

# Judicial Review Claim Form

In the High Court of Justice  
Administrative Court

Notes for guidance are available which explain how to complete the judicial review claim form. Please read them carefully before you complete the form.

For Court use only	
Administrative Court Reference No.	CO/687/07
Date filed	29/01/07



## SECTION 1 Details of the claimant(s) and defendant(s)

### Claimant(s) name and address(es)

**name**  
Casey William HARDISON - POWd (Civ)

**address**  
HMP Swaleside LH5330  
Sheerness, KENT ME12 4AX

**Telephone no.** n/a **Fax no.** n/a

**E-mail address**  
n/a

Claimant's or claimant's solicitors' address to which documents should be sent.

**name**

**address**

**Telephone no.** **Fax no.**

**E-mail address**

### Claimant's Counsel's details

**name**

**address**

**Telephone no.** **Fax no.**

**E-mail address**

### 1st Defendant

**name**  
Secretary of State for the Home Department

Defendant's or (where known) Defendant's solicitors' address to which documents should be sent.

**name**  
Treasury Solicitors

**address**  
One Kemble Street  
LONDON WC2B 4TS

**Telephone no.** 0207 210 3000 **Fax no.** 0207 210 3410

**E-mail address**

### 2nd Defendant

**name**

Defendant's or (where known) Defendant's solicitors' address to which documents should be sent.

**name**

**address**

**Telephone no.** **Fax no.**

**E-mail address**

## SECTION 2 Details of other interested parties

Include name and address and, if appropriate, details of DX, telephone or fax numbers and e-mail

name

address

Telephone no.

Fax no.

E-mail address

name

address

Telephone no.

Fax no.

E-mail address

## SECTION 3 Details of the decision to be judicially reviewed

Decision:  
Decision not to review the drug classification system under the Misuse of Drugs Act 1971 as declared in Cm 6941 at para 12, page5

Date of decision:  
October 13th 2006

Name and address of the court, tribunal, person or body who made the decision to be reviewed.

name  
Secretary of State for the Home Department

address  
50 Queen Anne's Gate  
LONDON SW1H 9AT

## SECTION 4 Permission to proceed with a claim for judicial review

I am seeking permission to proceed with my claim for Judicial Review.

Are you making any other applications? If Yes, complete Section 7.  Yes  No

Is the claimant in receipt of a Community Legal Service Fund (CLSF) certificate?  Yes  No

Are you claiming exceptional urgency, or do you need this application determined within a certain time scale? If Yes, complete Form N463 and file this with your application.  Yes  No

Have you complied with the pre-action protocol? If No, give reasons for non-compliance in the space below.  Yes  No

I have not completed a pre-action protocol for three reasons: 1) the lack of confidential access to the SSHD and the Treasury Solicitor; 2) Concern for my well-being as I reside in an institution which the SSHD controls; 3) Certainty on my part that there is no way to avoid litigation.

Does the claim include any issues arising from the Human Rights Act 1998? If Yes, state the articles which you contend have been breached in the space below.  Yes  No

I contend that the arbitrary nature of current drug classification under the Misuse of Drugs Act 1971 contravenes Article 14 on the grounds of property and other status, i.e. drug orientation, conjunct the ambits of Articles 5, 6, 8, 9 and Protocol 1, Article 1 of the Human Rights Act 1998. This ultimately manifests penalties severely disproportionate to the gravity of current drug offences constituting "inhumane punishment" contrary to Article 3.

