

## Editor's comment

### The drugs dilemmas



JP van Niekerk  
jpvann@hmpg.co.za

CME is published monthly by the South African Medical Association Health and Medical Publishing Group, Private Bag X1, Pinelands, 7430 (Incorporated Association not for gain. Reg. No. 05/00136/08). Correspondence for CME should be addressed to the Editor at the above address.

Tel. (021) 681-7200 Fax (021) 685-1395 E-mail: publishing@hmpg.co.za  
Head Office: PO Box 74789, Lynnwood Ridge, 0040.  
Tel. (012) 481-2000 Fax (012) 481-2100

Please submit all letters and articles for publication online at [www.cmej.org.za](http://www.cmej.org.za)

A flurry of papers in the *SAMJ*<sup>1-4</sup> served to highlight the massive problems caused by alcohol abuse and provide support for the government's stated intention to ban all advertising of alcoholic beverages. How does this square with what appears to be the other side of the coin, namely the call for decriminalising drugs<sup>5</sup> or at least a 'call for a move away from the political rhetoric of a "drug-free society" and challenge government to start the real work of formulating and implementing an evidence-based drug policy'?<sup>6</sup> Such moves to reconsider policies on drugs that challenge the failed 'war on drugs' have strong international support by highly credible authorities.<sup>7</sup>

Humans are inquisitive and have in the past, still do at present, and always will in the future experiment with substances that alter the way in which the mind works. If the experience, or 'reward', is pleasant they will continue doing so and a small number (many in the case of tobacco) become addicted. Addiction is not confined to drugs and can also occur with the need for rewards experienced from food, sex, gambling, etc.

Words that have differing meanings are often used interchangeably and we should be clear on what is meant by the terms used in the discussions concerning drugs. *Prohibition* refers to prohibiting the manufacture, transportation, import, export, sale and

consumption of the product, i.e. effectively totally banning it. *Legalisation* is the removal of the legal prohibition which is currently not legal. *Decriminalisation* refers to the repeal of laws that define drug use as a criminal offence, or that transfer the process to administrative or health services.

The current international classification of drugs according to their danger to the individual, family or society is arbitrary and an improved, evidence-based classification has been proposed. Thus the evidence-based classification found that alcohol and tobacco, which are *legalised* drugs, are correctly classified among the more dangerous, whereas the illegal substance marijuana is actually less dangerous.

The call for the decriminalisation of drugs means that the user is not convicted of a criminal offence and put in jail, which has been found to simply exacerbate the problem. If it is found appropriate to legalise marijuana, for instance, this should still be regulated, much as is the case for the alcohol and tobacco industries. Those responsible for illegal sales of a legal product, e.g. tobacco, for which there is a flourishing illegal trade, must be pursued and prosecuted. The effective reduction in the use of harmful products such as tobacco, alcohol and marijuana by proven effective means such as increasing their prices, reducing their availability and banning

advertising should be fully supported. Money saved by abandoning the fruitless prosecution of individual users of drugs would be better used in comprehensive educational programmes and effective treatment of addicts.

Thus decriminalisation and tighter regulation can be seen as complementary processes.

1. Seggie J. Alcohol and South Africa's youth. *S Afr Med J* 2012; 102(7): 587.
2. Parry C, Burnhams NH, London L. A total ban on alcohol advertising: presenting the public health case. *S Afr Med J* 2012;102(7):602-604.
3. Ramsoomar L, Morojele NK. Trends in alcohol prevalence, age of initiation and association with alcohol-related harm among South African youth: Implications for policy. *S Afr Med J* 2012;102(7):609-612.
4. Sorsdahl K, Stein D, Weich L, Fourie D, Myers B. The effectiveness of a hospital-based intervention for patients with substance-use problems in the Western Cape. *S Afr Med J* 2012;102(7):634-635.
5. Van Niekerk JP. Time to decriminalise drugs. *S Afr Med J* 2011; 101(2):79-80.
6. Parry C, Myers B. Beyond the rhetoric: Towards a more effective and humane drug policy framework in South Africa. *S Afr Med J* 2011;101(10):704-706.
7. Report of the global commission on drug policy. [www.globalcommissionondrugs.org](http://www.globalcommissionondrugs.org) (accessed 28 June 2012).