A Drug-Free Society
A Philosophical Inquiry into Sweden’s Drug Policy
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I believe that drugs have destroyed many lives, but wrong government policies have destroyed many more

Kofi Annan, 2016
Abstract

1. Introduction and Background

The key term in and the goal of Sweden’s drug policy is “A Drug-Free Society”. At first glance it is very straightforward; the Swedish society will not allow any drugs. But as always with
policies complications and questions arises quickly, for example: what is a drug? Are we to virtually remove any and all drugs? How are we going to achieve the goal of a drug-free society? In this thesis, I will attempt to answer all these questions and argue that the current Swedish policy will not achieve the goal of a drug-free society. As in the words of Kofi Annan “…we need to accept that a drug-free world is an illusion”. Drugs are a part of human society culturally and historically, Sweden is no exception. I will argue for a harm-reduction policy, and I will present data that supports that harm-reduction is more efficient to reduce drug use than Sweden’s current zero-tolerance, or any drug banning policies.

Public policies are created to solve perceived problems - not to create them, which I will claim the Swedish drug policy does. What I intend to argue is that Sweden’s current drug policy does not resolve the perceived drug problem to a satisfactory level. I will focus on the Swedish drug policy, but the essay will not be limited to Sweden since drug policy is an international issue. Policy-making is often left to the political sphere (which apparently is necessary since policy-making is politics) but I will put an emphasis on applied ethics, meaning that I am mainly not arguing for, or from, a political standpoint. Instead, I argue for what we (as a society) ought to do to strive for an as good society as possible whenever and wherever we are.

The current Swedish drug policy is a highly restrictive policy model known as a Zero-Tolerance policy which I will claim is knowingly, but unnecessarily, stigmatizing and making people criminals. I will argue for the implementation of a Harm-Reduction drug policy in Sweden, Harm-Reduction will instead focus on minimizing the harms of drugs. I will showcase evidence-based research supporting that zero tolerance causes more harm, rather than

1 Annan. K., “Kofi Annan on Why It’s Time To Legalize Drugs”, Spiegel Online  
http://www.spiegel.de/international/world/kofi-annan-on-why-drug-bans-are-ineffective-a-1078402.html  
accessed September 3, 2017
decreasing it, and that a harm-reduction policy is more effective in getting drugs off the streets.\textsuperscript{2}

I will argue that we have more evidence to accept a harm-reduction policy rather than a zero tolerance one. I will claim that we ought to implement harm-reduction and dispose the zero tolerance, on ethical grounds. The central argument for this is that Sweden’s (or any) society’s drug problem, the issues of drugs users, is first and foremost \textit{not} a problem that should be resolved by courts - it is a health and, a social problem. Health-care professionals should have the last say, not lawyers. Secondly, the part of the drug problem that is a legal problem is the production and distribution of drugs, which is not always equivalent to the individual drug user.

With this, I will argue that most effective way we can reduce the harms of drugs is to decriminalize personal drug use, as it will remove stigmas, and with stigmas removed it will be easier to find and treat drug users.

I will argue that the decriminalization of personal drug use is in itself not a moral problem, on the basis that there is no difference between intoxication and intoxication. Also, the intoxication itself is a biochemical reaction which cannot have a moral value. Because if it did, then what follows by necessity is that hunger, sleepiness and its equals \textit{must} have moral value by themselves since it based on the same kind of biochemical reactions, it is unreasonable to apply moral values to bodily functions we do not control.\textsuperscript{3}

Think about like this: Is the being intoxicated on 3,4-methylenedioxymethamphetamine (MDMA) morally impermissible? Or is it why, when and where taking MDMA that decides is moral status? If we believe the former to be true, we can never justify the use of MDMA, not even for something like the treatment of

\textsuperscript{2} Hunt. N., “A Review Of The Evidence-Based For Harm-Reduction Approaches To Drug Use”, see section 3.1.2., \textit{Harm Reduction International}, \url{https://www.hri.global/files/2010/05/31/HIVTop50Documents11.pdf} accessed September 3, 2017

\textsuperscript{3} Yes, this assumes that natural sciences about humans are true, and might be provocative for some, especially dualist and other people of faiths, but it is not my intention. I will just assume that the natural sciences about humans are true in this essay, as there is no room for this discussion in this essay, please do not let that discourage you to continue reading as we may have that discussion at a later time.
war veterans diagnosed with post-traumatic stress disorder (PTSD).\textsuperscript{4} But if we consider the veterans to have a right to be treated, it seems like we need to believe the latter, i.e., that it is in the context of which a drug is used that we find moral value. Even if disagreeing with this is nothing gained by stigmatizing people addicted to drugs, it is morally impermissible to unnecessary stigmatizing anyone for anything. Claiming that a social stigma will deter drug use is also ill advised as deterrence as a crime reducing policy has been shown over and over again as ineffective.\textsuperscript{5}

Illegal drugs are not illegal only because they are a danger to person and society; if that were the case, alcohol, and nicotine cigarettes would be illegal. Hence the decision to make some drugs illegal is not based in logic or natural science (if that were the case, again, alcohol and nicotine cigarettes would be illegal, and psilocybin would be legal) but rather based on social-, and political science (if any). A decriminalization of personal use would give police time to work on crimes that actually matters to society, such as the producing and distribution of drugs (but also rapes, assaults, and murders). Courts will not have a backlog of thousands of hours because of personal use, and with that more time not only to resolve drug crimes but all crimes.\textsuperscript{6}

Why I claim that the current Swedish drug policy is morally impermissible is because it turns individual humans with a need for help into criminals, it works against (inactively by cutting budgets) programs developed to reduce the overall drug use and it creates an unnecessary work load for our legal system. Introducing a harm-reduction policy does not

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\textsuperscript{6} Ekbom, Engström & Göransson, Människan, brottet, följderna, p. 84
\end{footnotesize}
ameliorate illegal drugs, they can still be considered bad. It will only change how we treat the
drug problem(s), nothing else. Saying this I will yet not argue for the legalization of any drug,
that is for another time and essay. I will make the difference between decriminalizing and
legalization clear, and why I will not argue for a legalization.

Finally: intoxication has been a subject of controversy at least as long as there have been
philosophers, but surely even further back in history. The philosophical discussion is mostly
focused on questions about responsibility, personal rights-, freedoms, and more recently the
question if using drugs recreationally is in itself morally wrong. It is a question that is most
debated from a paternalistic and liberal perspectives. They have not always been specified to
intoxication, but instead what an individual has, and has not, the right to do. Probably most
famously I can refer to John Stuart Mill’s Liberty Principle, perhaps more known as Harm
Principle, which in its most simplified way states that a person can do as I please, as long as I
do not hurt anyone else. This could be read as: if I am intoxicated all day every day in my
basement, there are no moral issues, but if I steal to support from others to support my
intoxication, we have a moral issue. Intoxication is coming up as a subject across many
philosophical disciplines as drugs have become somewhat of a “hot topic” in light of, among
many things, the medical marijuana wave that swept across U.S.A, even making it legal for
recreational use in some states. Research into psilocybin’s (a drug classified as dangerous as
heroin) many medical properties, the successful study MDMA (yet another drug classified as
dangerous) to treat PTSD. All this is occurring in a relatively short amount of time, and many
policies and drug regulations have not been able to keep up with the scientific discoveries.

7 “MDMA-assisted psychotherapy”, Multidisciplinary Association for Psychedelic Studies,
http://www.maps.org/research/mdma accessed September 3, 2017
2. Preliminary Definitions

Before anything else I find it essential to define and clarify what I am saying when I use the word ‘drugs’, and what ‘Zero Tolerance’ and ‘Harm-reduction’ is. I will also explain the different moral status I make use of in this essay, those being morally permissible-, criticizable- and impermissible.

2.1. Drugs and Medicine

According to the Oxford dictionary, the definition of ‘drug’ is: “A medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body”.8 This means that drugs are something that has some effect on humans when introduced to their body. This, I argue, is a highly unsatisfactory definition as this definition would also be applicable to food, water, and oxygen. So, for the purpose of this essay, when I say (write about) drugs I am talking about psychoactive drugs. This is to make the definition of drugs a bit clearer: a substance that has an effect on our mind, cognition, behavior, and emotions by changing the normal functions in the brain.9 In the category of psychoactive drugs, we find the most common drugs such as caffeine, alcohol, and tobacco, but also prescription drugs such as Ritalin and codeine, all the way to the well-known illegal drugs that are used for recreational purposes: cocaine, LSD, marijuana, heroin and many more. This definition is also unsatisfactory, but that is the nature of (illegal) drugs, they are to hard define and identify. That is why it is very hard to make one comprehensive and consistent drug policy. By recreational drug use I mean: taking a substance for nonmedical purposes, but for something positive; experience, sensation, relaxation et cetera. This means that legal (medicines) drugs can be used recreationally, which makes it illegal, so it is not necessarily the drug that is illegal but the activity. As with this, I

will exclude from this essay performing enhancing drugs as they are not taken for their psychoactive effect, and they are not taken recreationally (i.e. for pleasure).

