

IN SEARCH OF AN EFFECTIVE INTERNATIONAL DRUG POLICY

by Eric A. Voth

The International Drug Strategy Institute

Melvyn Levitsky

Syracuse University

The question facing us today is whether or not U.S. drug policy can be effective on both the domestic and international fronts, and whether and how international counter-narcotics efforts can contribute to reducing drug abuse.

International drug policy faces a critical juncture in terms of fundamental policy decisions, which could reduce drug use on one hand or, conversely, risk increases of drug use and its inherent harms on the other. Our careful assessment of drug policy options suggests that restrictive drug policy in which both traffickers and users are held accountable affords the greatest potential to reduce drug use and its harms to society. This policy focuses its law enforcement efforts on the drug trafficking chain; and, while it does not advocate locking up every first-time user of drugs, it does hold users accountable for their actions through a range of penalties and sanctions. Dubbed "prohibitionist" policy by its detractors, restrictive drug policy seeks to find a balance between drug education and prevention, abstinence-based rehabilitation, law

enforcement, and supply reduction.

At the other extreme of drug policy is drug legalization. This type of policy draws its support from several constituencies. The broadest group supports the notion that drug use is a personal choice and that people should have the right to whatever intoxication and self-abuse they so desire. Much of the drive of that group is to allow personal gratification through drug use and even trafficking. Many legalization proponents hide under the shield of political activism to gain protection for their own illegal and destructive habits and activities. A second group largely consists of libertarians who consider that intervention against drug use is a violation of personal liberties. Some take a cynical view of drug use as a Darwinian phenomenon. They mistakenly consider drug use as a victimless event. A third group are those who have neither studied nor understand the phenomena associated with drug use, and who consider legalization a fashionable alternative to fighting a concerted drug war. Their claim is that legalization will reduce both crime and drug abuse.

A new version of legalization policy is the drug-policy option referred to as "harm reduction." The basic orientation of harm reductionists is that more harm comes to society from the restrictive drug policy than from drug use itself. Harm reduction policy had its origins with those who were frustrated with some of the failures of modern policy, but it also has supporters from the legalization movement. Finding that society would not accept the broad legalization of drugs, legalization proponents have moved into a perceived middle ground. This policy shift has had the net effect of breaking permissive drug policy into component parts and then selling them piecemeal to the public.

The philosophy of the harm reduction movement is well summarized by Ethan Nadelman of the Lindesmith Center—funded by billionaire George Soros—who is considered the godfather of the movement to legalize drugs:

Let's start by dropping the "zero tolerance" rhetoric and policies and the illusory goal of drug-free societies. Accept that drug use is here to stay and that we have no choice but to learn to live with drugs so that they cause the least possible harm. Recognize that many, perhaps most, "drug problems" in the Americas are the results not of drug use per se but of our prohibitionist policies....¹

It is noteworthy that those advocating legalization rarely speak or write about the details of the regime they envision replacing zero-tolerance policies. This is primarily because their theory involves making currently illegal legal drugs widely available and cheap in order to "take the crime out of drugs" and supposedly undermine criminal trafficking networks by taking away their profits.

The Drug War

We believe that the use of the "drug war" metaphor is quite appropriate both in terms of domestic and foreign policies. Wars incite public opinion and action and focus attitudes on a problem. They require mobilization and the marshalling of

assets and funds and strengthen political will toward the elimination of a common threat. Some criticize the drug war mentality as exerting unnecessary violence on a medical problem. Police who face the violence of crack houses and methamphetamine labs understand that we are facing a war. Drug Enforcement Administration agents in South America and the policymakers and judges in countries like Colombia understand that we are waging a war as well.

Domestic Efforts

We should first consider the successes and perceived failures of domestic drug policy. Consistently, drug culture advocates assert that the current drug policy has failed and is extremely costly. This is calculated strategy to demoralize the public and turn public sentiment against restrictive policy. But, has restrictive policy actually failed? To determine cost effectiveness we can compare the costs to society of legal versus illegal drugs. Estimates from 1990 suggest that the costs to society of illegal drugs were \$70 billion as compared to that of alcohol alone at \$99 billion and tobacco at \$72 billion. Estimates from 1992 put the costs of alcohol dependence at \$148 billion and all illegal drugs, including the criminal justice system costs, at \$98 billion.

