat effective in achieving its goals, it has consequences that are detrimental to consumers. State control of who can and cannot practice medicine or other healing arts severely restricts the number of providers available to people in need of health care. By allowing the professionals themselves, whether doctors, nurses, therapists, or whatever, to accredit training schools and set standards for entry into practice, it allows established practitioners to limit the entry of new workers into the various approved health care fields, and either severely restricts or outlaws the practice of healing by those who advocate alternative models of health care.

The libertarian approach is to allow anyone to offer their healing services on the market, and let customers sort out for themselves who is worthy of their business, as they currently do with so many other products and services. Consumer watchdog groups, on the model of the Consumers Union or People's Medical Society in the United States, could investigate and rate the various health care providers, clinics, and hospitals and make their findings available to those seeking health services, enabling them to make an informed decision as to where to procure treatments and consultations. Voluntary certification societies, which already exist in the medical and nursing specialties, would also play a role in ensuring competence by giving their 'seal of approval' to providers who meet certain criteria. Meanwhile, those who reject western scientific (allopathic) medicine, would be freely able to seek out and purchase the services of practitioners of their choice, who would no longer be barred from the health care market. Many more physicians and other healers, of many different philosophies and orientations, would be available to those seeking out advice and treatment, introducing competition into the health care market that would require providers to deliver better and more humane health care in order to keep their customers.

"The libertarian approach is to allow anyone to offer their healing services on the market..."

Medical education would still take place without government oversight and control, as it once did in the past. However, without state-imposed rules, it would likely take less time and be much less expensive. Here, as well, competition, now eliminated by government regulation, would bring changes, producing more and cheaper training programs, as well as more varied curricula. Potential health care professionals could choose from a variety of learning models, whether academic, apprenticeship, or some mixture of the two, and could learn at their own pace. Students would not be forced to spend their time and money studying subjects in which they have no interest, and could focus on and excel in the areas of their choice. The hierarchical and often heartless methods now seen in medical schools and post-graduate training programs would likely disappear, as it is hard to imagine anyone voluntarily submitting to such demeaning treatment if other options were available. Doctors who are treated in a kindly and respectful manner by those who help them learn their trade would then be more likely to relate to their customers in a humane and courteous way, unlike so many of today's physicians.

As in the case of professional licensure, government regulation of the production and distribution of medicines through agencies like the Food and Drug Administration, as well as the prescription system, by which people are prevented from purchasing medicines without a doctor's note, purportedly exists to protect consumers. However, although some harmful or ineffective drugs are kept off the market by the FDA, and the need for prescriptions sometimes prevents people from using medicines inappropriately, these governmental methods come at an unacceptable cost. Helpful medicines are often kept off the market, tied up in regulatory channels for years, resulting in the death of people who could have been treated, and prescriptions force people to consult physicians or nurses whether or not they wish or need to, driving up the costs of health care and further enhancing the status and power of licensed health care providers. Government classification of some drugs as having a potential for 'abuse', and the attendant close monitoring of their prescription and distribution, cause many physicians to limit their patients' access to narcotic pain-killers, often the only palliative for people with cancer and other serious illnesses.

Just as there are non-governmental methods that would enable customers to wisely and safely choose their healing practitioners, there are alternatives to state control that could provide those who take medicines with the means to protect themselves from excessively dangerous or ineffective drugs. Consumer organizations are capable of guiding people in their use of medications or other treatments, and the studies published in medical journals available to the public are a source of information critical to choosing appropriate medications. Private health libraries could even be set up to collect medical literature to facilitate individual self-education. Knowledgeable buyers would then be able to make informed decisions about what remedies to put into or onto their bodies.

Besides being able to provide health care and therapies that are safe and effective, the free market can also assure that treatment and professional advice are affordable. The competition introduced among providers and institutions by the removal of government restraints would drive down the cost of health services and consultations dramatically. Unlike the situation today, there would also be at least one less incentive for providers to try to charge exorbitant fees, since the costs of their education would be much lower in an unregulated system, leaving them free of the debt many now face on entering independent practice. Drugs would be much cheaper without the government regulatory system now in place that drives up the costs for manufacturers, while abolition of state-protected patents would allow increased competition among producers, forcing the price of pharmaceuticals down even further. And, when one does not have to consult a physician just to obtain a prescription, more savings will be realized.

Despite the overall lower costs produced by a free health care market, there would still be circumstances where someone will require financial assis-

tance to be able to afford a certain medical procedure or treatment. Even here, however, there is no need for government to step in. Inexpensive insurance of various kinds could be obtained on the free market, including the sort provided by voluntary organizations like the friendly societies of years past, which died out after the birth of the modern welfare/corporate state. Additional sources of monetary aid could also be found in the advocacy groups organized around health care issues, like the American Lung Association or the AIDS Action Committee. Such organizations now spend large amounts of the money they obtain from private donors to influence government agencies to direct ever more taxpayer-provided cash towards their favored cause, often using padded statistics and half-truths to influence policy and funding decisions. With no bureaucrats to influence and no lobbyists to pay, these groups could instead dedicate their resources to either helping people in need of services directly, or funding the medical research that would still be needed after the state is eliminated.

"Freedom requires personal responsibility"

Besides being able to provide for all the health care needs of individuals, a society without government would also produce a new, more egalitarian relationship between health care practitioners and their customers. Instead of a relatively small, privileged class of people who control the access of others to medicine and treatment, physician, nurses, homeopaths, and other health care workers would become service providers like any other. People would be able to shop around for doctors, as they now do for plumbers and car mechanics, and would not feel they needed to defer to their health provider anymore than they do to their grocer or bookseller. While health care is essential to our quality to life, so is food, plumbing, and intellectual stimulation. Our doctors deserve no more deference than do the other people who supply us with the means to go on living our lives as we see fit. A respectful relationship between equals is as appropriate in a doctor-patient relationship as it is in any other.

Freedom Requires Personal Responsibility

Of course, in order for government to be eliminated and a free market in health care to be instituted, individuals would have to change in important ways. A free market and a free world require people willing to take chances and be responsible for themselves and their voluntarily-chosen associates. People at present have accepted a sacrifice of their freedom to choose their health care providers, treatments, and medications, in return for a promise of safe and effective treatment from the medical-industrial-government complex. When they give up this real or imagined protection from the vagaries of the market, they will have to look out for their own interests when they seek out health care. This will require that they educate themselves about health and illness, current treatments, and available medicines and their adverse side effects. They will need to investigate the health care providers available to them and perhaps interview a few before deciding with whom to contract for their care and advice. This can be a time-consuming process and is not without risk. But nothing worth doing is risk-free.

Joe Peacott is an individualist anarchist and professional nurse currently working in Alaska, USA. He is a leading figure in the BAD Brigade whose website can be found at http://world.std.com/~bbrigade/.

FREEDOM OF HEALTH CHOICE IN PERIL

Lynne McTaggart

[The following is an edited version of a speech given to the Society for Individual Freedom at the House of Commons, London, on the 14th March 2002.]

Thank you to your members for having invited me to speak this evening. It is about something that is close to parts of all of us now. Two days ago, one of our fundamental freedoms was removed. It was done without fanfare. It was done in fact, without even a whisper in the media. Taking away freedoms in this democracy is best done by stealth, as any politician will tell you.

This particular attempt was first dressed up in a document 500PC0222 and as you have noticed PC gets in everywhere these days, and now glories in the European directive on Vitamin Supplements. It was passed on Tuesday by the European Parliament in Strasbourg, and so open minded, I know the politicians will be, or had been on the day, that I had confidentially predicted that the vote would be approximately 300 to 50 in favour. If you had one or two, you could have actually put some Euros on the bet! Among the Euro MP's, Labour voted in favour, Conservative against. It turned out, I was actually optimistic. It turned out to be 385 in favour and 139 against. It now has to be approved by 15 Ministers and it will go into Law in three years time. And that means that in 3 years time most of the vitamins that we have on our shelves will be

banned - will be declared illegal.

The argument behind the directive goes something like this: if the EU really is an open market then everything sold in it must be of the same level of quality, potency, what you will.

I am sure you have already noticed a flaw in the argument. It is not an open market at all. So if you are a car manufacturer, you must not sell a faster, sexier car than people in another country. Now, particularly if environmental laws prohibit its sales in another. So the answer is do not make faster, sexier cars. The same goes for our health care products. Now we in the UK, Holland and in Sweden, have some freedom to buy vitamins and to sell them at far higher potencies than other countries in Europe. The ones with the lowest potencies include France and Germany, the people, incidentally, with the largest number of MEPs. So, under their legislation, they can sell supplements of a potency only 1 or up to 3 times the recommended daily allowance.