When I say ‘drugs’ here on after, I am saying: psychoactive substances taken for nonmedical reasons, but a substance consumed with the sole intention to get intoxicated, or ‘high’.

I find that the issue with medical use needs to be mentioned, but I will only briefly touch on the subject. In most definitions of illegal drugs, in most countries just as Sweden, it is stated that is does not, or does normally not, have any medical use or benefits. This is probably being rewritten in most of those countries since the overwhelming research on medical marijuana and psilocybin (which is being researched for both its antidepressant properties and as an effective treatment for substance abuse).10 Few will question the medical benefits of opiates, so there is an interesting gray area, especially from a philosophical perspective, what is the moral statutes of taking illegal drugs as medicine? It is important to highlight that “no normal medical use” is not that easy to define. If it is morally impermissible to take psilocybin recreationally, is it also morally impermissible to self-medicate your depression (assuming it is the sole reason that you consume psilocybin, and not for the high)? Douglas Husak also highlights the problem with the definitional problems of medical and recreational use, by using the example of a student drinking coffee in the morning.11 The student is drowsy and drinks coffee to combat the drowsiness, Husak then asks, is the student drinking coffee for recreational, or medical purpose? Drowsiness can be seen as a treatable condition which coffee might cure, but Husak points out if we switch the caffeine in the coffee for amphetamines it is no longer considered medical but


11 Husak & De Marneffe, The legalization of drugs. p. 19-20
instead recreational. Why is that? Would it still be considered recreational even if as common
and legal as coffee? The point of this is not to question the legality of amphetamines, just to
highlight that “no-normal medical use” is not as apparent as it seems.

With a decriminalization, it would still not be possible for medical professionals to write
prescriptions for illegal drugs, as that would be illegal. So a slippery slope supporter would not
need to worry.

2.2. Zero Tolerance- and Harm-Reduction policies

There are two different policies normally discussed when it comes to drugs; Zero Tolerance,
and Harm-Reduction. The names are a bit misleading as both are intended to reduce harm, but
they are two very different approaches towards drug related issues. These differences are mainly
in the methods of how to resolve the drug problems at hand, but the end-goals are very much
alike: reduce the harms of drugs.

Zero Tolerance

Sweden has a so-called Zero Tolerance Policy (ZTP), meaning that any and all drug related
states of affairs are illegal, a criminal offense, which will lead to legal punishment. ZTP is a
very restrictive form of policy, that Sweden implemented to achieve its zero vision for drugs
(meaning a completely drug-free society). The current narcotic legislation in Sweden was
established in 1968, and since 1988 this includes the consuming drugs (i.e., being intoxicated
on illegal drugs). The reason to criminalize the consummation, and all drug related issues,
comes from the idea that it is possible to both gain control over the drug problem, and resolve
it, by punishing the wrongdoers, and through this signalize that drugs are ‘morally

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13 Blomqvist & Olsson, Narkotika: om problem och politik p. 59
Making personal use (that includes the level of drugs inside the user’s body at the time of arrest) punishable with prison time, made it easier to grant the police search warrants. The official reason for this legislation was (is) to find the distributors of illegal narcotics. The arguments for the criminalization of personal use was based mainly on one man’s conviction, Nils Bejerot, that there was a finite number of drug users, and that the criminalization would reduce that number. If there are no customers there will be no demand for illegal drugs, and hence making the problem go away. Unfortunately, the results of the criminalization of personal drug use have not been successful in diminishing the demand; sadly, today we know, there will always be customers as drugs are addictive. This shows that our current drug policy is based on an idea that nobody any longer believes in. I see greater risk than benefits of such policy; it turns drug-users to criminals, stigmatizes them and in turn creates a fear for the user to seek any kind of help. This needs further explanations and will be closer examined in section 3.

Harm-Reduction

Harm-Reduction based policy, and to clarify what harm-reduction means, this quote is very explanatory:

Harm-reduction is an umbrella term for measures to reduce social, economic, and health related harms that [illegal] narcotic use leads to for individuals and society. (My translation)

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14 Blomqvist & Olsson, Narkotika: om problem och politik, p. 43, p. 256
15 Ekbom, Engström & Göransson, Människan, brottet, följderna, p. 79
16 Linton, Knark – En Svensk Historia, p. 98
17 Christopher Hooton, “Neuroscientist Carl Hart: People will always use drugs, we must learn to live with this fact”, Independent, http://www.independent.co.uk/news/world/americas/neuroscientist-carl-hart-people-will-always-use-drugs-we-must-learn-to-live-with-this-fact-10435621.html accesses September 3, 2017
18 Linton, Knark – En Svensk Historia, p. 148
This means introducing techniques that focus on limiting (preventing), the harms of drugs and limiting the use of drugs. One example of this is needle exchange programs and supervised injection sites; at face-value they seem very contra productive, but they have proven again and again to lessen the spread of diseases and overdosing. Such programs have helped destigmatize addicts, making more addicts seeking help for their addiction and by that lowering the numbers of users.\(^\text{19}\) Note that health-care is not a harm-reduction program, as it does not reduce the harms but repairs the damages caused by harms.

The best way to reduce drug related harm found, so far, is decriminalization, and as Kofi Annan puts it: “First, we must decriminalize personal drug use. The use of drugs is harmful and reducing those harms is a task for the public health system, not the courts.”\(^\text{20}\) These two policies, Harm-Reduction and ZTP, might seem somewhat similar, but the main difference is that ZTP works for the elimination of drugs, therefore it does need harm-reduction programs. For example, Sweden uses about 1% (this number varies between 0.1 to 3% depending on the source) of its entire drug policy budget towards harm reduction.\(^\text{21}\) Of course, if ZTP is successful, then there is no need for harm-reduction as drugs would be a thing of the past. While the harm-reduction policy’s main-focus is on just that, it does not have the elimination of drugs on its agenda. I will show that if harm-reduction is successful, then drug reduction will follow.

As an example when a harm-reduction policy can reduce drug use I quote Ingrid Sahlin, professor in social work: “Drug abuse can also be seen as a consequence of other problems, such as family conflicts, unemployment, poverty or ”exclusion”, and sometimes the prevention is overcome by solving or undermining the underlying problems” (my translation).\(^\text{22}\) Social

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\(^\text{19}\) Nutt, *Drugs Without The Hot Air*, p 171

\(^\text{20}\) Kofi Annan, ”Kofi Annan on Why It’s Time To Legalize Drugs”, *Spiegel Online* [http://www.spiegel.de/international/world/kofi-annan-on-why-drug-bans-are-ineffective-a-1078402.html](http://www.spiegel.de/international/world/kofi-annan-on-why-drug-bans-are-ineffective-a-1078402.html) accessed September 3, 2017

\(^\text{21}\) Ekbom, Engström & Göransson, *Människan, brottet, följderna*, p. 84

\(^\text{22}\) Blomqvist & Olsson, *Narkotika: om problem och politik*, p. 74
problems are a concrete example of why people use drugs. In the context of social problems, the ZTP does not have any notable function (short of calling the police for domestic disputes), but social problems are in an area that a harm-reduction policy would prioritize, i.e., finding and helping drug users, before they become addicts.

