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Chapter 1

The Rapidly Changing World of Illegal Drugs

Introduction

The world of illegal drugs is a domain of truly staggering statistics. Estimated to be worth some $400 billion a year, the drugs trade is second only to the arms industry in scale and outstrips the arms industry in terms of profitability. The United Nations Office on Drugs and Crime has estimated that in 2007 somewhere between 172 million and 250 million people had used illicit drugs in the last year; between 15 and 21 million are estimated to have used opiates; 16 and 21 million to have used cocaine; 143 and 190 million to have used cannabis and between 16 and 51 million to have used amphetamines (UNODC 2009). Within Europe it has been conservatively estimated that some €34B is spent each year tackling the problem of illegal drugs; since this figure relates to 2005, it is likely that the current figure is significantly higher (EMCDDA 2009).

Drug abuse is the archetypal business with a small number of producers, millions of dedicated, often addicted, consumers, small overheads
and an impressive capacity to respond flexibly to a changing market and the attentions of enforcement agencies. The drugs trade also happens to be one of the greatest social, political and economic challenges we face today. This chapter looks at how rapidly the drugs problem has evolved, where that problem may be going and how big a drugs problem society can contain.

**Illegal Drugs: A Global Business**

Within Europe there are estimated to be something in the region of 74 million people who have tried cannabis at least once, and 22 million who have done so in the last year. Around 20% of all people starting drugs treatment in Europe report cannabis as their primary drug of use. In the case of amphetamines around 12.5 million Europeans are estimated to have used the drug at least once in their life with some 2 million estimated to have done so in the last year. Cocaine is the second most commonly used illegal drugs with some 13 million Europeans believed to have used the drug at least once in their life and 4 million having done so in the last year. In relation to the prevalence of heroin use this varies across different countries though the average figure Europe is estimated to be 4.6 per 1,000.

The level of drug use–related HIV infection across Europe varies widely with an average of around 4.7 cases per million head of population although some countries like Latvia are considerably higher than that with a rate in 2008 of 58.7 per million. Hepatitis C connected to drugs misuse in Europe ranges from a low of 18% in some countries to a high of 95% in others. Drug-related deaths are also a major concern in Europe with one recent study indicating that between 10% and 23% of deaths in the 15–49 age range can be attributed to drugs misuse in seven European countries (EMCDDA 2009).

As the drugs problem has expanded in Europe and globally over the last few years, growing concern has been directed at the development of new drugs, many of which are chemically very similar to the traditional drugs of abuse but which have been designed in such a way to take them outside of the orbit of existing drug laws. As the European Monitoring Centre on Drugs and Drug Addiction has observed, the Internet has fundamentally changed the marketing of these drugs, opening access to a much wider range of consumers and dramatically shrinking the time between the design of new drugs and their marketing and consumption:
The internet has emerged as a new marketplace for psychoactive substances, providing retailers with the possibility of offering for sale alternatives to controlled drugs to a large public. (EMCDDA 2009: 93)

In 1997 the EMCDDA set up a system to monitor the development of new drugs; since that system went live, some 90 substances have already been identified which gives an indication of the growing problem that we now face in regard to the production and marketing of new drugs.

**Tackling Drug Production**

Through the use of satellite monitoring and human intelligence a great deal is known about the production and the trafficking of illegal drugs. We know, for example, that Afghanistan is the major opium-producing country in the world, and we are able to calculate the acreage turned over to opium production within the various regions comprising Afghanistan. Turning that intelligence into effective means to stem opium production, however, is by no means straightforward. At the present time an alliance of national forces is engaged in military conflict within Afghanistan simultaneously battling the Taliban whilst at the same time working with the national government to build up the rule of law across the country. Combining the aim of developing a fledgling democracy with the fight against drug production, however, is far from straightforward given that many of the individuals who are leading lights in taking on local governmental responsibilities will be deriving profits from drug production. Perhaps the clearest example of the tension between the aims of building up local government structures and reducing drug production can be seen in the case of crop eradication through aerial spraying.

