

Al Capone and I, and prohibition

The Times Higher, 12 November, 2004

I wrote my first essay on prohibition 50 years ago. This is my second. The first was for a school history project.

My grandfather was the American federal judge who heard Al Capone's final appeal in 1932. As a consequence I grew up as an enthusiast for gangster films, and with a proud proprietorial interest in the world's most notorious gangster. In defence of this interest, and to impress my friends with my connection with Al, I became a juvenile expert on prohibition.

I have lost the essay, but from memory it began by noting the connection between the passage of the Volstead Act establishing prohibition in 1920, and the rise of organised crime. And it might have concluded by noting that the Act, upon which Capone built his criminal empire, was repealed one year after he began serving his sentence for tax evasion. In between was probably a lot of colourful stuff about gangsters and my close connection to it all.

This essay, my second, has been inspired by a report produced by [Transform](#) entitled [After the War on Drugs: Options for Control](#).¹ It was launched at a meeting on 13 October in Portcullis House. The star speakers were Danny Kushlick, director of Transform, and two columnists, Simon Jenkins of the Times and Polly Toynbee of the Guardian – who agree on few subjects other than the pernicious futility of current drugs policy.

The revival of my interest in the subject has also been stimulated by the growth of the drug-related gun-knife culture, and by the fact that Bloomsbury, where I have worked for 35 years, has become one of the nation's hottest drugs markets. The growing number of American-style, gun-toting gangsters and their association with the drugs trade has parallels with the American experience with prohibition that are too close for comfort.

There appear to be three main reasons for the recent concentration of this problem in Bloomsbury. Its attractiveness to both dealers and buyers would appear to be related to:

- The “successful” police operations in the vicinity of St Giles/Tottenham Court Road and Kings Cross displacing the problem into Bloomsbury, the area between them,
- A needle exchange van in St Giles which last year handed out 285,000 clean needles, and
- A concentration of hostels for the homeless in Bloomsbury accommodating about 500 people, 95% of whom are estimated to be problem drug users.

The hostels are an embarrassing advertisement for the failure of the present regime of “treatment” for “problematic” drug users. In a recent survey² of 41 residents in one of these hostels it was found that:

- 93% (38/41) of respondents used heroin, 71% (29/41) on a daily basis;
- 85% (35/41) used crack/cocaine, 54% (22/41) of on a daily basis;
- 46% (19/41) of respondents had been prescribed methadone.

¹ Joint authors Danny Kushlick and Steve Rolles.

² Health Impact Assessment of a Proposal to Establish a Fixed Site for Needle Exchange and Other Services in the West End
Commissioned by: Camden Drug Action Team and City of Westminster Drug and Alcohol Action Team
Report written by: Erica Ison, The Institute of Health Sciences, Oxford
LBC-CoW/HIA of fixed site for needle exchange/Final Version/May 2004 1 [will be available as a PDF link on 22 October]

- 63% (26/41) of respondents mixed heroin and crack;
One observer close to the problem puts it this way: “Those on ‘treatment’ have methadone for breakfast, heroin for lunch, and crack for tea.”

The needle exchange provides a clean way of injecting substances that can only be acquired from criminals. The majority of these problematic drug users are estimated to spend between £200 - £500 a week on these substances – virtually all of it acquired through aggressive begging or acquisitive crime. The mobile needle “exchange” in St Giles last year handed out 80,000 more needles than it received back – leaving behind a significant public health problem.

Bloomsbury is an area dominated by a few large, mostly educational, institutions. It is currently mounting a vigorous resistance to the invasion of dealers and addicts. The heads of security of its institutions are liaising with each other, and the police, in an unprecedented fashion. More CCTVs are being installed, and the monitoring of them coordinated. The police are encouragingly active. But under the current state of the law, the most that we can do to deal with our problem, that has been displaced on to us from Kings Cross and St. Giles/Tottenham Court Road, is to displace it on to someone else. This strikes me as the worst sort of NIMBYism. Hence my revived interest, this time guilt-inspired, in the pernicious futility of prohibition, and my enthusiasm for the controlled-legalisation agenda being promoted by Transform.

