



# Humanistically Speaking

April 2022

Speaking out for the non-religious. On values. On issues. On life.

## THE DRUGS DEBATE

An exclusive interview with Professor David Nutt  
Whoonga in South Africa  
A Humanist Proposal  
Poisoning your body  
Ecstasy in Ibiza  
Oxygen ban  
War in Ukraine



Image: [www.uabmedicine.org/-/national-drug-and-alcohol-facts-week-2021](http://www.uabmedicine.org/-/national-drug-and-alcohol-facts-week-2021)

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# In this Issue

*Come in, sit down, put your feet up...*

**David Brittain**  
Executive Editor



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## CONTENT DISCLAIMER

Our editorial team consists of humanist volunteers. Articles are written by them, or by our readers and contributors, and published at the discretion of the editorial team. We strive to publish content in line with humanist aims and values but views expressed by writers are their own and not necessarily shared by any associated Humanist groups or Humanists UK.

Dear Reader

You may recall the media storm in 2009 when Professor David Nutt was fired from his appointment as Chief Adviser to the Government on drug use. As Alan Johnson (the then Home Secretary) wrote in the *Guardian* at the time, "He was asked to go because he cannot be both a government adviser and a campaigner against government policy". It would prove to be a controversial act that ultimately led to several subsequent resignations from Nutt's team in protest. My interview with David Nutt for this month's edition was one of the most remarkable conversations I've had for *Humanistically Speaking* and I commend it to you.

There are clear and passionate divisions of opinion between the editors about our theme for this issue, which is reflected in the different opinions expressed. Such differences are rare within the editorial team, but I think it is a strength of *Humanistically Speaking* that differing views can be discussed and argued over, but ultimately respected. So, we would be particularly interested in what our readers think. Please do share your views (and your personal experiences, if you wish) about how society should approach the issue of recreational drugs.

But as usual we have so much more for you that is outside of our monthly theme, like UFO stories in Nevada, a famous prologue by Bertrand Russell, an interesting moral reflection on doing the right thing, a book review on truth, and a profile of the humanistic social reformer Robert Owen. And I leave those nuggets for you to find in the magazine.

And finally, the ongoing trauma in Ukraine inevitably imposes itself on our media, and David Warden writes with some passion on page 7 about Russia's actions. It's a frightening thought that Russia seems to be revisiting nineteenth century imperialism with twenty-first century technology. It also raises fundamental questions about us. Is the West's reluctance to engage militarily an act of realpolitik or cowardice in the face of threats? In the end, perhaps the opinion that matters most to that question is Mr Putin's.



## Adam Rutherford to be new President of Humanists UK

Adam Rutherford is a geneticist, author, broadcaster and currently a Patron of Humanists UK. From 2013-2021, he hosted the Radio 4 programme *Inside Science*. He is now a lecturer at University College London where he teaches the history of eugenics, race science, genetics, and science communication. He was born in 1975 (age 47) and he is partly of Guyanese Indian heritage. His book *Creation: The Origin of Life* (2013) argues in support of the theory that life emerged in extremophile conditions in the deep ocean. His latest book is *Control: The Dark History and Troubling Present of Eugenics* (2022). He will succeed Alice Roberts as President of Humanists UK in June.

*Photo credited to Jake Owens for Humanists UK.*

## North East Humanists donate £1,000 to DEC Ukraine Appeal

The trustees of North East Humanists resolved to donate £1,000 from their reserves to the Disasters Emergency Committee (DEC) Ukraine Humanitarian [Appeal](#). In an email to their members and supporters they said that the DEC has a distinguished track record of managing charitable appeals since 1966. They also drew attention to [Unicef's crisis appeal](#) for the children of Ukraine as well as [Save the Children](#) who are pledging to provide families with water, shelter, and food. [The British Red Cross](#) and the [International Rescue Committee](#) are also raising money for those still in the country as well as those leaving.

NEH trustee Ed Gibney served as a U.S. Peace Corps volunteer in Ukraine from 2003 to 2005 and still has many friends and co-workers living in that country. They and other Peace Corps volunteers have recommended one local organisation that has been working specifically with issues arising from conflict in Ukraine since 2013. That organisation is [Razom](#), which translates as "together" in the Ukrainian language. Donations to Razom will go directly to Ukraine and help build capacity in that country which is sorely needed.





# Humanist News



## WHO to restrict oxygen

The World Health Organisation has announced that oxygen has been placed on the official list of hazardous substances for human health and it is urging public health bodies around the world to take urgent action to restrict its availability. Medical researchers have known for a long time that oxygen is a major health hazard. Oxidation basically occurs all over the body and at a cellular level. There is an oxidation reaction theory that states that oxygen reacts within the body and produces by-products called free radicals. Oxidation can damage vital molecules in our cells, including DNA and proteins, which are responsible for many body processes. Molecules such as DNA are needed for cells to function properly, so if too many are damaged, the cell can malfunction or die.

Health Secretary Sajid Javid responded by saying that oxygen-restricting masks will be compulsory in England and Wales from 1<sup>st</sup> April as a precautionary measure. Babies and vulnerable people over the age of ninety are exempt, although not in Scotland where a total oxygen ban applies.

## European Humanist Federation condemns Ukraine invasion

On 24<sup>th</sup> February, the day of the Russian invasion, President of the European Humanist Federation, Michael Bauer, declared: “We look at the war in Ukraine with horror and bewilderment. Our concern, our sympathy and our solidarity are directed at the people in Ukraine these days. This outrageous breach of international law by Russia and its invasion of Ukraine not only endangers the health and lives of many civilians and soldiers, it also calls into question the peace order in Europe with as yet unforeseeable consequences. We are deeply concerned about all this. In the name of humanity, we appeal to the Russian leadership and to the Russian people to put an immediate end to this despicable and inhumane action.”

The [European Humanist Federation](#), based in Brussels, is an umbrella organisation of more than sixty humanist and secularist organisations from twenty-five European countries. It was formed in 1991 but announced in 2020 that it will cease operations. The Board of Humanists International has, however, agreed to a plan to take forward the development of a new European Forum. The exact nature of the Forum is still to be developed but further discussions will take place in Glasgow in May.



# Drug Addiction

## *A brief perspective*



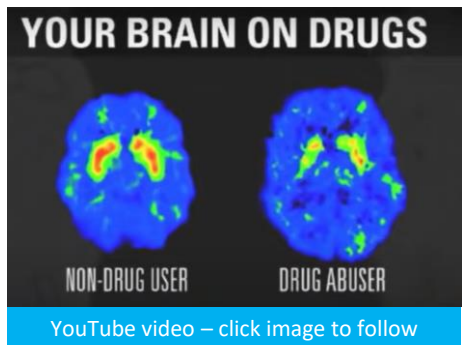
By Barry Newman

**Barry Newman argues that the legalisation of drugs and state control of supply should not be regarded as a moral or political issue, but rather as a pragmatic social and healthcare strategy. Barry is a retired intensive care medicine consultant.**

The terms 'drug dependence' and 'drug addiction' are often used interchangeably but they are not the same because they are characterised by chemical alterations in different areas of the brain. A person who is physically dependent on a drug cannot function normally without the drug as it has become essential for normal brain function. Such a person will experience withdrawal symptoms if the drug is withheld and may then revert to a non-dependent state. An example of successful withdrawal is the alcoholic who has gone through DTs (delirium tremens), 'dried out', and whose psychological state has allowed this to persist.

'Drug abuse' refers to the excessive use of a psychoactive substance to the point of causing the user physical or psychological harm. A wide range of agents can be abused. Abuse is not synonymous with addiction and the abused drug does not necessarily cause dependence, e.g. ketamine.

'Drug addiction' is a complex disease characterised by compulsive drug seeking, a progressive increase in the amount of drug taken over time, and physical dependence with severe and unpleasant physical symptoms following withdrawal of the drug (i.e. dependence). Addiction is described as a



psychosocial disorder because of the effect it has on the personality and behaviour of the sufferer, and the social impact of the disease. I suggest that it is no more appropriate to assign a moral value to addiction than it is to diabetes. No-one chooses to become a diabetic or an addict, but both can be triggered by behaviours.

Different psychoactive agents have differing potentials for dependence, abuse and addiction which depend on their speed of onset, characteristic mind-altering effects, speed of offset and subsequent symptoms.

In our society, the current attitude to psychoactive drugs arises mainly from an American political decision (Nixon) to describe drug >





addiction as "public enemy number one" and to declare a "war on drugs" in the 1970s. This was triggered by the rapid increase in drugs coming from South America. The West's approach to drug addiction has been deeply and deleteriously affected by this political stance which criminalised what is essentially a physical and psychological disease with significant social consequences. This attitude, which has preoccupied law enforcement agencies and the judiciary across the world, also swept up a variety of hallucinogens and consciousness-altering agents (e.g. LSD, psilocybin, amphetamines etc.) which are not generally addictive but can have persisting psychological effects when used in excess (i.e. abused). Active research into the therapeutic potentials of some of these hallucinogens was terminated in the 1970s and has only been restarted in the last few years, with some promising results.

### **"It is a misconception that addicts take drugs to achieve a pleasant experience"**

In healthcare, the challenge of treating opiate addicts for a variety of medical conditions and injuries includes the attitudes of healthcare professionals and the specific problems these patients have. Medical staff are affected by societal trends – in this case a negative judgmental or moralistic approach to addicts which can disadvantage them. Such attitudes are exacerbated by the manipulative, dishonest and socially challenging behaviour that characterises drug addiction. However, these behaviours are recognised characteristics of the disease, which can be better understood by imagining a person who has a severe dose of flu – with fever, shakes, headache, muscle aches, sore throat, runny nose and abdominal pain. Multiply the



severity of these symptoms several-fold and one can get an impression of the experience of opiate withdrawal and therefore what the addict is perpetually trying to avoid by searching for the next fix. It is a misconception that established addicts take drugs to achieve a pleasant experience (a 'high'). A more accurate description would be drug seeking to escape the fear of a withdrawal episode.

