In the Supreme Court of Judicature
Court of Appeal (Civil Division)
On Appeal from the Queen's Bench Division
The Administrative Court
His Honour Mr. Justice Beatson

C4/2007/2160

Royal Courts of Justice
Strand
London WC2A 2LL

In the matter of an Application for Judicial Review CO/687/2007

The Queen on the Application of

CASEY WILLIAM HARDISON

Appellant

– & –

SECRETARY OF STATE FOR THE HOME DEPARTMENT

Respondent

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"[It is] increasingly difficult to justify the continued distinction among substances solely according to their legal status and social acceptability. Insofar as nicotine-addiction, alcoholism, and the abuse of solvents and inhalants may represent greater threats to health that the abuse of some substances presently under international control, pragmatism would lead to the conclusion that pursuing disparate strategies to minimise their impact is ultimately artificial, irrational and un-economical"

G. Giacomelli, Executive Director
UN International Drug Control Program
Opening Statement
37th Session Commission on Narcotic Drugs, 1994

Prepared By

Casey William HARDISON

October 8th 2007

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Introduction

1. As an aid to the Court, set out here is the factual basis of the SSHD's decision or "promise" to review the drug classification system, Hardison's interpretation of the Misuse of Drugs Act 1971 ("the 1971 Act"), its legitimate aims and its classification system, his procedural and substantive legitimate expectation, and a short argument as to why the current administration of the 1971 itself illegal, irrational, and unfair.

2. Appendix A ends with an overview of the conscious and unconscious distinctions Government makes in their administration of the Misuse of Drugs Act 1971.

The factual basis of the Promise – A chronology

3. On January 19th 2006, after the announcement to the House of Commons on the 'Regulation of Cannabis', the then Secretary of State for the Home Department, the Rt Hon Charles Clarke MP, made a clear unequivocal promise in the public interest to Parliament and thus the nation in the following terms:

> "The more that I have considered these matters the more concerned I have become about the limitations of our current system. Decisions on classification often address different or conflicting purposes and too often send strong but confused signals to users and others about the harms and consequences of using a particular drug and there is often disagreement over the meaning of different classifications. [...]. For these reasons 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 in due course make proposals". *Hansard*, HC Deb, 19 Jan 2006, Col 983 (Emphasis added)

4. Then, after some lively debate on the matter of *Cannabis* and the review of the drug classification system, the following exchange took place near Column 988:

> "**Mr. John Denham (Southampton, Itchen) (Lab):** I welcome my right hon. Friend's statement, and in particular his review of the classification system. Although the advisory committee has a broad membership, it seems to be more reliable when it comes to the clinical impact of drugs. Classification must take into account much wider questions of how particular drugs are used, links—or otherwise—with crime, whether there are ways in which young people are especially vulnerable, and so on. I hope that my right hon. Friend will be able to produce a system that will ensure that Ministers are advised not just on the clinical issues, but on all the broader factors that my right hon. Friend, like his predecessors and successors, must take into account.
>
> **Mr. Clarke:** My right hon. Friend is entirely right. That is why I made my decision. Clinical, medical harm is the advisory council's predominant consideration, contrary to what was said by the right hon. Member for Haltemprice and Howden (David Davis), but there are also harmful implications for society more widely in the case of particular drugs, whether they relate—as my right hon. Friend suggests—to organised crime or to general social factors. The signals that emerge from the classifications A, B and C can be very confused, so it is important to re-examine the position. I do not think that I am betraying a confidence in saying that Sir Michael Rawlings, chair of the Advisory Council on the Misuse of Drugs, has welcomed my decision. I believe that that is because the council's members know that getting the classification system right is key to reducing the use of dangerous drugs, which I am determined to do." (Emphasis added)

5. And, after some further exchange, the following was said by Mr. Clarke near *Hansard* HC Columns 991-992:

> "[...] one needs to proceed on the basis of evidence. We have sometimes argued about what the evidence tells us, but that is part of the general discussion. [...] Clarity is the most important thing. One of the biggest criticisms of the current classification system is that it does not illuminate debate and understanding among the young people who are affected by it. That is one of the reasons that I have decided to undertake an examination of this matter." (Emphasis added)

6. Then, on January 26th 2006, a week later, in the Rt. Hon. the House of Lords, at *Hansard* HL Column 1278 or 11:24 am, during a debate on 'Drug Legalisation' Lord Cobbold asked Her Majesty's Government:

> "Whether, as part of the proposed review of the drug classification system, they will undertake a broad review of the advantages and disadvantages of drug legalisation".