The strongest challenge I have seen to the Transform agenda appeared in a letter to *The Times* (19 October, 2004) from a former senior customs officer. It had the perverse effect of strengthening my support for the argument that it attacked. It made two points: first, that in the 1960s when there was legalised heroin available to all addicts, there was still an illegal market and, second, that more than 20 per cent of the current UK tobacco market is in smuggled supplies. A reversion to the much lower levels of problematic drug use that existed in the 1960s, and a reduction of 80 per cent in the level of associated crime, would strike most students of the current drugs problem in Bloomsbury as an impressive achievement.

I conclude with a demonstration that the Government already has a credible policy for dealing with the harms caused by the prohibition of drugs, if only it knew it. “**Why this but not this?**” (see box) is an embellishment of Kushlick’s challenge to the Prime Minister’s Strategy Unit issued at the launch of Transform’s report. The price tag attached to alcohol-related harm, presented in the second paragraph, is retained for drugs. The numbers of people who are physically harmed by alcohol through illness or accident and violence, greatly exceed the numbers directly harmed by drugs, but the costs of drug-related crime, including theft and keeping large numbers of thieves in prison, hugely exceed the costs of criminality linked to alcohol. However both the monetary numbers for alcohol and drugs are wild guesstimates because most of the damage they do cannot be reduced to cash.

Kushlick’s challenge contains the essence of the essay I wish I could claim I wrote 50 years ago. Its logic is well within the grasp of the average teenager. The latter-day Capones of the illicit drugs trade hope the challenge will be ducked. The repeal of prohibition drove the bootleggers out of the alcohol business – but into drugs, whose prohibition is replicating the problems of the first prohibition, but on a far larger scale. What I haven’t been able to figure out over the last 50 years is how societies decide which voluntary risks to ban and which to permit, and why they tolerate the enormous costs of banning.

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Why this ...

Millions of us enjoy **drinking alcohol** with few, if any, ill effects. Indeed moderate **drinking** can bring some health benefits. But, increasingly, **alcohol** misuse by a small minority is causing two major, and largely distinct, problems: on the one hand crime and anti-social behaviour in town and city centres, and on the other harm to health as a result of binge- and chronic **drinking**.

The Strategy Unit's analysis last year showed that **alcohol**-related harm is costing around **£20bn a year**, and that some of the harms associated with **alcohol** are getting worse.

This is why the Government has been looking at how best to tackle the problems of **alcohol** misuse. The aim has been to target **alcohol**-related harm and its causes without interfering with the pleasure enjoyed by the millions of people who **drink** responsibly.

This report sets out the way forward. Alongside the interim report published last year it describes in detail the current patterns of **drinking** – and the specific harms associated with **alcohol**. And it clearly shows that the best way to minimise the harms is through partnership between government, local authorities, police, industry and the public themselves.

For government, the priority is to work with the police and local authorities so that existing laws to reduce **alcohol**-related crime and disorder are properly enforced, including powers to shut down any premises where there is a serious problem of disorder arising from it. Treatment services need to be able to meet demand. And the public needs access to clear information setting out the full and serious effects of heavy **drinking**.

For the **drinks** industry, the priority is to end irresponsible promotions and advertising; to better ensure the safety of their staff and customers; and to limit the nuisance caused to local communities.

Ultimately, however, it is vital that individuals can make informed and responsible decisions about their own levels of **alcohol** consumption. Everyone needs to be able to balance their right to enjoy **a drink** with the potential risks to their own – and others' – health and wellbeing. Young people in particular need to better understand the risks involved in harmful patterns of **drinking**.

I strongly welcome this report and the Government has accepted all its conclusions. These will now be implemented as government policy and will, in time, bring benefits to us all in the form of a healthier and happier relationship with **alcohol**.



Foreword to the **[Alcohol Harm Reduction Strategy for England](#)**

Cabinet Office

Prime Minister's Strategy Unit, March 2004

... but not this?

Millions of us enjoy **taking drugs** with few, if any, ill effects. Indeed moderate **drug taking** can bring some health benefits. But, increasingly, **drugs** misuse by a small minority is causing two major, and largely distinct, problems: on the one hand crime and anti-social behaviour in town and city centres, and on the other harm to health as a result of binge- and chronic **drug taking**.

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