Now, the recommended daily allowance is another terrible piece of bureaucracy. It is the minimal level that is necessary in a vitamin supplement to prevent deficiency disease, not to promote health. This is to prevent something like scurvy. Now what is wrong with the RDA (recommended daily allowance)? Because this is what we see all the time in vitamins – well, for one thing, RDA does not take account of different cultural groups. Different cultural groups have different needs and vitamins. It does not take account of individuals. Just as we like individual freedoms, our needs for vitamins are also individual. Our eating habits can affect the sorts of vitamins we need. Our absorption levels, our ages can affect what vitamin types we need. Nutrients in our daily diet also vary, and of course, the variants in our individual lives – we need more of certain things when we are pregnant; we need more of certain things when we are older. And preventing deficiency is not the same as promoting health, that is the most important thing of all.

"… the recommended daily dose is another terrible piece of bureaucracy"

Many, many studies these days of many people in Britain, take vitamins and supplements that are far, far higher than the recommended daily allowance. Mainly because they have more common sense than bureaucrats but also because they have benefited from these. This is not just anecdotal evidence either. Increasingly, there exists clear scientific evidence of the benefits of vitamin supplements. Linus Pauling, the champion of Vitamin C, was one of the first to come out so publicly- but that sort of study had been going on behind the scenes quietly for many, many years. A few months ago, when I was fighting another battle, the MMR (Measles, Mumps and Rubella) vaccine, against the government's insistence that people take this rather questionable vaccine, I found, through some research, studies of Vitamin C and Vitamin A and their ability to fight all kinds of childhood viruses, and their effectiveness in treating things like measles, had been studied in the 1940s, and there were several people doing fantastic study on this, and showing that no matter what kind of complication a child might develop from Measles, from Mumps, from any of those awful diseases, and even from Polio, you could wipe it away in a few days with high doses of Vitamin A. Now, you and I have not heard about this, because you cannot patent a vitamin. You cannot sell it at a high price, it does not have a profit, and most importantly, you do not have to take it for the rest of your life, the way you do with a drug.

There is no interest, no money behind vitamins. However, now they have become competition and that is the big problem about it. That is why we are seeing so much discrediting of it - and that is why we are seeing a sudden clampdown.

Now the French and Germans protested on economic reasons. There is this huge black market in France and Germany of British vitamins, because we have these high doses and liberal laws here. The other places of liberal laws with high-dose supplements are Holland and Sweden. They are all places where these kinds of vitamins are allowed.

Now most of the freethinking among us might think - 'well, aha, maybe we ought to make more potent vitamins to compete with the British'. But not in the EU you don't! There you talk about fictitious 'Open Markets'. Most recently, what you talk about is 'safety'! I was shocked after the outcome of the vote on Tuesday. I wanted to see how the press was reporting it. There has been more or less a press blackout about this. And I was shocked to see BBC had swallowed the line, more or less hook, line and sinker, the idea that this is 'safe', and this is 'safety' that we are talking about. They've been quoting the Pharmaceutical industry saying "This comes out of a genuine desire to ensure the products that people buy are safe and effective" and that this is a terrible unregulated vitamin market, this vitamin market.

How did the European Commission, which is of course the non-elected part of the EU that frames all legislation, why did it side with Germany and France? The answer is more interesting than the standard, 'because it always does'.

I will have to go into a little history about this. I do not know how many of you have heard of Codex Alimentarious. That is an organisation in the United Nations. It means 'Food Code' basically, and it has been formulated to control all food laws all over the world.

The part of the Codex that deals with vitamins was a rather blatant attempt by the Pharmaceuti-

cal industry to control the levels of vitamins sold, first in the United States and also in other parts of the world. It was seen as the first of a worldwide move to regulate supplements. In 1996, Codex went for a proposal that 'no supplements or herbs could be sold for prevention for therapeutic purposes, and natural remedies couldn't exceed certain levels set by a self- appointed committee'.

No new supplements were going to be allowed unless they passed through a Codex approval process, governed by the Pharmaceutical industry. And herbs could not be sold unless registered and approved as well. What happened then was such a huge public outcry- there was protest in Berlin over this - fanned by a guy called Mathias Rath, a partner of Linus Pauling's, who did a lot of study in scientific research into the benefits of vitamins, and founded his own vitamin company. He is a man, who not only has the intelligence, he also has the money. He has been renting large billboards in Germany and taken out large advertisements and has paid a lot of people to work with him, and his billboards all say, "Stop the Pharmacartel". He has been fighting them and he won at Codex. But in Europe, it's another story. It is harder to win because you have so many MEPs from different countries who are being lobbied by the pharmaceutical industry.

"In the past, the British have traditionally fought this sort of oppressive legalisation"

Now, I wanted to talk a little about how insidious this law is. The reason that it scary is that it does not actually indicate in the Bill itself what it is all about. It says that it is going to do something in the future, so in a sense there is nothing that we can protest about today. One thing it has is a proposed list of permitted ingredients, and permitted products. These are the things that will be allowed when the Law comes into effect in three years.

What it has gone for is the most conservative list of approved vitamins. Things that have been around for a long time. Only the best-known vitamins and minerals and the best known preparations. What you may not know, is that vitamins come in many different guises. There are about 3 types of Magnesium and 20 types of Selenium. It is what Selenium might be paired with. Some people can find that taking a certain kind of Selenium works better for them than others. I, for instance, need to take Zinc Gluconate, because it works better for me, than Zinc Citrate. Many need to be out there to satisfy everybody's requirements. However, what this law would do, would be to ban anything that is not well known. Things that do not have any recommended daily allowance, like Inositol and Choline - two very important B vitamins - would be banned. Most types of Selenium, an absolutely essential vitamin would be banned.

That is the first bit of insidious legislation. The second one is that the levels have not been set yet. That is the scariest bit of all. And the most political. Certain committees within the EU have been playing one side of Europe against the other. They have been talking to the UK about safe upper limits, which is the safest limit that we know that will not start causing problems, because we have taken too much. That is what Britain wants to hear, because that is more in line with the kind of levels we have now. What they have been talking to the rest of Europe about is the 'Population Reference Index', which is a kind of a fancy, newfangled RDA.

The real problem here is that the bureaucrats that they have chosen for this task, 'The Scientific Committee for Food' or SCF, is composed not of nutritional experts, but of food technocrats. What they plan to do in setting up these levels, is to work out how much they think we get in our daily diet, which, you know, is anybody's guess, given the way food is produced in intensive methods today. They will also subtract what they think is in fortified foods, so if you don't eat processed foods, you won't be getting that, but they are assuming that we all do eat canned and processed foods, and then take a little bit else out besides, so that by the time you get finished to what is supposedly the upper, say, level, what you get is maybe about 1/25th of what we're taking in supplements.

They are talking about making it permissible to have 5 milligrams of vitamin B6: a vitamin that is necessary for all sorts of things, but which came into prominence particularly in its ability to cure pre-menstrual tension and a lot of 'women's problems'. It is an essential ingredient for most women, but most women take 50-100 milligrams a day. I take 100 milligrams a day, which means I'd have to 'pop' 20 of these pills just to get my B6 regulation alone.

I estimate that if this thing goes through, and I was not going to buy my vitamins on the blackmarket, I would be taking a large pile every morning, just to get my daily quota of vitamins.

Now, what happened with Codex was, as I say, the public outcry was so strong and sustained that the UN did not dare pass it. It was shelved for the moment, but it has not gone away. They will be back as soon as the EU passes this legislation. The idea is first Europe, then America, then the rest of the world.

In the past, the British have traditionally fought this sort of oppressive legislation. The British government, as you know, tried and failed, by stealth, to abolish vitamin B6. It used erroneous medical data. It used one very questionable, highly unscientific study to support its plan. The study in question, was not even a study- it was a questionnaire! It was a telephone polling of women to see whether if anybody had any side

effects from vitamin B6. It was appalling and shameful and it would have been thrown out of any set of studies submitted to the Food and Drug Administration in America.

Nevertheless, on that occasion, Nanny Britain was caught by the outcry. There was a huge public outcry against the regulating of just that one vitamin. So, where is everybody with these EU vitamin laws? This has been going on for a year or so. The problem was, because it is Europe, it was 'out there'. The press wasn't interested, and lots of people who were working on this, The National Association of Health Stores and the like, couldn't get the press to do anything about it. A few stories are appearing in the press about how we have got crack down on 'vitamin pill popping'.

From our point of view, there is a lot of protest behind the scenes, there was a lot of working with MEPs, but it was more or less a done deal. At the best, we could get 50 votes marshalled against it. There is such strong lobbying in Europe so much pharmaceutical money in Europe, and lots of the MEPs are responding to people in Europe who want this - vitamin companies who want this - because they can finally compete Europe-wide. They can finally produce vitamins on a mass scale, and produce them cheaper and make more money selling them all across Europe.