Lord Bassam of Brighton, HM Household, replied for Government:

> "The objective of the forthcoming review of the classification of drugs announced by my right honourable friend the Home Secretary on 19 January is to bring greater clarity to the system of control. Her Majesty's Government have no intention of legalising controlled drugs." (Emphasis added)

7. Then, on March 2nd 2006, during a House of Lords Debate on the 'Drug Classification System' at *Hansard* HL Column 414, Lord Bassam of Brighton said:

> "The current system of classifying drugs into the three classes A, B and C on their relative harms was established by the Misuse of Drugs Act 1971. We are all aware that the patterns of drug misuse in the United Kingdom have changed quite dramatically in the past 35 years. It is in our view therefore appropriate that the system of control should now be reviewed to ensure that a clearer system is in place. The Government's review on classification will begin in a few weeks with the publication of a consultation paper. Until the contents of the consultation paper are more widely known, I cannot comment in detail about it. The Government are **committed** to engaging with our key stakeholders, whose views will be taken carefully into consideration". (Emphasis added)

8. Then, on June 14th 2006, Home Office Minister Vernon Coaker said in oral testimony to the 2005-2006 Science and Technology Committee, HC 900, Q1205:

> **"Q1205 Chairman:** In January the then Home Secretary Charles Clarke announced that a consultation paper on the ABC classification system would be published within a few weeks. There was obviously a concern about it at that time. Why has it not happened?
>
> **Mr Coaker:** Two things. First of all, the Home Secretary — in post for four weeks — has not yet taken a decision on how to proceed with the review of the classification system. With respect to the consultation document which is in draft form in the department, the view is that we will need to wait until such time as we decide how to proceed with respect to the review of the classification system and also, similarly, wait for the report of this Committee — which we want to take into account in determining the best way forward." (Emphasis added, Ev 43)

9. Then, on July 31st 2006, the 2005-2006 Science and Technology Committee published their Fifth Report, HC 1031, *Drug classification: making a hash of it?*, in which they said, at paragraph 100, vis-à-vis Mr Vernon Coaker's June 14th 2006 testimony:

> "We urge the new Home Secretary to honour his predecessor's promise to conduct the review – our findings suggest that it is much needed. Although we are, of course, pleased that the Home Office is placing such store by our recommendations, the long delay in publishing the consultation paper on the review of the classification system has been unfortunate and should be rectified immediately". (Emphasis added)

10. Then, on October 13th 2006, the Advisory Council on the Misuse of Drugs published their response to the Fifth report of the 2005-2006 Science and Technology Committee, *Drug classification: making a Hash of it?* It stated:

> "The Council welcomed the announcement by Charles Clarke to review the system because it believes that there is scope to explore how effectively the current system is operating; and to examine whether there are any opportunities to improve it. As with any system, regular review clarifies and confirms its fitness for purpose."

11. But then, on October 13th 2006, in **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?*, the Rt Hon John Reid MD, the then new Home Secretary, made no mention of the promised consultation paper when he said at paragraph 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".

12. And then, in a House of Lords Lords Question/Debate, on January 16th 2007: *Hansard* HL Column 563, Lord Cobbold asked Her Majesty's Government:

> "What is the status of the root and branch review of the ABC system of drug classification, announced by the Home Secretary in January 2006?"

And Lord Bassam of Brighton replied for the Government:

> "My Lords, in October 2006, when publishing their reply to the House of Commons Science and Technology Committee's report on the relationship between scientific evidence and the classification of illegal drugs, Her Majesty's Government announced that the review of the drug classification system would not be proceeding at this time." (Emphasis added)

13. By now, it must have been fair for Hardison to assert, in his N461 claim form, that the January 19th 2006 announcement by the then Home Secretary was not a general or broad statement of policy; rather, it was a detailed, well thought out, intentional decision or "promise" by a Home Secretary, "concerned ... about the limitations of the current system", acting in the public interest. Further, if it wasn't a commitment to review the drug classification system then the draft consultation document wouldn't exist. And, as the June 14th 2006 statement by the Home Office Minister Vernon Coaker elucidates, (along with a July 2nd 2007 Home Office FIA 2000 affirmation T12396/7 6439), the consultation document exists.