Society's response to addiction is controversial because it has been politicised and laden with irrational and inappropriate moral values. It seems clear that this approach, together with criminalisation of possession, has not been successful and that alternative approaches that regard addiction primarily as a disease – such as that followed in Portugal, show a great deal more promise in controlling this disease and its negative social effects. Legalisation and state control of supply should therefore not be regarded as a moral or political issue, but rather a pragmatic social and healthcare strategy.

**Barry is a retired intensive care medicine consultant. He qualified at the University of Cape Town and was appointed consultant at Poole Hospital, Dorset in 1988.**





# Clash of Civilisations

By David Warden

## The people of Ukraine are laying down their lives for two of the most important Humanist values: freedom and democracy

Samuel Huntington's 'clash of civilisations' thesis is back with a vengeance. What we think of as 'the West' (which includes countries like Australia which are not geographically Western) is essentially a Humanist civilisation which has been painstakingly built over several centuries. Its founding values are freedom, democracy, human rights, humanitarianism, reverence for life, free thought and free speech. With the advent of globalisation, we imagined that people in the East would embrace these values. We were not totally wrong. The people of Ukraine have not only embraced them; they are prepared to fight to the death in order to preserve them.

No doubt millions of ordinary people in Russia also feel the same way. But Russia is in the iron grip of man who fills his head with fantasies of recreating the Russian Empire. His project has been endorsed by the head of the Russian Orthodox Church, Patriarch Kirill. Both of them see the war in terms of a crusade against the decadent West and the recapture of Kyiv – 'the mother of Russian cities' which converted to Orthodoxy in the year 988.



**Humanist of the Year? Volodymyr Zelenskyy, 6<sup>th</sup> President of Ukraine**

Official Portrait

When the Soviet Union collapsed, Russia had an opportunity to become a prosperous and free modern state. Ordinary Russians have been able to enjoy many of the things that we take for granted in the West, including McDonalds and a relatively free media, but the country was captured by asset-strippers and over time it has reverted to autocracy and tsarist imperialism. Putin's invasion is completely rational from this perspective, but he seems to have overestimated the competence of his armed forces and failed to anticipate the strength of the Ukrainian resistance and Western opposition. ▢



**Further Reading:** Samuel P. Huntington *The Clash Of Civilizations: And The Remaking Of World Order* (1996 & 2002)

Almost overnight, Russia has become a pariah state which is being cut off from the Western world. President Biden has branded Putin a 'war criminal' whilst Gordon Brown and Sir John Major want a new international tribunal to be set up to investigate Vladimir Putin for his actions in Ukraine.

## **Why don't we intervene to stop the war?**

At least two members of our editorial team think that NATO, or the West, should intervene to stop the slaughter. There seems little doubt that we have the overwhelming power to do so. One of our editors has expressed the view that "There comes a time when the only thing left to do is the right thing." But isn't this what motivated Tony Blair to go to war against Iraq? Time and time again when interviewed Blair has said, "At the end of the day, a leader has to do what he thinks is the right thing to do." In terms of ethical philosophy, 'doing the right thing' invokes the spirit of Immanuel Kant. It implies that we should 'do the right thing – regardless of the consequences'. But if in this case, 'doing the right thing' unleashes a much more destructive war in which millions may be killed can we say with confidence that military intervention really would be 'the right thing to do'? Another view is that we have already intervened too much. Had the West not supplied anti-tank and other weapons to the Ukrainians, Putin may have had his quick victory by now and many lives could have been saved, to say nothing of the physical infrastructure of numerous cities. But this would have handed another victory to Putin and his barbarous project.

Another member of the team has expressed the view that "Humanism is a vital philosophy for society, because until we can find a way of life that is based on a sound, rational basis

that can be reviewed, considered and argued, we may never be free of the likes of Putin." I am arguing that we *have* found that way of life and it's called Humanism. Although imperfect and often forgotten, it *is* the underlying philosophy of Western civilisation which includes reason, science, liberty, democracy, progress, human rights, and the possibility of human fulfilment in this life. This is what the Ukrainians are fighting for, and I believe that we are right to be assisting them as far as possible. At the time of writing, Putin is causing unimaginable suffering in cities like Mariupol. I am hopeful that Western arms, Western sanctions, and Ukrainian resolve, will eventually prevail. But there is no guarantee that they will.

## **What we can do**

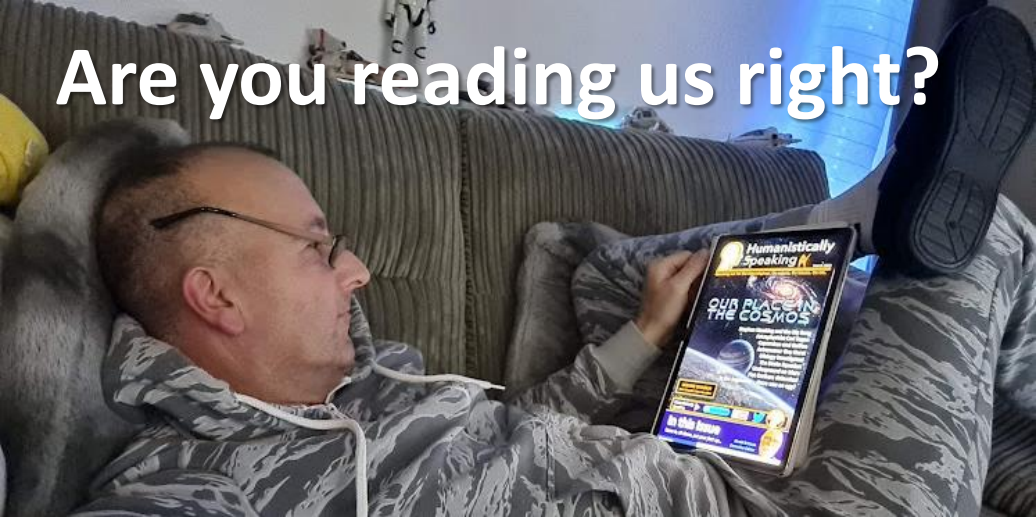
The humanitarian response of the Polish people and other neighbouring countries has been incredible. British people have raised millions of pounds and no doubt we will do more, with people offering spare rooms to refugees who want to seek shelter in the UK. We can also use this moment in world history to restore our faith in the values of freedom and democracy. Our mental habit of cynicism about the West, and our propensity to blame ourselves for everything bad that happens in the world, seems perverse when we are witnessing such a courageous struggle to hold on to the values and privileges we so easily take for granted. The West has many faults, but just look at the alternative.

**I do not know how or when this conflict will end but we can at least be inspired by the fact that millions of men and women have thought it worth fighting for the values of liberty and democracy.**





# Are you reading us right?



**Whilst there is no strictly right or wrong way to read **Humanistically Speaking** we do work very hard here at HumSpeak Towers to try and bring you the easiest and most enjoyable reading experience possible. How are you reading your copy?**

**Layabout** Layout editor Aaron demonstrates how he reads his – by using his tablet. He explains: “Whilst in the past we may have locked ourselves away in a home office, using an old desktop, modern-day devices allow internet access anywhere and at any time. Laptop computers still have their place – I write my articles on one – but for reading anything of length I prefer to recline in a comfy spot and browse on my tablet. You can zoom in or out with a pinch, glide effortlessly through our well-researched articles, and with any modern tablet you will have a high-grade screen that will make our colour images pop out, especially those of the editors! This way you can pick up when it’s comfortable, and read either from cover to cover in one go, or just catch up on an article

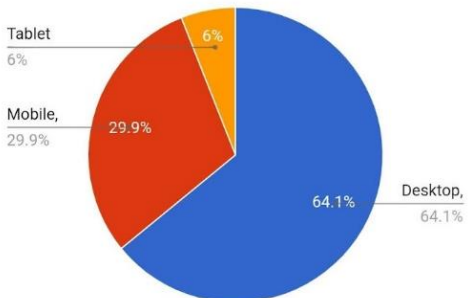
during the adverts”.

Currently, just 6% of you are joining Aaron on his sofa. Many of you enjoy reading ‘on the go’ on your phone, but by far the most popular way is on your desktop/laptop.

Does Aaron have a product recommendation? He says, “I’ve used Samsung tablets for years now, and currently I’m very pleased with the Samsung Galaxy Tab S7+, which provides speed, utility, a large screen and flexibility. Excellent piece of kit.”

**Why not tell us how and where you enjoy your HumSpeak experience?**

Reader device



# Humanism in Africa

*Part four: Africa and Drugs  
by Lynda Tilley*



## How drugs are destroying South Africa's future

The United Nations estimates that there are around 120 million children living on the streets of cities around the world today. 30 million of those children are here in Africa. This month, I'm writing about children living on the streets of South Africa's cities and how drug use is part of their daily lives.

This devastating problem was once manageable, but it escalated rapidly as it was given a 'boost' in the last few years of apartheid rule, pre-1994. It's an unofficial 'fact' that the apartheid regime supported and encouraged the production of synthetic drugs in the country as early as the 1980s for two reasons: to finance the purchase of weapons and to subdue those fighting for their rights. Also allegedly used during mass anti-apartheid demonstrations, a wider variety of drugs became available and more easily accessible in the final years before 'freedom'.

Children already living on the streets at that time had a new way to make money and a selection of 'products' to sell. Drug use in communities often led to violence and abuse which sometimes caused kids to run away from home – straight onto the streets. Drugs



**Children are Africa's future – drugs are destroying them**  
Image credit: Annie Spratt. Taken on a trip in 2016 with World Vision to Sierra Leone [unsplash.com](https://unsplash.com) (click image)

took the 'edge' off the lives of many, especially the oppressed, and made hardships more bearable.

