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# FIGHTING DRUGS IN FOUR COUNTRIES: LESSONS FOR AMERICA?

## INTRODUCTION

Policy makers debating America's anti-drug policies often look to foreign countries for examples. Proponents of drug legalization, for instance, often cite Britain or the Netherlands as evidence that legalization "works," in the sense of reducing drug use through non-criminal justice mechanisms.[1] Proponents of tougher criminal laws against drugs often cite Japan and Singapore to support arguments in favor of tougher enforcement in the United States.[2]

This raises the question of whether general conclusions can be drawn from the experiences of countries as diverse as Japan and Britain, Singapore and the Netherlands. And, even if they could, would they be relevant for the U.S.?

In fact, there are a number of difficulties in making comparisons of national drug policies. There are problems with data: no two countries collect precisely the same figures in the same way. There are semantic problems: the term "rehabilitation," for example, means one thing in Japan and something very different in Britain or the U.S. There are cultural and historical differences.

**Misleading Reports.** Policy makers thus must be cautious about adopting the conventional wisdom on overseas drug programs as a guide for American policy. At least with respect to Britain, Japan, the Netherlands, and Singapore, four countries whose drug programs frequently are cited, it is clear that much of what has been written is misleading with respect to both their current policies and their success in controlling drugs.

1 See, for example, "War by Other Means," *The Economist*, February 10, 1990, p. 50.
2 See, for example, A.M. Rosenthal, "The Japanese Mystery," *New York Times*, April 7, 1989.

There is no evidence that the decriminalization policies of Britain (limited decriminalization of heroin and relatively lax enforcement against drug users) or the Netherlands (virtual legalization of all kinds of drug use) have limited either drug use or its consequences. Both countries have substantial drug problems, with the attendant crime and social decay, and little progress is apparent toward reducing drug use in either country.

By contrast, there is some evidence that the tougher policies pursued by Japan and Singapore have reduced drug use and its attendant costs. Both countries have suffered serious drug epidemics in the past, and both subsequently brought their drug problems under control – something that cannot be said for Britain, the Netherlands, or America.

**Reasons for Success.** The success of Japan and Singapore in controlling their drug problems can be attributed to three main factors: First, both countries have adopted very aggressive policies to stop the supply of drugs – including, in Singapore's case, use of the death penalty for major drug dealers. Second, both countries have adopted tough "user accountability" policies, including widespread use of drug testing to identify drug users and incarceration of users in "work camps" designed both to punish and to rehabilitate. Third, both countries have been successful in recruiting large numbers of citizen volunteers into the fight against drugs.

While caution must be exercised in drawing conclusions that could have implications for the U.S., the pattern that emerges from studying these four countries supports a tougher rather than a more permissive approach to drug abuse, focussed especially on drug users, as the most promising strategy for reducing drug use in the United States.

## DRUG POLICIES IN FOUR COUNTRIES: HOW THEY EVOLVED

Perhaps the most important element to be considered in assessing overseas drug policies is the historical and cultural context. Today's drug problems are, at least in part, a function of the historical prevalence of drugs in each society. Current drug policies, moreover, are themselves a reaction to past experiences.

### Britain

**Heroin and the "British System."** Britain is most widely known for its policy of permitting doctors to prescribe heroin and other "hard" drugs to drug addicts. Less well publicized are two other important facts: First, the British experiment with prescribing heroin to addicts ended, for all practical purposes, in the mid-1970s; second, the British have and enforce laws against all forms of drug possession. Thus there is no broad policy of decriminalization in Britain.

The British policy of providing heroin and morphine to addicts originated after World War I. In 1926, the "Rolleston Report," named after the chairman of the government committee that prepared it, found that there were a limited number of heroin and morphine addicts, many of whom became addicted after being

treated for wounds during the war. Lacking any available cure, the government adopted the committee's recommendation to permit doctors to prescribe heroin to these addicts on a maintenance basis.[3]

By the early 1960s, it was apparent that heroin use was rising dramatically. Another government committee was convened to review the situation, and its 1965 report (the "Brain Committee Report," named, again, for the chairman) confirmed a vast increase in the number of heroin addicts, especially among the young. More troubling still, the report concluded that

> ... the major source of supply has been the activity of a very few doctors who have prescribed excessively for addicts. Thus we were informed in 1962 that one doctor alone prescribed almost 600,000 tablets of heroin (i.e. 6 kilograms) for addicts.[4]

As a result of this report, the right of doctors in Britain to prescribe heroin was limited, effective in 1967, to those physicians specially licensed by the government. In addition, the government moved to set up special treatment clinics specifically for the purpose of treating heroin addicts, including prescribing heroin.