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The Misuse of Drugs Act 1971 and its Classification System

14. The drug classification system is central to the Misuse of Drugs Act 1971 ("the 1971 Act"), which is the United Kingdom's principal legal framework for the regulation of property rights re "dangerous or otherwise harmful drugs". The Act's title, long title and first two sections describe the legitimate aims of the Act and the legitimate decision making process. The remaining sections describe an integrated framework of regulatory options for achieving the Act's aims.

15. For clarity, it is a vital fact that the term 'drug' is not synonymous with the expression 'controlled drug', s2(1)(a); thus, 'drug' refers to all drugs irrespective of their legal status or purposes or modes of use (medical or non-medical, scientific or non-scientific, social or asocial). Similarly, 'misuse' applies only to drug consumption, s37(2); thus, possession, supply and production are not misuse but property rights regulated by the 1971 Act. The 1971 Act does not regulate drugs.

16. The Act's primary legitimate aim, i.e., the public interest, is to reduce the potential risks to individuals and society from the irresponsible and deleterious exercise of property rights in "dangerous or otherwise harmful drugs" ... "which are being or appear ... likely to be misused and of which the misuse is having or appears ... capable of having harmful effects sufficient to constitute a social problem", s1(2).

17. The 1971 Act's secondary legitimate aim is for regulations, sanctions and classification to evolve with evidence of each drug's harm potential and evidence of the efficacy of regulatory options in genuinely meeting the 1971 Act's aims. To this end, the Advisory Council on the Misuse of Drugs ("ACMD") is charged with a statutory duty, under s1, to provide government with independent scientific advice concerning evidence of drug harmfulness and "advice on measures (whether or not involving alteration in the law) which in the opinion of the Council ought to be taken ... for restricting the availability of such drugs or supervising arrangements for their supply...", etc., s1(2).

18. Then, as part of ensuring procedural fairness, proportionality and consistency, Government has a statutory duty to consult the ACMD, ss2(5), s7(7) & 31(3), before presenting to both Houses of Parliament for resolution any subordinate legislation proposing "alterations in the law", *viz* changes in the 1971 Act's schedules, drug classification system, regulations and/or sanctions.

19. Crucially, changes to a controlled drug's classification do not affect the regulation of property rights as controlled drug classification, ostensibly ranked according to drug harmfulness in Schedule 2, is directly linked via s25, only to the sanctions for the contravention of the regulations in Schedule 4, and not (like the Medicines Act 1968) to the regulations themselves.

20. Section 31(1)(a) of the 1971 Act authorizes Government to make different regulations for different classes of drugs, persons or circumstances. And, s7 explicitly enables Government to make regulations by subordinate legislation which differentiate between the use of and commerce in 'controlled drugs' for non-medical and non-scientific purposes, ss7(1)-7(2) – which "may" be made lawful, and the use of and commerce in 'controlled drugs' for medical, scientific and "other special purposes", s7(3)-7(4) – which "shall" be made lawful.

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21. Although ss7(1)-7(2) & s31(1)(a) make clear Parliament's intention not to fetter the legal discretion of the ACMD or Government to the 'prohibitionist' regime of the UN drug Conventions, which obliges the executive branch – subject to its constitutional limitations – to restrict the exercise of property rights in 'controlled drugs' to medical and scientific purposes, current regulations for non-medical or non-scientific use and commerce of controlled drugs consist of total extinction of property rights – import/export, s3, supply and production, s4, possession, s5, etc. – irrespective of classification or drug harmfulness.

22. At the heart of the classification system is the differentiation of 'controlled drugs' into three Classes from A to C. On this Government has recently said:

> "The three-tier classification was designed to make it possible to control particular drugs according to their comparative harmfulness either to individuals or to society at large when they are misused".[1] (Emphasis added)

23. According to the 2005-2006 Science and Technology Committee report, HC 1031, *Drug classification: making a hash of it?* "the United Nations Single Convention on Narcotic Drugs 1961 and its attempts to establish a Convention on Psychotropic Substances (eventually ratified in 1971) formed an important backdrop to the United Kingdom's efforts to rationalise its legislation in this area. James Callahan, the then Home Secretary, told Parliament in 1970 that in developing the classification system the Government had used the UN Single Convention and guidance provided by the World Health Organisation to place drugs: "in the order in which we think they should be classified of harmfulness and danger"." [2]

