

DENIS RUSSO BURGIERMAN

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## A NEW WAY OF THINKING

Journalist, editorial director at *Superinteressante* magazine and author of the book *O Fim da Guerra* on new models of drug policy.



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The use of psychoactive substances has been a feature of virtually any human community, from the caves of nomadic times to the contemporary megalopolis. From tribal societies to great empires, from medieval kingdoms to modern nations, it is very difficult to find a single example of human settlement in any region of the world where there is not at least one substance that alters the consciousness, either for medical use, religious purposes, recreational use or any combination of these three spheres.<sup>1</sup>

These substances are dangerous by nature; after all, they alter the essence of who we are: how our brains perceive the world. Therefore, they have always been treated very carefully. Traditionally, for millennia, the main instrument that humankind used to deal with drug use was the culture - not the law.

In every society in each part of the world, there has always been a set of rules, prohibitions and rituals regulating the use of drugs in order to reduce their risks and damage<sup>2</sup>. These rules were seldom written. They were just memes<sup>3</sup>, which arose more or less spontaneously and were passed from individual to individual, from generation to generation, slowly adapting to times, influencing behaviors.

Throughout history, there have been some rare experiences of a more formal control. For example, Napoleonic France banned the use of marijuana in the occupied Egypt in 1798. However, laws like this have

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1 A good essay on the possible evolutionary explanations for the use of drugs by humanity can be found in the book *The Botany of Desire*, of Pollan (2002).

2 The book *Drogas e Cultura: Novas Perspectivas*, edited by Labate et al. (2008), has a number of examples of how this regulation by culture occurs.

3 The theory of memes, that are the minimum units of cultural information, analogous to genes, which are the minimum units of genetic information, is the brainchild of evolutionary biologist Richard Dawkins, in his classic *The Selfish Gene*, 1976.

always been historical rarities - exceptions in the midst of a world in which the rule were subtle cultural controls.

It was not until the twentieth century when, suddenly, humanity decided to try a new strategy to deal with drugs: prohibition. Throughout the first half of last century, several regions have enacted laws that criminalized trade and the use of certain drugs, and gradually the severity of these laws grew. In the 1970s, US President Richard Nixon named this new global policy that took shape: War on Drugs. The century came to an end with virtually every country in the world imposing severe criminal laws to curb trade and drug use - often more severe than even the laws to punish murder. It was the pinnacle of War on Drugs.

Apparently, this pinnacle is passing. While the ban remains in effect in almost every country in the world to almost all psychoactive substances (with some notable exceptions, such as drugs produced by pharmaceutical industries, alcohol and tobacco), there is all over the place indications that the pendulum arrived to its extreme and begins to return. We are witnessing a widespread substantiation that the War on Drugs was a huge failure, since it not only did not solve the problems associated with drug use, but created a number of other problems, some much more severe than those they tried to address.

For example, it increased violence, because created an immensely profitable market without any oversight or state regulation. Thus, it produced an incentive for large criminal organizations to form in order to compete for these markets. It also created a huge source of income that has enriched these organizations. Another side effect of the War on Drugs in certain countries, including Brazil, was a mass incarceration process, especially among lower classes and ethnic minorities, more vulnerable to police action<sup>4</sup>, which institutionalizes racism and demoralize the state before these groups. Not to mention that a clandestine market as profitable as this turns out to be an inevitable source of corruption, which undermines institutions and democracy.

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4 A good analysis of why the War on Drugs tends to lead to preferential incarceration of ethnic minorities, lower classes and younger individuals can be found at *Drugs and Drug Policy: What everyone needs to know*, by Kleiman, Caulkins and Hawken (2011).

A landmark on drugs debate was the year 2011, when several major political leaders who led the War on Drugs in the 1990s made a joint declaration assuming their failure and suggesting a change of course in the new century, towards a more flexible and effective regulation (Global Commission on Drug Policy, 2011). Worldwide, most political systems have reacted slowly to this change of mentality, because public opinion tends instinctively to prefer stricter approaches, due to the widespread fear that drugs cause.

Even so, it started popping up around the world, especially in the Americas and Europe, trials with laws not so strict and fuller of subtleties to regulate the use of drugs, instead of simply prohibiting all. In other words, a complex regulation, without single answers, something perhaps more similar to those systems based on the culture that humanity has adopted for millennia to deal with drugs.