**Reducing Dependence.** While there is much debate (and little hard evidence) on precisely what happened at the clinics during the 1970s,[5] it is clear that there was a gradual evolution away from prescribing heroin, in favor of methadone, and that the general practice moved away from providing long-term maintenance doses and toward efforts to get heroin users to reduce and eventually terminate their use altogether.[6]

Despite these changes, the government's policies toward heroin were anything but effective in restraining its use. Indeed, a 1989 study estimates that "heroin consumption grew at an average annual rate of 10 percent over the period 1974-1981 and 21 percent over the period 1982-1984."[7] Thus, Britain entered the late 1980s with a substantial heroin problem and a growing consensus on the need for a change in its policies.

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3 See P. Bucknell and H. Ghodse, *Bucknell and Ghodse on Misuse of Drugs* (London: Waterlow, 1986), pp. 7-9, 56. See also Griffith Edwards, "Evolutions of the 'British System,'" in *Problems of Drug Abuse in Britain: Papers Presented at the Cropwood Roundtable Conference* (Cambridge, England: University of Cambridge, 1978), pp. 1-41.

4 *Ibid.*, p.11.

5 For the best available summary, see Edwards, pp. 25-36.

6 By 1987, only 186 (1.8 percent) of the 10,398 drug addicts receiving drugs under prescription were receiving heroin. Nearly all the others received methadone. See "Statistics of the Misuse of Drugs, United Kingdom 1987," Home Office Statistical Bulletin 25/88, September 6, 1988. Table 3.4.

7 A. Wagstaff and A. Maynard, "Economic Aspects of the Illicit Drug Market and Drug Enforcement Policies in the United Kingdom," *British Journal of Addiction* 84 (1989), p. 465.

While British use of other drugs, from cannabis to cocaine, has generally lagged behind America's, its policies have evolved along a similar path. As in the U.S., criminal penalties for trafficking and possession of illicit drugs, including cannabis, were established in Britain following World War I, and have been updated since. Enforcement of these laws has also followed the pattern in the U.S., with the most emphasis on stopping the supply of drugs and relatively little emphasis on prosecuting drug users.[8]

## Japan

Despite Japan's reputation as a highly-regimented, culturally conservative nation, it has seen three major outbreaks of drug use, involving stimulants and heroin, since World War II. In each case, the Japanese have responded with a forceful program focussed on interdicting supply and "eradicating" (to use Japan's term) drug users. And in each case, the result has been a relatively rapid and dramatic reduction in drug use.

With respect to other drugs, the Japanese have applied the same tough policies as applied to heroin and stimulants, but with even greater success. Cocaine, marijuana, PCP, and LSD use in Japan has been and remains virtually insignificant.

**Stimulants: the First Epidemic.** Japan's first drug epidemic occurred during the late 1940s and early 1950s, and involved the use of stimulants (primarily methamphetamines), which were widely distributed to Japanese soldiers during the World War II to improve fighting performance. By the mid-1950s, an estimated 2,000,000 Japanese were using stimulants illegally, and 550,000 were regular abusers – a significant epidemic, even by modern U.S. standards.[9]

Japan's reaction to this sudden outbreak of drug abuse, the first in its history,[10] was swift and tough. In 1951, Japan substantially toughened its laws against stimulant sales and possession and began jailing dealers and users. When the epidemic reached its height during 1954, some 55,654 people were arrested.[11]

When this approach failed to achieve the desired results, the Japanese in 1954 increased penalties for manufacture, added new penalties for precursor drugs (the chemical compounds from which stimulants are manufactured) and inaugurated a system of forced hospitalization for chronic drug users. Under this policy, drug users were rounded up in droves, forced to go through "cold-turkey" withdrawal and placed in work camps for periods ranging from a few months to several years.

This approach to drug users, still in force today, is seen by the Japanese as a humane policy focussed primarily on rehabilitation. By American standards, however, these "rehabilitation" programs would be seen as very tough, if not

8 See Gerald F. Uelmen, "Sentencing Narcotics Offenders in Great Britain and the United States: A Comparison," *Journal of Drug Issues*, Fall 1979, pp. 491-99.

9 See Henry Brill, M.D. and Tetsuya Hirose, M.D., "The Rise and Fall of a Methamphetamine Epidemic: Japan 1945-55," *Seminars in Psychiatry* 1;2 (May 1969), pp. 179-194.

10 See Brill and Hirose, p. 179.

11 See *Anti-Drug Activities in Japan* (Tokyo: National Police Agency of Japan, 1989), p. 20.

draconian, punishment. The Japanese from the very beginning have opted for a "cold-turkey" drug withdrawal. Thus, every heroin addict identified in Japan is required to enter a hospital or treatment facility, where they go immediately through withdrawal. Conviction through the criminal justice system is not necessary for commitment. Any addict identified, either through examination by physicians or through urine testing, is committed through an administrative process. As a result, courts are not burdened with heavy caseloads of drug users, drug users are not saddled with criminal records – and punishment for drug users is swift and sure.