2.3. Moral

Moral philosophy is in large about finding out what is right, wrong, good and bad. Claiming that something is morally wrong or bad usually means that such a claim must either be explained from a moral doctrine, or defended for a moral doctrine, and then followed by why it is wrong, or going ad hoc, or biting the bullet et cetera. To avoid conflict with any two different moral doctrines, at least in the length of this essay, I will borrow a simplified ethical doctrine from the contemporary philosopher David Boonin, explaining morally permissible, criticizable, and impermissible. This could be called a common sense moral doctrine. This is obviously not a perfect system but it will help me avoid long expositions about different moral doctrines. Let me explain how by using a lengthy quote from Boonin:

Consider an imaginary billionaire named Donald who has just unexpectedly won a million dollars from a one-dollar lottery ticket. He is trying to decide what to do with the money and has limited himself to the following options: (1) donating the money to several worthy charities, (2) putting it in his savings account, (3) buying a gold-plated Rolls Royce, (4) putting up billboards across the country that read “I hate Ivana,” and (5) hiring a hit man to kill Ivana. One thing we are likely to say about this list is that there is a morally relevant sense in which the choices become progressively worse. We would be entitled to aim more moral criticism at Donald for choosing (4), for example, than for choosing (3). This is what I mean by calling an action morally criticizable. But most of
us will be inclined to say something more than this: It isn’t just that (5) is worse than (4), which is worse than (3), which is worse than (2), which is worse than (1); it is that there is a difference in kind between (5) and the others. The difference might be put like this: Even though it is his money, and so there is some sense in which he is entitled to spend it any way he wants, still he is not entitled to spend it in *that way*. This is the distinction I have in mind in saying (5) is impermissible while (1) - (4) are permissible.23

Reading this, we can find that *morally permissible* does not *necessarily* mean morally good or bad, only that it is just that: permissible. As for example, in the Swedish society being intoxicated on alcohol is morally permissible, (again common-sensually speaking). Morally criticizable, instead, means that there seems to be a better, or less bad, moral option available, as in the least harmful option, and finally morally impermissible is what is deemed wrong from the current societal (Swedish) normative standards. As the earlier example stated that it is permissible to be intoxicated on alcohol, but this example states, that while operating a vehicle it is morally impermissible to be intoxicated on alcohol.

3. Sweden’s Relationship To Drugs

The Swedish drug policies were pretty much non-existent until Nils Bejerot, a Swedish psychiatrist and criminologist who became known as ‘the father of Swedish Drug Policy’, addressed the issue in 1965.24 Before then Sweden did not have a uniformed policy regarding drugs.

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23 Boonin, *A Defense of Abortion*, p. 4-5
24 Linton, *Knark – En Svensk Historia*, p. 27
Three technical things that are necessary to clarify for this essay is the Swedish narcotic law, what the policy actually states, and what is identified as narcotics (drugs). I will attempt to make this as brief as possible.

3.1. The Identification of Drugs

The Swedish government’s identification of drugs slightly differs from mine. In Sweden, the Medical Products Agency or MPA (Läkemedelsverkets), has the responsibility for the control and supervision of narcotics, and the MPA defines narcotics as following: “Narcotics are substances with addictive properties and euphoric effects, or goods that can easily be converted into such substances”. The words drugs and narcotics are commonly used interchangeably, there is one small but essential difference: narcotics are an addictive substance, drugs might be addictive, but are not always, think about all the over-the-counter drugs. Simply this means all narcotics are drugs, but all drugs are not narcotics. The MPA makes a difference between illegal- and controlled substances. Controlled meaning that they are not accessible to the public, and illegal meaning that is a crime to possess and use at all times.

Controlled substances are narcotics with medical usages such as morphine, where illegal substance are those who have no normal medical usage, such as cocaine. The MPA has developed a five tier system (similar to the British drug classification system) for all kinds of drugs (not just narcotics), which separates drugs into five classes. A drug identified as a class one (1) drugs are the ones they deem most harmful, and then naturally a class five (5) drug is least harmful. This is in accordance with United Nations Office on Drugs and Crime’s (UNODC) “List of Narcotic Drugs under International Control”, also known as the Yellow

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25 ”Kontroll av narkotika i Sverige”, Läkemedelsverket, [https://lakemedelsverket.se/malgrupp/Foretag/Narkotika/](https://lakemedelsverket.se/malgrupp/Foretag/Narkotika/) accessed September 3, 2017

List. To clarify, the drugs that normally are illegal in Sweden have three requirements according to the MPA (and by extension the government):

1) They are addictive,
2) They have euphoric effects,
3) They have no normal medical use.

This is specifically a list to describe narcotics, but it is also applicable to drugs, we need only to understand euphoric in its most broad sense (read; gets you intoxicated). There is no clear information if a drug needs to meet one, two or all three requirements to become illegal, but it is fair to assume that it is the third requirement that gives a drug the illegal status rather than just a controlled status. It seems like a substance is to be considered an illegal drug if it fulfills the combinations of the requirements 1, and 3; 2, and 3; or 1, 2, and 3. A substance is controlled if it fulfills requirements 1; or 2, or 1, and 2 as controlled substances have a normal medical use. Still, controlled substances are illegal to consume unless correctly distributed, for example, prescribed by a doctor for an ailment.

Even though the MPA has the responsibility to control and supervise narcotics in Sweden it is the Public Health Institute (PHI) that is responsible for the coordination of the drug policy and the actions against drugs and should not be confused with each other.

3.2. Narcotic Criminal Law

As Sweden has a ZTP our laws are designed to accommodate such a policy. Here is a summary of how the current Swedish law looks; According to 1§ Narcotics criminal law (1968:64) you are guilty of a narcotics crime if:

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- Acquire narcotics for the purpose of transfer,
- Produce narcotics for the purpose of abuse (recreational use included),
- Processing, packs, transports, keeps or takes other position with narcotics,
- Offer narcotics for sale,
- Preserves or promotes remuneration for drugs,
- Arrange contacts between sellers and buyers of the procedure is devoted to promoting the drug trade,
- Possession of narcotics,
- Use of narcotics.\(^{28}\)

The use of narcotics is last on the list because it was last added to the law. It was not there when creating the law in 1968, as it was believed that a criminalization personal use would lead to users going underground and avoid seeking help.\(^{29}\) The reason given to criminalize personal use, in 1988, was to implement what where called “signal politics”. The argument went that the drug policy must send a clear signal that drug use is “morally reprehensible”.\(^{30}\)

3.3. Sweden’s Drug Policy

Sweden’s actual drug policy is called the *Alcohol, Narcotics, Doping, and Tobacco policy* (ANDT), which is zero tolerance policy since it has zero tolerance for any and all drug related activity. The ANDT-policy (sometimes the ANDT-strategy), it is meant to be an overall strategy to reduce all addictive substance. In this policy, what is said specifically about narcotics is:

The means of achieving health and welfare are to control and combat all illegal drug production, trade, sales and use. Sweden, like most other countries, has

\(^{28}\) Blomqvist & Olsson, *Narkotika: om problem och politik*, p. 56
\(^{29}\) Ibid., p. 245
\(^{30}\) Ibid., p. 246
acceded to these conventions, which also guide the policy.

Within the framework of the vision of a drug-free society, people with drug addiction or dependence should have access to effective treatment, contraception, and other psychosocial interventions.\(^{31}\) (my italics)

Even though the policy includes that drug users should have access to treatment, it is using terms as “combat all illegal drug production, trade, sales and use” just the paragraph before. Using such terminology does not encourage a harm reduction attitude towards drugs. And looking at Sweden’s expenditure in the combat of illegal drugs, the “effective treatment, contraception, and other psychosocial interventions” clearly is not taken as a priority.

To put Sweden’s policy in an economic perspective, according to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the PHI:

In 2002, total drug-related expenditure was estimated to represent between 0.2 \(\%\) and 0.4 \(\%\) of gross domestic product (GDP), amounting to between EUR 449 million and 1 billion. The majority of total expenditure was spent on law enforcement (70-76 \%), followed by treatment (22-28 \%) and small proportions on prevention (0.7-1.7 \%) and harm reduction (0.1-0.2 \%).\(^{32}\)

Note that these numbers are (at the moment of writing) 15 years old, but this is because the EMCDDA works with solid numbers which take a few years to produce, also Sweden has maintained its policy without any major changes since 1993 when personal use became punishable with incarceration.\(^{33}\) On the other hand, according to The National Board of Health


\(^{32}\) “Sweden Country Overview”, The European Monitoring Centre for Drugs and Drug Addiction, p. 3


and Welfare (NBHW, Socialstyrelsen) the largest direct cost for Sweden from drugs, estimated 84 percent, is health care, meaning costs incurred as a result of alcohol and drugs use. And only 3 percent of the cost is towards harm reduction.\(^\text{34}\) Note that the NBHW state that to interpret this calculation with caution, as it is an approximation. I bring to showcase the complexities on calculating the costs of drug use, but it is uncontroversial and agreed upon that drug use is very costly for the Swedish society. It is also clear that only a small amount of the money goes to harm reduction.