24. The Rt Hon James Callahan MP continued to explain the purpose of the classification system:

> "The object here is to make, so far as possible, a more sensible differentiation between drugs. It will divide them according to their accepted dangers and harmfulness in the light of current knowledge and it will provide for changes to be made in the classification in the light of new scientific knowledge".[3]

25. And, on January 19th 2006, whilst making the promise to "publish a consultation paper with suggestions for a review of the drug classification system", the then SSHD, the Rt. Hon. Charles Clarke said to Parliament and thus the nation:

> "Evidence must be the core of what we do in this area ... One needs to proceed on the basis of the evidence ... I want to emphasise to the House the importance of evidence and research on this subject".[4]

26. This could induce in one a procedural and substantive legitimate expectation that any decisions taken with respect to the drug classification system would consider all relevant evidence and exclude all irrelevant evidence, that like cases would be treated alike and that unlike cases would be treated differently.

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[1] HC 1031 (2006) Appendix 1, Ev 53, Memoranda from the Government, para 1.6
[2] HC 1031 (2006) para 6
[3] *Hansard*, House of Commons, Misuse of Drugs Bill 1970, March 25th 1970, Vol. 798, col. 1453
[4] *Hansard*, HC Deb, 19 Jan 2006, Col 983 *et seq.*

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The Procedural Legitimate Expectation – Due Process

27. Hardison, as a member of the general public, has a longstanding legitimate proceedural expectation which arises from s1 of the Misuse of Drugs Act 1971 ("the 1971 Act"), s3 of the Human Rights Act 1998 and the Rule of Law conjunct the representation of the SSHD in 1970:

    a. It is lawfully and legitimately expected that where personal liberty and property rights are at stake, no matter how emotive, this Government will honour its due process obligations under the Rule of Law and the Human Rights Act 1998.

    b. Any arbitrariness in drug classification results in abuse of the Court's process, thus, the classification of any drug must be a reliable fact of law. This makes review of the drug classification system a matter of procedural fairness embodied in the right to a fair hearing as classification decisions ultimately result in deprivations of physical liberty and property.

    c. Hardison believes the SSHD recognised this in 1971 when he told the House: "The object here is to make, so far as possible, a more sensible differentiation between drugs. It will divide them according to their accepted dangers and harmfulness in the light of current knowledge and it will provide for changes to be made in the classification in the light of new scientific knowledge."[5]

    d. Hence, s1 of the 1971 Act created an independent scientific Advisory Council on the Misuse of Drugs, which must be consulted by the SSHD before any changes in the law, declaring that the 1971 Act is to be "ke[pt] under review".

28. So when, on January 19th 2006, the SSHD made a clear promise, in the public interest, to consult on a review of the drug classification system, the Rt Hon Gentleman knew that the classification system itself has not been reviewed in 35 years. This promise induced an added procedural expectation of being consulted.

29. And crucially, when the new SSDH reneged on the promised "consultation paper" and the "review of the drug classification system" on October 13th 2006 in Cm 6941, the SSHD's attention had most recently been directed to the arbitrary and subjective nature of Government's implementation of the drug classification system under the 1971 Act by the 2005-2006 Science and Technology Committee, on July 31st 2006, and the Advisory Council on the Misuse of Drugs, on September 14th 2006. Each of these esteemed bodies made it unequivocally clear that the current classification system was not fit for purpose, *viz* the scientific evidence had significantly evolved, that each drug's classification may never have been a reliable fact of law, and that the system should be urgently reviewed.

30. So, by failing to honour the promise to consult on the review of the drug classification system, the SSHD has denied the general public the right to be heard on such an inherently vital matter to the welfare of all persons. The SSHD has also reneged on the opportunity to ensure with certainty that the drug classification system is fit for purpose and based on a rational, evidenced based assessment of the harm potential of "dangerous or otherwise harmful drugs".

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[5] *Hansard*, House of Commons, Misuse of Drugs Bill 1970 (not passed), March 25th 1970, Vol. 798, col. 1453

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The Substantive Legitimate Expectation

31. It is expected that any defendant charged under the 1971 Act is entitled to the fullest protection of the Rule of Law as matter of substance. So too the general public have an expectation that the 1971 Act is being lawfully administered.

