

Drug Control Policies are Changing: Why? And Why Has it Taken So Long?

Written by Mike Trace

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<https://www.e-ir.info/2013/11/25/drug-control-policies-are-changing-why-and-why-has-it-taken-so-long/>

MIKE TRACE, NOV 25 2013

Administrations at local, national and international level are busy reforming laws, strategies and programmes for controlling psychoactive drugs such as cannabis, cocaine and heroin. Many are challenging the principles of a set of international treaties developed and agreed upon during the 20th century, that had as their central principle the absolute prohibition of the production, distribution and consumption of a wide range of psychoactive substances for recreational (as opposed to medical or scientific) use.

While many authorities (most notably in the Netherlands) have turned a blind eye to aspects of the recreational drug market, or just did not have the resources to react, recent developments have been notable in that they are openly challenging the validity of the global drug control system. The Bolivian government has refused to continue complying with the global prohibition on coca leaf; two US states (Washington and Colorado) are in the process of setting up a legally regulated market for cannabis (and seem sure to be followed by others in the next few years); and Uruguay looks destined to become the first country to implement a national regime for the legal production and consumption of cannabis.

These significant reforms – coupled with a trend in many parts of the world to approach drug use as a public health and social care challenge, rather than a crime to be punished – come from a wide range of motivations, but are unified by a shared belief that the prohibition regime has failed to reduce the drug related problems that matter to citizens. That is to say, violence, intimidation, corruption, addiction, overdose deaths, and infections such as HIV and Hepatitis. Indeed, there is compelling evidence that the implementation of repressive policies has actually made these problems worse.

Authoritative voices such as the Organisation of American States, in a landmark report published earlier this year and the Global Commission on Drug Policy have declared that the ‘war on drugs’ has failed, and that new approaches are needed. Few thinking people can disagree with that assessment, with the scale and diversity of illicit drug markets continuing to grow in all parts of the world, despite successive international agreements that have set out to achieve the eradicate those markets.

The International Drug Policy Consortium is currently working with governments on a mid-term review of a 2009 United Nations Political Declaration that had the headline objective of eradicating or significantly reducing the scale of supply of, and demand for, illegal drugs. The UN’s own assessment, contained in the 2013 World Drug Report is that, while markets have reduced slightly for some drugs in some countries, this is far outweighed by the upward trends in ‘established’ forms of drug use in other regions – for example heroin use in Central Asia and cocaine use in Latin America – the widespread abuse of new synthetically produced substances, and increasing diversion of medically prescribed drugs on to the illicit market.

With the overall scale of illicit global drug markets clearly not reducing, the level of associated harms continues to have deep impacts on key areas of international concern:

- In terms of development, there are many communities and countries where the existence of a large and

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profitable drug market undermines legitimate social and economic development, and the rule of law. The most recently notable cases are Afghanistan, Guinea-Bissau, Mali and Mexico, but this process takes place on a smaller scale in poor urban and rural communities around the world.

- In terms of security, tens of millions of people are living in communities where violence and intimidation associated with the drug market is endemic, whether through battles between drug producers and traffickers and the authorities, or through the 'turf wars' that are constantly present in both wholesale and retail drug markets.
- In terms of health, the WHO burden of disease report shows that addiction, overdose, Hepatitis and HIV rates arising from drug use represent a significant proportion of disease and mortality, particularly amongst younger people.

Of further concern is that, in each of these domains, the international community's attempts to impose strong punitive approaches to drug distribution and use have in many aspects actually exacerbating these harms. For example, public health strategies to reverse HIV epidemics amongst drug users have been proven for many years now, and endorsed by the WHO and the UN General Assembly, but many countries have not implemented them because they involve taking a tolerant and supportive, rather than tough and condemnatory, approach to drug users. Similarly, attempts by governments to engage in a kind of arms race with drug trafficking organisations in an attempt to defeat them, have only led to higher rates of violence, and the creation of the conditions where only the strongest and most violent drug traffickers can thrive.

Given the evident problems with the global drug control system, why has change not happened more quickly? There are many interconnected reasons – the attraction of 'tough on drugs' as a political slogan, the usefulness of blaming drug markets for more complex and entrenched social problems and inequalities, the potential for using concern about drugs to intervene in citizens privacy or the affairs of other countries, and the protectionist position of institutions built up and resourced on the back of drug control concerns.

But there is also the natural inertia written into international agreements – there is clearly no international consensus on the way forward for drug control policy. Some countries now seem willing to move away from what they see as the 'straitjacket' imposed by the old treaties, while others are equally determined to continue a 'zero tolerance' prohibition. In these circumstances, and with a continuing strong belief in shared responsibility – the idea that the global drug problem must be tackled multilaterally – member state negotiations in this area are bound to take on a kafka-esque quality. Compromise statements are made that must be based on the wording in treaties agreed 50 years ago while, in the real world, the shape and scale of illicit drug markets, and our responses to them, change beyond all recognition.

IDPC is calling on the UN and member states to use the period running up to a General Assembly Special Session on Drugs in 2016, to carefully design a revised international framework agreement that allows and supports national governments to pursue strategies in their territories that are effective in responding to the diversity of 21st century drug markets.

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Mike Trace is a criminologist and addiction treatment expert who has worked for 15 years on drug policy within the UK, and in multilateral settings. He was the Deputy UK Drug 'Czar' for 5 years under the Blair government, the President of the EMCDDA (the European Union Drugs Agency) for 3 years, and briefly the Chief of Demand Reduction at the Vienna-based UN Office on Drugs and Crime. Since leaving the United Nations, he has continued his charity work as the Chief Executive of RAPt, a major UK drug rehabilitation charity, and by establishing and supporting several initiatives aimed at strengthening the involvement of civil society organisations and experts in drug policy reform debates – most notably the International Drug Policy Consortium whose website (www.idpc.net) contains comprehensive information and updates on drug policy politics issues worldwide.

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