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Two schools of thought dominated public policy on drugs in the second half of the twentieth century: the War on Drugs (WD) and the Harm Reduction (HR). The WD, designed by the United States from the bureaucracy of the federal government, assumes that drugs are bad by definition and must be fought relentlessly - the production has to be destroyed, all persons involved should be incarcerated, and all use must be restrained. The goal of WD is definitely to eradicate every drug in the world, and a measure of success is simply to reduce drug use.

The other paradigm, HR, has its origins in the 1960s, when it became the guiding principle initially in the Netherlands and soon after in other European countries such as Switzerland, Germany, Denmark and, to some extent, the UK. The HR is more pragmatic: admits that the goal of putting and end on drug use is a utopian madness, impossible to achieve. It is also more reasonable: considers that there are better and worse use of drugs and that to turn the worse use into the better use is already a gain. The classic action of early HR was distributing needles for heroin users to avoid AIDS epidemic with potential to harm the whole society - they discovered that this type of action does not increase drug use, but significantly reduces HIV contamination and public health spending. According

to this way of thinking, more important than putting an end on drug use or simply reducing usage rates is to try to reduce or eliminate the damage caused by them.

If you compare the two approaches in the twentieth century, the WD won by a landslide in terms of influence. Despite the reasonable prevalence of HR in parts of Western Europe, Australia, Canada and a handful of countries, most of the world followed the North Americans, because there was great financial incentives for those who did, in the form of international cooperation agreements.

However, by the end of the century, the data on concrete results of the two approaches began to accumulate and the conclusion is clear: neither HR nor WD can prevent people from using psychoactive substances. Nevertheless, HR is much better in reducing the damage they cause. Countries that have opted for HR have less AIDS, less hepatitis C, less drug use by minors, less potent drugs, almost no overdose, less prison overcrowding, less crime, less dependence. Anyway, HR works better.<sup>5</sup>

The proof is that today, in 2015, most of the world's countries have adopted at least a part of the prescriptions of HR in their systems.<sup>6</sup> Even where the laws have not changed, the discourse has changed: today even the most conservatives admit that it is more important to reduce the harm caused by drugs than be concerned only with the drug use index.

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When the War on Drugs was formulated in the 1960s we knew very little about the functioning of complex systems - was only then that the complexity started to be researched in universities.<sup>7</sup> Today we know that, because of this unawareness, people who planned and implemented the WD made some serious misconceptions.

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5 A good summary of the advantages of HR over WG can be found in the report *War on Drugs* (Ibid.).

6 The report *Taking Control: Pathways to drug policies that work*, by the Global Commission on Drug Policy (2014), summarizes the most successful changes that are occurring around the world.

7 A good textbook on strategies to deal with complexity is *Making Things Work: Solving complex problems in a complex world*, by Bar-Yam (2005).

The WD was declared to make fewer people would use drugs - in fact, at that time, it was believed that it would be able to definitively eradicate every drug, ridding the world of this problem. The plan was simple and straightforward: we ban drugs, destroy up all plantations, people stop using it and we win the war. As is known, it did not work: in fact, today there is a debate whether the WD ended up causing an increase in drug use.

The mistake is to ignore that the consumption of psychoactive substances follows a much more complex dynamic than a linear cause-and-effect relationship. There are millions of different motivations for using drugs, the most diverse: relaxing, escaping from responsibility, treating pain, feeling alive, killing yourself, for social, emotional, medical, religious reasons, having fun, forgetting - and the list could go on and on for dozens of pages. The WD's makers did not realize that, by prohibiting it, they were just adding up on more reason for using or not using drugs.

You cannot set strict rules in complex systems. The science of complexity teaches that, instead, the best one can do is modular incentives in the system, in order to convince the greatest number of people voluntarily to behave better.

One of the WD errors was not predict what became known as bladder effect. The effect, now well understood, describes a drug market property: it behaves the same way that one of those inflatable balloons from children's parties. You press one end and the other inflates. That is what tends to happen every time the WD acts. When you destroy coca plantations in Colombia, new crops appear in Peru and Bolivia. If drug dealers are arrested in the slums, others start working with that. If a drug is strongly suppressed, another appears on the market. The more you tighten the bladder, the more it inflates: the more violent is repression the more violent is drug trafficking.