According to the National Household Survey data from 1998, there were 13.6 million current users of illicit drugs compared to 113 million users of alcohol and 60 million tobacco smokers. There is one difference: the legal status of the drugs. The Monitoring the Future Survey data of high school seniors suggest that in 1995, 52.5 percent of seniors had been drunk within the last year as compared to 34.7 percent who had used marijuana. Yet, alcohol is illegal for teenagers. The difference is, again, the legal status of the two substances. One can safely make the assumption that legalized—and readily available—marijuana (even if illegal for teenagers) would be used by a far higher percentage of teenagers.

Permissive drug policy has been tried both in the United States and abroad. In 1985, during the period in which Alaska legalized marijuana, the use of marijuana and cocaine among adolescents was more than twice as high as other parts of the country. In 1979, during the height of permissive drug policy in the United States, the daily use of marijuana was 11 percent among high school seniors. Thirty-seven percent of high school seniors had used marijuana in the prior 30 days. These use-rates dropped respectively to 1.9 percent and 11.9 percent, an all-time low, by 1992 after the institution of no-tolerance and no-use policy. Baltimore has long been heralded as a centerpiece for harm-reduction drug policy. Interestingly, the rate of heroin found among arrestees in Baltimore was higher than any other city in the United States. Thirty-seven percent of male and 48 percent of female arrestees were positive as compared to 6–23 percent for Washington, D.C., Philadelphia, and Manhattan.

Clearly, better advances need to be made at broadening drug prevention with a focus on eliminating or delaying intoxicant use. The current availability of effective programming is woefully inadequate. Drug Abuse Resistance Education (DARE) for example, has been criticized in some arenas, yet it is almost always a highly circumscribed and limited effort existing with other fragmented efforts. Often, DARE is the only prevention effort that upholds a “no-use” message.

Treatment availability is also inadequate, and treatment is often little more than a revolving door. It is clear that abstinence-based treatment works, but it is largely unavailable to some of the most severe addicts who fail or rapidly relapse after treatment. Our system does not readily allow for suspending civil liberties to mandate treatment for the most severe addicts. Sweden, on the other hand, has developed creative means to coerce treatment. Hopefully, current efforts to enhance cooperation between the criminal justice system and the treatment community will improve treatment availability to those drug users involved in crime. Unfortunately, some advocates of so-called drug-

policy reform are willing to cave in to these limitations by handing out needles or even handing out heroin to addicts.

The International Scene

Fighting the drug war on the international front is in many ways more difficult than in the domestic arena. We can influence, but not control, the efforts of other governments. Corruption and violence in a number of drug-producing and transit countries undermine the political will of governments to tackle powerful trafficking organizations. Since drugs flow across borders without regard to sovereignty, multilateral cooperation is necessary to stem their flow, but the mechanisms and will to do so are often lacking. Finally, there is such an overproduction of drugs worldwide that the losses our and other countries' efforts inflict on the drug traffickers often seem marginal.

The United States made steady progress in reducing drug use through the 1980s and early 1990s; despite a disturbing increase in teenage drug use since 1992, overall drug use is down in this country. Unfortunately the trend is not as encouraging in some other countries. In particular, cocaine use in Europe and Russia is steadily rising as increasing U.S. resistance has turned the traffickers' eyes to the European market, traditionally a high-use heroin area. Policy shifts that have entailed higher tolerance of so-called soft drugs have resulted in huge increases in drug use. Holland has suffered an increase in marijuana use since the softening of their marijuana policy. The Dutch are also now one of the major exporters of Ecstasy. Several countries are considering accepting marijuana for medicinal purposes despite clear evidence of problems associated with smoking for medicinal applications. Since the liberalization of the marijuana enforcement policies, Holland has found that marijuana use among 11- to 18-year-olds has increased 142 percent between 1990 and 1995. Crime has risen steadily to the point that aggravated theft and breaking and entering occur 3–4 times more than

in the United States.

Australia is also suffering widespread activism geared toward softening drug policy. As a result of such soft policy changes, major problems are developing. This is most dramatically represented in comparison to Sweden, a country that employs a successful restrictive drug policy (figure 1). Lifetime prevalence of drug use in Australia in 16- to 29-year-olds is 52 percent as compared to 9 percent in Sweden, a country with restrictive drug policy.