The Swedish government also expresses knowledge about the problem with stigmatization via the current drug policy in their brochure called: “Swedish drug policy - a drug policy based on human rights and equal health” in which they bluntly state: “The purpose has not been to stigmatize or to criminalize dependency”.\(^\text{35}\) Indicating that they are aware of the stigmatization problem. They instead state that the intention for the criminalization of personal use is to:

- Protect people from the harmful effects of drugs and,
- Enable early efforts to offer care and treatment and as well,
- Prevent young people from developing addiction and crime.\(^\text{36}\)

Protect in this case means to remove the accessibility to drugs, it is a literal protection from drugs, as they state in the ANDT-policy “The rejection of narcotics is an important aspect to prevent people from testing or use drugs”.\(^\text{37}\) The second point is a failure, as care and treatment have seen steady cutbacks since the 1990s.\(^\text{38}\) The third point, however, is not a failure according to The Swedish National Council for Crime Prevention (Brottsförebyggande rådet), I will return

\(^{34}\) “Kostnader för alkohol och narkotika; Beräkning av samhällets direkta kostnader 2003” Socialstyrelsen., p. 28 http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/17961/2010-3-15.pdf accessed September 3, 2017


\(^{36}\) Ibid., p. 7


\(^{38}\) Blomqvist & Olsson, Narkotika: om problem och politik, p. 220-3
to this in section 6.1. The Swedish government justifies the criminalization of personal drug use, which they admit stigmatize individuals, on the basis that it lessens the accessibility of drugs, to enable treatment and to prevent young citizens to become users. The first two points do not seem enough to justify the criminalization as both are failing, heavy drug users have only increased during the past 25 years and we are cutting back on treatment.39

Remaining with our current drug policy has shown to be a bad idea; according to EMCDDA Swedish drug related mortality rates are over four times the European average.40 This claim also gets support from The Swedish Council for Information on Alcohol and Other Drugs (CAN) as they state:

Sweden appears to be in an intermediate position in terms of problematic drug use, related to the size of its population aged 15–64 years. According to the statistics on drug-related mortality, Sweden is significantly worse off than the EU average. The problems inherent in this type of statistics must, however, be taken into careful consideration, particularly in international comparisons, to prevent incorrect conclusions being drawn from observed differences.41

Sweden is one of the most developed countries in the world, these numbers should not make sense. Sweden has the knowledge, the tools and the money needed to be one of the countries with the lowest number of drug-related mortality. This should be enough to without a shadow of a doubt show that creating a harm-reduction policy is a pressing issue.

40 Sweden Country Overview", The European Monitoring Centre for Drugs and Drug Addiction http://www.emcdda.europa.eu/countries/sweden#drd
4. The Harms of Drugs

Drugs are not harmless (if they were, I would not be arguing for a harm-reduction policy), they do some bodily harm, some drugs have serious addictive properties which in turn creates social problems, and as drugs are illegal they come with and via (organized) crime.42

4.1. Harms

First things first, let us define what a harm is. I am going to keep this as simple as possible, so I will use two of Joel Feinberg’s definition of harms, the first one being harm to others: a harm is a “wrongful setback of interest”.43 The second definition is harm to self, which is “setback to interest”.44 I want to include the second one to broaden the understanding of harm, and since drugs are both normally harmful to self and others. This means that if I (wrongfully) stop you from doing something you want or need to do (as going to work) I am harming you. But also, if I (wrongfully) trick you out of money, hurt you physically and/or emotionally, bully you or any of the like I am wrongfully setting back your interests, and therefore am harming you. This means that harm is at least morally criticizable, as in the case with Donald putting up the signs about Ivana. If a harm is morally criticizable or if it is impermissible will be bound to the context that harm is made in and to.

When it comes to harm to self, the argument that drugs are bad for you, your health and well-being, is in many cases true especially in the case of alcohol, nicotine cigarettes, and heroin. But to put your own health and well-being at risk is not always considered morally impermissible, such as when motor biking, parachuting or being on an unhealthy diet. Of course, some will object to this, nonetheless, it is a common perception that such activities

43 Feinberg, The Moral Limits of the Criminal Law Volume 3: Harm to Self, p. 10
44 Ibid., p. 11
might be morally criticizable, but not impermissible. David Nutt, a professor of neuropsychopharmacology, has composed an extensive list of sixteen harms, in two categories, associated with drugs. The categories are harm to user and harm to others.

The list is composed of the following harms to users:

- Drug-specific mortality (death from poisoning),
- Drug-related mortality (death from e.g. aids),
- Drug-specific harm (any physical damage),
- Drug-related harm (e.g. traffic accidents),
- Dependence,
- Drug-specific impairment of mental functioning (impaired judgment),
- Drug-related impairment of mental functioning (impairments after the drug leaves the body e.g. depression),
- Loss of tangibles,
- Loss of relationships

The list of harm to others:

- Injury,
- Crime,
- Economic cost,
- Impact on family life,
- International damage (by supporting the drug trade),
- Environmental damage (the drug trade is not environment friendly),

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45 “Neuropsychopharmacology is a science that examines the effects of drugs on the mind. It combines neuroscience with the science of psychopharmacology, a way of understanding how different drugs impact people’s behavior”. http://www.news-medical.net/health/What-is-Neuropsychopharmacology.aspx
• Decline in the reputation of the community.\textsuperscript{46}

He then, with a remarkable panel of experts, got on the quest to find out how to measure the harm done by drugs and developing a multi-criterion decision analysis to support this.\textsuperscript{47} Where all the above sixteen harm factors are included and considered. This made the panel re-evaluate the dangers of all the well-known drugs, putting alcohol as the most harmful drug, and psilocybin as the least harmful drug.\textsuperscript{48} The list is a useful tool to identify harms, and a policy ought to be formed to resolve each and every point of this list, and I argue that a harm-reduction policy will be more successful in this than ZTP. This will be further discussed in section 6.2.

4.2. Addiction

Addiction is the most poignant drug associated harm, and it is for good reasons. The risk of addiction alone is probably one of the main reasons we find drugs morally impermissible. So what is an addiction? According to Peter de Marneffe there are seven properties that are discussed when talking about drug addictiveness: 1) physical addiction (creates withdrawal symptoms), 2) strong positive reinforcer, 3) produces cravings, 4) psychological dependency (read addiction), 5) shamefulness as a result of the dependency, 6) creates a weakness of the mind and, 7) even at greater costs it (a substance) is still used.\textsuperscript{49} These seven properties make it easy to identify any kind of addiction, even if it is to cocaine, gambling, or World of Warcraft. Addiction is harmful not only to self but to others as well. It is a harm to self as it is an involuntary dependency that does damage to a user’s mind and body, it is costly both monetarily and in time, as such dependencies also lead to painful withdrawal. It is a harm to others as it harms family and friends, not only emotionally to see the addict lose themselves to a drug, but

\begin{thebibliography}{99}
\bibitem{46} Nutt., \textit{Drugs without the hot air}, p. 33-5
\bibitem{47} Ibid., p. 36-9
\bibitem{48} Ibid., p 43
\bibitem{49} Husak & De Marneffe, \textit{The legalization of drugs}, p. 146-9
\end{thebibliography}
also as the addict often ask for money, steal and use them as ends to a goal. Addiction then also is a harm to society as it puts huge amounts of money to ‘combat’ drugs, which would have been better spent on, say, education and health care. *Ironically, advances in medicine might have produced more addicts, as Nutt puts it: “Unfortunately, as we’ve developed more and more efficient ways to deliver drugs to the brain we’ve inevitably made them more and more addictive”.*

Addiction is the main harm we should focus on reducing at this time, and which a harm-reduction policy is most likely to reduce, as the focus lays in reduction rather than elimination. De Marneffe states: “There is only *one good reason* for drug prohibition, which is that some of us will be worse off if drugs are legalized” (my italics). *Ergo, a drug legalization would according to de Marneffe create, if not more, at least worse addictions, but also note that de Marneffe goes on stating: “In supporting drug *prohibition* here [The Legalization of Drugs], I oppose legalization, but not necessarily *decriminalization*.”* One undeniable successful harm-reduction strategy that would benefit from a decriminalization is the needle exchange programs, which reduces the spreading of HIV (30% in the U.S.) and helps intravenous drug users (IDUs) seeking help to end their addiction. *Therefore, de Marneffe would likely not disagree to that some would be better off with a decriminalization of drugs.*

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50 Nutt, *Drugs without the hot air*, 64-5  
51 Husak & De Marneffe, *The legalization of drugs* p. 109  
52 *Ibid.,* p. 110  
Reducing addiction will benefit society at large, as it is not the average citizen or ‘party goer’ that consume the drugs that cost the most of the taxpayer’s money via police and health care, nor is it them who supports the drug distributors. It is the addicts who suffer the most, loses everything, and starts to commit crimes to support their habit. If we reduce addicts, we will reduce the demand for drugs, the drug related crimes, broken families, and money wasted. It is right here where I think it should be clear as day that we ought to see drugs as a health problem, rather than a problem for the courts. As many consider alcoholism (the addiction to alcohol) a disease, they think treatment is the best way to solve, or cure, alcoholism. To incarcerate alcoholics to solve the societal problem of illegal production, sale and consumption of alcohol seem to be ridiculous. Why then should we lock up and not treat people addicted to drugs? The answer that has been given to this question is that the Swedish ZTP is supposed to send a message, a message that states drug use is wrong. Both legally and morally.