Once apartheid ended, South Africa established international trade links, becoming an ideal drug transit country. Many drugs ended up on the streets as border controls became more relaxed. A ticking time-bomb had been ignited and no one had taken much notice.

What drives a child to such desperation that they're forced to seek a life on the streets? Research shows that these children typically come from communities where they've been subjected to extreme poverty and hardship. Often, they move from more rural areas into the city or neighbouring countries to seek an income for their family, or simply to make a 'better' life for themselves.

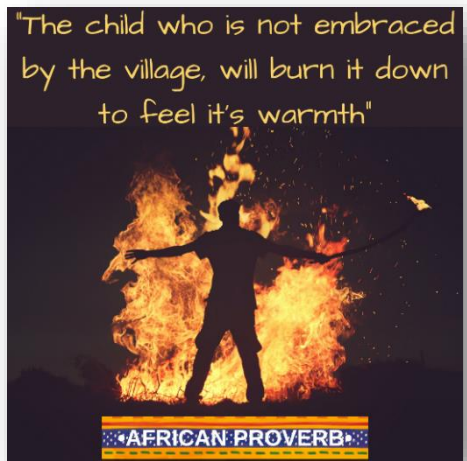


**Further reading:** [A social profile of street children in the Durban](#)

Many are victimised already – perhaps accused of ‘witchcraft’ and cast out of villages. For some, a single event may be the catalyst for their drastic move – perhaps being raised by a single mother who suddenly dies. Or having both parents killed by war, leaving no option but to flee somewhere to safety.

Once on the streets, the use of drugs is widespread. An estimated 90 per cent of street children use some form of drug daily. Adhesive glue, which can be sniffed or smoked, is the most widely used ‘drug of choice’. It is said to bring on dreamlike hallucinations, creating a feeling of peace and happiness as you lose touch with your everyday surroundings – a brief escape from the fear, desperation and loneliness which street life brings. Many children say that they use it for one reason only: it controls their hunger. It’s often cheaper to buy glue than it is to buy enough food to fill you up.

Many children aren’t aware of the dangers. It’s a way of life and everyone does it, it takes hunger away and makes you feel good. What could be wrong about that? Many suffer from respiratory tract issues or skin infections as a result of using it. It’s known to cause long term neurological damage and kidney or liver failure. It becomes a daily addiction, and many can’t function without it. They resort to ‘survival sex’ to support their habit which means performing sexual favours in return for glue. They don’t view this as prostitution but rather as a currency which is widely accepted, everywhere. Some are introduced to glue in order to make them dependent and they are then trafficked for sex or into ‘begging syndicates’ run by traffickers who keep 80-90 per cent of their daily ‘earnings’. In 2020, a [begging syndicate](#) of around 700 children was discovered in Durban, estimated to be turning over around R2 million per month. Some of the ‘beggars’ were ‘hired out’ by family



members to the traffickers for a daily fee – a new income stream to tap into.

In 2009, a cheap, dangerous new drug called ‘whoonga’ (also known as nyaope or wonga) hit South African streets, quickly becoming a popular drug among street children, a ‘better’ drug than glue. Made from a mix of B grade heroin, rat poison (strychnine) and other unknown chemical compounds (antiretroviral drugs are allegedly one), it is sprinkled into hand-rolled cigarettes. Whoonga has since created heroin addicts as young as eight years old.

Countless organisations exist in our cities to care for and rehabilitate children who want help. Introducing sports into their daily lives has been one of the most effective methods in the rehabilitation process. Durban is a coastal city and surfing programmes have proved popular. But the problem remains. With an increasing population, unemployment levels, homelessness and crime, what hope do these children really have, as their numbers increase? As Whoonga replaces glue, what comes after that?





Are we ignoring this problem because we judge street children as no more than feral, dirty, beggars and thieves? Will we continue to look away, waving them away like flies, rolling up our car windows as we drive past them, noses wrinkled in distaste? Do we realise that we're ignoring a huge proportion of the future generation? Allowing them to grow up as homeless, hungry, unkempt addicts, trading their bodies for their next fix? These could be our children. In fact, they are. They are no different to our own. They've simply been dealt a different hand of cards.

We don't allow groups of feral, underfed, dirty cats or dogs to fight for survival in our cities. We have charities, programmes and volunteers in place for those. Why then, not for our own species, too? We don't see them as being completely human, but the irony is that this makes us less human, too.

We used to raise each other's children as a community, together. We have an African proverb to remind us, too: "The child who is not embraced by the village will burn it down to feel its warmth".

**It would seem that it's no longer just the unwanted 'gift' of religion thrust upon us that's causing greed, devastation and making us hate, judge and kill each other. It seems that the unwanted 'gift' of hardcore drugs is aiding this process, causing all those things too and perhaps even speeding the process along. The village is already on fire, and we don't even know it.**







# Let's be honest...

## Anthony Lewis provides a brief, and personally candid, history of psychoactive substances and their place in human culture over millennia

Most people who try psychoactive drugs do not become addicted and it does not destroy their lives. In fact, we have been using and abusing psychoactive substances for millennia.

Science continues to invent new biochemical extracts which are often used by the military as well as for medical and recreational purposes to enhance our cognitive capabilities and human experience. It would be a dull puritanical world without the social enhancements provided by drugs.

Archeology has revealed that wine was invented in Tbilisi, [Georgia](#) around 6000BCE and the earliest use of alcohol was in China around 7000BCE along the [Yellow River](#), fermented from rice and honey.

Despite the real and significant harms caused by alcohol addiction (which I have experienced in my own family) no society has successfully stopped its use. Clearly, the benefits for most individuals and societies outweigh the downsides. What great literature we'd miss if our great authors like Hemingway had not had '[booze as their muse](#)'. Would rock and roll, beat poetry and country music exist without alcohol?

Cannabis is a weed that grows throughout the [Himalayas](#) and has been used socially since

3000BCE and in traditional Ayurvedic medicine. When I lived in Nepal, the locals told me they were amused that the West had banned a plant that grows naturally. Unfortunately, the USA forced [Nepal](#) to make cannabis illegal in 1976 to deter its 'Shangri-La' attractiveness to young people on the hippy trail.

The beneficial affects of cannabis in the treatment of arthritis are being recognised with most American States recently legalising cannabis. Tobacco grows naturally in [Central America](#) and has been used for even longer than cannabis since 5000BCE. One has been banned in the West, but the other has not! Reggae and many forms of popular music have a close symbiotic relationship with both cannabis and tobacco.

The coca plant grows naturally across the [Andes](#) and has a long tradition of use by [indigenous cultures](#) for medical, religious and social purposes going back at least 3000 years. Coca use continues to be a daily staple in the life of many Andeans today. Many in the West associate the coca plant with the single cocaine isolate rather than the fourteen other alkaloids it contains. There has been little research into the benefits of these, due to prohibition of the purified cocaine extract – despite its use as a local anaesthetic. ▷





Cocaine was all the rage at the end of the 19th and early 20th centuries. It fueled the 'roaring twenties' and 'all that jazz'. Freud was an advocate of cocaine use for therapeutic purposes. The original formulation for Coca Cola in 1885 contained cocaine as a 'brain tonic'. It was not phased out until 1929 when the disastrous prohibition experiment began in the US.

[Amphetamine](#) (also known as Benzedrine or Speed) was first synthesized in 1927 by the American pharmaceutical company Smith, Kline & French and is still used today as a treatment for narcolepsy and ADHD in boys. Its recreational use boomed in the 60s and 70s, driving the Soul and Disco fever at that time. 'Go pills' containing purified forms of speed have been extensively used by the [US airforce](#) with Provigil ([modafinil](#)) now being used as their operational 'drug of choice'. A somewhat mixed message on the 'war on drugs' by the US?

[LSD](#) was invented in 1938 by the Swiss company Sandoz and is related to ingredients found in many mushrooms. The recreational use of LSD was the creative force behind the 60s psychedelic rock movement. [Ken Kesey](#), the author of the 1962 novel *One Flew Over the Cuckoo's Nest* was a keen advocate. The drug was banned in the US in 1968 as one of the first casualties of the War on Drugs. But academics are again researching the therapeutic benefits of psychedelic drugs such as LSD, MDMA and ketamine for treating mental disorders such as PTSD.



Wild cannabis, Pakistan. Photo Wikimedia Commons



Clubbing in Ibiza (Cream at Amnesia) – late 90s

An alternative rave drug MDMA (Ecstasy, invented in 1912) started being used in the early house music scene in Chicago in the early 80s, driven by new music technologies. It was outlawed in the US in 1985. This did not stop its prolific use in the late 90s with the global spread of electronic music. Unlike Bill Clinton, I 'inhaled deeply' on this part of gay culture in London and Ibiza during the 90s and I have to admit I had the time of my life, with very few regrets.

It is clear that the use of psychoactive drugs has a long history and that, for many, drugs enhance their social and cognitive experiences. If we are to tackle their harms effectively we must be honest about what drives people to use them. They are fun and can be life-affirming socially, musically and artistically when used with care and respect. But they are also powerful and definitely not a good idea for those with emotional or mental health issues. I know from my own experience that prohibition has clearly not worked, as demonstrated by rising consumption worldwide. I wonder how people would react if science eventually discovers a harm-free psychoactive drug with no side effects. I suspect many would argue that we should still ban it. But why?