Since it is possible to identify the major areas of poppy production in Afghanistan through satellite technology, it would also be possible to overfly those areas using crop eradication chemicals. To impose aerial crop spraying on local farmers however can hardly be seen to be an effective means of winning local hearts and minds – rather it is a blunt technological solution, the use of which is likely to massively offend local people. The alternative approach is to try to negotiate with local farmers and influential local figures, to encourage them to shift from poppy production to cultivating entirely different crops. Unavoidably that process of negotiation will move at a much slower pace, and have a less dramatic impact on poppy production than aerial spraying, but it does at least
mesh with, rather than undermine, wider efforts to build up local governmental structures. At the same time, however, one would probably have to say that the patience on the part of the international community to wait for a locally workable solution to the problem of poppy production is not limitless, and that over time without clear evidence that such measures are having an effect, there is likely to be growing pressure for the imposition of an external military solution to the problem of poppy production which may include much wider use of aerial spraying.

Whilst it may be possible for an alliance of Western democracies to use their personnel on the ground in Afghanistan to tackle the problem of poppy production, it is by no means the case that the same approach can be used in other areas of drug production. In the case of many of the new “legal high drugs” that are being produced there is increasing intelligence that their production is concentrated in China (ACMD 2010). Clearly, it would not be possible for those countries that have a growing consumer base of the legal high drugs to impose a solution to the production of the legal high drugs within China – indeed it may not even be possible to negotiate such a solution on the ground with local personnel. In this instance successful attempts to tackle the production of the legal highs will have to come about through careful negotiation with the existing national governmental structure within China.

As an alternative to such negotiations there have been very well funded aid programmes targeted at the major cocaine-producing countries such as Columbia, Peru and Bolivia. There are indication that these aid programmes, coupled with national and local security measures, have successfully reduced cocaine production with global production in 2008 reducing by 15% from 994 metric tonnes in 2007 to 845 metric tonnes in 2008 (UNODC 2009: 65). However, whether such aid programmes can continue to reduce global cocaine production is yet to be seen. At the same time one of the clear risks of targeting aid on drug producer countries is the possibility that other countries not presently involved in drug production see this as a route to secure major international aid to support their own economic growth.

The Rapidly Changing World of Illegal Drugs

Many of those working in the field of illegal drugs have a view that we have always had a drugs problem, that we will always have a drugs problem and that the scale of the problem we face now is broadly speaking the same as the problem we will face in the future. So focussed are
we on the drugs problem that confronts us at the moment that we spend hardly any time looking at where that problem has come from and where it may be going in the future. If there is one thing that is certain about the trade and consumption of illegal drugs however, it is the capacity for rapid and widespread changes to occur.

If one were looking for an example of how quickly the world of illegal drugs can change there is probably no country that demonstrates that better than Scotland. In the late 1960s Scotland barely had a drugs problem worthy of the name and yet by the turn of the century it has become the drugs capital of Europe – a remarkable and in many ways shocking transformation. In 1968 the Scottish government organized a small group of experts to consider whether Scotland was experiencing anything like the drug problem that was taking off in London and the south of England in the mid-1960s. The report produced by the group opened with an emphatic answer to the question the group had been asked to consider:

We agreed at the outset that in Scotland there was not a problem of drug misuse comparable to that reported in London and the Home Counties. A few persons addicted to narcotic drugs were known to the Home Office though the inspection of pharmacy records; there were rumours and occasional factual reports of drug taking at parties or cafes or dance halls by young people. (SHHD 1968: 1)

The expert group offered a number of reasons why Scotland may have avoided the drugs problem that was becoming increasingly evident in the south of England:

Scotland had no Soho and no place comparable to Picadilly Circus as a focal point of the drug world. Traditionally, the mood altering drugs of the Scots is alcohol and though as a nation they are possibly not misusing psychotropic drugs as widely as elsewhere, their record of chronic alcoholism is a sad tale of human weakness and of social disruption. This tradition of alcohol misuse may, however, have protected the young people in Scotland from following the cultural trend of those in England, and particularly in London, to take drugs as a source of kicks. (SHHD 1968: 2)

There were good grounds for the optimism of this committee. In the mid-to late 1960s in Scotland, for example, there were only a handful of people receiving treatment for their drug dependency. In the second quarter of 1968 there were only four people receiving inpatient treatment for a
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Drugs problem and 13 people receiving treatment on an outpatient basis for a drugs problem. Whilst the committee were mindful of the possibility that drug misuse may take off within Scotland at some point in the future, it is doubtful that they were thinking along the lines of the drugs epidemic that would overtake the country within a small number of years.

The first published account that Scotland might have been starting to experience a drugs epidemic was provided by sociologists at the University of Glasgow; Jason Ditton and Kevin Speirits had looked at referrals to the two main drug treatment centres in Glasgow in 1981. What they found shocked them and others who went on to read their report – “The New Wave of Heroin Addiction in Britain” (Ditton and Speirits 1982). Ditton and Speirits had identified a 388% increase in the number of drug treatment referrals over the first 6 months of 1981:

In our opinion the dramatic rise in clinic referrals reflects a rise in actual use... A conservative estimate of the proportion of unknown heroin users to known heroin users in Glasgow is 10:1. Given 174 new referrals in Glasgow in 1981 it is reasonable to suppose that some 1470 individuals are involved in the latest wave of heroin addiction. (Ditton and Speirits 1982: 595)

On the publication of this report questions were asked in the Westminster Parliament about what action was being taken within Scotland to tackle this new and emerging problem (Hansard Deb, 22 October 1981, vol 10, pp. 500–512). Two years after Ditton and Speirits research the health researcher Sally Haw provided a further estimate of the scale of heroin use in Glasgow. Based on an analysis of routine data and fieldwork, Haw calculated that the total number of heroin addicts in the city had risen to some 5,000 by the mid-1980s (Haw 1985).

In the late 1980s all of the attention on drug abuse in Scotland was focussed on HIV infection. The general practitioner Dr Roy Robertson had tested drug users in contact with his surgery and found that 50% were HIV positive (Robertson et al. 1986). The fear was that Scotland was on the verge of an HIV and AIDS epidemic, the like of which had rarely been seen outside of Africa. The psychologist and epidemiologist Dr Martin Frischer undertook research to provide an updated estimate of the number of people injecting drugs in Glasgow. On the basis of this work Haw’s figure of some 5,000 heroin users was revised up to over 9,424 (Frischer et al. 1991).
By the late 1990s fear of an imminent HIV epidemic in Scotland had receded and attention switched back to getting a clearer picture of the scale of the drugs problem across the country as a whole. Dr Gordon Hay recruited a team of researchers at the University of Glasgow to provide national and local estimates of problem drug misuse prevalence in Scotland over the period 2000–08 (Hay et al. 2005, 2009). The most up-to-date estimate of problem drugs misuse prevalence in Scotland in 2008 puts the figure at some 55,328. Around 1,200 drug users begin a new episode of drug abuse treatment each year in Scotland (ISD 2009). The country that in the mid-1960s barely had a drugs problem worthy of the name now had a drugs problem greater than almost anywhere in Europe (ONDCP 2009).

Recent research has estimated that the heroin market alone in Scotland is worth around £1.4B a year whilst the social and economic cost of drugs misuse is estimated to be around £3.5B a year (Casey et al. 2009). There are estimated to be between 41,000 and 59,000 children in Scotland growing up with a drug-dependent parent – that figure represents between 4% and 6% of all children in Scotland (ACMD 2003). Whilst the level of HIV infection amongst injecting drug users in Scotland is estimated to be around 1%, the level of Hepatitis C infection amongst injecting drug users is estimated to be around 40% and in some parts of Scotland (Glasgow) may be as high as 60% (Bloor et al. 2006, Health Protection Agency 2009).