4.3. Crime & Punishment

Crimes are what we as a society have agreed upon as an illegal action, anti-social behavior and harmful to both individuals and our society. The normal sanction to a crime are punishment, and to punish is defined (within the philosophy of punishment) as invoking intentional harm.54 This is because punishments is supposed to be a negative experience, otherwise, it is not a punishment, and therefore it must have a known harm element to it (just think about a gamer on house-arrest, does not seem much of a punishment, more as a reward). The problem here is the justification of punishment, if a person is a drug user and is punished for that meaning inflicting intentional harm by the government, what is the end-goal? As I cannot see any benefit to the punishment of personal use it is an important question for opponents of decriminalization

54 Boonin, *The Problem Of Punishment*, pp. 12-7
to answer. De Marneffe argues that it is to deter people to use drugs, to begin with, and this is not an uncommon reply from opponents to decriminalization. But, as I have already mentioned, deterrence has been shown over and over again to be inefficient. Especially the addicts who are most likely to be punished, as they are most likely committing a crime to support their habit, or get caught red-handed intoxicated.

As drugs are illegal, but still have a huge demand it is not surprising that they are commonly at the root of violent-, and organized crime. This means that the illegality of drugs creates opportunities for more crime, just think about any black market. In 2011, roughly 60% of the Swedish inmates were addicts. Of course, that does not mean that 60% of all crimes are drug-related, but it is not a reach to assume that drugs play a significant role in the crimes committed in Sweden. Debated mainly in the subject of law is how to treat criminals who were intoxicated while committing a crime, i.e., if it is something that ought to be considered to take into account during the trial. I argue that if you commit a crime while under any form of intoxication the legal system should not take that into consideration, but to treat you as if you were sober and sound of mind (unless involuntarily intoxicated). What is interesting about this issue is the question about if some crimes are committed because of the intoxication. For an example, it is well known that when intoxicated on alcohol your judgment is impaired, making you not fully understand the consequences of your actions. This does not mean alcohol makes you a criminal, but being intoxicated makes you act on impulse, which can result in you committing a crime, and for the sake of this essay, I will assume that crimes are morally impermissible

55 Husak & De Marneffe, The legalization of drugs, pp. 129-30
57 Blomqvist & Olsson, Narkotika: om problem och politik, p. 233
without discussing problematic issues such as the intent. If intoxication makes you, *involuntarily*, commit crimes, I would argue that it is morally impermissible for you to *voluntarily* intoxicate yourself. But as I argue that an intoxicated person bears the very same responsibilities as a sober person, I see no reason that laws would affect the morality of intoxication.

Again, as I find it important, by implementing a decriminalization on drug use, you are in no way legalizing drugs or making the usage of drugs any less morally criticizable. It is not meant to promote the intoxication of drugs, even if some of the population would like to interpret a decriminalization in that way. As being intoxicated on alcohol is both legal and morally permissible, but drunk driving is both illegal and morally impermissible. While intoxicated, there are laws and policies that must be followed. Harm-reduction policy is to optimize and humanize the Swedish drug policy, and legal system, which in turn should lead to a better society. Here I quote Kofi Annan again: “Second, we need to accept that a drug-free world is an illusion. We must focus instead on ensuring that drugs cause the least possible harm”.

5. The Moral Impermissibility of Intoxication

Douglas Husak comes to the conclusion, in the book The Legalization Of Drugs, that there does not seem to be any empirical arguments to *not* decriminalize drugs. This is what I have tried to argue to this point, and even if you disagree with a decriminalization of drugs, you should see the lack of empirical support. Husak ask the question if there is no empirical support that a criminalization of drugs does not work as a deterrence of use, and does not limit harm,

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60 Husak & De Marneffe, *The legalization of drugs*, p. 95
then why are drugs still illegal? The answer to this question seems to be that the drug problem is a normative issue. We, the citizens, have agreed for whatever reason that drug use is something bad, something wrong, something morally impermissible. This can be seen by some contemporary proponents of the moral wrongness of intoxication such as Robert Peter George and James Q. Wilson explains. They argue that when using drugs, you reduce yourself to a means to an end, which means that you effectively render yourself unworthy of human dignity, and that is a right you must not violate.61 Wilson stated:

Even now, when the dangers of drug use are well-understood, many educated people still discuss the drug problem in almost every way except the right way. They talk about “costs” of drug use and the “socioeconomic factors” that shape that use. They rarely speak plainly – drug use is wrong because it is immoral and it is immoral because it enslaves the mind and destroys the soul.62

Though ‘the soul’ might not be the best choice of word (perhaps ‘character’ would be better), this still paints a decent picture of the moral problem with drug use. From another aspect, we have Thomas Aquinas, who states: “To take more meat or drink than is necessary belongs to the vice of gluttony, which is not always a mortal sin: but knowingly to take too much drink to the point of being drunk, is a mortal sin”.63 Aquinas argues with this that temperance is what is the deciding factor when determining if drunkenness is a mortal sin (which I also assume means that drunkenness is morally impermissible). Is it possible to transfer this to the intoxication of drugs? This is what I will explore next.

Note that when it comes to the moral impermissibility of intoxication there is an important distinction that must be made. One, the intoxication in itself as can be argued that compromising

61 Lovering, A Moral Defense of Recreational Drug Use, pp. 128-30
62 William J. Bennett, Body Count, pp. 140–41
63 St. Thomas Aquinas, “Question 150, Drunkenness” The Summa Theologiae II-II, q. 150, a. 2, ad. 2
your rationality, or to instrumentalize yourself is of moral significance.\textsuperscript{64} And two, the consequences of intoxication, which in this case refers to how you act-, and those harms you do (both to self and others) while intoxicated. I do not limit myself to, but, my main focus in this essay is the former.\textsuperscript{65}

One main reason drugs are considered morally impermissible can be traced to politics, that high powered officials are driving an anti-drug agenda. This is probably askew, it is far more likely that officials pick up on what the public deems wrong and goes with it. The question is, why do the public deem drug use wrong? As I have argued above for the dangers, harms, and risk of addiction is real, most would agree that drugs are something we do not want in our society, as the perceived dangers are simply too high to tolerate. The dangers of drugs are then what justifies our government to take paternalistic actions, that presents itself as policy.

The question that arises, that we as citizens and individuals needs to ask ourselves: Do we have a duty to be our best selves, and if so, how do we know that we cannot be our best self on drugs? If there are such duties, is it not firstly to ourselves, and not our next door neighbor we owe to be our best selves? Or is there a duty towards others that trumps our duties to self?

5.1. Intoxication Itself

I find prima facie nothing morally wrong with the personal use of drugs, especially in comparison to the consummation of alcohol. As Professor Nutt puts it: “Looking at how drugs came to exist it would be surprising if we didn’t take them”.\textsuperscript{66} However, there are people, religions, and countries that believe that the consummation of alcohol is morally impermissible,

\textsuperscript{64} Lovering, \textit{A Moral Defense of Recreational Drug Use}, p. 105
\textsuperscript{65} Many also makes a moral significance on intoxication by alcohol, and intoxication by illegal drugs, for the sake of simplicity I will only say ‘intoxication’, and not ‘intoxication by illegal drugs’, as I only mean to here discuss the impermissibility of intoxication and not the difference between intoxications.
\textsuperscript{66} Nutt, \textit{Drugs without the hot air}, p. 65
if alcohol is morally impermissible, it is also *prima facia* true that drug use is impermissible.67 If it is morally permissible to intoxicate yourself with alcohol, why is there a difference made between one type of intoxication and not another type intoxication?68 This leads me to the question if it is, at all, morally permissible to be intoxicated? It can, and has, been argued at length that intoxication is a natural drive; non-human animals’ puts in a lot of effort to become intoxicated, humans have been using psychedelics for millennia.69 This is, however, an argument for the continuing using drugs just because we have a long history of doing drugs. But, doing something for a long time does not make it right (think about slavery), and the fact that animals do it does not automatically make it morally permissible (animals also kill their own offspring and mark their territories with pee). We have evolved, both physically and (mainly) cognitively, so if we agree that intoxication is dangerous, there should not be hard to also agree not to intoxicate ourselves.70 On the other hand, we know that drugs bring more than just pleasure, as medicine and therapeutic tools. Nonetheless, we cannot deny that intoxication is, historically speaking, a part of human life. Intoxication itself seems to have no moral value, just as eating has no moral value, unless in certain a context. For example, eating while watching a starving child, or becoming intoxicated while knowingly it will turn you violent.