## SECTION 5 Detailed statement of grounds

set out below

attached

### BREIF DETAILS OF CLAIM:

- 1) On January 19th 2006, concerned with the "limitations of the current [drug classification] system," the then SSHD Charles Clark told Parliament that he would "publish a consultation paper with suggestions for a review of the drug classification system".
- 2) Then both the Parliamentary Science and Technology Committee, HC 1031, on July 31st 2006, and the ACMD, on September 14th 2006, recommended that the drug classification system be reviewed to correct drug classification distinctions "based on historical and cultural factors" which "lack a consistent and objective basis". (ACMD [2006] Pathways to Problems, para 1.13)
- 3) In light of these above declarations and recommendations, particularly those of the ACMD which is statutorily empowered under s1 of the Misuse of Drugs Act 1971 and the former SSHD, the decision not to review the drug classification, made on October 13th 2006, is at minimum Wednesbury unreasonable as there exists a legitimate expectation created by the SSHD since 1971 that the classification system will evolve with the evidence. Thus when the ACMD and HC 1031 declare that drug classification is largely "evidence free" it is irrational for the system to not be reviewed.
- 4) Further, in light of the s3 HRA 1998 exhortation to interpret and apply legislation consistent with the Convention rights set out in the European Convention, the decision not to review drug classification has a disproportionate impact on those persons oriented towards drugs property scheduled on the basis of "historical precedent" and "cultural preference". (Cm 6941, page 15)
- 5) Finally, in the final two paragraphs on page 24 of Cm 6941 the SSHD gave the true reasons for not reviewing the classification system taking irrelevant factors into consideration but neither the reason promulgated nor the irrelevant factors will stand up to strict scrutiny review under the HRA 1998.

## SECTION 6 Details of remedy (including any interim remedy) being sought

I seek 1) for the decision to be Quashed; and 2) to remit the matter under CPR 54.19(2)(b) to the SSHD directing him "to reconsider the matter and reach a decision in accordance with the judgment of the court".

## SECTION 7 Other applications

I wish to make an application for:-

- 1) I wish to make an application for the provision of agreed supporting documents, judgments and paginated bundles to be provided by the SSHD so as to place the parties on equal footing.
- 2) I wish to make an application to apply for Judicial Review out of time (if in fact I am out of time). The decision "not to review" did affected me most recently on October 17th 2006, but I was not notified of that Judgment for a month. Also, I am further delayed as an incarcerated litigant with only sporadic computer and printer access and the necessity to utilise private volunteers to search and mail documents, jurisprudence and other authority. I therefore respectfully request that permission is granted.
- 3) I wish to make an application for a representation order for solicitor and counsel as I would prefer to not self-litigate this claim.

## SECTION 8 Statement of facts relied on

### Brief Statement of Facts:

1) On January 19th 2006, following his statement to the House of Commons on the classification of Cannabis, the then Home Secretary Charles Clark announced that he was initiating a review of the ABC classification system:

"The more I have considered these matters, the more concerned I have become about the limitations of our current system. [...] I will in the next few weeks publish a consultation paper with suggestions for a review of the drug classification system, on the basis of which I will make proposals in due course."

2) Recommendation 50 of the Science and Technology Committee, HC 1031, July 31st 2006, said:

"50. In our view, it would be unfeasible to expect a penalty-linked classification system to include tobacco and alcohol but there would be merit in including them in a more scientific scale, decoupled from penalties, to give the public a better sense of the relative harms involved."

3) Government rejected this recommendation on October 13th 2006 explaining on page 24 of Cm 6941:

"The Government fully agrees that the drug classification system under the Misuse of Drugs Act is not a suitable mechanism for regulating legal substances such as alcohol and tobacco. The distinction between legal and illegal substances is not unequivocally based on pharmacology, economic or risk benefit analysis. It is also based in large part on historical and cultural precedents. A classification system that applies to legal as well as illegal substances would be unacceptable to the vast majority of people who use, for example alcohol, responsibly and would conflict with deeply embedded historical tradition and tolerance of consumption of a number of substances that alter mental functioning (ranging from caffeine to alcohol and tobacco). Legal substances are therefore regulated through other means.

However, the Government acknowledges that alcohol and tobacco account for more health problems and deaths than illicit drugs and this is why the Government intervenes in many ways to prevent, minimise and deal with the consequences of the harms caused by these substances through its dedicated Alcohol Harm Reduction Strategy and its smoking/tobacco programme. At the core of this work, which is given considerable resources, is a series of education and communication measures aimed at achieving long term change in attitudes. It is through this that the public continues to be informed in an effective and credible manner."