32. And, where differential treatment, due to prejudice or simply the lack of rational consideration, is coupled with the use of power, we speak of arbitrariness, capriciousness, inconstancy, irregularity, unpredictability, etc. We understand that these attributes are wholly irreconcilable with the ideal of the Rule of Law[6] which presupposes the generality of the laws, their plain and even applicability (*in abstracto*) and their uniform application (*in concreto*).

33. Thus, Hardison's substantive expectation arises via his direct experience – confirmed by Government in Cm 6941, para 20(c) *supra*, and repeated in paragraph 7 of the 'Defendant's Summary Grounds for Contesting the Claim' dated March 14th 2007 – that the neutral Misuse of Drugs Act 1971 is being administered unequally contrary to the common law principle of equal treatment and thus in a way that supports the "prejudice and misconceptions"[7] of the majority at the expense of minorities such as Hardison.

34. Accordingly, Hardison expects that when Government's attention has been drawn to their arbitrariness, and then they admit it, they will act in the spirit of *Railway Express Agency, Inc v New York* (1949) 336 U.S. 206, 112-113, in which US Supreme Court Justice Jackson said:

> "[T]here is no more effective practical guaranty against arbitrary and unreasonable government than to require that the principles of law which officials would impose upon a minority be imposed generally. Conversely, nothing opens the door to arbitrary action so effectively as to allow those officials to pick and choose only a few to whom they will apply legislation and thus to escape the political retribution that might be visited upon them if larger numbers were affected". *Cf.* A & Others v SSHD [2004] UKHL 56 at para 68.

35. Hardison, many members of the public, drugs charities, and Ministers of Parliament expected that Government would use "the forthcoming review of the classification of drugs announced by [the] right honourable friend the Home Secretary on 19 January ... to bring greater clarity to the system of control"[8] and to correct the arbitrariy and subjective distinctions Government makes in administering the drug classifcation system under the 1971 Act.

36. Ultimately, both the decision not to pursue the review of the drug classification system and the current administration of the 1971 Act is an abuse of power which results in severe unequal treatment under criminal law of persons who consume and commerce in equally harmful drugs. Moreover, the SSHD has placed the general public, the User, the Police, the Jury, the Courts and any Defendant, at a considerable disadvantage, by having them believe the drugs in question, be they licit or illicit, to be more or less harmful than they really are.

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[6] Lord Bingham of Cornhill KG (2006) *The Rule of Law*, Sir David Williams Lecture, House of Lords, November 2006
[7] Professor Colin Blakemore (2003) *A Scientifically Based Scale of Harm for all Social Drugs* in Beckley Foundation (2003) Society & Drugs: A Rational Perspective, Seminar III, Admiralty Arch, July 15th 2003, proceedings p.80
[8] *Hansard*, House of Lords, January 26th 2006, Col. 1278, Lord Bassam of Brighton

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37. The SSHD's administration of the MDA 1971 is illegal, irrational, and unfair:

a. Illegal – Government "policy" of treating persons who exercise property rights in equally harmful drugs in an unequal manner under the 1971 Act without an objective and rational justification is unlawful.

i. The 1971 Act does not give the SSHD the legal power to exclude the two drugs which account for the most harm to individuals and society from the scope of the 1971 Act, thereby causing unequal treatment. To do so undermines the legitimate aim of the Act, *viz* "to control particular drugs according to their comparative harmfulness either to individuals or to society at large when they are misused"[9] … "divid[ing] them according to their accepted dangers and harmfulness in the light of current knowledge … provid[ing] for changes to be made in the classification in the light of new scientific knowledge".[10]

ii. The 1971 Act gives no indication that unequal treatment is intended. *Cf.* R v SSHD *ex p* Simms [1999] UKHL 33.

iii. Further, it is a legitimate aim of the 1971 Act for the regulations as well as penalties to be proportionate to objective evidence of harm, with the classes of drugs then grouped according to their comparative harmfulness. If the two drugs which account for the most harm to individuals and society are excluded from the classes, this legitimate aim is undermined.

b. Irrational – the exclusion of the two drugs which account for the most harm to individuals and society from the scope of the 1971 Act cannot be rational.