The government also launched a substantial public education campaign, including distributing anti-drug messages through government-controlled television, movies, radio, newspapers, magazines and books, and posters in airports, railroad stations, bus terminals, and public buildings. Cabinet ministers, governors, mayors, and other public officials regularly conducted public forums on the perils of drug use.[12]

These policies dramatically and rapidly cut drug use. Within four years of the 1954 amendments, the number of people arrested for violating the Stimulant Control Law dropped from 55,654 to only 271 in 1958.[13]

**Heroin in the Early 1960s.** Unlike many Asian countries, Japan had no historical pattern of opiate use prior to the 1950s.[14] But late in that decade, just as the stimulants epidemic was winding down, Japan began experiencing serious problems with heroin By 1961 it is estimated that there were over 40,000 heroin addicts in Japan.[15]

Using their successful fight against stimulants as a model, the Japanese reacted to their new problem with heroin by imposing, in 1963, still tougher penalties against importation and selling, and by imposing a mandatory rehabilitation regime for addicts.

The results of Japan's tough heroin program mirrored those of its successful fight against stimulants. The number of arrests for heroin sale and possession fell from a high in 1962 of 2,139 to only 33 in 1966 – and have never risen above 100 since.

**Stimulants Make A Comeback.** Japan's successful fight against stimulants in the 1950s resulted in a decade of dramatically reduced use. After peaking at 55,664 ar-

12 See Kiyoshi Morimoto, "The Problem of the Abuse of Methamphetamines in Japan," *Bulletin on Narcotics* (July-September 1957), pp. 8-12.

13 See Brill and Hirose, pp. 180-1.

14 This fact is attributed by the Japanese to their tough anti-drug policies (including the death penalty for opium use) and isolation from other nations. See *Anti-Drug Activities in Japan*, p. 18.

15 See *Brief Account of Drug Abuse and Countermeasures in Japan*, (Tokyo: Ministry of Health and Welfare, 1989), p. 21. See also Donald Kirk and Susanne Kirk, "Kicking the Habit in Japan," *Saturday Review/World Magazine*, June 15, 1974, pp. 55-59. The Kirks estimate the number of heroin addicts in 1960 at 200,000.

rests in 1955, the number of people apprehended for stimulant offenses fell below 1,000 in 1958 and remained there every year through 1969. In 1970, however, the number rose to 1,682, and thereafter doubled every year through 1974. Stronger laws, especially on precursor drugs, resulted in a 40 percent drop in arrests in 1975, but the upward trend resumed in 1976 and by 1984, the number of arrests had risen to over 24,000.

An important component of Japan's efforts to control drug use has been the extensive involvement of citizen volunteers. More than 15,000 volunteers distribute anti-drug abuse information,[16] and more than 60,000 are voluntary probation officers, regularly visiting the homes of former addicts.[17] Taken together with the police-citizen cooperation fostered by Japan's "Koban" system of local police officers, these volunteer programs guarantee a high level of citizen participation in Japan's anti-drug efforts.

Japan's successful fights against stimulants and heroin have created a strong consensus that law enforcement is the key to winning the fight against drug abuse. Japan's policies remain among the toughest in the world.

### The Netherlands

Drugs were late in coming to the Netherlands; there was no substantial problem until the late 1960s. When the problem became serious, in the mid-1970s, the government reacted by loosening restrictions on drug use and taking an explicitly "expedient" approach to the problem as a whole; it legalized drug use.

Along with most developed countries, including the U.S., Britain, and Japan, the Netherlands signed the 1912 Hague Convention calling for international restrictions on trafficking in and using opium.[18] Legislation enforcing the Convention, and imposing criminal penalties on the possession and sale of opium and its derivatives, took effect through the Opium Act of 1919. In 1928 and 1976, the law was amended to bring it into line with international treaties calling for prohibitions on illicit substances.

Like most other countries, therefore, the Netherlands has a long history of drug prohibition. And throughout most of the post-war period, the Netherlands was virtually a drug-free society. As recently as 1965, drug use (mainly opium) there was limited to a small Chinese population, and drug convictions during the early 1960s

16 See *Brief Account*, p. 10.

17 See William Clifford, "Some Characteristics of the Application of the Criminal Justice System in Japan," *Selected Issues in Criminal Justice* 4 (1985), pp. 7-8.

18 For background on the Hague Convention, see David F. Musto, *The American Disease: Origins of Narcotics Control* (New York: Oxford University Press, 1987), pp. 49-53.

averaged only 23 per year.[19] Thus, while there were laws against drug use, there was no historical need for significant enforcement.

