Public paper for the Dutch House of Representatives on "illicit" drugs
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On behalf of the ISCD

Drug use (including that of legal drugs particularly caffeine, alcohol and nicotine) is an ever-present feature of human existence, alongside religious beliefs and game-playing. The use of currently "illicit" drugs of plant origin such as cannabis, mushrooms and opium dates back to prehistory and has by and large had little negative impact on society. Indeed in many cultures such drugs have been seen as having a range of benefits[1].

The reasons for their being currently "illicit" under UN and national drug schedules are complex. They include lobbying by alcohol and tobacco interest groups, moral positions taken by some politicians and governments, considerable misinformation about their risks and harms, and a naïve belief that prohibition reduces harm.

The ISCD was set up in 2010 to provide impartial, evidence-based information on drugs and we have produced a number of papers that inform this debate.

1. The relative harms of drugs: we conducted the first systematic assessment of the harms of recreationally used drugs using the new Multi-Criteria Decision Analysis approach[2]. 20 drugs were rated on 16 independent parameters of harm that covered both harms to the individual and to society. The full analysis is published in the Lancet but the key findings are shown below in the form of a bar chart. It shows categorically that there is no systematic relation between the harms of drugs and their classification under any current system anywhere in the world.

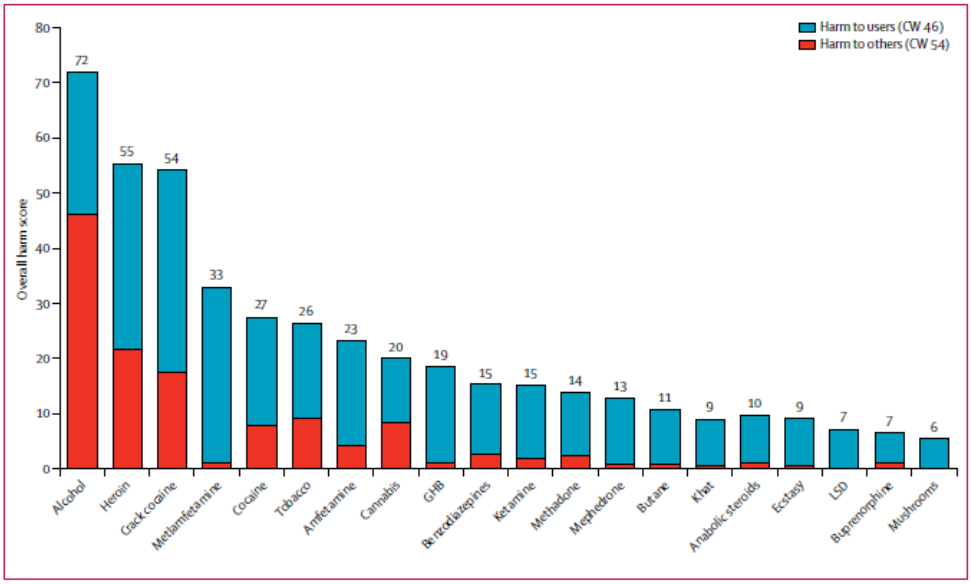

Figure 2: **Drugs ordered by their overall harm scores, showing the separate contributions to the overall scores of harms to users and harm to others**
The weights after normalisation (0–100) are shown in the key (cumulative in the sense of the sum of all the normalised weights for all the criteria to users, 46; and for all the criteria to others, 54). CW=cumulative weight. GHB=γ hydroxybutyric acid. LSD=lysergic acid diethylamide.

2. In the past century, the development of a pharmaceutical industry has had two significant effects on "illicit" drug use. It has made refined preparations of plant drugs available [e.g. heroin, cocaine] that are more addictive than the natural product. Secondly, it has developed for therapeutic purposes, synthetic analogues of many plant products. These include stimulants such as amfetamine and metamfetamine, opioids such as fentanyl, psychedelics such as LSD and sedatives such as ketamine and benzodiazepines. New versions of these are being made all the time e.g. mephedrone and naphyrone and some are being used recreationally. Whether and how to control these is still uncertain, with much media exaggeration of harms and political posturing making rational discussion difficult. The ISCD has developed a position paper on the minimum data set that should be obtained to allow a rational decision about controlling such drugs possible[3].

3. Ketamine is a drug of growing concern because of deaths and the occurrence of chronic bladder damage. We have produced a detailed analysis of this drug with recommendations on how to minimise harms[4].

4. The harms of "illicit" drug use are very often compounded by the fact that criminalising drug supply leads to cutting and contamination of drugs. The criminalising of drug addicts is immoral as they have a medical illness and criminalising recreational users in most cases will be more harmful to their life prospects than the adverse effects of the drug. We believe that the law on drugs should be evaluated and should not produce more harm than good to users and to society, as in the case of limiting research and medicine treatment[5]. Additionally the possibility of beneficial effects of new drugs and perverse consequences of limiting their use should be carefully considered. A particular concern is the possibility that by controlling the use of one drug another one that is more harmful might be encouraged [6]. Examples of this in the UK include the increase in alcohol use when the UK government cracked down on MDMA and raves and the reduction in cocaine deaths when mephedrone was readily available

5. We support two pioneering Dutch approaches – cannabis "coffee" shops and the Drugs Information and Monitoring System (DIMS). We believe that the coffee shop innovation to separate the "hard" and "soft" drug markets has been a success in reducing young peoples' contact with drug dealers and is a credible explanation for the relatively low levels of heroin use in the Netherlands. We see DIMS as having huge benefits in terms of data collection on what drugs are being used and as an early warning of new drugs as well as for providing health guidance to users.

[1] Nutt DJ (2011) Welcome to the Pleasure Dome. Eureka, The Times 3rd February 2011.
[2] Nutt DJ, King LA, Phillips LD (2010) Drug harms in the UK: a multicriteria decision analysis. The Lancet 376: 1558-65 .
[3] ISCD. ISCD suggested minimum data set for any new drug that raises concerns about harms. Drug Science. http://www.drugscience.org.uk/minimumdataset.html
[4] Morgan CJA, Curran HV, ISCD (2011) Ketamine use: a review. Addiction.
[5] Nutt DJ (2011) Curiouser and curiouser: Could ecstasy actually heal brains as well as minds? David Nutt's Blog. http://profdavidnutt.wordpress.com/2011/05/09/curiouser-and-curiouser-could-ecstasy-actually-heal-brains-as-well-as-minds/
[6] Nutt DJ (2011) Perverse effects of the precautionary principle: how banning mephedrone has unexpected implications for pharmaceutical discovery. Ther Adv Psychopharmacol ☐2 DOI: 10.1177/2045125311406958