i. It is artificial, irrational and un-economical to exclude the two drugs which account for the most harm to individuals and society from the scope of the 1971 Act.

ii. It is irrational to discriminate between consumers, trader and producers of equally harmful drugs on the grounds of "legal status" and "historical and cultural precedent". These are irrelevant factors unrelated to the 1971 Act's legitimate aim of reducing risks to the public from the irresponsible or deleterious use of "dangerous or otherwise harmful drugs".

iii. It is irrational to fail to discriminate between reasonably safe consumption, trade, and production and unreasonably harmful consumption, trade, and production, i.e., responsible *versus* irresponsible exercises of property rights.

iv. It is irrational to fail to discriminate between consumption, trade, and production unreasonably harmful only to consenting adults involved and that which is harmful to others not involved, *viz* voluntary risks *versus* imposed risks, only the latter infringe the rights of others and requires Government intervention.

v. Irrational in that it is "manifestly absurd" to prohibit the exercise of all property rights in controlled drugs, which the ACMD have established are no more harmful than, and in some cases significantly safer alternatives to, the harmful drugs alcohol and tobacco.

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[9] HC 1031 (2006) *Drug classification: making a hash of it?*, The House of Commons Science and Technology Committee Session 2005-06, HC 1031, July 31st 2006, Appendix 1, Ev 53, Memoranda from the Government, para 1.6

[10] *Hansard*, House of Commons, Misuse of Drugs Bill 1970, March 25th 1970, Vol. 798, col. 1453

c. Procedural and Substantive Unfairness – the exclusion from the 1971 Act of the dangerous or otherwise harmful drugs alcohol and tobacco, consumed by the "vast majority", excludes this majority from the Act's controls on their exercise of property rights in these dangerous or otherwise harmful drugs.

i. Political bias – Government appears biased in favour of the "vast majority" of the electorate whose drug preferences their political power depends on and biased against minorities whose preferences do not affect their political power.

ii. Bias by association – Government is associated with the majority who consume the drugs alcohol and tobacco since the majority of public officials interpreting and implementing the 1971 Act also consume the drugs alcohol and tobacco.

iii. Economic bias – Government receives around £20 billion per year in taxation from those involved in the market for alcohol and tobacco, drugs excluded from the 1971 Act, meeting the costs of providing drug-related public services.

iv. Fettered discretion – The SSHD has (even if unconsciously) tended to depreciate the evidence of alcohol and tobacco's status as dangerous or otherwise harmful drugs and have tended to rationalise any new evidence which comes to light so as to maintain their predetermined stance rather that reassess the situation with an open mind. *Cf.* R v SSHD, *ex p* Turgut [2001] 1 All ER 719 at p. 729.

Government's Conscious and Unconscious Distinctions

38. Governments are familiar with the drugs traditionally used by the majority of the electorate, alcohol and tobacco, and also medicinal drugs. This familiarity has lead to consciousness of four types of risk-benefit distinctions applicable to every drug, including controlled drugs, each requiring different types of regulation:

1. Beneficial use, often encouraged *versus* non-beneficial use, not encouraged;

2. Reasonably safe use, tolerate *versus* unreasonably harmful use, intervene;

3. Unreasonably harmful use only harming the user, educate against and provide opportunities for health services *versus* unreasonably harmful use resulting in harm to others, legislate against and provide opportunities for health services;

4. Unreasonably harmful use harming only the user who is a consenting adult exercising free and informed choice, respect autonomy, educate against and provide opportunities for health services *versus* unreasonable harmful use only harming the user who is unable to exercise fully free and informed choice, i.e, 'vulnerable groups' – the young, drug dependant users, protect autonomy, legislate against, educate against and provide opportunities for health services.

39. In contrast, Government's are mostly unfamiliar with non-medical drugs used by minorities. As a result they fail to make these conscious distinctions, instead focussing only on their risks. These drugs are judged 'harmful and no-one should use them', thereby denying the distinctions made for equally harmful but more familiar drugs. As a result Government makes an unjustified distinction between:

5. Familiar drugs *versus* equally harmful unfamiliar drugs. Familiarity leads to acceptability and acceptability leads to legal status – all become grounds for unjustified discrimination and all are exhibited on page 24 of Cm 6941.

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– *vitam impendre vero, fiat lux!*

Signed .....
Casey William HARDISON

Dated .....