4) On September 14th 2006 in 'Pathways to Problems: hazardous use of tobacco, alcohol and other drugs by young people in the UK and its implications for policy' the ACMD said:

"We believe that policy-makers and the public need to be better informed of the essential similarity in the way in which psychoactive drugs work. [...] At present, the legal framework for the regulation and control of drugs clearly distinguishes between drugs such as tobacco and alcohol and various other drugs which can be bought and sold legally (subject to various regulations), drugs which are covered by the Misuse of Drugs Act (1971) and drugs which are classed as medicines. The insights summarised in this chapter indicate that these distinctions are based on historical and cultural factors and lack a consistent and objective basis."

5) In Cm 6941, at page 15, the SSHD on behalf of Government stated:

"[Classification] Decisions are based on 2 broad criteria – (1) scientific knowledge (medical, social scientific, economic, risk assessment) and (2) political and public knowledge (social values, political vision, historical precedent, cultural preference).

6) But, in the introduction to Cm 6941, the SSHD said: "The Misuse of Drugs Act 1971 established the system by which drugs are classified. Its fundamental purpose was then and remains today to provide a framework within which criminal penalties are set with reference to the harm caused by a drug and the type of illegal activity undertaken in regard to that drug." This does not include "social values, political vision, historical precedent, cultural preference" the 2nd criteria for classification decisions.

7) And, in paragraph 12 of Cm 6941 the SSHD said: "In conclusion and for the reasons set out above (as well as in response to the individual findings of the Committee), the Government has decided not to pursue a review of the classification system at this time."

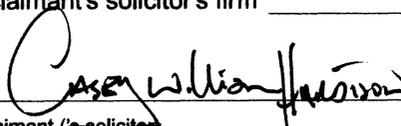
### Statement of Truth

I believe (The claimant believes) that the facts stated in this claim form are true.

Full name Casey William HARDISON - POWd (Civ)

Name of claimant's solicitor's firm \_\_\_\_\_

Signed

  
Claimant (or solicitor)

Position or office held \_\_\_\_\_

(if signing on behalf of firm or company)

## SECTION 9 Supporting documents

If you do not have a document that you intend to use to support your claim, identify it, give the date when you expect it to be available and give reasons why it is not currently available in the box below.

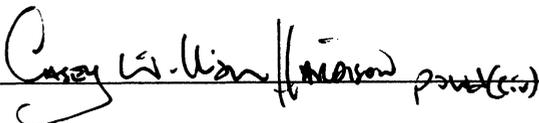
Please tick the papers you are filing with this claim form and any you will be filing later.

- |   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Statement of grounds  | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input checked="" type="checkbox"/> Statement of the facts relied on  | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input checked="" type="checkbox"/> Application to extended the time limit for filing the claim form  | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input checked="" type="checkbox"/> Application for directions  | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input checked="" type="checkbox"/> Any written evidence in support of the claim or application to extend time  |                                   |                                   |
| <input type="checkbox"/> Where the claim for judicial review relates to a decision of a court or tribunal, an approved copy of the reasons for reaching that decision |                                   |                                   |
| <input checked="" type="checkbox"/> Copies of any documents on which the claimant proposes to rely  |                                   |                                   |
| <input type="checkbox"/> A copy of the legal aid or CSLF certificate <i>(if legally represented)</i>  |                                   |                                   |
| <input checked="" type="checkbox"/> Copies of any relevant statutory material   |                                   |                                   |
| <input checked="" type="checkbox"/> A list of essential documents for advance reading by the court <i>(with page references to the passages relied upon)</i>          |                                   |                                   |

Reasons why you have not supplied a document and date when you expect it to be available:-

As an incarcerated self-litigant I have only sporadic computer and printer access, a very limited legal library, and it is necessary for me to utilise private volunteers to search and mail documents, jurisprudence and other authority. This takes time, thus, I would expect to have the Detailed Statement of Claim with Applications set out in Section 7 above by February 13th 2007.

