

DRUGS

1 Alcohol

1.1 Binge Drinking in the United Kingdom

Binge drinking is a major health issue in the UK. It is defined as the intake of large quantities of alcohol in order to get drunk as quickly as possible. The practice is widespread among students.

This practice is accused of being a drain, not only on the NHS budget, but also on police resources. Indeed, it triggers antisocial behaviour, which is in turn responsible for overcrowded *Accident and Emergency Departments* and a spike in chronic liver diseases, especially cirrhosis and cancer.

Despite efforts from successive governments to crack down on excessive drinking, the problem shows little sign of abating, according to a survey from the Office of National Statistics. A report by the WHO revealed in 2014 that Britain ranked 13th out of 196 in the list of heaviest drinking countries.

Here are some of the solutions that have been considered to address this problem (none were implemented):

- creating a minimum price per alcohol unit
- raising the legal drinking age
- curtailing alcohol marketing

In 2005, the Labour government introduced 24-hour licensing in British pubs in order to beat the traditional last orders rush. Studies suggest there was a 17% drop in Briton's average alcohol consumption between 2005 and 2015, although the fall may not be due to the 24-hour licensing. In the meantime, the number of teatotalers in Britain increased to over 20% according to a 2005 report.

Adapted from *Substance and Style, 27 étapes de civilisation et expression en anglais*, coord.Fabien Fichaux, Ellipses 2018

Further reading :

<https://www.bbc.com/news/magazine-34881193>

<https://www.christian.org.uk/news/24-hour-licensing-has-led-to-sharp-rise-in-binge-drinking/>

<https://www.cam.ac.uk/research/news/violence-rates-unaffected-by-24-hour-licensing-laws>

1.2 Prohibition in the USA

(Encyclopedia Britannica)

Prohibition is the legal prevention of the manufacture, sale, and transportation of alcoholic beverages in the United States from 1920 to 1933 under the terms of the Eighteenth Amendment. Although the temperance movement, which was widely supported, had succeeded in bringing about this legislation, millions of Americans were willing to drink liquor (distilled spirits) illegally, which gave rise to bootlegging (the illegal production and sale of liquor) and speakeasies (illegal, secretive drinking establishments), both of which were capitalized upon by organized crime. As a result, the Prohibition era also is remembered as a period of gangsterism, characterized by competition and violent turf battles between criminal gangs. Mobster Al Capone became one of the most notorious

figures of this period. The 18th Amendment was repealed in 1933.

2 Tobacco

2.1 Smoking in the USA and in the UK

- Tobacco use in the USA

Tobacco use is the leading cause of preventable disease, disability, and death in the United States. Nearly 40 million U.S. adults still smoke cigarettes, and about 4.7 million middle and high school students use at least one tobacco product, including e-cigarettes. Every day, about 1,600 U.S. youth younger than 18 years smoke their first cigarette. Each year, nearly half a million Americans die prematurely of smoking or exposure to secondhand smoke. Another 16 million live with a serious illness caused by smoking. Each year, the United States spends nearly \$170 billion on medical care to treat smoking-related disease in adults.

In the early 1960s, roughly 42 percent of U.S. adults smoked. It was common nearly everywhere — in office buildings, restaurants, airplanes and even hospitals. The decline has coincided with a greater understanding that smoking is a cause of cancer, heart disease and other health problems. Anti-smoking campaigns, cigarette taxes and smoking bans are combining to bring down adult smoking rates, experts say.

Smoking has declined from 20.9% in 2005 to 13.7% in 2018. The number of smokers has slightly increased between 2018 and 2020, it now reaches 17% of the adult population (it's around 28% in France). Teens are also shunning cigarettes. Survey results out last week showed smoking among high school students was down to 9 percent, also a new low.