This phenomenon occurs because the drug market is insanely profitable and demand never ceases. Financial gain is too large - and it gets higher when the repression increases. It does not matter how great the risk is, there will always be someone willing to face it - because the rewards are immense. A single successful transaction easily is worth millions of dollars. This helps to understand why you cannot avoid easy availability of drugs even where their trade is punishable with death penalty.

The WD failed because it ignored the fundamental principle of complex public policy: the system that controls a thing can never be less complex than the thing itself. No government will ever be able to control in detail a complex behavior that is widespread in much of the population. It is physically impossible - we would have to hire a public official to follow each user.

The only way to control such a complex system is by creating an equally complex network to watch over it. This network needs to be the whole society, or at least much of it, including the education system, health system, the family, the city, the labor market. Police and criminal justice, alone, will never be able to regulate something so immensely complex.

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In 2001, a small country very close to Brazilians set in motion a new national strategy to deal with drugs, entirely based on HR. Portugal withdrew from its law any moral intention and established a new procedure for dealing with users, which combined all the strategies that had proven to work around the world. They decriminalized drug use, set up an intelligent health system to deal with those who needed help but did not legalize any drugs - all remained banned.<sup>8</sup> Today, the good results of the new Portuguese system are evident both in health and in public safety.<sup>9</sup>

An interesting feature of the Portuguese system is its willingness to influence the cultural dynamics surrounding drugs, rather than simply impose a single behavior to everyone. The system tries to reach out to users, understand their usage patterns, map the risks and then develop strategies to mitigate them. It is a much more complex strategy than the WD that simply sent out vehicles to these places to arrest everyone, only to find the crack houses in the hands of other people the next day, with several unexpected negative consequences, including a frequent increase in violence caused by competition for vacant retail outlets.

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<sup>8</sup> I made a more detailed description of the Portuguese system in my book *O Fim da Guerra* (The End of War, by Burgierman, 2011).

<sup>9</sup> A good analysis of the results obtained in the first ten years of the Portuguese system implementation can be found in *What Can We Learn from the Portuguese Decriminalization of Illicit Drugs*, by Hughes and Stevens (2010).

More recently, another small country close to Brazil made headlines when it redesigned its system to deal with marijuana. Uruguay implemented in 2014 the *Responsible Regulation* and became the only country in the world where marijuana is legalized and regulated to production, distribution and use.<sup>10</sup>

The system now takes its first steps, although it is still stumbling. Homemade planting and medicinal use are in full swing, but sales in pharmacies has proved more difficult to implement than previously thought. Users also resist in registering in the system, because of concerns about their privacy. It is too early to analyze the results.

However, the most daring models of new systems to handle drugs are emerging in a surprising place: the United States. The country that led the global deployment of WD became in the last decade the focus of experimentation with new drug policy, especially for marijuana. In part, this is due to two characteristics of the American Republic: federalism and direct democracy. In the US, each state has huge autonomy to create its own laws, and there are several mechanisms for citizens to propose new laws and approve them by referendum. Through these mechanisms, almost half of the country legalized the medical use of marijuana, and four states - Colorado, Washington, Oregon and Alaska - legalized production, trading and sale of marijuana for any use (the District of Columbia, where is located the capital Washington, DC, also legalized the use of marijuana, but not the trade).

In many experiments of relaxing drug laws, a remarkable phenomenon was that the level of control over the use and drug markets has increased, rather than decreased, because the state has delegated partly this task to interested sectors of society. For example, the Netherlands, in the 1970s, when legalized marijuana trade in coffee shops, ruled that it was up to establishments to ensure public order and safety of users. The result was a reduction of violence and of the risks associated with this trade.

Similar events have been observed in various parts of the world. For example, in the city of Oakland, California, the medical marijuana industry

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<sup>10</sup> To know in detail the Uruguayan system, visit [www.regulacionresponsable.org.uy](http://www.regulacionresponsable.org.uy).

helps fund the policing and street lighting in the area where it is installed. In Spain, some of the cannabis user unions, which maintain collective crops, have harm reduction programs in order to educate users so that they avoid harmful patterns of consumption (Burgierman, 2011).

One thing in common between these experiences is that, despite all the expectations they generated, when they were finally implemented, a surprising normalcy followed. The most interesting thing that happened was that it almost nothing happened. Drug use did not exploded and people were not crazy. The same people that already used drugs continued to use them. Meanwhile, there was a series of small gains in health, safety, public space, taxes collection and on people's lives.

