

REGULATION AND UNDERLYING REASONS FOR DRUG USE

WHY DO PEOPLE USE DRUGS?

PROF. ROBERT MACCOUN

PROFESSOR OF LAW AND PUBLIC POLICY AT THE UNIVERSITY OF CALIFORNIA,
BERKELEY, USA.

'There is a large literature on the "causes" of drug use, but these are mostly risk or vulnerability factors. There is a second literature, somewhat smaller, linking drug use to various harms and social costs. There seems to be a tacit agreement among drug policy analysts to ignore what users might consider the "reasons" for their use -- the pleasures and benefits they perceive. (The exception is addiction theory, but I will argue that that framing is misleading in other ways.) My talk is not a polemic; I am not certain that this is a devastating flaw in our thinking. But I will suggest that there might be sound analytic reasons for considering any benefits (both real and perceived) of psychoactive drug use, and that our interventions might improve as a result'.

Prof. Robert MacCoun

Prof Robert MacCoun asked why people use drugs, and specifically explored policy analysis to ask "when should benefits count" regarding drug regulation. Standard causes of drug use include factors that are biological, sociological, economic or psychological. He quoted other observers who say that the real question is why some people do not take drugs. He suggested that understanding the reasons why drug users take drugs can yield pertinent information. For example, he quoted William James' experiences with nitrous oxide, which not only demonstrated why users might take such a drug, but also illustrated the dilemma posed when we try to empirically evaluate benefits, which is the difficulty of distinguishing between the subjective benefit to the user and some objective indication of benefits.

WHY WE TAKE DRUGS: PERCEIVED BENEFITS & THEIR INFLUENCE ON POLICY

The benefits from drugs include pain relief and other effects of medicinal drugs, and he noted that psychedelic drugs might have a role in therapy, e.g., for addiction. However, he also noted that many users take drugs for self-transcendence and for the fun of intoxication, and that those seeking spiritual understanding feel they get it from their drug experiences. So, MacCoun suggested that evaluation of drug policy ought to weigh the benefits as well as the costs, but that judging benefits in this case could be problematic. Other views might take a moral line and suggest that all drug use is wrong, or might disregard benefits since they consider the key issue to be harms to others, or harms to vulnerable individuals such as minors. Even people who advocate drug legalisation tend to defend legalisation as a way of reducing harm, not for the benefits. Objections to counting benefits in policy analysis include the fact that benefits were often immediate and costs delayed, e.g., with addiction. Nevertheless a lot of drug use is not addictive. With illicit drugs, benefits might be seen as the product of a crime and thus not allowable by comparison with other crimes, but this raises the question of whether drug use should be a crime. In considering harms to others, MacCoun suggested that some such harms of drug use were related to policy and illegal status rather than to drug use per se, although this did not necessarily suggest legalisation. Weighing benefits

might be discounted by the possibility that this would endorse drug use, but this assumed that current drug education messages were credible, when there is little evidence to support this assumption.

DRUGS AND HARM: INFLUENCE ON REGULATION & WHO SUFFERS THE MOST?

Further, MacCoun suggested that drug experiences might be perceived somehow as a way of entering a state of grace by cheating. In a thought experiment from *Drug World Heresies*, he asked the audience to consider the imaginary drug Rhapsodol that produces a short-lived state involving imagery and feelings of love, which disappears with any movement and so deters environmental and social hazards, and can only be used once a day. Would it be immoral? Should it be illegal? As one questioner said later, it sounds a lot like good sex, and thus demonstrated the point that the circumstances of drug use, as with sex, are important in determining acceptability. MacCoun felt that if all objective measurable harms were minimised then many people would soften their objections to drug use, though some would likely still insist that using the drug was wrong in principle.

He pointed out that the harms associated with current drug use are likely to be unevenly distributed and focussed on a few really heavy users. The distribution of harms for each drug is not known but it is suggested that lower levels of use may be much safer than heavy use. He also noted that current regulation does not match with two key aspects of drug harm that are independent of the frequency of use – dependence potential and safety margin for overdose. Consequently, drugs policy discussions should address substances separately rather than collectively. In response to questions, MacCoun suggested that asking drug users whether they regretted taking certain drugs might clarify issues of harms linked with dependency.

Ultimately, there may be advantages to acknowledging the benefits of drug use. One would be to indicate reasons why people are self-medicating and find safer agents to meet these needs. A better demarcation between harder and softer drugs might feasibly reduce progression to harder drugs. MacCoun noted that taking benefits seriously means testing for benefits with studies, such as research into the apparent medical uses of marijuana, which has long been blocked in the US. Testing benefits might also render drug policy more credible, with reduced demonisation of drug users and hypocrisy, which might overall improve drug prevention efforts.

KEY POINTS

Explanations of why people use drugs should include hedonic and transcendent gratification.

Cost benefit calculations need to honestly consider the benefits of drugs use, despite difficulties in measuring benefits objectively and the institutional resistance to conducting such research.

Harms associated with a drug vary with the level and context of drug use, which should be reflected in individual rather than collective drug policies.