

The global war on drugs: has the end game started?

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The history and development of global drug prohibition:

Global drug prohibition developed from a meeting of 13 nations known as the International Opium Commission. This meeting was convened by the USA and was held in Shanghai one hundred years ago in February 1909. Subsequent meetings included one held in The Hague in 1912 and the Second International Opium Commission held in Geneva in 1925 under the aegis of the League of Nations. At this meeting it was agreed to prohibit three plant based drugs, opium, coca and cannabis, and their derivatives. After the Second World War, three international drug treaties were negotiated and agreed. The Single Convention brought together in one treaty in 1961 all the treaties agreed under the League of Nations. The Psychotropic Convention in 1971 was a response to growing fears about synthetic drugs such as amphetamine and barbiturates. A third treaty on Drug Trafficking was agreed in 1988.

The United Nations established several organisations to support these treaties. The Commission on Narcotic Drugs (CND) develops policy, the Office on Drugs and Crime (UNODC) implements policy while a quasi UN body, the International Narcotics Control Board (INCB), monitors compliance by 'parties', that is member states, with the agreed policies. A remarkable feature of international drug control is the virtually universal adoption of this system by almost all of the 192 members of the UN.

A further important development was the declaration of a 'War on Drugs' by President Nixon on 17 June 1971. While intended originally only as a political strategy and not a public policy, that distinction was soon forgotten. Many countries across the world noted the extraordinary political success of the 'War on Drugs' in the USA and then emulated it.

On 5 June 1981, a US publication reported the recognition of a new immune disorder which was later termed 'AIDS' and subsequently shown to be caused by infection with a virus which became known as 'HIV'. Injecting drug users were found to be at high risk of acquiring and subsequently transmitting HIV. Today about 30% of new HIV infections outside Sub Saharan Africa are associated with injecting drug use. AIDS is now responsible for one in every six deaths in the world. Although effective harm reduction methods of preventing HIV infection among injecting drug users have been known for about two decades, adoption and implementation is poor because of entrenched opposition from drug law enforcement supporters.

Aims and objectives:

The aims of global drug prohibition are first to minimise the availability and use of specified prohibited drugs for recreational purposes and second to ensure that adequate supplies of drugs are available for medical and scientific purposes.

The indicators that drug prohibition is working are: (i) the scarcity of prohibited drugs; (ii) high and increasing prices and low and decreasing purity of street drugs; (iii) declining consumption; and (iv) identified benefits of prohibition far exceeding unintended adverse effects of the policy.

Has drug prohibition worked?

Drugs are still readily available. Prices have fallen dramatically and purity has increased. Production and consumption of illicit drugs are increasing. While benefits of global drug prohibition are hard to identify, adverse effects are multiple, severe, serious, and obvious. If this is success, what would failure look like?

In 1998, UNODC attended a major drug policy meeting at the United Nations in New York using the slogan 'a drug free world, we can do it!' Ten years later, in 2007, according to UNODC's own official estimates, global opium production had more than doubled – increasing by 103% and cocaine production had increased by 20%. Cannabis production in the first six years of that decade had increased by 36%. If this is success, what would failure look like?

Illicit drugs are also relatively available. In Australia between 2000 and 2008, 60 to 85% of illicit drug users reported that heroin was either 'easy' or 'very easy' to obtain, from 2001, 40% to 60% said that cocaine was either 'easy' or 'very easy' to obtain, while since 2002, 80% reported that methamphetamine powder was either 'easy' or 'very easy' to obtain. If this is success, what would failure look like?

In a recent study of global prices for heroin and cocaine 1981-2002 commissioned by the European Commission, Reuter and Trautmann reported that prices fell by more than 80%. The US Drug Enforcement Agency reported that a unit of heroin which had cost \$3.90 in 1980 cost just 80 cents in 1999 while purity in the same period had increased from 3.6% to 38.2%. In the European Union between 2001 and 2006, the price of seven drugs decreased from 10% to 50%. Retail prices for heroin and cocaine in Europe and the US fell substantially between 1990 and 2005. As the number of jail and prison inmates serving sentences for drug-related offences increased ten-fold in the USA from a mere 50,000 in 1981 to 500,000 in 2003, the price of heroin and cocaine still dropped by about 80%. US government expenditure on international drug control increased almost ten fold between 1981 and 2003. During that period, the price of heroin and cocaine dropped by about 80%. If this is success, what would failure look like?

Adequate supplies of drugs for medicine:

The availability of prohibited drugs for medicinal use has been inadequate. Just 15% of the world's population in 1999 accounted for 87% of global morphine consumption. In 1999 the USA accounted for 4.7% of the world's population but accounted for 49% of global morphine and 99% of the sustained release oxycodone consumption. Only 10 million of the 20 million new global cancer cases each year are expected to receive adequate pain relief.