What supports that intoxication is morally permissible is that being intoxicated is not an action, it is a biological reaction being morally neutral, and it is your action that has a moral component, therefore being intoxicated can be, on an individual level, morally impermissible.

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68 Remember that I am here only discussing the intoxication itself, if you have done something illegal to obtain drugs to intoxicate yourself with is not relevant at this point.


70 Especially since we made up the word intoxicated which means to poison, or poisoned although since the 1640s it means state of inebriation.
That is not because of intoxication in itself; if one person is an “angry drunk” does not mean intoxication makes you angry and is therefore morally impermissible, what this means is that the person in question is an angry person and have a lack of self-control while intoxicated, therefore should she avoid intoxication. Another example is if someone drugs a person, making her intoxicated, one cannot claim that she is doing something morally impermissible. If that claim is true, it seems that being intoxicated cannot be morally impermissible. On the other hand, the choice of becoming intoxicated is an action that is at any time morally criticizable, as the choice to not be intoxicated seems less harmful. The choice to intoxicate someone else, unbeknown to them, is always morally impermissible, and in such case, no one (hopefully) would cast blame or responsibility on the person tricked to become intoxicated. These examples should show that it is the action to intoxicate you, our someone else, that is of moral significance, not to be intoxicated.

5.2. Lost Opportunities and Degradation arguments

The two most commonly used philosophical arguments used against drug use are; the losing of precious and valuable opportunities-, and the degradation arguments. As mention above, if you value rationality, then you degrade yourself if intoxicating yourself. I will expand on both arguments in this section.

The lost opportunity argument goes that when you intoxicate yourself, you limit your own possibilities. Husak writes:

All philosophers, however, agree that the ideal person cultivates his or hers physical and intellectual talents. Drug use, especially when excessive, undermines this aspiration: these users tend to make less of their life than they might. 

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71 Husak & De Marneffe, *The legalization of drugs*, p. 77
The most obvious critique towards the lost opportunity is that if the case is that a certain action makes us lose an opportunity, then the claim should be true for all actions (and inactions) such as if I choose to stay sober, I lose the opportunity of being intoxicated. However, this is not the purpose of the lost opportunity argument, what this argument is about is that if you are intoxicating yourself frequently or if self-medicating, which Husak points out. Especially in the case of addiction; even if becoming an addict is not an active choice, taking the risk of becoming an addict is an active choice if choosing to become intoxicated.\textsuperscript{72} I find this best explained by, again, using Feinberg and his definition of harm to self, namely: “setback of interest”. You are setting back your own interest when intoxicating yourself (unless your interest is intoxication). Hence, the core of this argument is that when intoxicating yourself, you are putting your goals (long-term or short-term) on hold, something which is harming you on one level or another. Therefore, if agreeing to this, intoxication is a harm to self, which in turn is an argument for the moral impermissibility of intoxication in itself.

As long as intoxication is something temporary, I think it is easy to reach the conclusion that there are not any lost opportunities, not in any way worse than lost opportunities because of playing videogames. Pauses like this can be beneficial to both short- and long term goals.\textsuperscript{73} Meaning that that intoxication is not a setback of interest, and therefore not a harm to self. But if addicted to either videogames or drugs, there will be lost opportunities. If it is true that temporary intoxications or videogame session are not a lost opportunity, as it might even be invigorating, then the lost opportunity arguments is only strong in the cases against intoxication when talking about addiction or frequent users (players), I then argue that it is only when there

\textsuperscript{72} This does, of course, implies you know the risk of becoming an addict Which say young teenager might not comprehend. But in a country such as Sweden you will be given this knowledge repeatedly through elementary school and beyond, therefore I find it fair to assume that the concerned individuals possess this knowledge.

\textsuperscript{73} Diana Yates, “Brief diversions vastly improve focus, researchers find” \textit{Illinois News Bureau}, \url{https://news.illinois.edu/blog/view/6367/205427} accessed September 3, 2017
is a type of addictive usage that opportunities are really lost. Still, this is what the drug problems are about and why a policy with a goal of helping addicts out from their addictions and reducing risks of addiction is needed.

The degradation argument says that when you intoxicate yourself you are not in the habit of excellence, and you are not virtuous – you are degrading yourself to a lesser habit. Most people who dedicate their lives to philosophy agree on few things, but some things that are precious for all philosophers is our wisdom, rationality, and reasoning, as Husak pointed out. It is not farfetched to think that if this is the case, then to do something that diminishing those abilities ought to be seen as morally impermissible. Even for non-philosophers, the degradation argument is problematic, as while you are intoxicated you have knowingly and willingly diminished your cognitive and physical abilities. So, if dedicating yourself to any academic discipline, profession, or sport you are harming that habit of advancing in the field. The degradation argument I, therefore, find sound, there is no apparent reason for us to intoxicate ourselves (unless seen as a break), and it is damaging to body and mind, and on top of that, it is expensive. Looking at intoxication from this perspective makes it hard to argue that all substances taken for intoxication ought not to be banned altogether.

According to the degradation argument, intoxication is a moral vice (especially for philosophers since we are the pinnacle of any and all societies, there should be a duty to exhibit excellence, which here would be sobriety.

5.2.1. Duties

What do we owe each other, and what do we owe ourselves? I find that we at least owe each other to strive for the best society we can have. That does not mean that every single action we

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74 "Frågor och Svar om Alkohol; Vad kostar alkoholkonsumtionen det Svenska Samhället?", The Swedish Council for Information on Alcohol and Other Drugs. http://www.can.se/Fakta/Fragor-och-Svar/Alkohol/#Vad-kostar-alkoholkonsumtionen-det-svenska-samhallet accessed September 3, 2017
take ought to be for our society. But, say, when we using our democratic vote in an election, we owe it to ourselves and our fellow citizen, to vote to the best of our abilities, and if we are intoxicated we might vote for Trump. It is a case of pro-social behavior, it is necessary for a society not to collapse on itself. We have trust in our government to keep the infrastructure functioning, which in turn demands that we the citizens are willing to pay taxes, follow the rules and do what suits the individual best at the given time.

Alas, from time to time we do owe each other not to be intoxicated, for a society to work we need teachers, doctors, construction workers and hundreds of more professions to be sober. On an individual level, we set our own goals and some set no goals at all. But for everyone that has a goal, may it be to lose a few kilos or to complete a Ph.D., we do owe it to ourselves to not be intoxicated all the time. Therefore I argue that we have duties both to others and self not to lose opportunities, at least not as an active choice. However, it does not mean anyone with a profession or a goal needs to be sober all the time even if sobriety, arguably, is a virtue. Point being, there is a moral value to the action of choice, and if you want to live in a society the pro-social choice is a morally desirable choice.

5.2.2. The case of the smoking gun

It seems easy to argue that when an intoxication is a present danger to health and life it ought to be morally impermissible, especially if this harm to health will be costly for the society at large. Smoking is a good example of something being harmful to both the self and the society; few would consider smoking nicotine cigarettes as morally permissible behind a veil of ignorance. Today it is not a question if smoking is morally bad or not, it is a question about what I as an adult sound of mind, is allowed to do with my own body. This is also the biggest question about drug use in philosophy. As a libertarian, I would argue that it is up to me, and no one else, what I want to do to my body (as long as I do not harm others). Self-governance is
a question of utmost importance, but I leave that question to be. As I support decriminalization of drug use, I by default agree that the individual is the one who decides to, or not to, intoxicate herself. At the same time, I do not by default agree to ease the access to drugs. The point of this essay is not to argue for the right to intoxication, it is about creating a policy that is designed to support and strengthen its citizens. So even if agreeing with libertarians, or harsh paternalists at the end of the day, I argue we ought to strive to minimize the harms of drugs. That is the point of this essay.