# Aaron Explores

## Poisoning your body

### *A Humanist case against drugs*



**It's your body and you can do what you like with it – surely? Well, there are good arguments for that stance. But what if you're damaging your body and expecting others to pick up the pieces, handle the violence, and pay the bill?**

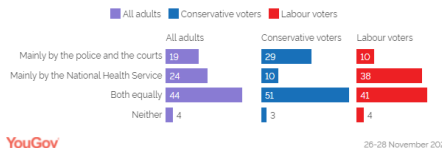
I've been against drugs all my life. I've only ever seen negative outcomes and friends who have dabbled in drugs have tended to 'fall off the radar'. Typical behaviour is apathy, unreliability, lack of interest in doing anything, not getting up and constantly needing money. Later on, theft has occurred, which usually results in a parting of the ways.

Although this is not a party-political argument, it appears that Conservatives are more likely to want to 'lock them up', and Labour want to hospitalise them. I can tell you that over at *Humanistically Speaking Towers*, the conversation got quite heated when we were discussing this issue. Thankfully, no blood was spilt, and nobody resorted to illicit drugs to calm down.

My starting assumption, I guess, is that drugs will turn someone into a nasty person. Yes, I'm sure in the early stages they might be a party animal; fun, daring, and spontaneous, but later there will be consequences. I do worry about a person's mental welfare in that they need artificial substances in order to be able to live with themselves. For some, drugs might be a part of their night out but for others it becomes a life-destroyer. How do

Labour voters are more likely to think people with drug addiction problems should be dealt with by the NHS, while Conservative voters say it should be the police and the courts

Do you think that those who are addicted to drugs should be dealt with mainly by the police and the courts or mainly by the National Health Service? %



you know if you will be someone that uses drugs for fun, or become dependent?

On TV, drugs are depicted as part of the life of the wealthy, and a line of coke as something that is part and parcel of life, a way to unwind after a hectic day at the Stock Exchange or a smoke to ease into a relaxation state. Alcohol, on the other hand, is an 'audience trigger' to indicate that the protagonist is angry and volatile. Just last night a character in a soap I was watching downed a bottle of vodka to 'help solve their problems'.

Personal disclosure: I have never taken drugs and never smoked. I do enjoy alcohol occasionally, but being a control freak I don't drink to excess. I do take a very dim view of those who go out at the weekend and then end up in A&E through alcohol poisoning. People do seem to forget that alcohol is a poison, and that the drunk effect is your body dying, and only as your liver tries to offset the negative effect do you sober up. If the excess alcohol overwhelms your body's ability to cleanse itself, then you die. ▷



Why would any humanist society approve this? What are the good outcomes?



Drugs in themselves serve no good purpose, and when I say drugs, I mean bad drugs as opposed to medicines. We eat food to stay alive, we drink fluids to stay alive and we take some medicines to counteract disease. Cocaine, heroine, cannabis, ecstasy, spice, butane, snorting – none serve any good purpose. Those taking them know it's a Russian roulette with their health, and that if they falter in their ability to control the habit, it will control them and ultimately become someone else's problem.

**“Drugs take away control of your body and mind from YOU. Medicines reverse this and restore the control back to YOU.”\***

Let's suppose we made all drugs legal, or some drugs, whatever. So, the person taking them, having bought them from their local chemist, uses them for recreational purposes and gets addicted. The person now needs more of the product to get the high, and this will come at a cost. Assuming they haven't lost their job at this point, they may well spend more and more cash to keep the feeling going. But at some point, their life will break down, they will stop going to work, and they will resort to theft to pay for their need. A need which the state has sanctioned.

Down the line their thieving will get them arrested. Even if buying drugs is decriminalised, addiction and loss of control will end up in criminality. Later on, it will no doubt become an NHS problem, when their body is found in the street from taking too much of their chosen substance. For what?

## Why would any humanist approve of this? What are the good outcomes?

I agree that it is unfortunate that some people are not happy with their life and may resort to any addiction to get by. We should do something to help them, we should explore why humans need to ingest substances to escape, and why natural things like sugar and too much food are comforting. But we should not approve listed substances that are well known to cause harmful consequences down the road that result in a person's loss of control of their own life.

## Why do some people use drugs?

From my experiences of reading stories, meeting people, and losing friends, it seems to me that some people get into a bad place in life, like the street children in Lynda Tilley's article this month, and drugs make things better. Except they don't. They add to your problems and push you further from recovery and rehabilitation. But in the moment, life can be so bad that people take drugs to escape.

Here on the south coast of England, we have numerous street sleepers, as I'm sure your town does. I've chatted to a number of them over the years, given food and clothing to some and all had drugs as the common denominator. One guy in his early twenties was a former soldier. He left due to ill health and was reasonably tidy and intact. A year later he didn't even recognise me. He was away in his own world, high on something or other, scruffy, and lost. He'd given up. ▷



An older gentleman who lives locally is always drunk – either mildly drunk and merry, or entirely gone and barely conscious. He doesn't want to be housed, lives life his way and is happy... when he can talk.

Some of my fellow editors have written about drugs as being a joy enhancer, a pleasure stimulant, and something that we should neither take away from people or interfere with. I don't share their view. In the same way that some people can have a drink and it stops there, others, especially the younger generation, don't have a stop switch. Enough, is never enough, and to reach that level of high they need more and more.

My view remains that drugs are something people with no hope in life turn to, and then their life goes further down hill as a result. It's damaging to health, damaging mentally, and socially very unacceptable. Once drugs are in a person's mindset, and considered to be an acceptable release, each time life becomes too hard they will escape into their artificial world. This world becomes more appealing than the real world, and more time is spent there. Affording this release is the next problem, and theft is the next step. Especially for street sleepers who can resort to various activities to meet this need, including prostitution.

Let's suppose we legalise recreational drugs and permit them to be bought from a chemist or a supermarket. In all probability, these legal drugs will be mild or so diluted that the 'high' will be unattainable and users will still seek out illegal, more potent drugs. So, what will have been achieved? Some extra tax income maybe? Some argue that by letting users get drugs, we can then get them into therapy and rehab. But surely by widening the market for people to damage themselves, this will give the state even more people to repair afterwards. What would be gained by that?

***“Having watched a friend struggle to breathe after having taken something and being utterly helpless until medics arrived was horrible. Watching another friend attempt to hang himself when he couldn't get his next fix was equally awful. I've watched friends drop off the radar due to this 'perfectly innocent' cannabis people talk about, when waking up and smoking was more important than getting up and going to work.”***

My friends did this *in spite of* laws to prevent them. Crime 'might' reduce if they could get exactly those drugs from a shop legally, but I can't see the government legalising all drugs, or to the level or strength to which they are accustomed. I also can't see the government growing and producing such drugs, so they would have to import them or buy from dealers and drug barons. We would then be sanctioning the horrendous ways in which people abroad produce these substances.

**How does Holland do it, or Portugal? How do they manage for it to not get out of control? Are they better educated, more self-disciplined or maybe life for their population is better so they don't need to resort to mind-altering drugs. Brits do seem to have a reputation for alcohol abuse. Would legalisation of drugs lead to a similar level of abuse? We aren't Portugal, we aren't Amsterdam. My vote would be to oppose the legalisation of drugs. On health grounds, on public protection grounds, on security grounds and for the benefit of the entire nation.**






# The Brittain Interview

*Our video conference with notable people, interviewed by David Brittain*

## David Nutt



Executive Editor David Brittain was privileged to interview the distinguished neuropsychopharmacologist Professor David Nutt this month. Professor Nutt is famous for having been sacked from the Advisory Council on the Misuse of Drugs by Home Secretary Alan Johnson in 2009. In this candid interview, he explains why we need a more rational approach to drugs.

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# Thought for the Day

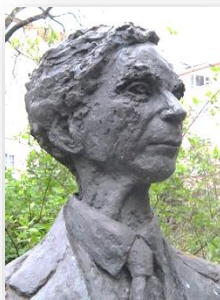
*Selected by David Warden*

## “A great ocean of anguish, reaching to the very verge of despair....”

At the start of our Dorset Humanists AGM on Saturday 12<sup>th</sup> March, I read this prologue to Bertrand Russell's autobiography to help us reflect on the enormity of human suffering caused by war. We don't usually have readings at our humanist events, but the eloquence of this passage marks it out as one of the great prose compositions by a humanist.

“Three passions, simple but overwhelmingly strong, have governed my life: the longing for love, the search for knowledge, and unbearable pity for the suffering of mankind. These passions, like great winds, have blown me hither and thither, in a wayward course, over a great ocean of anguish, reaching to the very verge of despair.

I have sought love, first, because it brings ecstasy - ecstasy so great that I would often have sacrificed all the rest of life for a few hours of this joy. I have sought it, next, because it relieves loneliness – that terrible loneliness in which one shivering consciousness looks over the rim of the world into the cold unfathomable lifeless abyss. I have sought it finally, because in the union of love I have seen, in a mystic miniature, the prefiguring vision of the heaven that saints and poets have imagined. This is what I sought, and though it might seem too good for human life, this is what, at last, I have found.



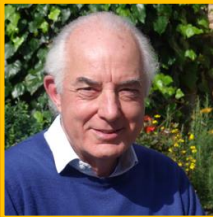
Statue of Bertrand Russell in Red Lion Square, London. Russell was a member of the Advisory Council of the British Humanist Association and President of Cardiff Humanists.

With equal passion I have sought knowledge. I have wished to understand the hearts of men. I have wished to know why the stars shine. And I have tried to apprehend the Pythagorean power by which number holds sway above the flux. A little of this, but not much, I have achieved.

Love and knowledge, so far as they were possible, led upward toward the heavens. But always pity brought me back to earth. Echoes of cries of pain reverberate in my heart. Children in famine, victims tortured by oppressors, helpless old people a burden to their sons, and the whole world of loneliness, poverty, and pain make a mockery of what human life should be. I long to alleviate this evil, but I cannot, and I too suffer.

This has been my life. I have found it worth living and would gladly live it again if the chance were offered me.”