"... in effect, it is going to be a ban for the independents"

It was a lost cause from the very start. When we finally lose half our vitamins and take them off the shelves, maybe we will get a little press.

So why does the Pharmaceutical industry want to restrict vitamins? The Pharmaceutical industry is now worth about 1.3 billion pounds in the UK alone. Around half of the British adult population has visited an alternative practitioner in the last 3 years and the Pharmaceutical industry is the most profitable and the most secretive in the world. It is the most profitable industry in the world! It is almost hard to count the number of zeros in their profits! It knows it may not be for much longer. It is a dying breed now. People do not want technological medicine anymore. They are voting with their feet and they are voting for other ways to get well.

So, the thought is, if you cannot beat them, destroy them. Take away peoples choice, force them back to the GP and prescription drugs. And the EU, by the way, this is only the first of it - is also planning to restrict other areas of alternative medicine.

It's going to make herbal remedies illegal, unless the companies that produce them can (a) show that they've been around for 30 years and (b) produce all sorts of arcane evidence in their defence, including what the active ingredient is. And in most herbal medicine, which is traditional medicine that has been around for hundreds of years, nobody knows what the actual ingredient is.

So, the net effect of this legislation will be to ban herbal medicine. No company, unless it's a very rich company or is part of the Pharmacartel - as many of them now DO have a herbal and nutritional wing (Nutriceuticals, they like to call them) - will be able to afford to do the kind of testing that is going to be necessary to register the stuff. So again, in effect, it is going to be a ban for the independents.

A very good campaigner, called Frank Wiewel, in America, started and runs 'People Against Cancer', which promotes alternative cancer treatments. He once said, ' Nobody died of a vitamin'. And that is absolutely true. Nobody has died of vitamins. But 192,000 people in the US, every year, die of drugs. They died, not of drug overdoses, but prescription drugs. Modern medicine, prescription medicine, is the fourth leading cause of death in America and the UK. It runs only behind heart attacks, cancer, and stroke as the leading cause of death at the moment.

This is about a necessary alternative to an ineffective type of medicine. This is what is worrying to all of us. This is potentially the worst legislation to have come out of anywhere in Europe in many, many years.

It was too late to stop it, and as I said before, there is nothing that we could have done. But there is something that we can do now. Many of us have felt that the only way to have done something about this is to wait until the Law was passed, and to let people know what they are really in store for: let the press know what is really happening and then the outcry that may come about will be so strong that it will force the Eurocrats, the people in charge, to do something.

In the past, protest has worked. The Vietnam War was stopped because of protest. This is just in my lifetime. Our American President was stopped by just one person making a difference- a man I knew named Al Lowenstein, who decided that the Vietnam War was escalating out of all control, because of Lyndon Johnson. So he individually started a campaign called the 'Dump Johnson' movement, and it worked. Al dumped Johnson after his first term. Just one guy made a difference.

Now, what this requires is some careful organisation. It needs time and it needs money. We are talking about a protest that will be on a scale that is probably unprecedented. In America, the Food and drug Administration tried to pass a law that would put vitamin supplements in the hands of the Food and Drug Administration and would regulate them, more or less, out of existence.

The public outcry in America was so strong, was so huge, that it stopped it in its tracks. It got passed and it got repealed, and President Clinton said this was the biggest grass roots movement of protest he had seen since the Vietnam War.

It worked - it stopped it! And that is exactly what we need to do. We need to stop apathy, but we know thousands and millions of people in Britain and America and in Europe want to keep the freedom to supply vitamin supplements. They want vitamin supplements to be considered food. They know that it needs certain basic regulations, so that it is safe, but they want the right to choose.

So what we were planning to do with 'What Doctors Don't Tell You' is we have already been in touch with a number of organisations. In about 5 weeks time - we would like some of your representatives as well to be there – we are hiring a hall and we are asking every body to come. And we are going to systematically plan to stop this. What we are talking about is advertisements; we are talking about grass roots petitions; we are talking about placing petitions in every herbal and every health shop. And the vitamin companies that are well connected, the health food stores, which are well connected, are willing to do this. We are even thinking of setting up a political party. If we set up a political party, we have the right to airtime. We can completely by-pass the BBC and the Daily Express and whatever, and not have to count on what kind of publicity they give us.

We can take this directly to the public. So this will take about a year or so of careful planning. We have the support of many organisations around the world including Frank Wiewel, (People Against Cancer) who was one of the architects of that successful grass roots movement in the States, which stopped the FDA law - and we're going to do this.

So, we need your help and your support. But it is most the important kind of legislation you will ever face. So we need you to take this issue as seriously as we do.

Ms McTaggart is an award-winning journalist and editor and co-founder of What Doctors Don't Tell You (www.wddty.co.uk) a monthly newsletter that reports on the risks and dangers of modern medicine. She frequently appears on television and radio and is the author of a number of books.

VITAMINS: THE END OF THE INDEPENDENT MANUFACTURER?

David B. Gaiman

"… a number of pharmaceutical drug companies maintain offices larger than that of the delegations of member states"

This article could best be titled an obituary rather than an explanation of the current situation. We are about to witness the decline and eventual eradication of the small independent vitamin manufacturer and producer. The decline will be date coincident with the introduction of the new legislation being created in that bastion of the nanny state: Brussels. Brussels contains many lobby groups and many companies are maintaining large offices in Brussels for the apparent representation of their products in that fair city.

Interestingly enough a number of pharmaceutical drug companies maintain offices larger than that of the delegations of nation states. They sell no product. They are apparently busy lobbying the bureaucrats and lawmakers in the European institution.

The current situation is that a directive will be issued in the near future from Brussels. It is designed to protect great the Western public from the dangers of overdose of nutrients. The reason for this protection is fogged by the fact that for example in the United Kingdom there are no cases of death recorded as a result of a vitamin or nutritional overdose. Compare this with the 20,000 a year deaths resulting from the use of aspirin on prescription.

The standard of nutrition and diet in Western society has been declining since the 1950s. The reason for this is the change in lifestyle, farming methods, and other environmental matters including the demineralisation of the soil. The key health problems of our society are coronary heart disease, stroke, high blood pressure, and cancer. It is of interest that these are the areas of greatest concentration by the chemical pharmaceutical industry. It is also of interest to note that all these conditions are preventable and manageable with the use of the prophylactic qualities of a high-quality nutritional diet.

Factually, most of the population does not have the means or the access to the food types that would make vitamin and mineral supplementation unnecessary. The exponential growth in the sale

of 'natural health' products is the natural corollary to the increased public awareness of the palliative effects of nutritional supplementation. What is the safety legislation directive is actually a way of redefining the traditional British attitude to safety and freedom of choice, *that is if it isn't forbidden it's permitted*, and substituting the Napoleonic and Teutonic *if it isn't permitted it's forbidden*.

For this we can thank the lobbyist for such humanitarian organisations as BASF and Hoffman Laroche whose contribution to the field is crowned by the largest fine for monopoly practices in the history of the European market (where they ran a ramp for such materials as Vitamin E) and this was as nothing to the fine levied in the United States for the same crime.

David Gaiman is the Chairman of G & G Vitamins. Their website can be found at www.gandgvitamins.com.

POLITICIANS AND THE DRUGS PROBLEM

Kenneth Eckersley

Because none of the main political parties have any real comprehension of the true nature of the drugs problem, they are all equally frightened of it, resulting in none of them having a cohesive or effective policy for dealing with it. Over the last quarter century, this has allowed all of them to be led by the nose by the vested interest 'experts' in the drugs manufacturing and treatment fields and, as a result - although the single most important societal problem since the 1939/45 war - our escalating drug dependency have yet to be featured as an election issue.

"... the psychiatric and pharmaceutical interests ... have set out to ensure that their own failures ... are well hidden"

Drug dependency does however increasingly feature as an issue for the average man in the street, and if we are to reconnect politics to the electorate then, amongst other things, the politicians must start to make an impact on drug usage because, whether we like it or not, that is the number one problem for today's voters.

Every family in the land has a family member, other relative, friend or colleague 'on drugs', and although they have tried most of the offered so-called "treatments", the August 1999 *Big Issue in the North's* 'Drugs at the Sharp End' survey of the actual users dramatically reveals that no one is getting cured.

As a result, the number of users rises every single day. This is also because instead of drug prevention education being based on zero tolerance policies (such as the provenly successful "Say NO to Drugs" approach), vested interests have used their wealth and influence to denigrate zero tolerance and to 'push' pseudo drug prevention education based on 'informed choice' and 'harm reduction', which are just other ways of indirectly telling our youngsters and others that: 'drug usage is OK'.