5.2.3. The Value of Intoxication

It is well-known that intoxication, by any substance, is generally an unhealthy option. Yet, that knowledge does not stop us from wanting to get intoxicated. We can easily write this off on the biological effects most intoxications have on us, such as the euphoric effect of a few drinks, the triggering of our reward system making us feel good. And it seems like feeling good is something most (if not all) humans desire, at least that is how evolution supposedly works. To some, then, getting intoxicated is worth the unhealthiness, lost time of productivity, or degradation for the temporary goodness. I believe that to a large extent this is true, that the choice to intoxicate ourselves is a biological choice. Yet, this does not completely answer why we intoxicate ourselves. That answer is that there is a (at least perceived) value to intoxication.

May that be a relief, relaxation, a break, comfort, fun, pleasure or even inspiration. Many philosophers argue that these things are good things, valuable, and some even claim them to have intrinsic value.75 If it is true that intoxication can lead to something intrinsically valuable, to have a final value, then intoxication is undeniable valuable in some sense, and there for a desirable status. On the other hand, if intoxication leads to a false sense of pleasure, in effect

75 Lemos, N. M., “The Bearers of Intrinsic Value”. In Rønnow-Rasmussen & Zimmerman (edt), Recent work on intrinsic value, pp. 181-90
being an experience machine, then it is a distraction from true value, which if not morally impermissible, at least it is morally criticizable. Now, I believe that both the former and latter carries some truths to them. The former is true in most cases, when people have a glass of wine to their dinner to enrich the taste of the food, or when having a few beers with friends to laugh and enjoy our time. The latter is true when intoxication takes over, when intoxication becomes an addiction. Here is where harm-reduction policy is of utmost ethical importance.

6. Harm Reduction

The goal of this essay is first to argue for a Harm-Reduction policy. I also argue for the decriminalization of personal use, or intoxication, because I firmly believe it is a good and efficient way towards reducing harm. That is not to say it is without a doubt the best or only way. For example, Finland’s drug policy is very similar to Sweden’s as they have a Total Ban Policy (TBP) meaning all drugs, and drug related activities are illegal or banned. The difference is that the ban is still public health orientated, whereas the main goal is to minimize the harms of drug use, where the Swedish main goal is a literal drug-free society. One example is giving users health advises, and by promoting less risky ways to intake drugs. This is something I would support whole-heartedly in Sweden. I do not think decriminalization is a necessary requirement to reduce the harms of drugs, even though I do firmly believe it is the fastest and most efficient way to a fully functioning and morally permissible harm-reduction policy.

A harm-reduction policy’s main purpose is to reduce harm, harm prevention and secondarily reduce the use of drugs. It is a fair assumption that with reduced harm reduced use

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will follow, as we can see in the case of Portugal (see below), but it is in no way a guarantee.

To ensure a reduction in the use of drugs there a need to form a social action plan, to reduce reasons to use drugs, and secondarily reduce accessibility of drugs. The latter is where police should (if that is the goal) put most of their resources, at the producers and wholesalers.

6.1. Zero Tolerance Benefits

Since we are taught that drugs are addictive, dangerous and at the root of much criminality, intuitively most can see the appeal of ZTP and why we ought not to tolerate its presence in our society. Of course, the thing that would reduce the harms of drugs the most is not consuming any drugs at all, that is the general idea of the ZTP: to remove all drugs. So sure, one could argue that ZTP is a harm reducing policy, but as its focus is on policing rather than reducing harm, it is not a harm-reduction policy.

Even though I argue that ZTP is not a harm-reducing policy, it has had some success in Sweden which ought to be put forward. Since it became legal in Sweden to take urine- and blood samples to detect drug usage, there has been an increase in finding at-risk and/or addictive youths. Also, just as the ZTP argues, I agree that when it comes to production, smuggling, and distribution of illegal drugs, this is not to be tolerated, and this is where police- and legal resources should be spent. The problem with embracing a ZTP is that other drug prevention is deprioritized, such as social work. So even if one is a supporter of ZTP there ought to be some allure to Finland’s TBP, since it maintains the main ideas from ZTP but is still aware that just punishing is not sufficient to create a drug-free society. Preventive work, harm reductive

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77 Linton. M., Knark – En Svensk Historia, p. 30
programs (needle exchange) and treatment are needed to reduce drug use, as we can see in the case of Portugal (section 6.3)

There are many different types of drug preventions. A Drug Prevention Policy is something that could be a stand-alone policy as it would necessarily interfere with either a ZTP or Harm-Reduction policy. A Drug Prevention Policy would include schools, communities, health care, and police. The policy ought to uniformly discourage drug use, but not with so-called “scare tactics” or similar, but making members of the community be included, kids correctly informed about the dangers, police focusing on the actual criminals and not the users, that is where the health care comes into the picture. Create more appealing, and reachable, options then drug use, and with that available options for people being drug users. Preventing drug use, when successful, is harm reductive.

6.2. Which Harms are Supposed to be Reduced?
As shown in section 5.1. there are many of harms, and ideally all of those are supposed to be reduced as much as possible, but let us take a closer look at the five first;

- Drug-specific mortality (death from poisoning),
- Drug-related mortality (death from e.g. aids),
- Drug-specific harm (any physical damage),
- Drug-related harm (e.g. traffic accidents),
- Dependence

These are those harms where Zero Tolerance is supposed to do most of its good but are yet to be successful in. If focusing on eliminating drugs, as ZTP does, find and treating drug addicts will by necessity become secondary.

As the word public in ‘public policy’ implies it is meant to be in the public’s best interest, public policy ought to be humane, and if we realize (or even suspect) that they generate harm
they should be at least suspended until further investigation. The main harm I focus on is the harm done to the users, the addicts, not because they deserve the most to have their harms reduced but because those harms are clear and present, and to a large extent avoidable. I also believe that reducing those harms will reduce usage, and that should lead to that the police could use more of their budget to hunt producers, which likely leads to even less drug use. So, assuming a harm-reduction policy would work as I claimed it will, the five harms listed above would be reduced as we would see fewer users, fewer drugs. And if inclined, look at the rest of the list (section 5.1.) above and it will be obvious that all these harms will be reduced, if we reduce the drug use.

Meaning that the harms reduced are primarily individual, but there is a likely spill over to society, as we can see below in the Portugal case.

6.3. Portugal

In 2001 Portugal decriminalized all drugs. If caught with more than a 10-day supply of drugs the user is sent to a “drug discussion” (Comissões para a Dissuasão da Toxicodependência), with a three person panel consisting of a social worker, a lawyer (or legal expert) and a doctor. And the success is undeniable, as we can read in from the think tank Reform’s publication:79

Although the number of newly diagnosed HIV cases among people who inject drugs in Portugal is well above the European average, it has declined dramatically over the past decade, falling from 1,016 to 56 between 2001 and 2012. Over the same period, the number of new cases of AIDS among people who inject drugs also decreased, from 568 to 38. A similar, downward trend has been observed for cases of Hepatitis C and B among clients of drug treatment centers.

79 Internationally recognized and supported; http://www.tdpf.org.uk/resources/supporters-of-reform
And they continue:

…decriminalisation appears to have had a positive effect on crime. With its recategorisation of low-level drug possession as an administrative rather than criminal offence, decriminalisation inevitably produced a reduction in the number of people arrested and sent to criminal court for drug offences – from over 14,000 in the year 2000, to around 5,500-6,000 per year once the policy had come into effect.⁸⁰

Portugal was in a very different position than Sweden when implementing their decriminalization, not only because the drug use was being a national problem, but also being one of the main seaport for all drugs smuggling into Europe. They revised their drug policy more than I believe Sweden is in need of. Even as I argue the current policy is morally impermissible, I believe that Sweden does not need to go as far as Portugal.