Signed



Claimant (or Solicitor)

In the matter of an Application for Judicial Review

The Queen on the Application of

CASEY WILLIAM HARDISON

Claimant

— e —

SECRETARY OF STATE FOR THE HOME DEPARTMENT

Defendant

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**LIST OF ESSENTIAL DOCUMENTS**  
DECISION NOT TO REVIEW DRUG CLASSIFICATION

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1. The then Home Secretary Charles Clark's commitment to review the drug classification system. *Hansard*, HC Deb, 19 Jan 2006, Col 983
2. Misuse of Drugs Act 1971, ss1 and 2
3. Human Rights Act 1998 ss3 and 6
4. HC 1031 (2006) *Drug classification: making a hash of it?*, Science & Technology Committee, July 31<sup>st</sup> 2006, Fifth Report of Session 2005-2006
  - a. Summary (attached)
  - b. Ev 53, para 1.6
  - c. Appendix 14
  - d. Paragraphs 96-108
  - e. Recommendation 50
5. Home Office/ ACMD (2006) *Pathways to Problems: hazardous use of tobacco, alcohol and other drugs by young people in the UK and its implications for policy*. September 14<sup>th</sup> 2006
  - a. Key Messages and Overview, pages 6 - 9.
  - b. Recommendations 1, 10, and 11
  - c. Introduction, pages 13-16
  - d. Key points, page 18 (attached)
  - e. Paragraphs 1.1 through 1.15, pages 18-23, (para 1.13 attached)
6. Cm 6941, *The Government Reply To The Fifth Report From The House Of Commons Science And Technology Committee Session 2005-06* HC 1031 *Drug classification: making a hash of it?*, October 13<sup>th</sup> 2006.
  - a. Page 24, response to Recommendation 50 (attached)
  - b. Introduction, paragraph 12, 'the decision' (attached)

Casey William HARDISON – POWd (Civ)  
January 16<sup>th</sup> 2007

*Casey William Hardison - POWd (Civ)*



House of Commons  
Science and Technology  
Committee

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**Drug classification:  
making a hash of it?**

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**Fifth Report of Session 2005–06**

*Report, together with formal minutes, oral and  
written evidence*

*Ordered by The House of Commons*

*to be printed 18 July 2006*

HC 1031  
[Incorporating HC 900-ii, iv and xi]  
Published on 31 July 2006  
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## Summary

This Report is the second of three case studies under the Committee's over-arching inquiry into the Government's handling of scientific advice, risk and evidence in policy making. It addresses the relationship between scientific advice and evidence and the classification of illegal drugs.

In the course of this case study, we have looked in detail at the role played by, and workings of, the Government's scientific advisory committee on drug classification and policy, the Advisory Council on the Misuse of Drugs (ACMD). We have identified a number of serious flaws in the way the Council conducts its business. Although the Council has produced useful reports explaining the rationale behind its recommendations on drug classification decisions, we found a lack of transparency in other areas of its work and a disconcerting degree of confusion over its remit. We also note that the ACMD has failed to adhere to key elements of the Government's Code of Practice for Scientific Advisory Committees. In response to these and other concerns about the Council's operations, we have called for the Home Office to ensure that there is, in future, independent oversight of the Council's workings. We have also highlighted the need for the ACMD to play a far more a proactive role in supporting the work of the Department of Health and Department for Education and Skills: the Government's approach to drug education and treatment must be informed by scientific advice and stronger cross-departmental coordination will be vital if the Public Service Agreement targets on drugs policy are to be met.

With respect to the ABC classification system, we have identified significant anomalies in the classification of individual drugs and a regrettable lack of consistency in the rationale used to make classification decisions. In addition, we have expressed concern at the Government's proclivity for using the classification system as a means of 'sending out signals' to potential users and society at large—it is at odds with the stated objective of classifying drugs on the basis of harm and the Government has not made any attempt to develop an evidence base on which to draw in determining the 'signal' being sent out.

We have found no convincing evidence for the deterrent effect, which is widely seen as underpinning the Government's classification policy, and have criticised the Government for failing to meet its commitments to evidence based policy making in this area. More generally, the weakness of the evidence base on addiction and drug abuse is a severe hindrance to effective policy making and we have therefore urged the Government to increase significantly its investment in research.