- Tobacco use in the UK (Wikipedia)

It is illegal to smoke tobacco in public places, such as restaurants, shops or pubs, under the *Health Act 2006* for England and Wales, the *Smoking (Northern Ireland) Order 2006* for Northern Ireland and the *Smoking, Health and Social Care Act (Scotland) Act 2005* for Scotland. It is also illegal to smoke in a car if one is transporting people under 18 or if a vehicle is being used for work purposes. Smoking is prevalent among a sizable, but continuously reducing minority of the population. It has been argued that smoking puts considerable strain upon the NHS due to the health problems which can be directly linked with smoking. Successive UK Governments have endeavoured to reduce the prevalence of smoking. As part of this commitment, the NHS currently offers free help to smokers who want to quit.

In 1962, over 80% of British men and 40% of British women smoked. And as recently as 1974, 45% of the British population smoked. This was down to 30% by the early-1990s, 21% by 2010, and 19.3% by 2013; the lowest level recorded for eighty years. An annual *No Smoking Day* has occurred in March since 1984.

Smoking prevalence in the UK is now at an all-time low of 13.9% in 2020. There has also been a surge in smokers in England trying to quit, increasing by 22% from 2019, with experts saying attitudes have been changed by the coronavirus pandemic. *Action on Smoking and Health* (Ash) calculates that over a million people in the UK stopped smoking during the lockdown period.

2.2 Big Tobacco

In the 1950s and 1960s, the lobby centered attention on the notion that the science of tobacco was uncertain, and it called into question each medical and scientific finding that came out as it continued to spend a lot of money in lobbying Congress. At the time, cigarettes were hardly viewed as the enemy. Tobacco companies sponsored game shows and cartoons, and cigarette ads featured endorsements from doctors, dentists and celebrities.

In September 1950, an article was published in the *British Medical Journal* linking smoking to lung cancer and heart disease. In 1954 the *British Doctors Study* confirmed the suggestion, based on which the government issued advice that smoking and lung cancer rates were related. In 1964 the *United States Surgeon General's Report on Smoking and Health* likewise began suggesting the relationship between smoking and cancer.

By the mid-1950s, individuals in the United States began to sue the companies responsible for manufacturing and marketing cigarettes for damages related to the effects of smoking. In the forty years through 1994, over 800 private claims were brought against tobacco companies in state courts across the country. The individuals asserted claims for negligent manufacture, negligent advertising, fraud, and violation of various state consumer protection statutes. The tobacco companies were successful against these lawsuits. Only two plaintiffs ever prevailed, and both of those decisions were reversed on appeal. As scientific evidence mounted in the 1980s, tobacco companies claimed contributory negligence as they asserted adverse health effects were previously unknown or lacked substantial credibility.

In the mid 1990s, more than 40 states commenced litigation against the tobacco industry. The general theory of these lawsuits was that the cigarettes produced by the tobacco industry contributed to health problems among the population, which in turn resulted in significant costs to the states' public health systems.

The *Tobacco Master Settlement Agreement* (MSA) was entered in November 1998, originally between the four largest United States tobacco companies (Philip Morris Inc, R.J Reynolds, Brown and Williamson and Lorillard – the original « participating manufacturers », referred to as the « Majors » and the attorneys general of 46 states.

The states settled their Medicaid lawsuits against the tobacco industry for recovery of their tobacco-related health-care costs. In exchange, the companies agreed to curtail or cease certain tobacco marketing practices, as well as to pay, in perpetuity, various annual payments to the states to compensate them for some of the medical costs of caring for persons with smoking-related illnesses. The money also funds a new anti-smoking advocacy group called the *Truth Initiative*, that is responsible for such campaigns as Truth. The settlement also dissolved the tobacco industry groups Tobacco Institute, the Center for Indoor Air Research, and the Council for Tobacco Research. In the MSA, the original participating manufacturers (OPM) agreed to pay a minimum of \$206 billion over the first 25 years of the agreement.

2.3 E-cigarettes

The launch of electronic cigarettes and their growing popularity is also likely to have played a role in helping people reducing their consumption. E-cigarettes heat liquid nicotine into a vapor without the harmful by-products generated from burning tobacco. That makes them a potentially useful tool to help smokers quit, but some public health experts worry it also creates a new way for people to get addicted to nicotine.