This changed by the mid-1970s. Heroin, LSD, marijuana, and hashish appeared in the Netherlands in abundance during the early 1970s, making Amsterdam a mecca for young drug users. The problem was exacerbated by the sudden influx of 35,000 immigrants from Surinam (formerly Dutch Guiana) in 1975, many of whom were unable to get work and became part of a substantial, by Dutch standards, underclass.[20] There appear to be no solid statistics on the extent of drug use in the Netherlands during this period, but drugs clearly posed enough of a problem to prompt a major re-examination of drug policies.[21]

**The Expediency Principle.** The result of this re-examination was the revision in 1976 of the Opium Act, and the issuance, concomitantly, of enforcement regulations. While the revised Opium Act did not explicitly legalize any drugs – in fact, it increased penalties for drug trafficking – regulations issued under the act called for police to ignore possession and sale of small quantities of cannabis, and, generally, to ignore small quantities of cocaine, heroin, and other "hard" drugs.[22] These regulations were based explicitly on what the Dutch refer to as the "expediency principle" – the idea that prosecutors should be "empowered to refrain from instituting criminal proceedings if there are weighty public interests to be considered 'on grounds deriving from the public good.'"[23]

Responding to an increase in heroin use in the late 1970s, the government adopted the principle of "harm-reduction" as the overall goal of drug policy: the main objective is "not the fight against drugs as such but the minimization of harm caused by illegal drugs to the drug user and to society...."[24]

Then, in the early 1980s, the Dutch added a third principle: "normalization." This means, according to the government, that "... drug use should be shorn of its taboo image and its sensational and emotional overtones.... drug users, or even addicts, should not be regarded primarily as criminals nor as dependent, helpless patients."[25]

The Dutch established a widespread network of drug rehabilitation programs and treatment centers, the goal of which has been to maintain contact with and

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19 See Frits Ruter, "The Pragmatic Dutch Approach to Drug Control: Does It Work?" (May 25, 1988; Text of lecture delivered in Washington, D.C., sponsored by the Drug Policy Foundation), p. 6.

20 See Rosemary Brady, "In Dutch," *Forbes,* February 27, 1984, p. 46.

21 See Henk Jan Van Vliet, "Syringe Exchange; AIDS-Prevention and Drug Policy in the Netherlands," Paper presented at the annual meeting of the Society for the Study of Social Problems, Atlanta, Georgia, August 20-23, 1988, p. 7.

22 See Ruter, p. 7.

23 See "Fact Sheet on the Netherlands: Drug Policy" (Fact Sheet 19-E-89, Ministry of Welfare, Health and Cultural Affairs, The Netherlands, 1989), p. 2.

24 See Van Vliet, p. 7.

25 "Fact Sheet," p. 4.

prevent the alienation and isolation of drug users. By the late 1980s, the government was maintaining nearly 100 drug treatment facilities nationwide, in addition to methadone supply centers in 55 municipalities and residential treatment facilities with a total capacity of 900 beds.[26]

The Dutch outreach effort uses what Americans surely regard as unusual approaches. In Amsterdam, for example, methadone is distributed by mobile buses, in an effort to make sure that it is available to anyone who wants it. Drug addicts, meanwhile, are encouraged to participate in the political process through "Junky Unions," political organizations that lobby on drug policy issues on behalf of drug addicts. The Dutch appear to see these developments as natural outgrowths of their "pragmatic" approach and, indeed, as helpful in their efforts to make sure that drugs are not relegated to the fringes of legitimate society.

There are virtually no reliable historical statistics on the overall drug use in the Netherlands. The survey data that are available suggest that drug use remained stable from the late 1970s through the early 1980s.[27] Though drug use did not explode out of control, little if any progress was made in reducing it. The result, until recently, was a domestic consensus that drug use was, if not declining, at least under control. This consensus is now crumbling because of recent increases in drug use and associated crime.

### Singapore

Singapore's experience with drugs is nearly the opposite of the Netherlands': A long history of drug use, strong emphasis on criminal enforcement, and significant progress in reducing the number of users.

As in many Asian cultures, Singapore has a long tradition of opium use. An almost all-Chinese city, substantial portions of its inhabitants used opium at the turn of the century. Regulations against opium use were tightened during the 1930s, leading to what is believed to have been a decline in the number of addicts. The lack of control under Japanese occupation of Singapore from 1942 to 1945, however, is thought to have increased use.