# The threat of 'date rape drugs'

By Paul Ewans

**A date rape drug (DRD) is any drug which incapacitates someone so that they become vulnerable to sexual assault. The threat is real and very serious, but the number of DRD victims is unknown.**

The most common DRD is alcohol, either administered covertly or consumed voluntarily, so that the victim cannot give informed consent to sex. If the sex is penetrative, in British law this is rape. Other DRDs are typically administered by 'spiking' the victim's drink. This is a crime punishable by up to ten years imprisonment.

Most DRDs were developed for medical purposes, but some have no pharmaceutical use and are purely recreational. The first DRD in modern Western culture was the sedative chloral hydrate (a 'Mickey Finn') which has been used as a DRD for more than a century. More recently, other tranquilisers have been used, such as flunitrazepam (Rohypnol) which makes the victim drowsy or even unconscious, and also Valium and Librium which are used medically to treat anxiety and insomnia.

Some DRDs are anaesthetics which can be used recreationally. These include gamma-Hydroxybutyric acid ('GHB') which reduces inhibitions and increases sexual desire. GHB is particularly dangerous when mixed with



alcohol. There is also ketamine which creates a sense of disassociation (and hallucinations at high doses), and which is dangerous because it suppresses the ability to feel pain. Ketamine is used as a DRD because it causes amnesia – the victim may have no memory of being assaulted. And there is MDMA (ecstasy), a recreational drug which produces a sense of well-being or happiness, and which can also increase sexual desire.

There are no reliable data on the use of DRDs. Many DRDs are colourless and odourless, and sexual assaults are in any case hugely under-reported. Even so, it seems that alcohol is involved in around 40% of sexual assaults, and in at least 50% of assaults on university campuses. Other DRDs are apparently a factor in anything between 2% and 12% of cases.

But going clubbing is not dangerous in itself. Just keep a close watch on your drink and be careful who you leave with.





# Musings by Maggie

## Miracle or Menace?

**On page 67 of my mother's *Household Encyclopaedia*, published in 1930, along with advice on the safe use and storage of carbolic (a disinfectant) and the treatment of carbuncles, I am informed how to cultivate cannabis, described innocuously as 'Indian hemp'. The article continues: 'A hardy annual and a fine foliage plant – one which deserves attention from the fact that it will thrive in a suburban or town garden. It may be grown from seed sown in the open in April, but to obtain a large-sized plant it is advisable to sow in a frame and transplant.'**

Clearly, then, in 1930 cannabis had yet to acquire the adverse reputation it currently holds, at least not with the gardening public. My curiosity sparked, I decided to do some research to ascertain when the herb became illegal in the UK and I found that this happened on 28th September 1928 as an addition to the Dangerous Drugs Act 1920, although doctors were able to prescribe cannabis for medical use in the UK until 1971, when the Misuse of Drugs Act came into force. This act created the Class A, B and C classification system which made even more drugs controlled substances. Growing cannabis plants was not made illegal until 1964, so should my mother have wanted to take advantage of the instructions in her book



**Indian hemp: Was Maggie's mum tempted to process it into cannabis resin?**

[Click image for more information](#)

she would not have been doing so in contravention of any law, although she would have been in trouble if she had processed it into cannabis resin and sold it. Fortunately, I am fully confident that such a prospect would never have entered her head. However, changes to the [Misuse of Drugs Regulations](#) in November 2018 do now allow medicinal cannabis to be prescribed under certain circumstances.

There is [strong evidence](#) that cannabis has been used as a medicine from as long ago as 400BCE and it is particularly effective as an anti-convulsant drug in severe cases of epilepsy. Many other drugs which are now banned also started out as useful medicinal herbs and some of them are still licensed and used, in some form, under medical supervision. The iconic beverage, Coca-Cola, was invented in 1885 by John Pemberton, a pharmacist from Atlanta, and was marketed as a 'brain tonic and intellectual beverage'. It contained cocaine as an extract from the coca leaf. The levels of cocaine contained in the drink were gradually reduced over time until it was finally eliminated in 1929.



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In the UK, cocaine was made illegal by the Dangerous Drugs Act 1920, and it is now a Class A drug.

## Laudanum and *Kubla Khan*

Another Class A drug formerly in frequent use as a painkiller, often for teething babies, is opium in the form of laudanum. Until the early 20th century it was available without prescription. Laudanum is a tincture of opium dissolved from extracts of the opium poppy in alcohol and remains available by prescription in the United States (under the generic name 'opium tincture') and in the European Union and United Kingdom (under the trade name Dropizol). However, today it is generally only used to control chronic diarrhoea. Samuel Taylor Coleridge is known to have been under the influence of laudanum whilst writing his poem *Kubla Khan*.

## Morphine and medicinal heroin

Cultivation of the opium poppy dates to ancient times and has given rise to several derivatives used medicinally over time until the present day. The German scientist Friedrich Sertürner first isolated morphine from opium in 1803. In its pure form, morphine is ten times stronger than opium and works as a very powerful painkiller. I can remember being given kaolin and morphine as a child for sickness and diarrhoea. It is still available as an 'over the counter' medicine, although there have been [recommendations](#) from the medical profession that it should become prescription only. Doctor Collis Browne mixture is also used for stomach upsets and also contains morphine. Morphine is used in medical settings to relieve pain and reduce suffering for patients at the end of life, particularly in cancer patients.

In 1874, an English chemist named Alder Wright first refined heroin from a morphine base in an attempt to produce a less addictive

replacement for morphine. Before becoming a recreational drug, heroin was used in medicine until its addictive properties became known. In the 1890s, the German pharmaceutical company Bayer marketed heroin as a morphine substitute and cough suppressant, promoting it for use in children to treat coughs and colds. The result of all this promotion of heroin as a freely available medicine was that by the early 1900s heroin addiction in the United States and Western Europe had increased at an alarming rate. Heroin is now also a Class A drug.

The controversy about legalisation rages on and there are laudable arguments on both sides. However, it does seem to me odd that whilst powerful opiates such as morphine are licensed for medical use under strict controls and still available in some over the counter medicines, cannabis, although now legal for medicinal use, is hardly ever prescribed on the NHS. For some quite seriously ill people it is the only medication that relieves their symptoms, yet there still seems to be a powerful taboo against using it, including among the medical profession.

**In the 1890s,  
pharmaceutical  
company Bayer  
marketed heroin  
as a morphine  
substitute and  
remedy for  
children's coughs  
and colds.**

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# Ethical Encounters

*Paul Ewans explores moral questions*



**Which is more important: to *be* the right kind of person or to *do* the right thing? Should we judge people by their characters or by their actions?**



Hollywood Actor: John Wayne

Sadly, it seems that John Wayne never did declare that: 'A man's gotta do what a man's gotta do', but he might well have done. In John Wayne's world, the emphasis was always on a man's actions, and the characters he portrayed in his films always did the right thing, no matter what the cost. But the Greeks saw things differently. In Ancient Greece the focus was on a man's character rather than on what he did or didn't do.

Clearly, there is a close relationship between our actions and our characters or 'virtues'. But did the men in John Wayne's films do the right thing *because* they were brave, or is 'brave' merely a word we use to describe certain actions?

Aristotle believed that virtues are simply acquired habits. Someone who manages to act bravely a few times becomes accustomed to acting bravely, and will tend to act bravely on future occasions. But modern psychological research shows that how people behave depends mainly on the situation they are in. Someone who behaves bravely when

threatened by an angry dog may be afraid to pick up a spider. In fact, only five stable character traits have been identified by psychologists so far: Openness, Conscientiousness, Extroversion/Introversion, Agreeableness and Neuroticism. So, someone who is conscientious when they are young will still be careful and reliable when they are old. But none of these five character traits is obviously a moral virtue. And if virtues are real, why is there no agreement about which virtues are the most important? Every list is different.

**It seems that we should think of good people as being those who tend to do the right thing rather than those who have certain qualities. We should therefore not worry too much about whether we have, for example, a kind and generous nature. We should simply try to do kind and generous acts whenever we can.**







By John Coss

Humanists in Profile

# Robert Owen

*Continuing our series of profiles of Humanists who are not as widely known as they should be, including distinguished men and women not generally known to be Humanists.*

***“There is but one mode by which man can possess in perpetuity all the happiness which his nature is capable of enjoying – that is by the union and cooperation of all for the benefit of each.”***

**Robert Owen** (1771-1858) was a freethinker and social reformer. While not strictly a humanist in the modern sense, it is generally recognised that he followed a humanist approach to life. He is probably best known for his involvement with New Lanark, now a World Heritage Site and well worth a visit. Owen took over the management of this cotton mill in 1799, and instituted a wide range of workplace, social, and educational reforms that led to the idea of New Lanark as an 'ideal' community and of Owen himself as a Socialist. He was a passionate supporter of education for all, and an early advocate for a universal 'eight hours labour, eight hours recreation, eight hours rest' approach to work-life balance. He described his work at New Lanark as 'the most important experiment for the happiness of the human race that has yet been instituted in any part of the world'.

In 1825, Owen relinquished control of New Lanark and moved to the US intending to develop a utopian community at New Harmony. Although this failed after two years and Owen returned to Britain, four of his sons and a daughter stayed in the town and the



community developed ideas that changed US science research and public education.

In later life, Owen devoted himself to promoting his economic and social ideas, which he thought could eliminate poverty and contribute to social and moral betterment. He was a pioneer of the Cooperative and Chartist Movements, and trade unions, and believed in the equality of men and women. Owen published many books and pamphlets, the most important being a series of essays published in 1817 as *A New View of Society*\*.

Despite his progressive views, Owen had an equivocal attitude to slavery, perhaps because New Lanark depended on imported cotton produced by slaves. And while he had thought all religions were false, in his final years he converted to spiritualism.