Successive governments have been persuaded by those same vested interests that the psychopharmacological sector of the National Health Service is the area of expertise best able to advise upon and to handle the drugs problem. But it appears that nothing could be further from the truth because, of all the governmental public service departments, the health service is the one with the most severe internal drugs misuse problems. The stress of the work, coupled with the easy familiarity with and access to drugs, are the main causative factors. What this has revealed is that, as far as drug misuse is concerned, our physicians definitely cannot heal themselves, and whilst they obviously do not want to admit this, the real factor holding the lid down on the problem is that the psychiatric and pharmaceutical interests - which exert huge mainly hidden influence on the NHS - have set out to ensure that their own failures in the treatment field are well hidden.

The five year NTORS (National Treatment Outcome Research Study) is nothing more than an elaborate and expensive PR exercise designed to preclude truly independent investigation of the UK drug treatment field. It is in fact no more than an investigation of the current psychiatric and pharmacological treatment systems being carried out by the same psychiatric and pharmaceutical bodies responsible for delivering those 'treatments'.

The disappearance of Keith Hellawell's department of 'UK Anti Drug Co-ordination', and his sideways move away from drug market 'demand' and treatment issues and back into 'supply' issues, was likely because Keith was getting too close to the truth and had the altitude to make his discoveries impinge on the vested interests who have successfully manipulated UK drug treatment policies for over a quarter of a century.

Those who know the truth about the drug scene initially hailed the formation last year of the NTA (National Treatment Agency for Substance Misuse) as a huge step in the right direction. This was because the NTA was said by the government to be intended as an 'independent' body formed to monitor and control all aspects of drug

treatment in the UK. In practice however, the NTA now emerges as yet another psycho-pharmaceutically-controlled part of the NHS, with DrugScope indirectly in the driving seat. (DrugScope is the name of the recent combination of SCODA (the Standing Committee On Drug Abuse) and ISDD (the Institute for the Study of Drug Dependency)).

Who or what is DrugScope? DrugScope and its forerunners have been posing as quasi-governmental bodies for decades since its Director Roger Howard (or his predecessor) first convinced the then government of the day that drugs was far too 'technical' an issue for politicians to handle and that they needed the guidance of an 'independent' expert body to 'advise' them on suitable policies to "hold the menace of drug dependency in check". What the politicians got - initially in the form of SCODA and the ISDD and now in the form of DrugScope - is a front organisation for the most powerful and wealthy lobby in the country. For instance (ostensibly on behalf of the government) DrugScope runs the National Drugs Helpline, but it appears that only practitioners of psycho-pharmacological therapies are offered as sources of treatment to drug dependants using the Helpline. By virtue of having taken over the administration and management of the All Party Parliamentary Drugs Misuse Group, DrugScope have also taken control of this so-called "independent", non-political, but influential parliamentary group.

"Experience … shows that demand can in fact only be cut by Zero Tolerance Prevention…"

It is also significant that 'Alcohol Concern' - said to be a pressure group for the Alcohol industry - also occupies the same offices as DrugScope in Loman Street, because it is Alcohol Concern which administers and manages the business of another All Party Parliamentary Group, this time on Alcohol Abuse. As alcohol is of course just another drug, we thus have the main UK Parliamentary drugs PR lobbies working out of the same address and controlled by two of the biggest vested interest groups in the country.

The reason the National Treatment Agency has emerged as yet another psycho-pharmaceutically controlled part of the NHS is because DrugScope managed to get a number of its people involved in the NTA's formation, including, amongst others, a senior DrugScope staff member transferred to the NTA to be in charge of the formation of the Personnel Department and the recruitment of the NTA senior staff. The result is the somewhat toothless puppets now *said* to be running the NTA. The NTA is now therefore emerging as a full-blooded supporter of 'harm reduction', 'informed choice' and those psycho-pharmacological 'treatments' which have been increasingly failing our people and our communities for the last several decades.

When viewing the UK drugs scene, what should we take into account? To start to remove the blindfolds carefully applied over years, by the drugs sector vested interests, to the eyes of our misinformed, misled, politically blackmailed and even politically bribed politicians, a number of factors demand consideration.

The market for drugs is based on supply and demand. Successive governments have been persuaded by drugs 'experts' to concentrate on curtailing supplies, and have failed miserably. But centuries of history show that, without demand, supplies automatically dry up.

International experience has shown that demand can be significantly reduced only by effective prevention and proper cures of addiction, but over the last 25 years or so, the UK psycho-pharmacological lobby has made those prevention and treatment areas its own private domain, and turned them into a subtle, ingenious but devious marketing campaign to develop more and more profitable (but ineffective) counselling and pharmaceutical drugs turnover, mainly paid for by British taxpayers.

Authoritative government and other surveys here and abroad reveal that a majority of users of prescribed methadone also continue with other drugs and with a life of crime in order to pay for them. I.e. the users regard methadone just as that part of their daily drugs supply which is free, and for which the 'Methadone Alliance' charity even campaigns to have bigger doses at taxpayers' expense. Therefore, demand is not cut by moving heroin users onto methadone. Experience in other countries shows that demand can in fact only be cut by Zero Tolerance Prevention (e.g. Say NO to Drugs) coupled with effective real treatment which delivers comfortable lifelong abstinence (that is treatment that cures).

However, Britain's massive psycho-pharmacological lobby has convinced successive governments that drug addiction cannot be cured, *which is of course just not true.* Whilst psycho-pharmacological practitioners cannot cure drug addiction with drugs - even if they could - they likely would not want to. This is because an addict is the most loyal 'customer' on earth: a goose that lays golden eggs. So, why cure an addict when it is far more profitable to supply him or her with a substitute drug and a regular dose of cheap mutual consolation in the form of group counselling? In fact there is likely subdued applause from the pharmaceutical fraternity whenever the drug barons of Afghanistan or elsewhere hook another individual on to drugs. Because the pharma-fraternity knows with a high degree of certainty that each poor heroin victim will in a relatively short time become a customer for legally supplied methadone, buprenorphine and/or naltrexone, mainly at taxpayers' expense.

Nevertheless, it is estimated that some 70% - the percentage varies from one drug to another: it is higher for heroin and methadone and lower for cannabis - of those who have used drugs for more than three years would like to stop. However, because they have failed in previous painful attempts at stopping, they seek a workable and comfortable way to now do so. Such relatively comfortable 'stopping' can unquestionably be delivered. For example, at nearly 100 centres in over 30 countries (plus prison units) 69+% of drug dependants achieve comfortable abstinence for life the first time through a residential rehabilitation programme developed 36 years ago in the Arizona State Prison System. And about half of the 31% who fail at their first attempt come back to finish off their programme and thus also achieve such abstinence.

Drug Testing & Treatment Orders (DT & TOs) work well in other countries where they cut re-offending & crime, because they utilise treatments which actually cure addiction. (Some politicians think giving methadone to a criminal cures him!) But the UK government's DT & TOs are not working as effectively here. This is because currently prescribed psycho-pharmaceutical 'treatment' does not, and never will, actually 'cure' drug addiction, thus regularly leading to eventual recidivism and re-offending. (Again, read *The Big Issue in the North's* 'Drugs at the Sharp End' survey report of August 1999.)

"Drug users commit the majority of today's crimes"

Whilst there is currently only one cannabis user for every ten drinkers of alcohol, the number of cannabis related road accidents causing death and injury is proportionally much higher than for alcohol and is increasing. For every one testing positive for cannabis only 3 test positive for alcohol, and in both cases it is usually the innocent bystander or other driver who dies or is crippled for life.

Experience in Alaska and Holland shows that liberalising cannabis increases its supply to all age groups. Some say that, whilst such liberalisation is of course quite a different idea from legalising manslaughter, it is very difficult to convince the widows and orphans of drug accident victims of that difference.

There are of course a lot more sane arguments against liberalisation and legalisation, including one that all libertarians must surely heed. The Liberal Party has always basically stood for individual freedom with responsibility for the society at large, and it is in this context that one is referred to the words of John Stuart Mill, the father of Liberal thinking, in his famous book *On Liberty*: "The only purpose for which power can be rightfully exercised over any member of a civilised community, against his will, is to prevent harm to others..." Therefore anyone who is considering any form of drug liberalisation or legalisation should recognise that:

- Drug users cause the most accidents at work.
- Drug users mug old people and rob people's homes.
- Drug users and drunks cause most road accidents.
- Drug users bankrupt businesses and destroy jobs.
- Drug users destroy families and happy homes.
- Drug users commit the majority of today's crimes.
- Drug users are increasingly today's main source of harm to others and their future.

Daily proven by experience, the use of drugs of all types and classes is the activity most likely to bring harm to others, so that, encouraging drug usage by advocating a policy of liberalisation is a crime against society and against beliefs central to great Liberal tradition and philosophy.