6.4. The Hybrid Policy

The question if we cannot create a combination policy of ZTP and harm-reduction is often presented to me. The short answer is: no. Since these two policies are approaching the drug problem in two very different ways, ZTP works towards eliminating drugs while Harm-Reduction acknowledges that drugs are a part of the society. There are work-arounds to this, one being mandatory hospitalization. If caught doing drugs you are not technically penalized by law, or imprisoned, but hospitalized and treated. Another idea is to decriminalize personal use (being intoxicated), but punish the acquiring and holding of an illegal substance. The closest I find to being a realistic hybrid policy is Finland’s Total Ban policy, as it is a harsh policy

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against drugs, with harsh punishments, but still it pays attention to drug use, and addiction as a health care problem and not as a legal issue, as Sweden does.\textsuperscript{81}

7. Decriminalize or Legalize?

To answer this, it is necessary to understand the difference between the two concepts and I find Doug Husak say it best when he says:

Here I use the term drug legalization to refer to a system in which the production and sale of drugs are not criminal offenses. In my judgment, decriminalization is a much more basic issue than legalization.\textsuperscript{82}

And to further clarify the difference he says:

The important point is that if this system punishes users of marijuana, then marijuana has not been decriminalized. But if this system does not punish users of marijuana, then marijuana has been decriminalized.\textsuperscript{83}

By decriminalize drug use, it effectively removes punishment from using drugs, by legalizing drugs we allow production, sale and the acquiring of drugs. With drugs comes many problems, I believe many of them can be resolved by a decriminalization, but a legalization will come with a new set of problems. Those problems can be avoided if “only” implementing decriminalization. I will return to legalization in the next section (7.2.)

7.1. Decriminalization

One way to clarify decriminalization is by putting it next to legalization; by legalizing drugs we are doing something that will directly affect the individual, the market, and possibly a

\textsuperscript{81} Tuukka Tammi, "Drogpolitiken i Finland", Paihdelinkki, \url{https://www.paihdelinkki.fi/sv/databank/informationssnuttar/missbruks-samhallet/drogpolitiken-i-finland} accessed September 3, 2017

\textsuperscript{82} Husak & De Marneffe, The legalization of drugs, p. 3

\textsuperscript{83} Ibid., p. 6
country’s taxes. A decriminalization, instead, is meant to affect the legal system, the police and to encourage citizens in need of help to get help. Police would get more time to focus on other criminality, the courts more time to investigate and judge other cases than drug related ones, and hence citizens should notice a better and safer environment for all.

Taxes would also be saved within the criminal correction system as 27% of all inmates in Sweden 2015 was incarcerated on drug offenses. To follow this up, 21% of everyone on probation (the Swedish fri- and öppenvård) are so on drug offenses. That means that roughly a quarter of all criminal convictions in Sweden are on drug offenses, the vast majority being personal use. By decriminalization of personal use, this would be a huge saving for the prisons, where they could either put the money back to create better prisons or put the money to good use elsewhere.

7.1.2. Problems With Decriminalization

Since I will only argue for a decriminalization of drugs and not a legalization of drugs, the following questions are central to my thesis: to what extension should members of a society freely choose their actions, and what are the justifiable restrictions a government can put on its citizens? To answer that, it must first be answered what a government’s purpose is, and to not turn this essay into an essay in political philosophy I will in its simplicity assume that it is to protect and serve its citizens. That means to keep the citizens healthy from sickness, safe from crimes, fires, and exploitation. Maintaining a sufficient infrastructure including schools, hospitals, and roads; to be successful with this it seems reasonable that the government has some executive powers over the society. As no one wants an intoxicated surgeon, taxicab drivers or first responders. The government is then within those executive powers when

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85 Blomqvist & Olsson, Narkotika: om problem och politik, p. 64
establishing that while performing such tasks there is a set of rules forbidding them to be intoxicated, making it a punishable offense.

In philosophy consistency is often considered essential, if you do not have a consistent argument, your argument then fails. Therefore, it is often argued, from a philosophical standpoint, that if alcohol is legal, then everything less dangerous, less harmful than alcohol also ought to be legal. While this is sound reasoning, and consistency is normally of importance, it does not apply to public policy. The main point of a public policy is to resolve perceived societal problems, and not to be philosophically consistent. Meaning that just because one drug is legal, it is not a reason to make another drug legal. This is one of the worst cases with decriminalization, that it seems that our government is writing off the dangers of drugs, which might encourage some adolescents to feel a false sense of security and try drugs they would not have done otherwise. Two is that the first reason would likely increase the market for drug dealers, since people would be less worried about getting in trouble with the police, and therefore the drug dealers have a larger market. With a decriminalization, it will also be much easier to implement harm-reductive policies, such as needle exchange programs and supervised injection rooms.

7.2. Legalization

Legalization of all drugs might, or might not, be a worthwhile long term goal. Looking at the world today it seems to be a subject that needs to be taken seriously. But at this time, in a country such as Sweden, in the subject of applied ethics and public policy, legalization seems unrealistic while decriminalization is a realistic goal. A legalization is something that should not be done overnight, as there are many uncertainties and unforeseen abilities, it is something that needs research, and it needs to constantly be examined. Decriminalization can be seen as a first step in this direction, but in no way does it need to lead to legalization.
One big risk with legalization, if all drugs become legal, is within the market. Even if drugs would be legal, and it became a success with fewer addicts, there would still be a market for it, companies making drugs accessible, commercials, purifying and targeting high-risk groups. One concrete example of this would be night-clubs, selling drugs like cocaine to their patrons, as it would not only be one more revenue of income, but would in most likelihood increase the sale of alcoholic beverages, and creating a desirable club environment as well. In other words, it would be a bad business move not to sell cocaine. These issues could, of course, be able to be restricted by different legalizations and policies, maybe a law against commercial sales of drugs or a governmental monopoly on drugs much like the current system Sweden have implemented on the selling of alcohol. This is something that must be implemented before such legalization, and it would still not completely solve the problem, only the problems we can imagine. While I agree many times with libertarians and have issues with governments involved in private citizen’s life, it has many times proven that some paternalistically actions are good.86 It hence seems a good idea to keep some substances illegal to protect our society and the individual user, at least until we solve the potential problems that follows with legalizing that substance. If nothing else, it is at least morally permissible for a government to act in this way.

As I argue for a decriminalization of personal use, I am fully aware that this is only the beginning. Before something like this would become a reality, we need to create the policies beforehand, and there are a lot of questions that still need answers. My hope is that if convinced that a decriminalization is the way to go, we can start answering those questions.

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86 For example the seatbelt law that might seem like an infringement on your private sphere, but the government does not implement such laws for the heck of it. The seatbelt law saves lives, money and valuable time for first responders, doctors and nurses.
8. Conclusion

I have in this essay argued that Sweden’s current policy, a zero tolerance policy, is morally impermissible and failing Sweden’s vision of a drug-free society. I have shown that a drug-free society is not a goal worth striving for, since it is an unrealistic goal, and by attempting to reach that goal via zero tolerance, this leads to unnecessary harm and stigmatization of individual drug users. The majority of all resources spent on combat Sweden’s drug problems goes to police, and in effect the courts. To resolve this I have argued for replacing the zero tolerance policy with a harm-reduction policy, and with this decriminalize personal use. This, instead, will focus on the reduction of harm instead of the elimination of drugs. I argue that it is hard to see how it would fail with its set goal. With reduced harm, I argue, comes reduced drug use, with reduced drug use, comes less crime and more money for the public sector. It is morally and economically beneficially for all.

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9. References


Lovering, Rob., *A Moral Defense of Recreational Drug Use*, 2015


Nutt, David J., *Drugs - without the hot air: minimizing the harms of legal and illegal drugs*, UIT Cambridge, Cambridge, 2012

Rønnow-Rasmussen, Toni & Zimmerman, Michael J. (red.), *Recent work on intrinsic value*, Springer, Dordrecht, 2005


9.1. Articles


"Frågor och Svar om Alkohol; Vad kostar alkoholkonsumtionen det Svenska Samhället?”, *The Swedish Council for Information on Alcohol and Other Drugs*. [http://www.can.se/Fakta/Fragor-och-Svar/Alkohol/#Vad-kostar-alkoholkonsumtionen-det-svenska-samhallet](http://www.can.se/Fakta/Fragor-och-Svar/Alkohol/#Vad-kostar-alkoholkonsumtionen-det-svenska-samhallet) accessed September 3, 2017

Hooton, C., “Neuroscientist Carl Hart: People will always use drugs, we must learn to live with this fact”, Independent,

Hunt, N., “A Review Of The Evidence-Based For Harm-Reduction Approaches To Drug Use”, *Harm Reduction International*, see section 3.1.2.


”Kontroll av narkotika i Sverige”, *Läkemedelsverket*,
https://lakemedelsverket.se/malgrupp/Foretag/Narkotika/ accessed September 3, 2017


Lemos, N. M., “The Bearers of Intrinsic Value”. In Rønnow-Rasmussen & Zimmerman (edt), Recent work on intrinsic value, pp. 181-90