Finally, we have concluded that the current classification system is not fit for purpose and should be replaced with a more scientifically based scale of harm, decoupled from penalties for possession and trafficking. In light of the serious failings of the ABC classification system that we have identified, we urge the Home Secretary to honour his predecessor's commitment to review the current system, and to do so without further delay.



# Pathways to Problems

hazardous use of tobacco, alcohol and  
other drugs by young people in the UK  
and its implications for policy



Advisory Council on the Misuse of Drugs

September 2006

# Why do we use psychoactive drugs, how do they work and why can they be harmful?

## Key points

- Psychoactive drugs are used worldwide in the pursuit of pleasure, solace and acceptance. Young people may also be attracted to use them for other, sometimes contradictory reasons – curiosity, rebellion or a desire to belong or escape. Psychoactive drugs all act on certain parts of the brain, altering normal neuro-chemical functions and hence the user's experience. The precise nature of the experience and other consequences will reflect the interaction of the particular drug with the individual's physiology, psychology and current circumstances.
- With repeated use of some drugs, addiction or dependence may develop, characterised by a compulsion to use the drug to the neglect of other activities and despite negative consequences. The addictiveness of drugs varies considerably, and some people become more readily and more severely addicted than others.
- Other harms to health and well-being may result from the direct effects of the drug on the body, from indirect effects such as infection, from psychological effects and from the wider social consequences of use.
- The mechanisms of action of psychoactive drugs cannot in themselves explain the huge worldwide increase in their use over the past 40 years. Attitudinal, cultural and economic changes may provide at least a partial explanation.
- The current system for classifying and controlling drugs in the UK has a number of shortcomings and should be reviewed.
- There is an ongoing responsibility for adults to provide children and young people with accurate and credible information about drugs, their effects and the possible consequences of their use.



## Why do we use drugs?

1.1 The worldwide appeal of psychoactive drugs lies largely in the expectation that they will produce desirable effects: generating or enhancing feelings of pleasure or relaxation; diminishing pain, depression, sadness or fatigue; increasing energy or concentration; and facilitating socialisation. For example, in the European School Survey Project on Alcohol and Other Drugs (ESPAD),<sup>1</sup> a large proportion of respondents in all 35 participating countries – all aged around 15 – said they associated alcohol with “having fun”, that it would make them feel “more friendly and outgoing” or “relaxed”. British respondents were among the most positively disposed towards alcohol. In the 2004 survey of 11–15-year-olds in England, while almost all pupils agreed smoking was a cause of ill health, 68% thought it helped people relax if they were nervous and around 20% felt that smokers stayed slimmer than non-smokers, and that smoking gave people confidence and helped them cope better with life.<sup>2</sup> Smokers were more likely to have positive

views than non-smokers, but older non-smokers had more positive views than younger. In a study of older regular drug users, the main reasons given for using drugs were: to increase energy, relax, dance, get away from problems, help manage the effects of other drugs, decrease inhibitions, relieve boredom, relieve depressive thoughts, suppress appetite/diet, increase motivation, facilitate work and increase confidence.<sup>3</sup> A desire to conform or to emulate one's peers may also contribute to the decision to use drugs, and may enable first users to tolerate unpleasant effects such as nausea, dizziness or an unpleasant taste and still come back for more. Among 11–15-year-olds in England, the proportion who thought it was acceptable to try something at least once varied markedly according to the drug. In 2004, 62% thought it was acceptable to try drinking alcohol once, 40% to try smoking, 11% to try cannabis and 3% to try heroin.<sup>2</sup> For many, that first cigarette, glass or joint will be an inconsequential moment. For a substantial minority it will prove to be the first step on a perilous and costly pathway from which they may never escape.