Benefits of prohibition:

Of the almost 200 countries that have adopted global drug prohibition in recent decades, identifiable benefits of prohibition have been few and far between. The USA experienced a heroin shortage lasting a couple of years in the 1970s when the French connection was identified and broken up. After the Mr Asia syndicate was detected and dealt with in the early 1980s, heroin has been in short supply in New Zealand. It helps to keep heroin out of your country if you have a small population, an unimpressive economy and are surrounded by 170 million square kilometres of Pacific Ocean. For supporters of the War on Drugs, Sweden is proof that prohibition can be successful. But Sweden lies in the periphery of Europe, is one of the more rural countries in Europe, spends a lot of money

on health and welfare and importantly, has less economic inequality than most other developed countries. Some have attributed Australia's heroin shortage since 2000 to drug law enforcement. But our heroin shortage occurred at a time when heroin production in our major source country, Burma, had dropped by 80% to 90% while consumption in China, a transit country for much of the heroin reaching Australia, had increased ten fold. The heroin shortages that affected other markets supplied by Burma such as western Canada and some south-east Asian countries, also makes the likely role of Australian drug law enforcement in our heroin shortage very questionable.

Adverse effects:

While benefits are hard to identify, serious unintended adverse effects are all too obvious. The UNODC is the major international defender of global drug prohibition and this is how this organisation describes the unintended consequences of the drug control policies it supports:

'Global drug control efforts have had a dramatic unintended consequence: a criminal black market of staggering proportions. Organized crime is a threat to security. Criminal organizations have the power to destabilize society and Governments. The illicit drug business is worth billions of dollars a year, part of which is used to corrupt government officials and to poison economies. Drug cartels are spreading violence in Central America, Mexico and the Caribbean. West Africa is under attack from narco-trafficking. Collusion between insurgents and criminal groups threatens the stability of West Asia, the Andes and parts of Africa, fuelling the trade in smuggled weapons, the plunder of natural resources and piracy'

UNODC website

A number of countries are sometime referred to today as 'narco-states' including Afghanistan, Pakistan, Burma, Colombia, Peru, Bolivia and Mexico. These are all countries where from time to time it has been difficult to separate major drug trafficking organisations from the government. 'Narco-terrorism' is similar phenomenon and involves known terrorist organisations trafficking drugs to fund operations to gain recruits or expertise. Examples of narco terrorist organisations are the Revolutionary Armed Forces of Colombia (FARC) and the United Self-Defense Groups of Colombia (AUC) in Colombia and the Taliban operating in Afghanistan and Pakistan. In November 2008, the United States Joint Forces Command released its annual security appraisal 'The Joint Operating Environment' which concluded that 'in terms of worst-case scenarios for the Joint Force and indeed the world, two large and important states bear consideration for a rapid and sudden collapse: Pakistan and Mexico'. Commentators noted that the common link between these two countries was that they were both 'narco-states'. 'The Joint Operating Environment' also concluded that 'the Mexican ... government, its politicians, police, and judicial infrastructure are all under sustained assault and pressure by criminal gangs and drug cartels.' A nuclear armed and unstable Pakistan is being undermined by narco-terrorists. In neighbouring Afghanistan, 60,000 troops from over 40 countries comprise the International Security Assistance Force (ISAF) confront the Taliban military operations funded at least in part by sales of opium and heroin. Afghanistan now produces 93% of the world's opium. The southern provinces of Helmand and Kandahar, which are dominated by the Taliban, account for 70% of the opium produced in Afghanistan.

Can drug prohibition work?

If we cannot keep drugs out of prisons, how can we keep drugs out of our communities? If a kilogram of heroin in Bangkok costs \$US 1,000 but costs \$US 300,000 in New York, London, Amsterdam or Sydney, how can it be stopped from making that journey? The more money we spend on customs and police and the more severe the prison sentences for drug related offences, the higher we expect that retail price to be. The higher the price, the more the profit and the more attractive it is for would-be drug traffickers to take the risk and bring that kilogram of heroin from Bangkok. This is the Achilles heel of drug law enforcement. If alcohol prohibition failed in the USA from 1920-1933, then how can we expect that drug prohibition is going to be different?

What do experts think?