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Another change taking place in the global debate about drug policy is that the discussion does not seem to further limit the damage caused by drugs. There are also benefits. For example, the medicinal uses of substances like marijuana and hallucinogenic drugs.

For many years, research on the medicinal potential of illegal drugs were greatly hampered by legal restrictions. Any statement about the pharmaceutical utility of these substances was ridiculed and strongly criticized, because it contradicted the basic premise of WD that drugs are always bad.

However, in recent years, a large number of serious scientists, of sound institutions, many of them with no prior appreciation for drugs, started doing quality research on the subject. It is a recent phenomenon, typical of the twenty-first century, and therefore the results are still preliminary.

Nevertheless, there is no longer doubt that marijuana contains a biochemical arsenal that can be very relevant for the treatment of a wide range of complex medical conditions, from cancer to autoimmune diseases, from chronic pain to degenerative diseases and various neurological and psychiatric conditions.<sup>11</sup> Marijuana can indeed be tremendously harmful for some people. However, for others it could save people from death or greatly reduce their suffering.

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11 The documentary *Illegal*, directed by Tarso Araújo and Raphael Erichssen, of which I was one of the producers, brings a good balance of the debate on medical marijuana in Brazil.

Another area of research that has gained strength in recent years is about the therapeutic potential of psychedelic substances like psilocybin (mushroom), LSD, ibogaine and ayahuasca.<sup>12</sup> Apparently, these substances are all able to provide very intense experiences that have the power to change substantially the attitude of a person towards life. This effect seems to be very useful in helping patients cope with behavioral problems. For example, helping dependents to overcome an addiction or giving strength to terminal patients to overcome depression and face death with maturity and tranquility.

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All these surveys make us think about the biological role of psychoactive drugs to our species. If almost all communities in all regions of the world in all periods of history used some psychoactive substance, would it not mean these substances are in some way important to us - or at least for some of us?

One-year-old babies often like to turn around its own axis until dizzy - and before they turn two are able to find it funny and to laugh as they stagger. Children and adolescents are generally the most favorable people to seek experiences that change their perception of the senses - experts speculate that it is a strategy that evolution imprinted in our brain to expand cognitive ability during the years of brain development.

Our species - like many others - is equipped with a "hunger" for drugs (just as there is an appetite for food and another for sex) (Siegel, 1989). In high stress situations, for example, many of us have an almost irresistible desire to alter consciousness. Suppress appetites using an external force is something that rarely works, as anyone who live with an eating disorder or any behavioral addiction knows.

However, that does not mean it is impossible to live healthily with a big appetite too. A person suffering from binge eating can learn to eat carrots instead of bacon, for example, with large gain in quality of life, but to create these alternatives is not something that can be done through the Criminal Code. A law prohibiting bacon probably would work the other

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<sup>12</sup> Michael Pollan tells the history of the resurgence of research into psychedelics beautifully in the report *The Trip Treatment*, published by The New Yorker in February 9, 2015.

way around, increasing child resentment against the carrot and giving conditions for the emergence of a violent illegal trade of bacon.

Only culture is sufficiently complex and subtle to place various incentives in people's life, in order to favor the best habits and discourage the worst. Increasingly, systems for handling drugs are intricate incentives networks designed to influence culture, rather than rigid rules applied identically to all.

This is a profound change of mentality. In the twentieth century, it was believed that the only way to deal with such a serious problem as drugs would be with a global, concerted effort of hipervertical logic: the UN setting rules and each national government implementing them at the same time without room for trials. Today it is becoming clear that this hierarchical way of thinking simply does not work with complex problems. Since drug use is an individual matter, which varies tremendously from person to person, you can only control it with a horizontal network of regulation, flexible and diverse. Increasingly, the solutions to the problem are local, thought for specific situations, capable to be applied differently to each person.

Of course, this change will not happen from one moment to another. In much of the world, governments, the police and justice systems are in the hands of people created under the influence of the WD. It is natural that these people do not want to give up the power to govern the systems in their countries in a central way. What we are seeing now is a slow change, with a new generation, created within a new paradigm, gradually taking over the institutions. These people tend not to make the same mistakes.

A new way of thinking already dominate the qualified debate about drugs. It is expected that these new ideas end up resulting in a new way to deal with the issue - a way that is worthy of the human complexity.

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