One independent review concluded vaping was about 95% less harmful than smoking. However, that doesn't mean they are completely risk free. The liquid and vapour in e-cigarettes can contain some potentially harmful chemicals also found in cigarette smoke, but at much lower levels. In a small, early study in the lab, UK scientists found the vapour could lead to changes in the lung's immune cells. It is still too early to work out the potential health effects of vaping - but experts agree they will be significantly lower than cigarettes.

In the UK, there are much tighter rules on the content of e-cigs than in the US. Nicotine content is capped, for example, just to be on the safe side, whereas in the US it is not. The UK also has stricter regulations on how they are advertised, where they are sold and to whom - there is a ban on sale to under-18s, for example.

Further reading :

<https://www.bbc.com/news/business-48752929> (San Francisco becomes first US city to ban e-cigarettes)

<https://www.bbc.com/news/world-us-canada-46592521> (E-cigarette use among US teens rises dramatically, study says)

<https://www.bbc.com/news/business-44295336> (Vaping : how popular are e-cigarettes)

<https://www.bbc.com/news/business-46654063> (JUUL : The rise of a \$38bn e-cigarette phenomenon)

3 Marijuana and other drugs

3.1 Cannabis : the gateway drug ?

- The use of cannabis in the UK

The United Kingdom is estimated to have more than 3.6 million regular cannabis users as well as a marijuana black market that is worth around £4.7 billion. Additionally, the Centre for Medicinal Cannabis estimates that the cannabidiol (CBD) market in the United Kingdom, which is currently worth around £300 million per year, will be worth almost £1 billion per year by 2025. But that is not all, the United Kingdom is actually the biggest CBD market in Europe. Medicinal marijuana is also legal in the UK and, according to some estimates, the number of potential medical marijuana users could be as high as three million.

Cannabis has been illegal in the United Kingdom since 1928 and has been classified as a 'Class B' drug ever since the *Misuse of Drugs Act 1971* was passed. Class B drugs are illegal to possess, distribute and use. From 2004 to 2009, marijuana was briefly rescheduled and classified as a 'Class C' drug.

However, while it is still very much illegal to consume, possess, produce or sell recreational marijuana, the situation is not as simple as that. It is true that if a person gets caught with cannabis that has more than 0.2% of tetrahydrocannabinol (THC), which is the psychoactive compound that is responsible for the high that is associated with marijuana, the current maximum sentence for possession is still five years imprisonment, an unlimited fine or both.

For producing or supplying cannabis you can even face a maximum of 14 years in prison, an unlimited fine or both. That being said, the police can instead choose to issue a warning or an on-the-spot fine of £90 if you're found with cannabis.

However, THC is not the only cannabinoid that has many beneficial effects. Another cannabinoid that has become very popular in the past few years is CBD. The CBD market in the United Kingdom is booming and medicinal marijuana has also been legalized for nearly a year.

Strictly speaking, it also is not the cannabis plant in itself that is illegal, it is the presence of THC or one of the other banned cannabinoids that can be found in the plant that make it illegal. You can even grow cannabis plants in the UK, you just need a license from the Home Office even though such a license is rather hard to get.

- Medical use of cannabis in the UK

Sajid Javid, the then home secretary and now Chancellor of the Exchequer, authorised the use of medicinal marijuana products on the 1st of November 2018. Since then, doctors in the United Kingdom who are on the *General Medical Council's* specialist register are allowed to prescribe cannabis-based products for medicinal use. It is estimated that the potential number of medical cannabis users could be as high as 3 million.

Now, exactly two years after medical cannabis was legalised in the UK, from the 1st of November 2020, a new cannabis exemption card, called **Cancard**, will be available. This card will help protect medical marijuana patients in the United Kingdom from legal prosecution and arrests.

Cancard was conceived by Carly Barton, who is one of the UK's most prominent advocates for medicinal cannabis law reform, and more than 1 million people in the United Kingdom will potentially be eligible for Cancard through their GPs.

However, cannabis-based drugs are still not covered by the National Health Service (NHS), which often makes it expensive for patients to self-fund.