[Robert Owen quotations](#)

[New Lanark World Heritage site](#)

[Robert Owen Memorial Museum](#)

[Humanist Heritage - Robert Owen](#)

[OpenLearn – Robert Owen and New Lanark](#)

\*See [here](#) for a direct link to the OpenLearn edited version of *A New View of Society* with commentary.





By John Coss

# Drugs Reform

## A Humanist Proposal

In this long-read article for *Humanistically Speaking*, John Coss suggests that Humanism should have a public position on controlled drugs. In Part One, he offers an 8-point proposal. In Part Two, he surveys international responses to the problem. And in Part Three, he focuses on prospects for reform in the UK.

### ● Part One: A Humanist Approach

Perhaps surprisingly, I have not been able to find much about controlled drugs in the Humanist literature. However, my views are well expressed in this 2013 article by Brett Aho in [The Humanist](#) magazine: *'Part of the philosophy of humanism is to stand against outdated codes of morality that persecute and make life difficult for people. Just as LGBT issues are humanist issues, so too are drug and alcohol issues. When evaluating how society treats inebriants, science and reason should be the standards by which we create policy, not ancient religious texts. Most comparative policy studies agree that drug and alcohol abuse should be regarded as a public health issue, as opposed to a criminal justice issue, and that public funds are best spent on drug treatment and prevention rather than enforcement and incarceration.'*

MPs Crispin Blunt and Jeff Smith, who are Co-Chair and Vice-chair of the All Party Parliamentary Humanist Group, are also Chair and Co-chair of the All Party Parliamentary Group for [Drug Policy Reform](#). This group's position is that *"...there must be an end to the severe public health and societal harms caused by the global 'war on drugs' – not least in the UK, where drug-related deaths are the highest on record"*. The group collaborates

MP Caroline Lucas, along with Crispin Blunt and Jeff Smith, is a member of the APPG on Drug Policy Reform

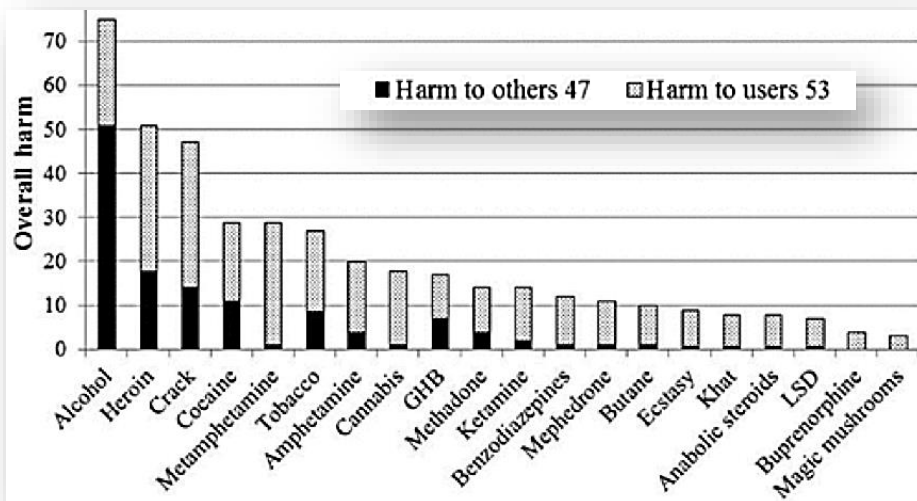


with a range of partners to make evidence-based, health-focused policy recommendations to the Government and other stakeholders.

In 2011, after the Government removed the legal obligation to have scientists on the Advisory Council for the Misuse of Drugs, Casper Melville, then editor of [New Humanist](#) magazine, commented: *'...this is just one of a number of hot-button issues – abortion, euthanasia and stem-cell research spring to mind – where, much as our leaders pay lip service to rationality and evidence-based argument, there is a thicket of myth, dogma and anxiety obscuring a clear view'*. While it would be unreasonable to expect Humanists UK to get involved in every social issue, it is a pity that they appear to have no public position on controlled drugs. ▽



There are a number of Humanists in Parliament who champion our values  
Take a look <https://www.parliament.co.uk/APPG/humanist>



## A Humanist approach

So, what would an approach based on Humanist principles look like? I suggest it would be evidence-based, with the following characteristics:

1. Adopt a consistent approach to the regulation of all psychoactive substances
2. Recognise that there are benefits as well as harms from their use
3. Focus on harm reduction, to users and to society, including harms from regulation
4. Treat drug use primarily as a health issue rather than a matter for the law
5. Respect the human rights of drug users
6. Provide science-based advice on the risks of drug use and how to avoid/minimise them
7. Adopt the long term aim of legalisation with regulation for particular drugs commensurate with the harms from their use
8. Develop informed public understanding of the issues relating to drug usage.

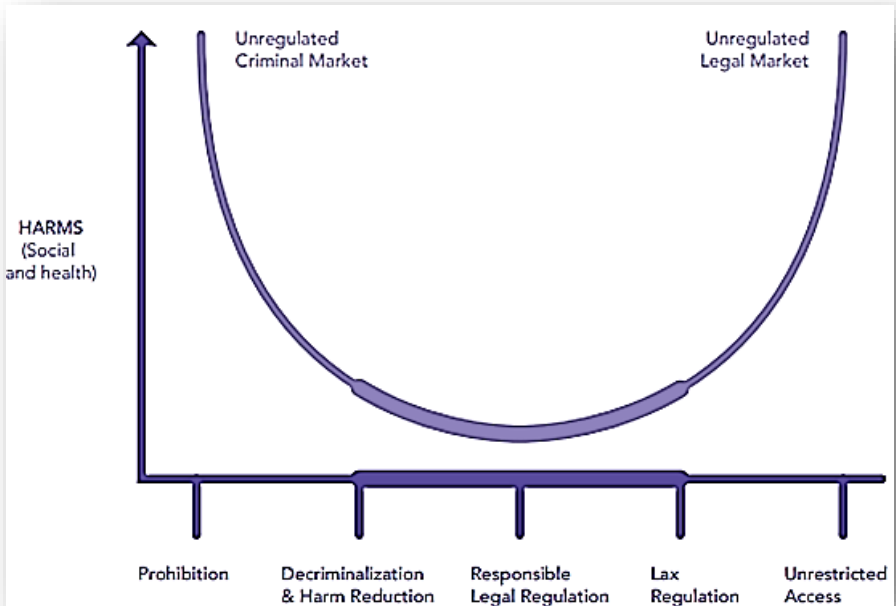
**An assessment of the relative harms from various psychoactive substances (Drug Science, 2010)**

This hardly amounts to a radical proposal. It is grounded in a great deal of scientific research in a wide range of disciplines, resulting in an extensive literature.

## Alcohol: the most harmful substance

One of the leading experts in the field is David Nutt, the founder of [Drug Science](#). His current interests include the medical use of cannabis, which is one of the many issues he talks about in his interview by David Brittain for this issue of the magazine. In 2010, with some colleagues, he produced an assessment of the harms from various psychoactive substances, which is summarised in the diagram above.





This diagram from the Global Commission on Drug Policy 2018 Report captures the essence of the case for legal regulation. It shows that an *unregulated market* for drugs is harmful whether that market is legal or illegal. What is required to reduce harm is *responsible legal regulation*.

The Global Commission on Drug Policy was created in January 2011 by a group of personalities from the Americas and Europe, including former Heads of State and Government wishing to inspire better drug policy globally. It aims to bring to the international level an informed, science-based discussion about humane and effective ways to reduce the harm caused by drugs and drug control policies to people and societies. It publishes extensive annual reports, with a different focus each year. The 2021 report is a blueprint for advocacy of reform. It highlights the changes that have occurred in the past decade and puts forward necessary changes for the coming decade.



[Click image for more information](#)



## ● Part Two: Drug Control Around the World

There are three UN Conventions on drug control. The Single Convention on Narcotic Drugs (1961) aims to combat drug abuse by coordinated international action. It limits the possession, use, trade in, distribution, import, export, manufacture and production of drugs to medical and scientific purposes, and seeks to combat drug trafficking by international cooperation to deter and discourage drug traffickers. The other two conventions relate to psychotropic substances and to further enforcement measures. These conventions do not prevent a country from decriminalising drug use and possession or establishing alternatives to punishment for minor offences.

### Legalisation & decriminalisation

Legalisation means that the prohibition of an illegal substance is ended, allowing for its production, availability and use to be legally regulated. The regulation model that follows is a central feature of the process. Decriminalisation is the removal of criminal penalties for possession of small amounts of specified drugs for personal use, typically cannabis. But it remains an offence that can be subject to a civil or administrative sanction such as a fine or mandatory treatment assessment. There is considerable variety in how it is implemented in different jurisdictions, in terms of quantity thresholds (for possession/dealing), the nature of civil sanctions, and how sanctions are enforced and by whom. Unlike legalisation and regulation, this is clearly permitted within the UN conventions. More than 30 countries and a number of US and Australian states have adopted some form of legalisation or decriminalisation, typically relating only to cannabis. Space permits only brief notes on the position in a few countries.

### Portugal

In 2001, Portugal decriminalised personal possession of all drugs as part of a wider reorientation of policy towards a health-led approach. Possessing drugs for personal use became an administrative offence, and does not result in a criminal record and associated stigma though it may still result in penalties such as fines or community service. There has been a substantial reduction in drug-induced deaths, and overall drug usage has declined.

### The Netherlands

It is illegal to produce, possess, sell, import and export drugs but use of 'soft' drugs is tolerated under strict terms and conditions. 'Coffee shops' are allowed to sell soft drugs and not more than five grams of cannabis per person per day. They are governed by strict laws that control the amount of permitted soft drugs, and the conditions of sale and use. They are not allowed to advertise drugs. Only those aged 18+ can buy drugs and access coffee shops. Drug policy aims to reduce the demand and supply of drugs and reduce harms, but legal production is also currently being piloted experimentally.