Here is one of the earliest assessments of the failure of drug prohibition in Australia. Edible opium was taxed and available legally in Australia until 1906. In his annual report to the Commonwealth Parliament in 1908 on the state of taxation, H.N.P. Wollaston, the Commonwealth Comptroller-General of Customs said:

'It is very doubtful if such prohibition has lessened to an extent the amount which is brought in to Australia'... 'owing to total prohibition, the price of opium has risen enormously ... the Commonwealth gladly gave up about £, 60,000 revenue with a view to a suppression of the evil, but the result has not been what has been hoped for. What now appears to be the effect of total prohibition is that, while we have lost the duty, the opium is still imported pretty freely'

The Parliamentary Joint Committee on the National Crime Authority in 1989 said:

'All the evidence shows, however, not only that our law enforcement agencies have not succeeded in preventing the supply of illegal drugs to Australian markets but that it is unrealistic to expect them to do so'

Expert opinion from the USA:

George Shultz, the former US Secretary of State, was taped without his knowledge in 1989 when he said:

'It seems to me we're not really going to get anywhere until we can take the criminality out of the drug business and the incentives for criminality out of it. Frankly, the only way I can think of to accomplish this is to make it possible for addicts to buy drugs at some regulated place at a price that approximates their cost... We need at least to consider and examine forms of controlled legalization of drugs...'

Richard Holbrooke, current US envoy to Afghanistan & Pakistan, said earlier this year:

'The United States alone is spending over \$800 million a year on counter-narcotics. We have gotten nothing out of it, nothing. It is the most wasteful and ineffective programme I have seen in 40 years'

Milton Friedman, winner of the Nobel Prize for Economics, said:

'Drugs are a tragedy for addicts. But criminalizing their use converts that tragedy into a disaster for society, for users and nonusers alike. Our experience with the prohibition of drugs is a replay of our experience with the prohibition of alcoholic beverages'

In a discussion with President Vicente Fox of Mexico in 2002, President George W. Bush said:

'As long as there is a demand for drugs in this country, some crook is gonna figure out how to get 'em here'

Expert opinion from the UK:

David Cameron, Leader of the Conservative Party in the United Kingdom and a likely future Prime Minister, said in 2005

'Politicians attempt to appeal to the lowest common denominator by posturing with tough policies and calling for crackdown after crackdown. Drugs policy has been failing for decades'

David Cameron was a member of the Select Committee on Home Affairs of the House of Commons in the United Kingdom. The Committee concluded in 2002:

'If there is any single lesson from the experience of the last 30 years, it is that policies based wholly or mainly on enforcement are destined to fail. It remains an unhappy fact that the best efforts of police and Customs have had little, if any, impact on the availability of illegal drugs and this is reflected in the prices on the street which are as low as they have ever been'

Chris Mullin, Chairman of the Select Committee on Home Affairs, House of Commons, United Kingdom, said in 2002:

'Attempts to combat illegal drugs by means of law enforcement have proved so manifestly unsuccessful that it is difficult to argue for the status quo'

The Strategy Unit in Whitehall, United Kingdom, is a research centre available to the Cabinet. The Blair Cabinet commissioned a confidential report in 2003 which was later leaked to the public. The Strategy Unit concluded:

'A sustained seizure rate of over 60% is required to put a successful trafficker out of business – anecdotal evidence suggests that seizure rates as high as 80% may be needed in some cases. Sustained successful interventions on this scale have never been achieved'

The Strategy Unit report also concluded:

'Over the past 10-15 years, despite interventions at every point in the supply chain, cocaine and heroin consumption have been rising, prices falling and drugs have continued to reach users. Government interventions against the drug business are a cost of doing business, rather than a substantive threat to the industry's viability'

Expert opinion from the United Nations:

The UN Secretary-General, Ban Ki-Moon, said on 7 May 2009:

'...Many countries impose criminal sanctions for same-sex sex, commercial sex and drug injection. Such laws constitute major barriers to reaching key populations with HIV services.'

Those behaviours should be decriminalized, and people addicted to drugs should receive health services for the treatment of their addiction'

The beginning of the end:

In January 2009, Barack Obama took office as President of the United States of America. He became the third US President in row to admit to previous consumption of cannabis. But while Clinton's admission was evasive and George W Bush was caught on tape saying that he would never admit publicly to having used cannabis, Obama responded honestly to a question about ever inhaling cannabis 'of course. That was the whole point. Obama also said in the Senate that the 'War on drugs is an utter failure'. He is also on record saying [I believe in] 'shifting the paradigm, shifting the model, so that we focus more on a public health approach.' In his Presidential campaign he made commitments to overcome the Federal ban on funding needle syringe programmes and he pledged to stop Federal government intervening in states which permitted medicinal use of cannabis.

In February, the Latin American drug policy commission released its report. Commissioners included three former Presidents: Fernando Henrique Cardoso from Brasil; César Gaviria from Colombia; and Ernesto Zedillo from Mexico. The Commission concluded that the 'Drug War is a failure' and recommended breaking the 'taboo on open debate including about cannabis decriminalization.'

In March, the United Nations Commission on Narcotic Drugs met in Vienna as the culmination of a ten year review of global drug policy. The meeting produced a 'Political Declaration' which amid considerable controversy excluded the phrase 'harm reduction'. This caused major split in the fragile international consensus on drug policy and resulted in 26 countries (including Australia) demanding support for harm reduction in footnote to the document.