In research that involved interviewing and drug testing of arrestees, 81% of those arrested reported to researchers that they had used illegal drugs in the past, and 63% that they had done so in the last 3 days. Fifty-two per cent of arrestees tested positive for cannabis and 31% tested positive for opiates (McKeganey et al. 2000). The level of opiate abuse amongst arrestees in Scotland was higher than that recorded in any US city in a similar programme of interviewing and drug testing arrestees (US Department of Justice 2000). Scotland also now has one of the highest drug-related death rates anywhere in Europe. In 1996 there were a total of 244 drug-related deaths in Scotland – by 2008 that figure had more than doubled to 574 (General Register Office 2009).

Research looking at the level of illegal drug use amongst schoolchildren has found a higher level in Scotland than virtually any other European country. The Scottish Schools Adolescent Lifestyle and Substance Use Survey has been run every 2 years in Scotland since 1998. In 2008, 25% of 15-year olds and 7% of 13-year olds had used illegal drugs. Twenty-two per cent of 15-year-old boys had used drugs in the last year compared to 19% of 15-year-old girls (Black et al. 2009). These
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statistics powerfully reveal how a country can go from barely having a drug problem worthy of the name to being virtually overwhelmed by its drugs problem within what in historical terms is little more than the blink of an eye.

The Normalization of Illegal Drug Use and the Growth of the Legal Highs

In the late 1980s the sociologists Howard Parker, Judith Aldridge and Fiona Measham used the term “normalization” to describe the growing cultural acceptance of illegal drug use which they saw as being part of the youth culture of the 1990s (Parker et al. 1998). Parker and colleagues’ thesis was not that all or even the majority of young people were regularly using illegal drugs, rather their thesis was about the changing place of some illegal drugs in the world of young people:

Normalisation in the context of recreational drug use cannot be reduced to the intuitive phrase “it’s normal for young people to take drugs”; that is both to oversimplify and overstate the case. We are concerned only with the spread of deviant activity and associated attitudes from the margins towards the center of youth culture where it joins many other accommodated “deviant” activities such as excessive drinking, casual sexual encounters and daily cigarette smoking. Although tobacco use is clearly normalised and most young people have tried a cigarette only a minority are regular smokers and even then their behaviour is only acceptable to their peers in certain settings. So normalisation need not be concerned with absolutes; we are not even considering the possibility that most young Britons will become illicit drug users. It is quite extraordinary enough that we have so quickly reached a situation where the majority will have tried an illicit drug by the end of their teens and that in many parts of the UK up to a quarter may be regular recreational drug users. (Parker et al. 1998: 22)

For Parker and his team the normalization of illegal drugs that they saw as occurring was a process that involved some drugs, particularly cannabis and ecstasy and to an extent LSD, being much more widely available than in the past, where more and more young people were at least prepared to try some forms of drug use, and in which there was an open-mindedness about illegal drugs and a cultural accommodation to at least some forms of illegal drugs use.
The phenomenon that Parker was charting has been described by him as the growth of an illegal leisure culture of recreational drug use. More recently however Parker and his team have seen the development of what they regard as a much more troubling small group of young people (often under age 18) who have developed a problematic style of combining alcohol, cannabis, cocaine and ecstasy (the so-called ACCE profile). For Parker these young people may in earlier decades have drifted into a form of heroin use; however, their negative attitudes towards heroin use has steered them away from the drug but it has not steered them clear of problems. In a way these young people are seen to be in even greater difficulty than their previous heroin-using peers given that according to Parker government drug strategy and national resources have continued to be targeted on those using Class A drugs (heroin and cocaine) largely ignoring in terms of priorities those young people who have developed a harmful pattern of what may mistakenly now be called recreational poly drug use (combining alcohol, cannabis, cocaine and ecstasy) in a way that is often personally damaging for the young person (Parker 2007).