Of course, the fastest way to foster the transition from illicit drug user to legal drug user, is to make all forms of drug usage to a greater or lesser degree 'legal'. But a dangerous illegal drug becomes no less harmful by being reclassified as 'legal'. Because of the plethora of legalisation propaganda being poured into the ears of politicians, the media and the general public, one gets the impression that legalisation is desperately needed for the benefit of the individual addict, and that it is the addicts themselves who are banging the drum for that change in the law. But this is true only in very small measure, if at all.

Whilst it is generally believed that drug users campaign for legalisation of drugs, those in the drugs field seldom find this. The huge professional lobby pushing so hard to legalise drugs is not in fact capable of being run or financed by that lethargic, disorganised and penniless minority of 'stoned' citizens who daily use illegal drugs. However, encouraging liberal minded people and libertarian groups to campaign for legalisation is good business expansion tactics for certain powerful and wealthy vested interests. This is because experience in other countries shows that drug consumption of all types and at all ages soars when formerly illegal drugs become freely available. Demand is therefore not cut by liberalisation or legal or prescription-only supply. This is because the effect of a drug on the individual remains the same whether that drug is illicit or legal. Demand therefore basically remains the same for the individual, but rises in the community because legalisation generates new users.

And think… Who is it who will be producing, supplying and profiting from supplying increasing amounts of heroin, cocaine and crack if they go on legal sale alongside methadone and the benzodiazapines, etc? It certainly will not be the green-

grocers, Starbucks, or any other coffee shops!

(The only possibly valid argument for prescribing heroin, methadone, buprenorphine and/or naltrexone is in respect of the 16% or so of heroin addicts who have convinced themselves that their addiction is totally incurable or who actually prefer to continue with their government subsidised life of oblivion and early death. All others should be cured.)

Bear in mind also that, if a vested interest group is intending to legally take over the whole of the business of supplying drugs - including production, sale and profit - then the last thing they want is for someone else to come along and start curing their golden-egg-laying addicted customers. So they look for ways to make the curing of drug dependency either impossible or even illegal. In other words, having convinced government that addiction is incurable, they use this to persuade policy-makers to make the supplying of currently illicit drugs into a legal activity controlled by them. And to protect the turnover of their new trade they try to make other truly effective addiction cures illegal or impossible to deliver.

To make drug cures illegal, one makes illegal those drug treatments that are not based on psycho-pharmacological principles. This is done by high-jacking an authoritative government organisation like the NTA, and by then having that agency introduce compulsory 'care standards' based only on psycho-pharmacological methods. To be absolutely sure, for all European countries one also gets political 'friends' in the EC to introduce new legislation into the European Parliament outlawing the supply of vitamins and minerals in large dose formats, whilst making small dose supplies available only through registered pharmacists. One also tries to drive out natural extract mineral and vitamin supplies and insists on 'fully tested and certified' manufactured supplies by demanding hugely expensive tests of every component.

"To make drug cures illegal, one makes illegal those drug treatments … not based on psycho-pharmacological principles"

Why? Because the vast majority of the really successful 'none-drug' cures of addiction utilise large doses of natural vitamins and minerals in their programmes. As a result, in spite of such cures being delivered in other countries, this sort of suppressive legislation makes it possible to declare that a 'so and so' cure is not up to 'UK Models of Care Standards', and even if it were, 'so and so' uses illegal and 'highly dangerous' doses of unapproved substances (i.e. the vitamins & minerals) in its treatments!

As a result of the foregoing, if nothing is done to stop it, we are going to see currently illicit drug usage legalised or at best liberalised. On the basis of experience in other countries we are thus going to see all forms of drug usage increase at all levels and at all ages, and we are going to see the manufacture, distribution, pricing, sale and profit even more firmly in the hands of the psycho-pharmacological sector.

To defend their position, they are going to see that provision of other forms of treatment is made illegal, or rendered impotent by politically cutting off vitamin and mineral supplies essential to the success of such other providers' cure programmes.

Then, reliant for their addictive supplies upon the vested interest organisations which will be the only businesses authorised to prescribe and distribute legal daily drug doses, our citizens will be headed towards a bio-chemical society, increasingly populated by drug dependent zombies - essentially robots - reliant upon that same bio-chemical society for their income and controlled by subtle 'suggestions' which will direct their lives and shape their society. This is because nearly all of the drugs here discussed are classified as 'hypnotics' by the British Medical Association, the use of which permits individuals to be easily implanted with modes of behaviour not necessarily in their own best interests or the interests of their communities.

This is a much more subtle and less violent method of getting what the Nazis wanted, and what other extreme groups still strive for today. It is in a perverse sense even more democratic, but it is still enslavement. Where then is Individual Freedom?

Kenneth Eckersley is the Chief Executive of Addiction Recovery Training Services (ARTS), founder of the Campaign for Effective Treatment of Addiction (CETA), and a Council Member of the National Drug Prevention Alliance (NDPA). He is a Fellow or Member of various Chartered and other Institutes and a former Magistrate and retired Justice of the Peace. He has voluntarily worked full-time in the drug prevention and rehabilitation fields since 1992. He is an author, lecturer, and broadcaster on drug matters, and advises on the problem of drugs in the workplace as well as on effective drug rehabilitation systems. He can be contacted by telephone or fax on a confidential basis on (44) (0) 1342 811099.

ADDICTION: ISSUES FOR THE STATE AND THE INDIVIDUAL

Dr Robert Lefever MA MB BCHir ARCM

We really have got ourselves into a dreadful mess with addiction, both individually and as a society. The fundamental problem is that we don't see it for what it is: an illness that affects some people but not others. As a result we confuse users with abusers and we make laws and design medical services that are irrelevant to the true problem.

I see depression and addiction as the same thing, before and after "treatment". I believe that some people are born with a defect in the neurotransmission systems in brain biochemistry in the mood centres. They feel depressed for no reason. Naturally they are attracted by those substances and processes that they find make them feel better. They find out for themselves that nicotine, cocaine and sugar - all of them plant derivatives - are mood-altering whereas foxgloves, rhubarb and dandelions may have other medicinal properties but no specific mood-altering effects. They discover that alcohol, and to a lesser extent caffeine, "works" for them and that cannabis has a very special effect. Other people may use alcohol and cannabis but they do not appear to have such a "magical" relationship. Alcohol for some people is experienced simply as a pleasant tasting drink that can get them a bit merry whereas other people find it central to their emotional survival. Some people use cannabis to calm themselves down or feel a bit woozy or because it gives them a sense of social cohesion, whereas other people use it seemingly as a philosophical or political statement but in fact as a drug upon which they are psychologically dependent. Some people use work, exercise, shopping and spending as normal daily activities whereas others use them primarily for their mood-altering effect, sometimes totally inappropriately. Only when we understand this fundamental division between the normal and the addictive populations are we likely to make any sense of the issues that addiction problems present to us individually and socially.

"... the failure to differentiate between users and abusers..."

For a start, if we are going to understand addiction we need to forget the social division between foods, medicines and legal or illegal recreational drugs. As far as addiction is concerned there is no basic difference between sugar, antidepressants, alcohol, cigarettes and cocaine or any other mood-altering substances. All these substances have addictive potential to people who are addicts by nature. Indeed, addicts quite commonly use a whole range of mood-altering substances and processes addictively. Thus someone who has an addictive relationship with alcohol may also have an addictive relationship with nicotine and sugar, and possibly even with antidepressants and cocaine, all at the same time. Commonly these people try to prove to themselves and to other people that they are *not* addicts by giving up one or another substance to which they are addicted. They can do that perfectly well for a time but in fact it proves nothing other than that they have moved across into another addictive outlet or, alternatively, become "dry-drunks" in which the abstention comes at a terrible emotional price, usually paid by other people.

The end result of this failure to differentiate between addicts and non-addicts results in extremely expensive educational programmes being targeted at the entire population rather than at those who have the greatest risk. It is fair enough to explain to children that all mood-altering drugs can have damaging effects but we should focus primarily upon those in whom there is a strong family history of addiction problems. Doctors might rebel against being asked to take a school entry family history on problems with alcoholism, drug addiction, nicotine addiction and prescription drug addiction because they might believe that it is intrusive to do so. They have probably never been taught in medical school how to take an appropriate medical history on this issue.

Following upon the failure to differentiate between users and abusers and the failure to appreciate that *why* one uses a substance is more important than *what* one uses or *how much* one uses, this failure to appreciate the significance of the family history of *any* compulsive behaviour with a mood-altering substance or process is catastrophic. Doctors often don't know where to begin.