However, the status of legal cannabis in the UK is still unclear, and patients complain that it is hard to obtain, since it is difficult to get a prescription from a specialist and also due to shortages of legal cannabis that has to be imported from Holland and Canada.

- The use of cannabis in the United States

(research from the *US National Institute on Drug Abuse*)

Marijuana is the most commonly used psychotropic drug in the United States, after alcohol. In 2018, more than 11.8 million young adults reported marijuana use in the past year. Its use is more prevalent among men than women.

Marijuana use is widespread among adolescents and young adults. According to the Monitoring the Future survey—an annual survey of drug use and attitudes among the Nation's middle and high school students—most measures of marijuana use by 8th, 10th, and 12th graders peaked in the mid-to-late 1990s and then began a period of gradual decline through the mid-2000s before levelling off. However, in 2019, there was a significant increase in daily use in the younger grades. In addition, teens' perceptions of the risks of marijuana use have steadily declined over the past decade. In 2019, 11.8% of 8th graders reported marijuana use in the past year and 6.6% in the past month (current use). Among 10th graders, 28.8% had used marijuana in the past year and 18.4% in the past month. Rates of use among 12th graders were higher still: 35.7% had used marijuana during the year prior to the survey and 22.3% used in the past month; 6.4% said they used marijuana daily or near-daily. With the growing popularity of vaping devices, teens have started vaping THC (the ingredient in marijuana that produces the high), with nearly 4% of 12th graders saying they vape THC daily.

Medical emergencies possibly related to marijuana use have also increased. The *Drug Abuse Warning Network* (DAWN), a system for monitoring the health impact of drugs, estimated that in 2011, there were nearly 456,000 drug-related emergency department visits in the United States in which marijuana use was mentioned in the medical record (a 21% increase over 2009). About two-thirds of patients were male and 13% were between the ages of 12 and 17.6 It is unknown whether this increase is due to increased use, increased potency of marijuana (amount of THC it contains), or other factors. It should be noted, however, that mentions of marijuana in medical records do not necessarily indicate that these emergencies were directly related to marijuana intoxication.

Some research suggests that marijuana use is likely to precede use of other licit and illicit substances and the development of addiction to other substances. Studies have shown that there is an increased vulnerability for addiction to other substances of misuse later in life for people who begin marijuana use early in life. These findings are consistent with the idea of marijuana as a "gateway drug." However, the majority of people who use marijuana do not go on to use other, "harder" substances. It is important to note that other factors besides biological mechanisms, such as a person's social environment, are also critical in a person's risk for drug use. An alternative to the gateway-drug hypothesis is that people who are more vulnerable to drug-taking are simply more likely to start with readily available substances such as marijuana, tobacco, or alcohol, and their subsequent social interactions with others who use drugs increases their chances of trying other drugs.

- [Medical Cannabis in the USA](#) (Wikipedia)

In the United States, the use of cannabis for medical purposes is legal in 33 states, four out of five permanently inhabited U.S. territories, and the District of Columbia, as of January 2019. Fourteen other states have more restrictive laws limiting THC content, for the purpose of allowing access to products that are rich in cannabidiol (CBD), a non-psychoactive component of cannabis. There is significant variation in medical cannabis laws from state to state, including how it is produced and distributed, how it can be consumed, and what medical conditions it can be used for.

The first state to effectively legalize medical cannabis was California in 1996, when voters approved Proposition 215 by a 56–44 margin. Several states followed with successful ballot initiatives in 1998, and in 2000 Hawaii became the first to legalize through an act of state legislature. By 2016, legalization of medical cannabis had spread to a majority of states.

At the federal level, cannabis remains a prohibited substance by way of the *Controlled Substances Act* of 1970. Under the CSA, the *Drug Enforcement Administration* classifies cannabis as a Schedule I drug, determined to have a high potential for abuse and no accepted medical use – thereby prohibiting its use for any purpose. The Justice Department has enforced this policy through various means, including criminal prosecutions, civil asset forfeiture, and paramilitary-style raids targeting medical cannabis providers, and various penalties threatened or initiated against other individuals involved in state-legal medical cannabis activities (doctors, landlords, state officials and employees). In December 2014, however, the Rohrabacher–Farr amendment was signed into law, prohibiting the Justice Department from spending funds to interfere with the implementation of state medical cannabis laws.