### United States

In thirty-one states and the District of Columbia, cannabis for recreational purposes is legal or has been decriminalised in some way, mostly as regards low-level possession. Some states have reclassified the possession of small amounts as a civil rather than criminal offence, while others have just reduced the penalties. Medical use of cannabis is now legal in most states, with some relaxation of the law, subject to limits on the tetrahydrocannabinol (THC) content in others. Possession and use of all ▷





controlled drugs remains illegal for any purpose under federal law, but there are effective constraints on enforcement where this conflicts with state law. Opinion polls indicate clear public support for decriminalisation, especially at younger ages.

Oregon decriminalised possession of small amounts of all drugs in 2021. It is now a civil violation, subject to a small fine or a health assessment by a designated centre. Taxes on the sale of cannabis, legal since 2014, help to finance addiction recovery services.

Most US cannabis is produced in California, where recreational use was legalised in 2016. However, the regulations relating to its production, how it can be sold, who can purchase it, and where it can be consumed, caused many problems for established producers of medical cannabis, and the market for recreational cannabis is still mostly underground.

## Uruguay

Personal possession of drugs was never criminalised in Uruguay. In 2013, recreational cannabis became legal and in August 2014, growing up to six plants at home was legalised, as well as the formation of growing clubs, a state-controlled marijuana dispensary regime, and the creation of a cannabis regulatory institute. Sale and purchase are subject to considerable regulation.

## Canada

Regulated medical cannabis has been legal since 2001. In 2018, cultivation, possession, acquisition and consumption of cannabis and by-products was also legalised, with mostly federal but some provincial regulation. This is comparable to that of alcohol and tobacco, covering such matters as sale to minors and driving under the influence, with special provisions for users in the armed services. Sales outlets and production facilities are also

regulated, and sales and excise taxes levied. Despite forecasts of substantial business prospects and government revenues, the legal market has so far made only moderate inroads into the illegal market, reflecting the considerable price differential.

## General comment

When implemented effectively and coupled with investment in harm reduction and health and social services, decriminalisation appears to direct more people who use drugs problematically into treatment, reduce criminal justice costs, improve public health outcomes, and shield users from the impact of a criminal conviction.

## ● Part Three: Controlled Drugs in the UK

The Misuse of Drugs Act 1971 as amended defines a range of offences relating to 'controlled drugs' covering unlawful possession, supply, intent to supply, import or export, and production. USING these drugs is NOT illegal, with exceptions such as drug driving, so those who admit to using do not face prosecution. And use for research or in industry or as a medicine may be permitted by regulation.

There are three classes of controlled drugs, with the highest penalties relating to Class A, and the lowest to Class C. Examples of drugs in each class:

**Class A:** heroin, cocaine, ecstasy, LSD

**Class B:** amphetamine, cannabis, codeine

**Class C:** GHB, diazepam, most tranquillisers

The Psychoactive Substances Act 2016 restricts the production, sale and supply of a new class of psychoactive substances often called 'legal highs'. Possession is an offence only on custodial premises, and prosecution ruled out for incense and 'poppers'. ▷

By Statutory Instrument and subject to stringent conditions, the medical use of cannabis became legal on 1 November 2018.

Other psychoactive substances – alcohol, tobacco and caffeine – are also regulated. And the Medicines Act 1968 governs the control of medicines for human and veterinary use, including manufacture and supply.

### Issues and controversies

The key issue is whether drugs should be primarily a matter for public health rather than the criminal law, with a corresponding focus for public spending. Before addressing this issue, I refer briefly to issues with the classification of controlled drugs, and their relative harms and benefits compared to those of alcohol and tobacco, and also to the present situation as to medical cannabis.

The classification of cannabis is particularly controversial, a prime example being the furore over its reclassification in 2009, when the Home Secretary sacked David Nutt from the Advisory Committee on the Misuse of Drugs.

A [2013 paper](#) *Harms and benefits associated with psychoactive drugs: findings of an international survey of active drug users* by Morgan et. al. found no correlation between the rankings of individual users and the rankings in the Misuse of Drugs Act. Benefits and harms for particular drugs, as assessed by users, included:

Drug	Benefit	Harm
Cannabis	high	low
Ecstasy	fairly high	fairly low
Cocaine	fairly high	very high
Heroin	fairly high	very high
Tobacco	some	fairly high
Alcohol	some	fairly high

Despite medical cannabis now being legal, there has been limited change in practice. Last December, Jeff Smith, Vice-chair of the Humanist Parliamentary Group, sought to address this in a private member’s bill. [The associated documents](#), especially the report of the debate on the first reading, give some disturbing insights into the issues involved.

### The Health and Care Select Committee

In October 2019 the Committee published a [report](#) on drugs policy. From the evidence they had received, they concluded that UK drugs policy is failing, and recommended a radical change from a criminal justice to a health and harm reduction approach, with responsibility for drugs policy moved from the Home Office to the Department of Health and Social Care. They also urged the Government to consult on the decriminalisation of drug possession for personal use from a criminal offence to a civil matter, and examine the Portuguese system, where decriminalisation was part of a comprehensive approach to drugs including improving treatment services, harm reduction interventions, and better education, prevention and social support.

The evidence they received overwhelmingly supported their conclusions, and included many helpful suggestions on matters of detail. However, the Government indicated that it intended to continue its existing approach, while keeping it under review to ‘ensure it reflects emerging threats and challenges’.

### The Carol Black Review and the Government’s response

Part I of this independent Government-commissioned review examined the demographics of drug use and the drugs market and noted the systemic failures and dismal outcomes of UK drug policy. ▷





Professor Dame Carol Mary Black's report noted the "systemic failures and dismal outcomes of UK drug policy".

Part II focused on prevention, treatment and recovery. The [review](#) related only to England, and the terms of reference precluded consideration of the legal framework. The Government responded publicly to each part, and in December 2021 published an updated 10-year drug strategy entitled [From harm to hope: A 10-year drugs plan to cut crime and save lives](#). It proposes increased funding for support services and improvements in drug treatments, but sadly continues to treat drugs as a matter for the criminal law.

## Political party positions

The **Liberal Democrats** want to introduce a legal, regulated market for cannabis, while the **Green Party** 'aims to end the prohibition of drugs and create a system of legal regulation to minimise the harms associated with drug use, production and supply as part of an inclusive, supportive, socially just society'. In its 2019 election manifesto, the **Labour Party** committed to develop a public health approach, but its policy under the current leadership is uncertain, and the **Conservative Party** naturally endorses the national drug strategy. However, both major parties have groups working for reform. The **Conservative Drug Policy Reform Group** is particularly progressive (the Chairman is Crispin Blunt of the Parliamentary Humanist Group). Their [2019 report](#) based on a YouGov survey concludes

that the public broadly back the use of newly legalised cannabis-based medicines, more than half feel that drug use is best seen as a health issue, and there is large public dissatisfaction with the UK's overall approach to drugs policy. Their [2021 report](#) *Making drug policy a success: reforming the policy-making process* makes many sensible suggestions reflecting their survey evidence that most MPs now recognise that UK drug policy is insufficiently evidence-based, and public confidence in it is correspondingly low.

## Concluding observations and a personal note

Cannabis is the most widely used controlled drug, where the prospects of real reform are highest. Space permitted only a broad overview of the issues, and I have not even considered the scale of drug usage or the overall costs for users and society. The links provided give much further detail, and there are many other sources of facts and opinions on all aspects of drugs. Overall, I am cautiously optimistic about the prospects for worthwhile change in the medium term.

My interest in the topic arose from presentations I made a few years ago to my local humanist groups. I have never taken a controlled drug, the only one I've even seen was in a sealed package of cannabis, an exhibit for a trial for possession/supply: I was on the jury. As to tobacco, I once bought a packet of cigarettes but threw most of them away, and have known a number of people who probably died early or had illnesses such as emphysema due to smoking. Several people I have known undoubtedly died from alcoholism, and in my younger days I drank to excess a number of times, with no harm except for a hangover. I now mostly keep to the recommended limit of 14 units a week.



# The Constitution of Knowledge

## A DEFENSE OF TRUTH

Jonathan Rauch

## Book Review by David Warden



**Jonathan Rauch is an American author, journalist, and senior fellow in governance studies at the Brookings Institution, a liberal centrist think tank in Washington. He has described himself as an 'atheistic Jewish homosexual'. *The Constitution of Knowledge* was published in 2021.**

Jonathan Rauch describes the 'Constitution of Knowledge' as 'liberalism's epistemic operating system'. In other words, it's the human-made system for turning *information* into *knowledge*. He writes that this system, also known as liberal science, is based on two fundamental rules: *no one can make a knowledge claim simply on the basis of personal authority and no one gets the final say*. Knowledge claims are always contestable and revisable. The people who adhere to these rules form a global community of 'error-seeking enquirers' and human knowledge arises from their 'hive-like' activities.

Rauch claims that this system is under attack, not least from digital media which have turned out to be better attuned to 'outrage and disinformation' than to 'conversation and knowledge'. There are two insurgencies. From the right, we have 'viral disinformation' and 'troll culture' and from the left we have

enforced conformity and ideological black-listing – also known as 'cancel culture'. Rather than using rational persuasion to seek the truth, both sides manipulate the media environment – thus contributing to a state of 'information warfare'.