It is small wonder therefore that the politicians also have no idea where to begin. They tend to see addiction problems as being due to the failure in upbringing or education or due to depravity or weak will. As with doctors, they shy away from the belief that the tendency towards addiction might be genetically inherited and run in some families but not in others. As with all public servants, the greatest fear of politicians is of being accused of not giving the population appropriate information and warning. On that basis they warn everybody about the dangers of addiction and are very fearful of implying that some people have less risk than others. That might be interpreted as being dangerous and even culpable. Common sense in the treatment of addictive or compulsive behaviour will not be the first issue to be sacrificed on the altar of bureaucratic accountability.

A primary area of confusion comes from use of the word "alcoholism". This names an illness after one of its treatments. It would be comparable to calling a sore throat "Penicillinism". The consequences of using alcohol addictively are very considerable, physically, domestically, socially and economically but the cause is the preceding mood disorder that lead the individual to use alcohol for its mood-altering effect. Thus alcohol keeps the individual alive through preventing suicide. The Samaritans confirm that 40% of all suicides are in alcoholics. This usually occurs not when they are in the full throes of their addiction but when they are trying to give it up. They discover that they cannot live with it but that also they cannot live without it. It would be better if all addictive processes were grouped under one heading as "addictive disease". In time this may be found to be due to a specific defect in neurotransmission in the mood centres of the brain and come to be termed "neurotransmission disease". This would have the advantage of specifying the precise nature of the problem and hence providing insight into which members of the population should be targeted for treatment and what treatment that should be. Naturally the pharmaceutical industry would believe that their solution would be best, treating a chemical defect with a chemical supplement. In fact it would not be a solution at all; it simply compounds the problem by creating a prescription drug addiction.

"... it is estimated that 80% of the prison population have addiction problems..."

A further confusion comes about as a result of doctors failing to acknowledge that addiction as such is the underlying cause of vast numbers of significant medical problems. Doctors know perfectly well that cigarette smoking is linked to heart disease, lung disease and various cancers but they fail to see that the most appropriate treatment is to tackle the nicotine addiction rather than treat the end results. However, doctors tend to know very little about the treatment of addiction - because they are not taught it - whereas they know a very great deal about treating the end results. The end result of this misunderstanding and failure in medical education is that one in five of all hospital beds are occupied by people with alcohol related conditions, one in two of all people seen in Accident and Emergency Departments are there as a result of either alcohol or drugs, 85% of all episodes of domestic violence are alcohol-related and the economic costs of alcohol-related problems in the work place are far greater than those of sickness or industrial disputes. In the UK 15 people a day die of the effects of recreational drug use, 100 people a day die of the effects of alcohol and 300 people a day die of the effects of nicotine. These are simply vast effects of addiction run rife in our society. Yet doctors, politicians and even society at large still see the problems of heart attacks and cancers as problems in their own right rather than in as problems that are mostly secondary to addiction in one form or another.

The current legal differentiation between one or another addictive substance is clearly bizarre. Alcohol and nicotine are dreadfully damaging substances yet their use is legal. Advocates for the legalisation of cannabis are the first to point this out but they themselves often refuse to acknowledge the addictive nature of cannabis and the severe damage that it causes to memory and to motivation. This damage may not matter to people who value their bodies more than their minds but suffice it to say that cannabis is not the innocent - or even curative - substance that it is sometimes made out to be.

The solution to the legal dilemma should be that the use of all mood-altering substances should be decriminalised but that people should be responsible for the damage that they cause to themselves or to other people as a result of using those substances. The Mental Health Act should be brought to bear upon people who have no insight into the nature of these problems. These may appear to be desperate remedies but the figures that I have given illustrate just how desperate our situation is in our society, just how little we understand it and just how little we are doing to correct it. It would be nice to believe that love, education and punishment would prevent people from becoming addicts but this is not so. They are all beneficial in general terms but they have absolutely no effect in the prevention of addiction. The genetic predisposition, coupled with stimulus from emotional trauma of one kind or another and subsequent exposure to mood-altering substances and processes, is difficult to counter. However, education on the nature of addictive disease (see my own book "Preventing Addiction" published free on our website www.promis.co.uk) is specifically helpful.

By the time people are imprisoned for alcohol or drug related offences - it is estimated that 80% of the prison population have addiction problems - one would have hoped that society would try to help this captive population. Mostly they are simply incarcerated - repeatedly. This is not only bad Sociology it is also bad Medicine.

As an individualist, I am naturally reluctant to invoke the law of the land in dealing with issues that might be considered to be those of personal preference. It is for this reason that I am perfectly happy for people to smoke cigarettes provided that they are prepared to pay for their medical treatment and, if it can be proven, for the effects of passive smoking in others. However, when people suffering from addictive disease have no insight whatever into their own behaviour, I believe that they should be protected under the Mental Health Act in just the same way as we protect other patients whose mental condition leads to them having no insight into their behaviour. My suggestion is no more Draconian and no less compassionate than the current clinical

conditions covered by the Mental Health Act.

The courts have a valuable part to play in identifying those people who have an addictive tendency: they get into trouble of one kind or another more frequently than other people. Liberalisation of all drug laws would not be liberal for addicts. There is no freedom in a compulsion.

Treatment of addictive disease should not be with something likely to perpetuate it or even make it worse. So much should be obvious yet the use of pharmaceutical substances may have exactly those results. Methadone is not a treatment of addiction but an alternative - and often additional - addiction. Needle exchange schemes and other attempts at "harm minimisation" achieve no such thing. The only safe behaviour for addicts is abstinence. Prozac and other antidepressants are not treatments for eating disorders and other compulsive behaviours, are addictive in their own right. They have little "street" value because they are slow to act and "street" addicts usually want something more immediate. However, antidepressants have dreadful withdrawal effects that are commonly misdiagnosed as being indications of the reason for prescribing them in the first place. Addiction to pharmaceutical substances is in fact one of the most difficult of all addictive tendencies to treat, partly because they have the cast-iron psychological justification "my doctor gave them to me" and partly because the drugs are designed to act very precisely on the mood centres of the brain. As it happens there is very little scientific evidence of their effectiveness over placebo. The beneficial effects are primarily in the process of prescription rather than in the substance itself. Thus, there is little to be gained and a great deal to be lost in using so-called antidepressants to treat so called depression.

"There is no freedom in a compulsion"

The real need is to differentiate sadness - the normal human response to unhappy circumstances - from addictive disease, which leads to the inexplicable sense of inner emptiness experienced by some people. Sadness requires no treatment other than time and human support. Addictive disease should be treated through the Twelve Step programme first formulated by Alcoholics Anonymous. The underlying clinical condition - the neurotransmission defect - is permanent and therefore the treatment through attendance at meetings of an appropriate Anonymous Fellowship, also needs to be repeated on a continuing basis.

Sometimes the Anonymous Fellowships, and the diagnosis of addictive disease itself, are seen as letting addicts "off the hook" for their behaviour. They do no such thing. All addicts, along with everyone else, should be given the full consequences of their behaviour. If they commit crimes they should be punished for them. Sometimes it is only through that process that they eventually get the insight that they do indeed have addictive disease and require treatment for it. Addicts will only consider giving up their mood-altering substances and processes when the pain of continuing their use is greater than the perceived pain of giving them up.

The reason that the Anonymous Fellowships have their healing effects is because reaching up to help another sufferer anonymously is itself a mood-altering process. When A reaches out to help B, the recipient (B) may or may not get better but the giver (A) certainly does. It was this paradoxical effect that was first discovered by the co-founders of Alcoholics Anonymous and which is now perpetuated by millions throughout the world - and it costs nothing.

Minnesota Method treatment centres, such as the PROMIS Recovery Centre, exist to help people who suffer from addictive disease but who find themselves incapable of getting better through the Anonymous Fellowships alone. We provide a broad range of psychological services and a deeper insight into the nature of addictive disease and, in particular, the wide range of addictive substances and processes.

The National Health Service has no Minnesota Method treatment centres of any substance and the basic ideas of the Twelve Step programme of the Anonymous Fellowships are generally not taught in medical schools. Pharmacology is the order of the day. This fundamental flaw must change if our society is to have any chance of dealing with the swathes cut through its fabric by addictive disease.

Seeing ourselves as others see us, as Robert Burns knew well, is more likely a gift from God than a natural attribute. The Shorter PROMIS Questionnaire on the PROMIS website (www.promis.co.uk) brings this assessment down to earth and will enable those who have an interest in doing so to discover whether their own use of mood-altering substances and processes is addictive or otherwise.

DRUG CONTROL: FUTILE AND IMMORAL

Robert Henderson

Where We Are and How We Got There

During the nineteenth century, the period of Britain's greatest power, wealth and influence, drugs were freely available: at first hashish and opium in various forms, followed by cocaine, morphine and heroin in the latter part of the period. Not only did the world not collapse and the country fall to ruin, Britain prospered greatly: GDP in 1900 was approximately ten times what it was in 1800, the population increased fourfold, social disorder decreased, the political franchise was considerably broadened, industrialisation proceeded apace and the Empire increased to become the only world empire ever worthy of the name.