The penetration of illegal drug use into youth culture within the United Kingdom and elsewhere continues to evolve and is perhaps evident today in the growth of what have come to be called “legal highs”, drugs that mimic the effects of some of the illegal drugs but which in terms of their chemical constituents are sufficiently different to their illegal counterparts as to be legally available within a wide range of countries. One of those drugs mephedrone that first came to attention in 2007 appears to have become the fourth most commonly used drug by young people in the United Kingdom despite evidence that it may have been associated with a number of deaths of young people (ACMD 2010). Mephedrone, however, is only one of what appears to be an unending sequence of drugs manufactured to get round country’s drug laws, in this case sold under the guise of plant food but which is very plainly being promoted as a lifestyle drug producing a similar effect to that of ecstasy. Within little more than 2 years mephedrone has gone from being a drug that hardly anyone had heard of to being the fourth most widely used illegal drugs on the club scene (Winstock 2010), with some researchers suggesting that its appeal to clubbers has grown out of a dissatisfaction with the poor-quality cocaine that is now felt to be being sold in the United Kingdom (Measham et al. 2010).

The reality which we face is one in which drug use has expanded well beyond the familiar territory of cannabis, heroin, cocaine, LSD and such like to include a bewildering array of newly designed substances that
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within a matter of months appear to be widely available and consumed by young people. The speed with which these drugs are being developed and marketed presents a massive challenge to what by contrast seems the painfully slow process of drug assessment and classification by individual country’s drug laws.

A Drug Tipping Point?

In response to the statement that illegal drugs pose a challenge to society every bit as great as global warming or terrorism there will be those who say that such a statement is at best incorrect and at worst alarmist. After all how can it be possibly the case that a problem which in its most chaotic form involves less than 1% of the adult population could possibly threaten the very sustainability of any society? Along with the view that we have always had a drugs problem, and probably always will, there is also a widely held view that society will always be able to cope with its drugs problem no matter what the scale of that problem actually is. But what if that optimistic view is incorrect and society can cope with a drugs problem only slightly greater than it is at present? If that is the case then a critical question comes into the foreground: where is the tipping point that shifts a drug problem from being something that society can cope with to being a problem that threatens the very sustainability of societies? If there is a tipping point between a country being able to cope with its drugs problem and having its very sustainability threatened by that problem, then that point is likely to vary from one society to another reflecting the different scale of the drugs problem in different parts of the world. But is the theory of a drugs tipping point itself sustainable? To answer that question it is necessary to take a concrete example – the United Kingdom.

Research within the United Kingdom has estimated that at the present time there are approaching 400,000 problematic drug users – these are individuals who are using heroin or cocaine at a high level and experiencing major problems as a result of their drug use. The figure of approaching 400,000 is a composite based on an estimate of there being around 327,466 problematic drug users in England (Hay and Gannon 2006), 55,328 in Scotland (Hay et al. 2009), 8334 in Wales (Wood 2000) and somewhere between 1,000 and 2,000 in Northern Ireland (McElrath 2002). These individual estimates produce a total for the United Kingdom of there being around 393,128 problematic drug users.
As a result of the fact that there have been only a small number of studies estimating the prevalence of problematic drug misuse within the United Kingdom and that those studies have reported prevalence measures on a small number of occasions, it is not possible to show the growth in annual prevalence of problem drug misuse over the last 50 years. What is evident however is that over that period the prevalence of problem drug misuse has increased from being counted in the hundreds to now being counted in the hundreds of thousands and that since the 1960s the prevalence of problematic drug misuse has either increased steadily and incrementally to its current level or more probably there have been periods of rapid expansion, for example, in the late 1980s.