In 1946, with the restoration of British rule, opium was finally made illegal in Singapore and aggressive efforts were made to limit supply. A residential treatment facility was opened in 1954, to which opium addicts were committed for one-year stays. By 1970, it is estimated that the number of opium addicts had fallen to less than 8,000, down from an estimated 30,000 in 1945.[28]

**Western Corruption.** Just as the opium problem was finally disappearing, heroin began appearing in Singapore in substantial quantities, often in conjunction with marijuana and methaqualones (depressants). In contrast to the old group of opium addicts, the new drug users were young, multi-drug users influenced, the Sin-

26 See "Fact Sheet," p. 5.

27 See Ruter for the best available compilation.

28 See W.H. McGlothin, "The Singapore Heroin Control Programme," in *Drug Abuse in Singapore*, pp. 39-52.

gaporeans believe, by rock and roll and the permissive Western culture. Whatever the cause, the growth of drug abuse in the early 1970s was explosive: From 1972 to 1975, total heroin arrests soared from just 4 to 2,263.[29]

Singapore's reaction was to pass one of the world's toughest anti-drug laws, the Misuse of Drugs Act of 1973. The law calls for mandatory commitment of all drug users to Drug Rehabilitation Centers; permits commitment through an administrative process, on the basis of a urine test or the opinions of two physicians; allows for unlimited re-commitment for users not considered to be rehabilitated; imposes tough penalties for drug dealing, including corporal punishment (caning); and, under a 1975 amendment, imposes a mandatory death penalty for anyone convicted of smuggling a large quantity of any drug, including marijuana.[30]

**Aggressive Enforcement.** The law has been backed up since 1977 with extremely aggressive enforcement. Between April and December 1977, nearly 20,000 suspected drug users were rounded up by police "sweeps" of known places of congregation and given urine tests. Of these, 7,725 tested positive (nearly all for heroin) and were detained.[31] Drug sniffing dogs patrolled the borders, where 323 people were arrested for drug trafficking in 1977 alone.

Under this policy, tough sentences were meted out to both drug users and traffickers. For drug users, the penalty is administrative commitment to one of five Drug Rehabilitation Centers (DRCs) for a six-month regime of cold-turkey withdrawal, physical exercise (including military-type calisthenics), and work programs. Upon release, addicts are channeled into an intensive supervision program that includes urine testing every five days. Those who test positive are recommitted, this time for periods ranging up to 36 months.[32]

For traffickers, the penalties are far more severe. Mandatory minimum sentences of five years, plus five strokes of the cane, are levied on even small-time heroin dealers; three years and three strokes of the cane for marijuana sellers. Large traffickers either receive the death penalty or, under the Criminal Law (Temporary Provisions) Act, are arrested and detained indefinitely. Between 1977 and 1983, 2,440 drug traffickers were convicted and sentenced to prison, 15 were executed, and five more were sentenced to die.[33]

**Involving Citizens.** As in Japan, an important element of Singapore's approach is very active citizen participation. The Singapore Anti-Narcotics Association (SANA), a public-private partnership that receives one-third of its funding from the government and the remainder from private sources, was founded in 1972 to recruit volunteer counsellors for addicts after their release from Drug Rehabilita-

29 See "Drug Control Programme in Singapore," Singapore Central Narcotics Bureau, 1989, p. 2.
30 "Drug Control Programme in Singapore," p. 3-4.
31 See *Drug Abuse in Singapore*, p. 42.
32 See *Drug Abuse in Singapore*, pp. 43-46.
33 See *Drug Abuse in Singapore*, p. 18.

tion Centers and to assist with public information campaigns. With a full-time staff of 50 people, SANA provides one-on-one counselling for about one-third of those released, offering one counsellor for every 1.4 individuals supervised.[34] SANA counsellors visit the homes of those whom they supervise, conduct group counselling, and try to involve former drug users in religious activities. In addition, SANA provides drug education and prevention services, with active programs in businesses, high schools, and parent groups.[35]

The result of Singapore's comprehensive approach to drug abuse was a significant reduction in drug use. At the peak of the heroin epidemic, in 1977, there were an estimated 13,000 addicts; by 1983 the number had dropped to only 6,000. The number of students arrested fell from 175 in 1977 to 2 in 1983, and the share of those arrested classified as "new" addicts fell from 67 percent to 20 percent.[36]

Singapore was not successful in completely eradicating drug use. During the 1980s, heroin and other drugs remained a problem, and there is evidence that usage has been increasing since the end of the 1980s. Yet, Singapore is not backing away, apparently convinced that tough policies have worked and will continue to do so if rigorously applied.

## WHERE THEY STAND TODAY: ASSESSING THE RESULTS

The question for American policy makers is: Are the experiences of countries as diverse as Singapore and the Netherlands relevant for American drug policies?

Cultural differences and limitations in data make it difficult to draw precise or final conclusions. Data limitations are especially problematic. In the Netherlands, survey data are available on the extent of drug use in the population, but little data are published on drug arrests; in Britain, the opposite is true. And, even where comparable data are available, differences in collection methodologies make cross-national comparisons difficult. Important, too, are the very different historical patterns of drug use and the impact of varying ethnic and cultural mixes.