Public support for allowing the medical use of cannabis has remained strong since Gallup first polled the subject in 1999, finding 73% in favor. An August 2017 Quinnipiac poll found national support at 94%.

3.2 The war on drugs in the USA

(Encyclopedia Britannica)

The War on Drugs began in June 1971 when U.S. Pres. [Richard Nixon](#) declared drug abuse to be “public enemy number one” and increased federal funding for drug-control agencies and drug-treatment efforts. In 1973 the *Drug Enforcement Administration* was created out of the merger of the Office for Drug Abuse Law Enforcement, the Bureau of Narcotics and Dangerous Drugs, and the Office of Narcotics Intelligence to consolidate federal efforts to control drug abuse.

The War on Drugs was a relatively small component of federal law-enforcement efforts until the presidency of Ronald Reagan, which began in 1981. Reagan greatly expanded the reach of the drug war and his focus on criminal punishment over treatment led to a massive increase in incarcerations for nonviolent drug offenses, from 50,000 in 1980 to 400,000 in 1997. In 1984 his wife, Nancy, spearheaded another facet of the War on Drugs with her “Just Say No” campaign, which was a privately funded effort to educate schoolchildren on the dangers of drug use. The expansion of the War on Drugs was in many ways driven by increased media coverage of—and resulting public nervousness over—the crack epidemic that arose in the early 1980s. This heightened concern over illicit drug use helped drive political support for Reagan’s hard-line stance on drugs. The U.S. Congress passed the Anti-Drug Abuse Act of 1986, which allocated \$1.7 billion to the War on Drugs and established a series of “mandatory minimum” prison sentences for various drug offenses. A notable feature of mandatory minimums was the massive gap between the amounts of crack and of powder cocaine that resulted in the same minimum sentence: possession of five grams of crack led to an automatic five-year sentence while it took the possession of 500 grams of powder cocaine to trigger that sentence. Since approximately 80% of crack users were African American, mandatory minimums led to an unequal increase of incarceration rates for nonviolent Black drug

offenders, as well as claims that the War on Drugs was a racist institution.

Concerns over the effectiveness of the War on Drugs and increased awareness of the racial disparity of the punishments meted out by it led to decreased public support of the most draconian aspects of the drug war during the early 21st century. Consequently, reforms were enacted during that time, such as the legalization of recreational marijuana in an increasing number of states and the passage of the Fair Sentencing Act of 2010 that reduced the discrepancy of crack-to-powder possession thresholds for minimum sentences from 100-to-1 to 18-to-1. Prison reform legislation enacted in 2018 further reduced the sentences for some crack cocaine-related convictions. While the War on Drugs is still technically being waged, it is done at a much less intense level than it was during its peak in the 1980s.

It was initially launched by Nixon but was reinforced by George Bush who declared drugs « the greatest domestic threat facing our nation today ». This policy partly explains why the USA has the highest incarceration rate in the world. In 2013, 698 per 100,000 American citizens were behind bars. Former inmates often have to face hurdles such as disenfranchisement, denial of housing or student loans which do not only affect them but also their partners and children.

3.3 Legalization, incarceration and rehabilitation

(Substance and Style)

In the wake of Nixon's War on Drugs in the 1970s, harsher punishment to deter marijuana users was introduced. As a result, incarceration rates for cannabis possession skyrocketed due to the implementation of zero-tolerance policies. Some experts claim this draconian prohibition policy is not worth it, as it takes up police and justice resources which would be better allocated to more critical issues ; besides they maintain it is counterproductive, insofar as it pushes offenders into a downward spiral. Finally they insist it is unfair inasmuch as it disproportionately affects African Americans. Marijuana legalisation advocates scored a decisive victory in November 2016, when California, Maine, Massachusetts and Nevada decriminalized its recreational use while Arkansas, Florida and North Dakota legalized medical marijuana. Considering the shift in opinions on the matter, more states are likely to follow suit in the future. However, should this momentum be confirmed, it is sure to spark heated debates.