Whilst it is not possible to know which of these two models of problematic drug use spread has occurred in reality (steady growth or rapid staccato expansion), the question arises as to whether that growth curve has reached a peak and will steadily reduce over time or whether the upward trajectory of that growth curve could continue. This issue is very much the territory of the Foresight Brain Science and Addiction project (McKeganey et al. 2002). There are a number of possible reasons why the curve of drug use prevalence in the United Kingdom might increase in the coming years. Firstly there are indications that the typical gender ratio of three males to every one female in the problematic drug-using group may begin to change as drug use in its various forms becomes increasingly common amongst females. If over the next few years the level of problematic drug misuse amongst females were to move closer to that amongst males, then the prevalence of problematic drug misuse could increase in England to around 488,702 and in Scotland to around 70,000, meaning that we would be heading towards 600,000 problematic drug users within the United Kingdom. That figure would only represent a doubling of the current estimate of problematic drug misuse prevalence which on the basis of past experience within the United Kingdom occurs over a 10–15-year period. Other notable developments that might lead to an increase in the prevalence of problematic drug misuse within the United Kingdom are increases in problematic drug misuse within the rural areas bringing their rate of drug use into closer alignment with that found within the urban centres and the reducing age of onset of illegal drug use which some researchers have drawn attention to (McKeganey et al. 2004).

But if the prevalence of problematic drug misuse were to double over the next 10–20 years, what would be the impact of that change. First we could see the United Kingdom coping with approaching 800,000 problematic drug users. Second, drug deaths in the United Kingdom,
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currently running at around 2,000 a year, could increase to around 4,000 deaths per year. In terms of Hepatitis C infection a twofold increase in drug user numbers could result in there being around 300,000 injecting drug users who were Hepatitis C positive. In terms of children affected by parental drug dependence a doubling in the numbers of problematic drug users could mean that there were around 700,000 children with drug-dependent parents. The social and economic cost of Class A drug use in England, currently estimated to be around £15B a year, could increase to around £30B a year.

In the event of a marked increase in drug user numbers it is likely that drug use itself would become more visible within publicly accessible spaces in the United Kingdom. At the present time it is possible to travel through most major UK cities without encountering the signs of serious drug use. An increase in drug user numbers could change that dramatically resulting in the visible signs of drug use and drug-related paraphernalia becoming much more common.

In terms of the possibility of society coping with a twofold increase in drug use prevalence it is important to consider the impact of such an increase on the criminal justice system. At the present time it is estimated that between 60% and 70% of crime is connected to the use of illegal drugs either being carried out by individuals under the influence of illegal drugs or in order to obtain money to buy illegal drugs. Crucially where research has looked at who is being arrested for crimes within the United Kingdom and who is being jailed as a result of those crimes it is very often the same people who are being repeatedly arrested and repeatedly jailed. To an extent this is not surprising since an individual who is committing crimes to fund a drug habit is unlikely to stop committing those crimes simply as a result of having been arrested and jailed; rather he or she is likely to continue to commit those crimes and to run the risk of further arrest and further jail sentences so long as they remain dependent upon illegal drugs. The result of this is that a very substantial proportion of police time is already being taken up with a small number of high-frequency offenders whose offending is directly connected to their drug use. In the event of a possible doubling in drug user numbers it is questionable whether either the police or the prison system could cope without a commensurate increase in their scale of funding.

With regard to the economic system, it is already known that the funds from the drugs trade are being systematically laundered through the legitimate economy. Much of the work of the Serious Organised Crime Agency in London, and the Scottish Crime and Drug Enforcement Agency in Scotland, is devoted to following the money associated with
the drugs trade and identifying the multiple ways in which the proceeds of that trade are invested back into the legal economy. In the event of a twofold increase in drug-related finances it is likely that more and more parts of the legitimate economy would come to be corrupted by the flow of that finance. One of the results of that development would be increasing numbers of people working within companies that unknown to them had connections to the drugs trade. Equally, the development of a larger drugs trade could also lead to an impact on the political system in the United Kingdom with those involved in the upper echelons of that trade possibly seeking to gain political influence as a way of protecting their huge financial assets. Within the United Kingdom the process of donations to political parties has already been identified as a potential weak point within the democratic system with a number of initiatives having been developed to try to ensure that those with a criminal connection are unable to direct funds to political parties (Winnet and Rayner 2007).