In May, the Governor of California, Arnold Schwarzenegger said 'Well, I think it's not time for [legalization], but I think it's time for a debate'. Vicente Fox, Former President of Mexico said 'I am not yet convinced that that's the solution' but 'why not discuss it?' The current Vice President of Colombia, Francisco Santos Calderón, said 'the only way you can really solve the problem [is] if you legalize it totally. Anything...different than that...will not work'. The new US drug czar, Gil Kerlikowske, said **he wants to banish the idea that the U.S. is fighting 'a war on drugs'**. In Germany, the Bundestag passed a bill to allow heroin prescription treatment in the country with a majority of 63%.

Opinion polls on cannabis in the USA are changing. In a Zogby poll in April 2009, 52% of national and 58% of Californian respondents said 'yes' to the question 'should marijuana be legal, taxed and regulated?'. In a national ABC News/Washington Post poll in April 2009, 46% answered 'Yes' to the question 'Do you favour 'legalizing small amounts of marijuana for personal use?' This was double the level recorded 12 years earlier. In the Field Poll in California in April 2009, 56% supported legalizing marijuana for recreational use and taxing its proceeds. In a poll in California conducted by Oaksterdam University in March 2009, 54% thought cannabis should be legal for adults while 50% thought cannabis should be taxed at same rate as alcohol. A summary of all cannabis polls in the USA shows support for legalisation of cannabis starting at 10% in 1969 but now exceeding 40% for the first time.

The Debate:

One of the reasons that the drug policy debate has lasted so long is the sexing up and cherry picking of data. This will be familiar to us all from the lead up to the invasion of Iraq in March 2003. In leaked Minutes of the War Cabinet meeting in 10 Downing Street on 23 July 2002, Sir Richard Dearlove, Head of MI6, was reported to have said of US policy making in the USA at that time:

‘But the intelligence and facts were being fixed around the policy’

The experience of intelligence and the facts being based on policy in the Iraq war is very familiar to those of us who have long been involved in the debate about drug policy.

Why does prohibition persist?

As H. L. Mencken said:

‘The whole aim of practical politics is to keep the populace alarmed (and hence clamorous to be led to safety) by menacing it with an endless series of hobgoblins, all of them imaginary’

The dilemma we have is that effective drug policies are often unpopular while popular drug policies are often ineffective. The attraction of global drug prohibition is that it sounds intuitively as though it ought to work. The attraction of drug law reform is that it is based on evidence but what makes it hard to advocate is that it is often counter-intuitive. So the debate about drug law reform is much like other debates such as the controversy about protectionism. Global drug prohibition has survived for so long because it has been an effective political strategy even though it has failed as a public policy

What are the alternatives?

The threshold step is to regard illicit drugs as primarily a health & social issue. Of course there will always be an important role for drug law enforcement. But drug law enforcement should not be forced to carry almost the entire burden of drug policy. That clearly has worked in the past as a political strategy but does not work as a public policy. Funding for health and social interventions should be increased to the level of drug law enforcement. To achieve better outcomes, policy must be based on evidence. Policy makers should fund policy options to get the best return on investment. Penalties for drug possession and consumption should be reduced to small civil sanctions or preferably eliminated.

Treatment of drug users should play a much more important role and this can only happen if capacity is expanded, quality is improved and the range of treatment options is considerably broadened. There are increasing calls for the taxation and regulation of cannabis. Cannabis accounts for a considerable proportion of the cash flow associated with illicit drugs. Taking most of that out of the black market will have major benefits. When all or most of these steps have been taken, there may be a small role for allowing the recreational sale of small quantities of dilute samples of some drugs. We should remember that this would not be a new policy but a return to former policies. Before 1906 in Australia, edible opium was taxed and sold in grocery stores. Before 1913 Coca

Cola contained cocaine. In terms of prevention, we should aim to reduce economic inequality. More unequal communities have more problems with illicit drugs.

Conclusions:

Global drug prohibition began 100 years ago. It has not achieved its aims of reducing the recreational use of illicit drugs or ensuring that the supply of drugs for medicinal purposes is adequate. Drug prohibition has failed comprehensively. It cannot be made to work effectively. This is now being increasingly recognised. Political elites have known prohibition does not work as a public policy for some time. It has survived because it has been in the past an effective political strategy. Not only are the benefits of current policy hard to identify, but the adverse effects are very serious and include significant threats to national security.

The debate about drug policy has been very dishonest. Just as in the Iraq war, data has been sexed up and cherry picked. There is a recent realisation that drug law reform is now feasible. If we consider the alternatives to current policy, the most important step is to redefine drugs as primarily a health and social problem. There are many terrible ways to use illicit drugs but the worst way of all is to use illicit drugs for political purposes.