Today we live in a country in which it is generally accepted that drug-taking ranging from hashish to heroin is widespread despite drugs being illegal, expensive, difficult to obtain and of uncertain quality. Yet Britain has the fourth largest economy in the world, an economy which will this year exceed one trillion pounds (a thousand thousand million), people are living ever longer and the general health and prosperity of the population is much improved and still improving and growing. Drug taking now is self-evidently not going to bring society down or even seriously incommode it.

"It is the package of ills, not the effects of the drugs, that generally makes drug addicts go to rehab clinics."

Let me add a personal reminiscence. I was an undergraduate at Keele University in the late sixties and early seventies. At that time, the majority of Keele students took drugs: one was thought a little odd if one did not. Yet the dropout rate was very low. Students took both drugs and their degrees with equal facility.

Once a product that is widely desired is made illegal a certain pattern of behaviour always results: a black market, gangsters, the criminalisation of essentially law-abiding people and much social dislocation. This applies whether or not the object of desire has long been part of the social fabric such as drink or a novelty such as crack cocaine. Take the example of American Prohibition. The consequence of that quite insane piece of social engineering was illegality on a Herculean scale. Indeed, it was Prohibition that allowed the rise of the Mob and organised crime, with all the varied criminality and misery that brought not merely during Prohibition but ever since, a fact all too easily ignored by those who wish drugs to remain illegal. Drug profits are and have been so large that they fund much of non-drug major crime.

The Life of the Addict

What is the life of the addict today? Most will either not be able to get drugs supplied by the state or will reject those on offer such as the heroin substitute methadone because they are inadequate substitutes. If the addict does not have money, he must regularly commit crime. That may be anything from stealing from his family and friends to violent street robbery. Living like that, he will probably alienate his family and friends and his only companions will be fellow addicts. The addict may often become a dealer to fund his habit. To obtain his drugs he is reliant on suppliers who have no scruples and who may not be readily available when the drug is needed. The drugs he obtains may be adulterated or too pure and thus too powerful. Either may kill the addict, although the number who die is actually small. If he is caught by the police the addict risks prison with all its brutalising effects. In short, the average addict's life is one of constant worry, frustration, social disruption and danger. It is that package of ills, not the effects of the drugs, that generally makes drug addicts go to rehab clinics.

That the average addict has to live in this way has severe consequences for society in general. Even if someone is not the victim of a drug-related crime, everyone is affected by the cost of policing, trying and imprisoning addicts. There are further costs, for example the state rehab centres that exist primarily because drugs are illegal and the provision of substitute drugs such as methadone. It is also true that were drugs freely available, many poor addicts would be able to hold down a job because they would no longer have to spend their days desperately trying to get the means to purchase drugs.

The rich addict has a rather different life. For him the main problems are the risk to health of adulterated goods or overdosage from an overly pure product and the danger of being arrested. In practice, he normally manages to avoid both. If he does fall ill or foul of the law, he can mitigate their effects by using his money. Thus, the drug laws in practice discriminate between the rich and the poor.

Moral Panic

Most people are aware at some level of the deleterious social effects of enforcing drug laws, yet overwhelmingly they support them. The question is why? The answer is that human beings are all

too easily persuaded to join in a moral panic.

Moral panics are a consistent theme of society. To take a few at random from English history. On the economic front we have moral panics over tulip mania, the South Sea Bubble, canal mania and railway mania. In every case the country, according to the Jeremiahs, stood on the brink of ruin. On the moral front, we have had panics over the drink, unbelief, ill-manners, unwed couples and illegitimacy. On the political front we have had concerns that the lower orders would dispossess the well-to-do if they were given the vote and a positive ocean of despair over the country going to the dogs after some setback such as the loss of the America colonies. All proved to be a passing fashion. The world did not end, England still stood after they had passed and our society evolved safely.

In the case of drugs, those opposed to their legalisation are confused about both their effects and of what exactly they are afraid. The truth is that very few people in Britain unambiguously die of drugs each year, the numbers being counted in dozens rather than hundreds. By unambiguously I mean the death is attributable to the taking of a drug rather than merely being the death of an addict. Moreover, many of those who do die from drugs, do so because of the problems associated with the lives they live as a direct consequence of drugs having been made illegal.

"... even if their children took drugs it is very unlikely that they will die or be seriously harmed"

The problem is that every now and then a tragic death of a youngster hits the headlines and the media, politicians and the professional anti-drug propagandists go into action to paint a picture of a world run mad with drug deaths and drug induced disorder. Parents are naturally appalled and worried when they see these rare consequences of drug use. What they do not generally do is understand that these are wholly exceptional cases and that even if their children took drugs it is very unlikely that they will die or be seriously harmed. That they do not understand this is not surprising because they are faced with more or less blanket anti-drug propaganda by politicians, police and the media.

For those who have family or friends who are addicts, reality impinges. Their concerns and fears are frequently not primarily the largely illusory dangers of drug taking, but the antisocial behaviour to which the illegality of the drug drives the addict and the ever lurking dangers of imprisonment with which an addict must live.

The Myth of a Golden Age

The moral panic about drugs is part of a larger moral panic that sees, quite against the evidence, that our present society is in some way lacking in the moral certainties and restraint of previous ages. 'Permissiveness' and the welfare state are fingered as the culprits. In fact, this is merely a re-run of previous moral panics that always harked back to a golden age.

A few facts from our social history. The Welfare State did not suddenly materialise in 1945. England has had a welfare state of sorts since the seventeenth century. The Tudor concern for the growth of 'sturdy beggars' culminated in the Poor Laws of 1597 and 1601. These created the first legally enforceable national provision for the poor in the world. The Acts placed a legal obligation on parishes to provide for their poor by a general poor rate. It was not generally enforced until after the Restoration, but from the latter part of that century it was in effect a welfare state and provided the means by which an able bodied man and his family might live even if they could not find paid work – although they would be expected to labour at work provided by the parish – and the infirm supported.

Between 1660 and 1830 the provision offered under Parish relief grew. Outdoor relief, i.e. relief outside the workhouse reached its zenith with the supplementing of wages in what was known as the Speenhamland system. (Sounds familiar? Employers, generally farmers, did the obvious and reduced their wages to a level that permitted the recipient of such relief to live on the combined relief and the reduced wages).

By the 1830s, the Poor Law had become both an expensive, uneven and ill-administered system. It was reformed by the Act of 1834 (the Poor Law Amendment Act), which standardised the provision of relief offered throughout the UK and retained the emphasis on helping the 'deserving poor', their deserving status being ensured by insistence on labour if the person was physically capable of it. It was a harsh system - men and women were separated even if man and wife - and much hated, but again it did ensure a man and his family would not starve.

By the time that drugs were first criminalised in the 1920s, England had a very broad state provision for much of the population of what we would now call the welfare state: pensions, unemployment pay, sick pay, healthcare and education.

Alongside state provision was a vast array of private charity, providing everything from money, housing, education, training, employment and healthcare, such as it was before the latter half of the 19th century.

The truth is that people have always been able to escape the effects of their fecklessness. Take unwanted children. Until the end of the eighteenth century and quite probably later, infanticide was common in England. Babies were also frequently left in public places in the hope that they would be 'adopted' by others. Many were. Later, formal

adoption became common for the children of 'fallen women'.

There were other ways of getting rid of children. They could be left on the parish. When older they could be sold (often by the parishes) as 'apprentices' to often-unscrupulous masters: chimney sweeps were frequently recruited in this manner.

The golden age of sexual propriety is just a small window in English history. Illegitimacy was very high before the latter half of the 19th century. Men frequently deserted women they had made pregnant: the 'navigators' who built the railways in the 19th century were probably the champions of this trick.

As for other fecklessness, until the formation of modern police forces your chances of being caught if you committed a crime were pretty small. So, if you got into debt, a little light villainy could well get you out of it, at least in London, where 'liberties' - areas where the authorities would not go in normal times - protected criminals until the 1850s. A golden age of moral restraint never existed.

How Can the Drug Fearers be Reassured?

"There is a general lesson to be learnt that … when a drug is freely available a few will abuse it but most will not"

How do we on the legalising side persuade the great mass of people that making drugs freely available is safe? Well, let us start with the experience of the Victorians. They were not in fact exercised massively by the social effects of drugs, although there was some concern about opium addiction. Rather they were greatly concerned with the 'demon drink'. On a rational basis, they were correct to have that priority, because alcohol is by far the most socially disruptive drug. Yet in practice, they lived quite comfortably with the ill effects of alcohol and developed a tremendously successful society. We do the same today. Most people take alcohol and behave reasonably. There is a general lesson to be learnt from that, namely, when a drug is freely available a few will abuse it but most will not.