But Rauch is not an alarmist. He has written this book in a spirit of hope and guarded optimism. He writes that today's challenges to the Constitution of Knowledge are relatively tame by historical standards. He's also a fierce defender of freedom of expression in the tradition of John Stuart Mill. 'The idea', he writes, 'that obnoxious, misguided, seditious, blasphemous and bigoted expressions deserve not only to be tolerated but also protected is the single most counterintuitive social principle in all of human history. Every human instinct cries out against it, and every generation discovers fresh reasons to oppose it'. He defends the right of people to say that gay people can be cured, to deny the Holocaust, and to express white supremacism because the best way to counter such bad ideas is not to silence them but to confront and refute them. Another tactic is simply to shrug and walk away. You don't have to 'feed the trolls' or provide the oxygen of attention.

We need to question our sacred beliefs and relinquish the comforts of certitude. We must embrace our fallibility, subject ourselves to criticism, and tolerate the reprehensible. The Constitution of Knowledge needs intellectual pluralism and viewpoint diversity to function well. Rauch's book is an inspiring defence of truth and the liberal system which produces it.





## An argument for *not* giving to charities

In his article “Doing harm or allowing harm: is there a difference?” (February 2022) Paul wrote: “Suppose I can save a child’s life by donating a certain amount of money to charity. If I fail to donate the money and the child dies, am I responsible for the child’s death? Of course, someone else may donate the money and save the child, but this does not solve my problem because many children die every day for lack of help. So, do I have a moral obligation to make a sacrifice and donate the money or do I not?” Almost daily, we see professionally-filmed ‘bleeding heart’ TV commercials, telling us about people dying in Africa or Asia because of the lack of clean water, food, medical care, etc. And usually, it is children who are portrayed. Viewers are implored to send their money to these charities, generally run by very well paid directors and CEOs. They know any donation will go to keep these professionals in the lifestyles to which they have accustomed themselves. And they will have no idea what really happens to their money. It will almost certainly not reach the children or adults in the commercials. After two generations of post-colonial independence, why are most of these African and Asian countries in the parlous states they are? Some much worse than in colonial days. I would never give money to any such charity.

But helping individuals is another matter, especially when I know them and their predicaments personally. I have helped

members of four Sri Lankan families since visiting the country in 2016, and travelling extensively around the whole island. I had recently become a widower, and I considered that the money that I came into should be spent on helping some of those I met on my travels, rather than being passed on when I die to my already well-provided-for relatives. Of those Sri Lankan people I have helped, two are now dead. One was a diabetic, and he died soon after I met and knew him; but the money went to him and his family. The other was involved in a horrendous road traffic accident that killed her husband and her son. The woman – in her sixties – needed intensive care and a kidney transplant. I paid towards both. She was still recovering from the operation and the accident when she went to church on Easter Sunday 2019. On that day some 260 people were murdered by Muslim terrorist suicide bombers. She was one of their victims. I have helped the murdered woman’s family, including when her daughter and grandchild were in another road traffic accident. The young girl needed surgery to save a leg, and the girl’s mother needed hospital care. The effects of Covid on their guest house business have meant no visitors for over two years, and my money has gone to pay for the very basics to stay alive.

But most of what I have sent to Sri Lanka has gone to a middle-aged woman who has had several medical conditions, the most serious being a brain tumour. Covid delayed an operation to remove the tumour, an operation only available at a private hospital, and by a British surgeon who came away from Sri Lanka during the Covid pandemic; ▷







# Readers' Responses

he returned towards the end of 2021. The woman had the operation in December last year and was still recovering when her father died in February. She was able to see her father shortly before he died. But the family had no money for the funeral, so I helped with that. The woman is now back in hospital, still recuperating from the operation to remove the tumour.

Where to draw the line? When it comes to helping personally-known individuals rather than strangers seen on TV screens, it is very much a moving line. I have given much more than I had intended giving; and I have reached the level of my savings that says no more.

Each person has his or her own morality. Every one of us has to decide what to spend our money on. And each of us has to go to bed at night, hoping to have a clear conscience.

*Eric Hayman, Dorset*

## Does the Pentagon deliberately propagate fake UFO stories?

One article I found particularly interesting in the March 2022 edition was *UFOs – A Humanist Response* by Simon Whipple. Around the time of the mid-1970s, I was living in Las Vegas, Nevada. I joined some friends on a road trip up Route 93 to visit Twin Falls in Idaho state. The route took us past the now well-known Area 51 [see Wikipedia article below] and we stopped off for lunch at a local town. Talking to local residents, they were

well aware of the reputation and reports of UFOs but were completely sceptical about it all. Some years ago, I recall reading an article which stated that the Pentagon or US Air Force had set up a department to propagate UFO rumours. The reason for doing so was because they wanted to obscure the fact that they had highly experimental new aircraft in development. Online articles such as <https://www.imperidox.com/futuristic-planes-ufos/> and <https://www.history.com/news/area-51-top-secret-spy-planes-u2-blackbird> appear to support the explanation given to us by those local residents some 45 years ago! In particular, the development of the F-117 Nighthawk stealth bomber could easily have led to UFO speculations – if seen from a distance. They were finally revealed to the world in the bombing of Baghdad in 1991, some 15 years later. This must raise questions as to what else is currently “in the pipeline” – and what will it look like? Top secret Mach 6 RS-85 ‘Aurora’ spy-plane, with artist’s illustration at

<https://hushkit.net/2019/04/01/revealed-us-admits-to-existence-of-top-secret-mach-6-rs-85-aurora-spyplane> – or more?

I agree with Simon Whipple when he asks ‘...how could aliens have travelled from the nearest habitable planet, which is some light years away, without leaving evidence of their journey to be noted by astronomers?’. Earth-based telescopes have found no real evidence of any kind of interplanetary or intergalactic UFOs travelling to or from planet Earth.

*John Dowdle, President of Watford Area Humanists*



# Poet's Corner

By Alex Williams



## The Demon Drug

If you're black or on the poverty line  
You're a stain upon the nation;  
If you're white or middle class  
Then it's simple recreation.

Take them while at Oxford  
As you study PPE  
And the chances are you'll graduate  
With zero risk to liberty,

But take them while at college  
Trying to get your BTEC done  
And you'll find yourself in jail  
For daring to have a little fun.

Just walking down the street  
becomes  
A massive 'Guess Who' game  
Where police will flip you over  
Based on colour, clothes and frame.

But Michael Gove has done them  
And he didn't pay a price;  
Boris Johnson's done them too  
(That icing sugar does sound nice).

If you have a proper accent  
And a privileged deportment  
Then clearly you're entitled to  
Enjoy the whole assortment,

But wear council estate swagger  
Or don't annunciate your T's  
And that's 5 years for possession  
If Her Majesty should please.

Who can say it's right or wrong  
Or if it's medical or mad?  
Prone to make you paranoid  
Or primed to turn you bad?

But one thing is for certain:  
Politicians must be aware  
That our current law is failing  
Because it simply isn't fair.

Legalise and regulate  
So all indulging folk  
Know the provenance and purity  
Of what they swallow or smoke.

Legalise and regulate  
And, while you're at it, tax  
So the revenue can plaster  
Over social funding cracks.

Legalise and regulate,  
Make pharmacists supreme!  
Cut out the criminal middle men  
Who currently reap the cream.

But most important: Educate  
So informed decision thrives  
And adults have true freedom  
Over how to live their lives.

Secular Verses (2021) by Alex Williams is a collection of original poems inspired by secularism, atheism, and humanism.

Available [here](#)

More info: [www.thedialup.blogspot.com](http://www.thedialup.blogspot.com)



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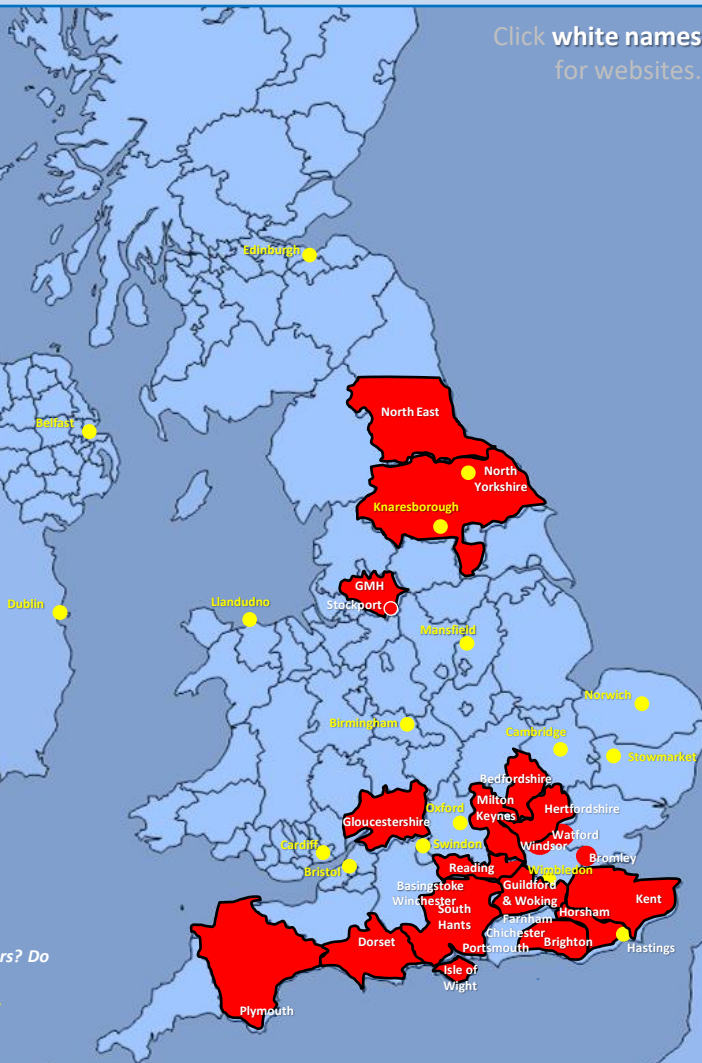
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