There will be those whose response to the suggestion of the drugs trade acquiring political influence in the United Kingdom as little more than alarmist fantasy. However, two events would lead one to question that optimistic view. One of those events occurred in 2002 and the other in 2010. In 2002 a fund-raising dinner for the Scottish Labour Party took place in Lanarkshire that was attended by some of the most senior members of the UK cabinet. That dinner was organized by one of Scotland’s major drug dealers who within 2 weeks of the event was shot dead (Allardyce and McLeod 2002). It is impossible to know how many of those attending the dinner were aware of the drug connections of the event’s organizer. However, to the extent that drugs money is able to successfully infiltrate the legal economy it is highly likely that there will be individuals who will be able to present themselves to political figures as legitimate and successful business people without ever giving any indication of the original source of their financial success.

The second event occurred in 2010 in Glasgow when the leader of the Labour council, Stephen Purcell, resigned spectacularly following revelation that his cocaine use (which he subsequently admitted to in a national newspaper) may have made him vulnerable to possible blackmail attempts by organized crime groups within the city, and that he had been interviewed in 2009 by police officers from the Scottish Crime and Drug Enforcement Agency in connection with his drug use and possible vulnerability to blackmail (Carrell 2010, Dinsmore 2010).

Looked at in these terms it is by no means certain that the United Kingdom could cope with even a relatively small increase in the number of problematic drug users (an increase from around 1% to 2%). What
this powerfully reveals is that the problem of illegal drugs is not a problem to do with its large scale but a problem that arises from its small scale. Expressed in other terms what we are seeing at the moment is a situation in which many of the organizations that are responding to the drugs problem in the area of treatment enforcement education and social support are struggling to cope with a drugs problem at its present level. In the case of children living with drug-dependent parents, for example, it is clear that social work services are presently unable to cope with the number of children living within these circumstances and that as a result they have to prioritize their resources on the children at greatest risk and in greatest need. By definition this means that there are many children that support services would be able to help were they not devoting their resources to the children living in more harmful circumstances. If social works services are already unable to meet the needs of the number of children we estimate are living within these families, then there is simply no way in which they could cope with a doubling in the number of children involved.

Conclusions

Illegal drugs use is now a global economy delivering massive problems to societies around the world. For the most part our awareness of those problems has centred on the issues of drug-related crime and the need for treatment for those most affected by drug dependency and addiction. However, there are a multiple of other more hidden problems associated with illegal drug use ranging from the needs of children within drug-dependent families to the possible corruption of the economic and political systems by the drugs trade. These latter problems are more evident in countries that we regard as new democracies or as politically less stable than the Western democracies – however, there is no reason to assume that the problems of drug-related violence and corruption that has become evident in countries such as Mexico, Brazil and Argentina are somehow unable to become evident in the United Kingdom and other developed Western countries. Nobody knows where the drugs problem is developing although it is showing no signs of abating. It is now a massive industry in its own right with a level of financial worth greater than many small countries in the world, and it is second only in scale to the arms industry. It is for those reasons that the drugs problem may in due course come to be seen as a threat to society every bit as serious as global terrorism and climate change. As is the case with both of those problems
the optimistic side of our nature may lead us to believe that we will identify and implement a solution to the drugs problem before that problem undermines the very sustainability of our society. That likelihood though is far from guaranteed.

**KEY DISCUSSION QUESTIONS**

1. Could the problem of illegal drugs challenge society to anything like the same degree as global terrorism and climate change or will society always be able to cope with its drugs problem no matter the scale of that problem?

2. How much more widespread could the problem of illegal drug use actually become?

3. With the increasing proliferation of legal highs and designer drugs, is the distinction between legal and illegal drug use increasingly redundant?

4. How far can one country intervene in another country to stem the production of illegal drugs?
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