3.4 The opioid epidemic

(US Department of Health and Human Services)

In the late 1990s, pharmaceutical companies reassured the medical community that patients would not become addicted to opioid pain relievers and healthcare providers began to prescribe them at greater rates.

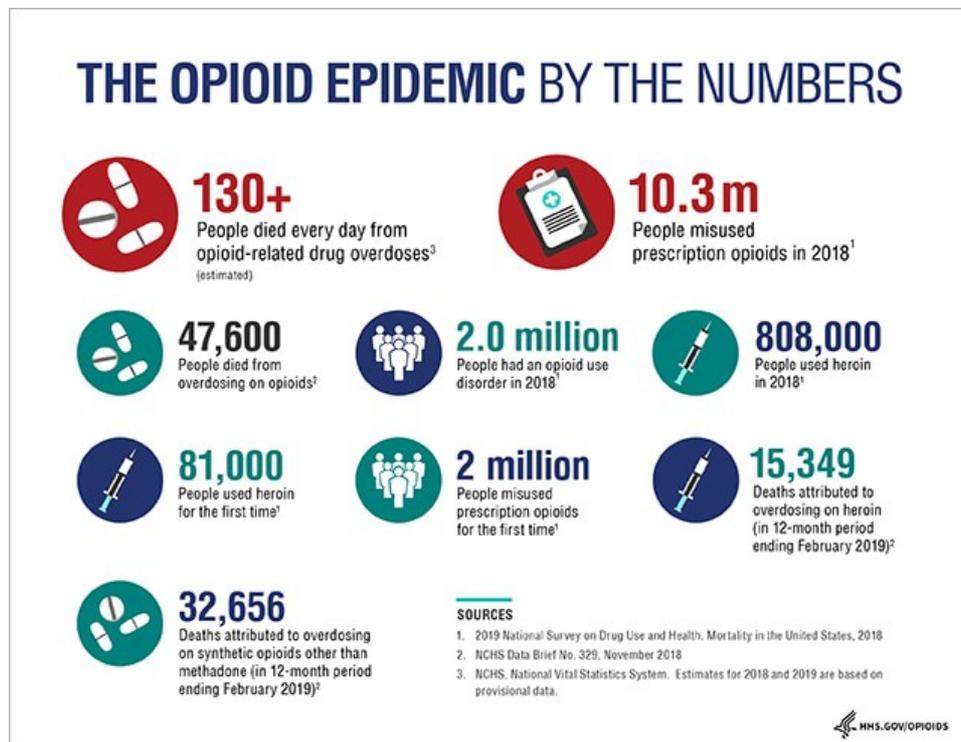
- Increased prescription of opioid medications led to widespread misuse of both prescription and non-prescription opioids before it became clear that these medications could indeed be highly addictive.
- In 2017 HHS declared a public health emergency and announced a 5-Point Strategy To Combat the Opioid Crisis

(Substance and Style)

Statistics have revealed the USA is currently going through an unprecedented drug overdose epidemic. There was a twofold increase in the number of victims of OD between 2005 and 2015. This preoccupying trend is mostly driven by the rise in opioids and although heroin overdoses account for a large share of this surge, they are outnumbered by deaths caused by painkiller abuse.

In some states, drugs take a heavier toll than car crashes or gun fatalities. To address this looming health crisis, President Barack Obama pledged to invest over 1\$ billion on a plan to treat narcotic addiction and expand access to medically-assisted detoxification.

It is believed that drug use generates \$18 billion loss in productivity and healthcare, as well as heavy social costs in the shape of domestic violence, child abuse or car accidents. Figures suggest that a majority of the estimated 20 million American drug users smoke marijuana.



Further reading :

Wall Street Journal Documentary : <https://youtu.be/nNj89ohoYQ0>
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