How can we be sure that what happens with alcohol will happen with drugs? Simple, we point to the experience of drug use when the it was legal and debunk the myth of the past as a golden age of responsibility and restraint compared with our own.

What of the physical effects of drugs? Few die of any illegal drug. As for claims such as the supposed memory loss and loss of intellectual function in hashish users, I have known people who have taken marijuana or cannabis for more than thirty years. I have noticed no intellectual diminution or memory loss in such people when compared with non-users I have known for an equivalent period. Many people take hard drugs throughout their adult lives and live to a normal age. Moreover, if drugs were legalised, the quality and strength of the drugs could be assured and what little risk there is of death and serious disablement would be further reduced.

How Should Legalisation be Introduced?

The trick is to legalise all drugs. If you merely legalise, say, cannabis, you have not cured the problem. All you have done is deal with one of the symptoms. People will still want other drugs.

In an ideal world, legalisation would take place globally. However, that is never going to happen, so if we wish to cut the Gordian knot we have no option but to go it alone. Once one large First World country has had the courage to legalise all drugs, the odds are that the rest will not be far behind.

When I say legalise all drugs, I mean all drugs. Prescription only drugs vary greatly from country to country and the Internet allows easy access to drugs unavailable in a particular country. Moreover, anyone with the money to go to a doctor privately has always been able to get most drugs on demand. The objection that the effectiveness and useful life of drugs such as antibiotics will reduced really does not hold water when they are prescribed in such numbers and can be obtained without prescription in many countries. Bacteria know no national boundaries. It is also true that many substances that are non-prescription are as potentially dangerous as prescription drugs.

How should drugs be sold when legalised? They should be treated as tobacco and alcohol are treated. They should be taxed and be available as easily. The tax would remove any reasonable gripe about health-related costs resulting from legalisation

There will be those who call for a lower age limit for the sale of drugs. It may be necessary on political grounds to have such a limit, but let no one imagine that it will be any more effective than the age limits for drink and tobacco. Such laws are in principle impossible to enforce because they will always be so widely broken that their policing is impossible. They also have the ill effect of bringing the law into contempt because everyone knows that they are routinely broken.

What Addicts Want

I presently live in one of the drug hotspots of inner London. Addicts tell me the same story over and over again. Their primary problems are the uncertainty of supply and the need to commit crimes to pay for their habit. They also fret over going to prison. What they are not concerned about is being addicts any more than a cigarette smoker is worried about being an addict. Take

away the criminality and the addicts' problems, and the problems they cause the rest of us, will miraculously vanish.

People do not commonly go out mugging people to pay for cigarettes. Legalise drugs and most users will not be out mugging people to pay for them, families will not be disrupted, users will not have their lives made a misery, the crimes of theft and street robbery will fall considerably, the police will be released for other duties, and the state will not have to pay for their imprisonment and 'treatment'.

In short, let the sociology take the strain and society will not a have drug problem, it will merely have a hard core of abusers just as alcohol has a hard core of abusers. The distribution of personality and personal circumstances within society and their interaction with the general culture ensures that will always be so.

For libertarians there are two strong reasons for supporting legalisation beyond the practical. Firstly, the presumption for the libertarian must be that every individual has the right to make choices for himself or herself. Secondly, the banning of anything gives the state great latitude to interfere in the lives of its people.

The hard truth of drug control is that it is not merely futile but immoral in its effects on individuals and society.

HEALTH CARE, STATE-SOCIALIST PROPAGANDA, & THE BBC

Nigel Meek

As part of a veritable battery of National Health Service-related programmes, earlier this year BBC1's early evening London News programme ran a competition in which viewers were invited to chose their 'NHS frontline hero' from amongst a small number of NHS workers. A motorcycle paramedic, a hospital gardener, and a midwife (the eventual winner) were the final candidates. That the BBC is frequently a vehicle for Leftist propaganda is unlikely to surprise too many readers of *The Individual*. However, it is still worth taking the trouble to analyse what form this takes. In this instance, we can identify two: one 'material' and one 'ethical'.

"No matter how personally honourably intentioned those working in the public sector are, they are an inherently parasitic class…"

The material element is the implicit suggestion that *only* the NHS is capable of producing that range of goods and services that we generally call 'healthcare'. Any criticism of the NHS is swiftly met with the Left-Establishment claim that (at worst) the critic bizarrely actually wishes to do away with healthcare altogether (since only the NHS can produce it), or (at best) that adequate healthcare cannot be produced outside of the public sector.

If this is true – and allowing for the private insurance and charitable institutions that would flourish in a libertarian society once they were no longer 'crowded out' by the State - it is indeed a mercy that Clement Atlee's post-War government did not set up the National Food Service. If it had, then the people of this country, except perhaps for the richest few, would surely by now be queuing up once a week at their local Peoples' Food Dispensary, waiting for their meagre ration of no-doubt unexciting fare. Tentative proposals for a bigger role for the private sector would be met with howls of righteous indignation at the thought of the millions of starving poor and the 'fat cat' profits of evil private sector food producers such as Sainsbury's and Waitrose.

Following on from the last point, the ethical propaganda element is the constant raising up of the public sector as somehow more moral and virtuous than the 'greedy' or 'selfish' private sector. This is quite the reverse of the truth. No matter how personally honourably intentioned those working in the public sector are, they are an inherently parasitic class living off forcibly expropriated taxation. Voluntary altruism is a noble thing indeed, but there is nothing particularly noble about taking someone else's money by force to use it in causes that one finds personally appealing. Moreover, at a core level, even if we accept for the moment the continuing existence of a substantial State or public sector, the ethical and material primacy of the private sector and its wealth creating role must be consistently, energetically, and skilfully reaffirmed.

Society for Individual Freedom

6 Swan Terrace
Hastings
TN34 3HT
United Kingdom

Phone: 01424 713737
Email (general): chairman@individualist.org.uk
Email (editorial): editor@individualist.org.uk
Email (Tell-It): tellit@indivdualist.org.uk

www.individualist.org.uk

The SIF's Aim:
To Promote Responsible Individual Freedom

The SIF believes…

- ✓ That the individual, rather than the State, is the primary source of morality and authority.
- ✓ That private citizens should have the freedom to act as they wish provided their actions do not harm others, and that the law should exist principally to guarantee such individual liberty and not to act as a paternalistic guardian; in the primacy of freely negotiated contract; and in Parliament as the supreme law-making body in the United Kingdom.
- ✓ That an efficient free-market economy benefits all, and that the State's economic function should mainly be limited to the prevention of violence and fraud and similar obstacles to honest competition and co-operation.
- ✓ That taxes in the United Kingdom are far too high and erode individual responsibility and enterprise; and that in a truly free society citizens, with the benefit of higher post-tax earnings, would be free to decide upon their own priorities, with usually temporary government assistance concentrated upon cases of unavoidable hardship.
- ✓ That justice shall be administered by courts that are not subject to political pressure; and that government decisions have no validity unless founded on clear legal authority.
- ✓ That to preserve the liberties of private individuals we need more independent-minded Members of Parliament, a stronger Second Chamber, and more effective parliamentary control over the executive.
- ✓ That there is too much influence on government from pressure groups that call for legislation of an unnecessary and restrictive nature, thus not only adding to the material burdens on individuals and corporate bodies but reducing one's capacity to learn personal responsibility, self-reliance, and voluntary co-operation.

SIF Activities

The SIF organises public meetings featuring speakers of note; holds occasional luncheons at the Houses of Parliament; publishes this journal to which contributions are always welcome; and has its own website. The SIF also has an associated campaign, Tell-It, which seeks to make information on outcomes of drugs and medical treatments more widely known and available to doctors and patients alike.

Joining the SIF

If you broadly share our objectives and wish to support our work, then please write to us at the address on this page, enclosing a cheque for £15 (minimum) made payable to the Society for Individual Freedom.

Could *You* Write for *The Individual*?

We are always looking for contributions to *The Individual* corresponding with some aspect of the aims and beliefs of the SIF. These can range from referenced essays of an academic nature to personal opinions, experiences, and insights.

The subject might be almost anything that you can think of. It can be something of your own or in response to another's contribution in *The Individual* or elsewhere.

Length can range from a few hundred words to several thousand. Submissions should preferably be in electronic format, although this may not always be essential.

If you have never written for publication before, then don't worry. We are happy to give advice and will never publish anything without the author's final approval.

As well as being published in hardcopy form, *The Individual* will also be uploaded onto the SIF's website.

We also welcome letters in response to articles printed in *The Individual* or other aspects of the SIF's activities.

If you think that you might be interested, then please contact us using the details on this page.

The Editor of *The Individual* and the Management Committee of the SIF reserve the right not to use any submission.