# Why do we use psychoactive drugs, how do they work and why can they be harmful?

1.11 Cannabis can provoke the onset of psychosis or worsen existing psychotic illness.<sup>11</sup> In the ten years to 2003, 700 people in the UK died from inhaling volatile substances, particularly gas fuels.<sup>12</sup> Many thousands of young women are inadvertently harming their unborn babies through use of tobacco, alcohol or other drugs during pregnancy. About 2% of untreated heroin addicts die every year, and over 60% of heroin injectors are infected with hepatitis C in parts of the UK.

1.12 The neurological processes outlined above help to explain why psychoactive drugs have the effects they have. However, as there is no evidence that either the human brain or genome has changed in recent years, the mechanisms cannot explain why drug use among young people has increased so dramatically over the past 40 years or so, both in the UK and elsewhere. To better understand this phenomenon, we need to look at the changing nature of prevailing attitudes and values; at the way we are bringing up our children; at the characteristics of our communities and social environment; and at the ways in which tobacco, alcohol and other drugs can be bought and sold. In succeeding chapters, we will examine these factors in more detail. Our prime aim is to identify ways in which we as a country

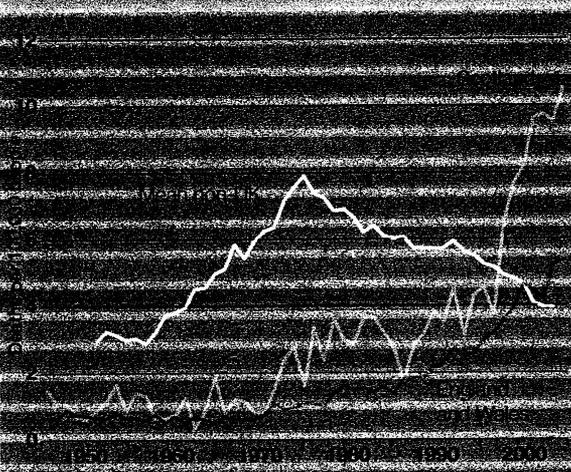
might more successfully protect young people from the hazards of psychoactive drugs.

## Implications of our findings for policy and practice

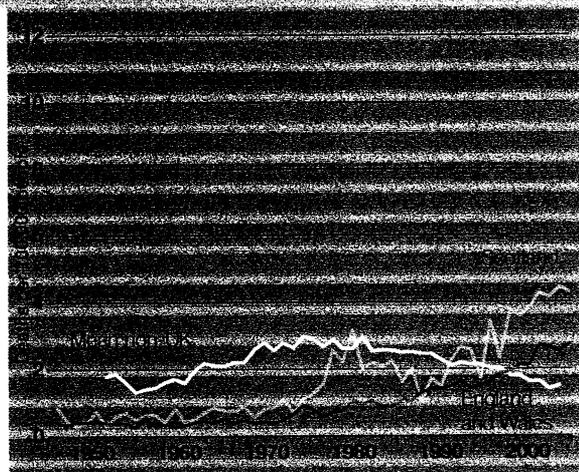
1.13 What are the implications of these insights into the mechanisms of action of psychoactive drugs and their effects? We believe that policy-makers and the public need to be better informed of the essential similarity in the way in which psychoactive drugs work: acting on specific parts of the brain to produce pleasurable and sought-after effects but with the potential to establish long-lasting changes in the brain, manifested as dependence and other damaging physical and behavioural side-effects. At present, the legal framework for the regulation and control of drugs clearly distinguishes between drugs such as tobacco and alcohol and various other drugs which can be bought and sold legally (subject to various regulations), drugs which are covered by the Misuse of Drugs Act (1971) (Figure 1.3) and drugs which are classed as medicines, some of which are also covered by the Act. The insights summarised in this chapter indicate that these distinctions are based on historical and cultural factors and lack a consistent and objective basis.

**Figure 1.2** Time trends in alcohol, tobacco, psychosis in England and Wales, Scotland, and 15 European countries. Age-standardised rates per 100,000 people between 1950 and 2000.