Yet some strong inferences can be drawn about each country's drug policies by looking at these kinds of data. First, what are the trends (where data are available) in drug use in each country? Have the policies reduced drug use and its attendant costs, relative to historical patterns? Second, how does each country assess the effectiveness of its own policies. Do citizens and policy makers see their policies achieving the desired results, or are their policies failing on their own terms? Third, based on the little empirical data available, what can be inferred about the extent of drug use across countries.

### Trends in Drug Use

34 See *Drug Abuse in Singapore*, pp. 48-49.

35 See *Selected Readings in Drug Abuse* (Singapore: Singapore Anti-Narcotics Association, 1989), pp. 30-33.

36 Statistics provided by Singapore Central Narcotics Bureau.

Both Japan and Singapore successfully dealt with earlier episodes of drug use; neither Britain nor the Netherlands can claim such success. Yet, recent data from both Japan and Singapore indicate that drug abuse is mounting. Perhaps, therefore, drug abuse is immune to permanent solutions.

**Staying the Course in Japan.** Japan's success in controlling stimulants in the 1950s and heroin in the early 1960s was followed by nearly a decade of relatively little drug use. Stimulant use, however, began a sustained climb during the 1970s and 1980s, with the number of arrests peaking at over 24,000 in 1984.

Since then, the Japanese appear to have again turned the corner, with the number of arrests falling each year, to 16,612 in 1989. Importantly, the number of juvenile arrests (a "leading indicator") fell from 2,552 (10.6 percent of the total) in 1984 to 1,273 (6.2 percent of the total) in 1988. And, the amount of stimulants seized fell dramatically from 1987 to 1988, from 1,364 pounds to 471 pounds.

Trends with respect to other drugs appear to be relatively flat. Fewer than 100 people have been arrested in Japan for narcotics-related crimes in each year since 1974; arrests for opium possession and cultivation, at 199 in 1988, are at the level that prevailed throughout the 1970s and 1980s; and, while the number of arrests for cannabis increased from 1,173 in 1980 to 1,464 in 1988, these numbers are so small relative to Japan's total population of 122 million as to be insignificant. And, there is virtually no evidence of any infiltration of cocaine or crack into Japan.[37]

**Singapore's Problem Growing Slowly.** The estimated number of heroin addicts in Singapore fell from 13,000 in 1977 to 6,000 in 1983, but by 1988 it had risen again to 9,000. Similar trends were seen in the number of arrests and commitments to Drug Rehabilitation Centers, with arrests rising from 3,449 in 1983 to 5,451 in 1988 and the number of commitments to Drug Rehabilitation Centers rising from 2,687 in 1983 to 4,474 in 1988.

More troubling is that new addicts now make up nearly 25 percent of all those arrested, up from 20 percent in 1983; 10 percent of those arrested are under age 20 compared with less than 7 percent in 1983.

Singapore's recent problems appear to be largely the result of an influx of Malaysian immigrants, many of whom use drugs. Malays accounted for 27 percent of all drug arrests in 1983, but in 1988 the Malay share was 52 percent.

As in Japan, recent drug use in Singapore is almost entirely confined to a single drug (in this case, heroin), and there is little evidence of significant problems with either opium or marijuana. And, as in Japan, there is no evidence of any significant penetration of cocaine or crack.[38]

**Good News, Bad News for Britain?** After rising continually for nearly a decade, there is evidence that drug use in Britain may have reached a plateau in the mid-

37 All statistics in this section are taken from *Anti-Drug Activities in Japan*.

38 All statistics cited in this section were provided by the Singapore Central Narcotics Bureau.

1980s. But there is also evidence of increased use of cocaine and marijuana, and no evidence at all of any significant decline.

The good news in Britain involves heroin. The number of newly-identified heroin addicts, after rising continually since 1977, fell in 1986 and 1987 from a peak of 5,930 in 1985 to 4,082 in 1987. The amount of heroin seized also fell, from 805 pounds in 1985 to 517 pounds in 1987.

The bad news concerns other drugs. With respect to heroin, the number of addicts receiving methadone and other drugs from the government reached an all-time high in 1987, at more than 10,000. Marijuana arrests nearly doubled between 1977 (10,607) and 1983 (20,066), and rose further to a record 21,475 in 1987.

Even more troubling, cocaine use appears to be growing rapidly. The number of cocaine seizures was up 13 percent in 1987, and the amount seized set an all-time record of 893 pounds – more than quadruple the amount for 1986 and nearly as much as the previous ten years combined. And, there is now evidence that crack is spreading into Britain.[39]

In short, Britain appears to be a long way from winning its war against drug abuse.

**Putting Up a Good Front in the Netherlands.** Perhaps because of the often critical international focus on the Netherlands' drug policies, official Dutch statements on drug policy are reflexively upbeat. Yet trends are disturbing.

One source of data on drug use trends in the Netherlands is a 1987 survey of the general population,[40] in which one question asked drug users when they first began using drugs. The finding: More people began using drugs between 1983 and 1986 than at any time during the previous 30 years. Among the seven classes of drugs surveyed, the rate of new users was down only for cannabis and LSD; first-use of amphetamines, cocaine, hypnotics, opiates, and sedatives was higher than during any previous three-year period.[41]

This survey appears to confirm other evidence now emerging from the Netherlands. One study, for example, finds that the number of addicts asking for treatment in Amsterdam more than doubled between 1981 and 1986.[42] Another study

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39 The statistics that appear in this section are taken from *Statistics of the Misuse of Drugs, United Kingdom, 1987.*

40 Overall, the survey found levels of drug use roughly similar to those in the U.S. Regular marijuana use among 23-34 year-olds, for example, was estimated at 14.5 percent of the population, compared with 17.4 percent in the U.S. Six out of every thousand people were regular users of cocaine, compared with 11 out of a thousand in the U.S. See *Fact Sheet*, p. 1.

41 See Ruter, pp. 17-20.

42 See Engelsman, p.212.

finds that, contrary to government assertions, "crack use is not at all a rarity."[43] And, the Dutch government admits that "drug abuse seems to have increased among groups in a relatively disadvantaged social and economic position" and that "the use of cocaine is increasing."[44] The most that the Dutch government, in a 1989 statement, can claim for the overall problem is that "it appears to be stabilising and is even decreasing in some cities."[45]

In short, there is virtually no evidence that drug use in the Netherlands is falling; there is some evidence that it continues to grow.

### Self-Evaluations

Another way of evaluating the success of each country's drug policies is to examine how those policies are assessed internally.

**Popular Support.** In Japan and Singapore, there is little criticism of the tough policies. Both countries have been very successful in recruiting broad segments of the population into the drug programs, as volunteer counselors and probation officers, in raising money for private-sector treatment facilities and serving, in the case of business, as sources of expertise. In response to recent increases in drug use, Japan and Singapore opt for more of the same: tougher laws, more enforcement, greater insistence on user accountability and longer sentences for drug dealers.

In Britain, there clearly was dissatisfaction with the permissive policies of the 1970s and 1980s. The result is that Britain has moved away from its early experiment with legalized heroin prescription and drug maintenance, moving instead toward the use of methadone in decreasing doses until the drug use is stopped entirely. In addition, and with little fanfare, the British have toughened their sentencing policies significantly. Between 1977 and 1987, the average sentence for all drug crimes rose from 16.4 years to 20.5 years, while the proportion of drug offenders who received prison sentences rose from 11 percent to 13 percent. Nearly twice as many prison sentences were handed out in drug possession cases – 1,730 in 1987 compared with 922 in 1977.[46]

Pressures to modify the "British System" further are strong and growing. Griffith Edwards, one of Britain's leading drug policy experts, last year responded to suggestions that America copy the British experiment, stated that "the situation [in Britain] is messy and unsatisfactory.... there's really nothing now for the Americans to copy."[47]

**Voices of Dissent.** As for the Netherlands, there the government, and many academics who designed the current policies, are deeply committed to staying the

43 See Jean-Paul C. Grund, "Where Do We Go From Here? The Future of Dutch Drug Policy," *British Journal of Addiction Research* (September 1989), pp. 992-995.

44 See *Fact Sheet*, p. 1.

45 See *Fact Sheet*, p. 1.

46 See *Statistics of the Misuse of Drugs*.

47 Quoted in Anthony LeJeune, "No Quick Drug Fix," *National Review,* March 24, 1989, p. 21.

| TOTAL AND PER CAPITA DRUG SEIZURES IN FOUR COUNTRIES | | | | |
|---|---|---|---|---|
| **DRUG** | **TOTAL AMOUNTS SEIZED (kilograms)** | | | |
| | **BRITAIN** | **JAPAN** | **NETHERLANDS** | **SINGAPORE** |
| **Heroin, Cocaine Stimulants** | 794.2 | 709.1 | 1,079.7 | 54.4 |
| **Marijuana** | 9,042.9 | 187.2 | 22,019.0 | 138.2 |
| **Hashish** | 7,869.4 | 8.8 | 46,221.1 | 0.0 |
| **POPULATION (millions)** | | | | |
| | 56.125 | 122.7 | 14.7 | 2.6 |
| **SEIZURES PER CAPITA (grams)** | | | | |
| **Heroin,Cocaine, Stimulants** | 0.014 | 0.006 | 0.073 | 0.021 |
| **Marijuana** | 0.16 | 0.02 | 1.50 | 0.05 |
| **Hashish** | 0.14 | – | 3.14 | 0.0 |

course. But voices of dissent increasingly are being raised. One reason for this is the rise in drug-related crime. Surprisingly, one of the most powerful statements of the problem comes from one of the most ardent defenders of the current Dutch policies, Professor Frits Ruter of the University of Amsterdam. In a May 1988 address in Washington, D.C., he noted that:

> It is estimated that the Dutch police spend half their time on investigating drug trafficking and drug-related crimes. Over 75 percent of the suspects taken into custody in Amsterdam are connected in some way with drugs, and 70 percent of the persons remanded in custody by the examining magistrate are either drug traffickers or involved in drug-related crimes. In our prisons nearly 50 percent of the inmates are drug addicts.... A recent survey showed that 40 percent of the inhabitants of Amsterdam considered that the protection offered by the police was insufficient.[48]

The Netherlands' policies are also coming under attack in the political realm. Amsterdam Mayor Eduard van Thijn has been especially critical, telling a reporter that "In the past 15 years, tolerance became synonymous with permissiveness, weakheartedness and softness on law-and-order. Today, backlash and debate about where Dutch society is going are in the air."[49]

48 Ruter, p. 11.

49 See "Tolerance Finds Its Limits," *Time*, August 31, 1987, p. 28.

### Comparative Statistics

The lack of adequate data makes it difficult to compare rates of drug use across countries. Some countries keep statistics on arrests, others on convictions; some use surveys to estimate the number of users, others register addicts.

One statistic that is kept in Britain, Japan, the Netherlands and Singapore, however, is the amount of drugs seized by police and customs officials. These statistics offer some means of estimating the amount of drugs used in each country. Dividing by the population, they also infer per capita drug consumption, at least on a relative scale.[50]

**Dramatic Data.** The table above shows the total and per capita drug seizures in each of the four countries examined in this study for three classes of drugs: 1) heroin, cocaine, and stimulants; 2) marijuana; and 3) hashish. What it shows is that seizures per capita (the lower half of the table) are dramatically higher in the Netherlands than in the other three countries. For the "hard" drugs (cocaine, heroin, and stimulants), the Netherlands seize more than triple the per capita amount for Singapore and more than five times as much as Japan. Even more dramatic contrasts appear for marijuana and hashish: Nearly ten times as much marijuana is seized, per capita, in the Netherlands than in Britain, its nearest rival; and, for hashish, over three grams of hashish are seized, each year, for every inhabitant of the Netherlands.

While these statistics could be overstated because of Rotterdam's important role as a drug transshipment point (that is, it could be argued that much of what is seized in the Netherlands is bound for consumption elsewhere), it may also be true that the Netherlands takes a more relaxed attitude toward enforcement, especially with respect to marijuana and hashish, than any of the other three countries, and its seizure rate is therefore likely to be understated.

## CONCLUSIONS

Two basic facts about the history and current status of drug abuse in Britain, Japan, the Netherlands and Singapore cannot be avoided. First, the two countries with the toughest policies, Japan and Singapore, dramatically reduced drug use over the past 20 to 30 years. By contrast, the countries with the more lax policies, Britain and the Netherlands, have made little if any progress in fighting their drug

50 Two assumptions must hold for this comparison to be valid. First, it must be assumed that police seize roughly the same proportion of the drug supply in all four countries (and, thus, that roughly the same proportion gets through). While it seems unlikely that seizure rates are precisely equal in the four countries examined here, all four do have aggressive anti-trafficking programs and there is no obvious reason to reject this assumption. It also must be assumed that drugs seized in each country are in fact bound for domestic drug users, and not being transshipped. Of the four countries, only the Netherlands is a substantial drug transshipment center, and the figures that result from this analysis could therefore be somewhat overstated (though it seems unlikely they are overstated enough to account for the surprising findings).

problems during the 1970s and 1980s. While get-tough policies have not eradicated drugs altogether, they have done better than the alternative.

Second, Japan and Singapore have developed and pursued long-run approaches to drug abuse that have won the broad support of their populations and to which they remain fully committed. By contrast, neither Britain nor the Netherlands has been successful in finding a long-run formula winning ongoing support. Japan and Singapore have no intention of changing their approaches; Britain and the Netherlands are either in the process of changing or seriously considering it.

The lessons for the U.S. in the experiences of these four countries:

**1) Britain and the Netherlands offer no evidence that legalization of some or all drugs offers hope of reducing drug use or its consequences.** Indeed, the U.S. has been far more successful in reducing drug use under its current policies than either Britain or the Netherlands.

**2) The experiences in Japan and Singapore offer some guideposts for American reforms.** While the more draconian aspects of these policies, such as unlimited detention of drug traffickers without trial, would not be appropriate in the U.S., other components of the Japanese and Singaporean programs, such as mandatory drug rehabilitation for users, increased use of urine testing within the criminal justice system and the death penalty for serious traffickers, could result in increased progress if applied in America. And, without question, America could benefit greatly from the kinds of active citizen participation in the war on drugs seen in both Japan and Singapore.

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