### Men aged 15–44 years



### Women aged 15–44 years





THE GOVERNMENT REPLY TO THE FIFTH  
REPORT FROM THE HOUSE OF COMMONS  
SCIENCE AND TECHNOLOGY COMMITTEE  
SESSION 2005-06 HC 1031

## **Drug classification: making a hash of it?**

**Presented to Parliament by the Secretary of State  
for the Home Department  
by Command of Her Majesty  
October 2006**

entering and staying in treatment: the numbers in contact with treatment services has more than doubled since 1998; 13% more people were in contact with treatment services in 2005/06 than in the previous year (over 181,000 individuals) and 78% of drug misusers are being retained in or successfully completing treatment. Drug-related crime is falling: acquisitive crime – to which drug-related crime makes a significant contribution – is going down and fell by almost 16% between April 2004 and April 2006. Class A drug use remains stable among young people aged 16-24, while the use of any illicit drug has fallen by 21%, compared to 1998. Communities are benefiting too: since 2000, there has been a downward trend in the proportion of people perceiving drug use or drug dealing as very or fairly serious problems: from 33% in 2000 to 27% in 2005/06. The Drugs Act 2005, the creation of the Serious Organised Crime Agency, the neighbourhood policing agenda, the treatment effectiveness strategy and the Young People and Drugs Programme all contribute to an extension of the strategy's reach and range of interventions which will bring down even further the harms caused by illegal drugs.

the decision →

12. In conclusion and for the reasons set out above (as well as in response to the individual findings of the Committee), the Government has decided not to pursue a review of the classification system at this time.

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Each of the Select Committee's findings – shown below in bold and numbered in accordance with the Report – are now addressed in turn.

#### International comparisons

**1. We conclude that the UN drug control treaties do not pose a major barrier to reform of the UK system of drug classification.**

#### **Accept**

It has always been the position of the UK Government that the United Nations Conventions, to which the UK is a signatory, do not pose a significant barrier to a change in the system by which drugs are controlled in this country. However, the Government is not free to legislate entirely as it pleases. It must do so within the parameters set by the Conventions.

#### Advisory Council on the Misuse of Drugs

**2. The Government's total reliance on the ACMD for provision of scientific advice on drugs policy gives the Council a critical role to play in ensuring that policy in this area is evidence based. It is, therefore, vital that the Council is fit for purpose and functioning effectively.**

#### **Accept in Principle**

The Government agrees with the Committee that it is essential that the Advisory Council on the Misuse of Drugs (the Council) is fit for purpose and functions effectively. It believes that it receives sound advice from the Council, and acknowledges and appreciates the expertise of its members. The Government believes that it functions well and that it can rely on the integrity of the information and advice that the Council provides. However, the Government also acknowledges that, as with any organisation of its kind, it is

50. In our view, it would be unfeasible to expect a penalty-linked classification system to include tobacco and alcohol but there would be merit in including them in a more scientific scale, decoupled from penalties, to give the public a better sense of the relative harms involved.

### Reject

The Government fully agrees that the drug classification system under the Misuse of Drugs Act is not a suitable mechanism for regulating legal substances such as alcohol and tobacco. The distinction between legal and illegal substances is not unequivocally based on pharmacology, economic or risk benefit analysis. It is also based in large part on historical and cultural precedents. A classification system that applies to legal as well as illegal substances would be unacceptable to the vast majority of people who use, for example alcohol, responsibly and would conflict with deeply embedded historical tradition and tolerance of consumption of a number of substances that alter mental functioning (ranging from caffeine to alcohol and tobacco). Legal substances are therefore regulated through other means.

Article 14

Article 9 →

irrelevant factors

unnecessary exclusion from 1971 Act

However, the Government acknowledges that alcohol and tobacco account for more health problems and deaths than illicit drugs and this is why the Government intervenes in many ways to prevent, minimise and deal with the consequences of the harms caused by these substances through its dedicated Alcohol Harm Reduction Strategy and its smoking/tobacco programme. At the core of this work, which is given considerable resources, is a series of education and communication measures aimed at achieving long term change in attitudes. It is through this that the public continues to be informed in an effective and credible manner.

The question thus remains: why is it acceptable to incarcerate a person concerned with one type of harmful drug property and not those concerned with other more harmful drug property?