This difficult situation should not cause us to abandon our international efforts. Over the past 10 years, more countries have come to realize that drug trafficking and abuse are not just an American issue, and that their own societies are suffering the consequences of their previous denial that they had a problem. European countries are now more vigorous in their efforts abroad both bilaterally and through UN programs, often in cooperation with the United States. The body of international law, particularly the 1988 Anti-Trafficking convention, which the United States sponsored and pressed forward, has brought a stronger anti-drug ethic to international affairs, which only outlaws and outlaw-states ignore. The UN Drug Control Program has become more pervasive and effective, and even formerly resistant agencies like the World Bank and the UN

Development Program are beginning to understand that drugs undermine development as well as democracy.

The Reasons for International Efforts

While developments in the international drug arena present a decidedly mixed picture, there are good reasons for the United States to have a strong country narcotics component in its foreign policy.

First and most obvious, our efforts to reduce demand for illegal drugs in the United States will be undermined if an unrestricted flow of these drugs comes across our borders. Illegal drugs will be cheaper, purer, more widely available and consequently more abused. Even if we cannot cut off the flow of narcotics, we can continue to work with other countries to contain it and make it more difficult for the drugs to get to the street. There is, in fact, good evidence of a correlation between heightened drug control efforts overseas and the price, availability, and use of drugs in the United States. Without a strong supply reduction effort, prevention and education programs will suffer.

Similarly, helping other countries reduce their own demand can make an important contribution to building international resistance to drug use. Virtually every

	Sweden	Australia
Lifetime prevalence of drug use in		
16- to 29-year-olds (Sweden) and 14- to 25-year-olds (Australia)	9%	52%
Use in the previous year, as above	2%	33%
Estimated dependent heroin users per million population	500	5000-16,000
Percentage of dependent users aged under 20	1.5%	8.2%
Methadone patients per million population	50	940
Drug-related deaths per million population	23	48
Percentage of all deaths at age under 25	1.5%	3.7%
Drug offences per million population		
Average months in prison per drug offence	20	5
Property crimes per million population	51,000	57,000
Violent crimes per million population	6600	1230
Cumulative AIDS cases per million population	150	330

country in the world has obligated itself to fighting drugs through the ratification of the 1961, 1971, and 1988 drug conventions. International cooperation to stem drug abuse will help make international laws and the obligations stemming from them a reality. Conversely, allowing drug use to grow without counter-efforts will simply provide more markets for drug traffickers and make them more powerful.

A broader reason to attack the drug trade lies in the fact that the illegal drug industry undermines our broad foreign policy goals of building democracy and responsible, effective governments worldwide in order to promote global peace and stability. Drug organizations corrupt civil institutions through bribery and intimidation, while drug use attacks the basis of democracy—an alert, enlightened and involved citizenry. Besides, the proceeds of illegal drugs undermine economies throughout the world through devices such as money laundering, ownership and management of financial institutions, and the skewing of exchange rates and financial flows.

Increasingly the illegal drug trade is seen by a number of governments as a national security threat, which attacks the moral fiber of society and undermines civil institutions. This is particularly true in our hemisphere, which is at once the host to major drug trafficking organizations and the victim of their activities. A closer look at the situation in the Americas is warranted.

Western Hemisphere

Several other factors must also be taken into account:

- Our hemisphere has become a network of nodes for the illicit drug industry.
- Drug production, transport, and money laundering schemes are pervasive. Every country has become enmeshed in the network.
- In virtually every country the drug lords have created their own mini-networks of gangsters, hired assassins, in some cases “guerrilla fighters” (especially Colombia), chemists, financial experts, and middle-men to make purchases of legal property

and enterprises with illegal money.

- This structure threatens the institutions of most of these countries, intensifying graft and corruption and creating dishonest public officials, judges, legislators, police, and military.
- The threat to democracy and effective government in the hemisphere is obvious.

The Western Hemisphere presents a complex picture. As with so many segments of the drug war, successes and setbacks are prevalent throughout the area.

Latin America is the only producer and supplier for cocaine in the world. Three countries—Colombia, Peru, and Bolivia—grow and produce virtually all of the coca and refined cocaine. Some successes have been seen in choking off cocaine production substrates from Peru and Bolivia. This has resulted in a decrease of nearly 50 percent in the coca crop. Unfortunately, Colombia has picked up most of the production; when coca supply dropped, Colombian traffickers and their hired-hand guerrillas began to have their own coca planted locally. Colombian traffickers also increased opium poppy and heroin production as a means of diversification.

Mexico is a traditional producer of opium/heroin while Colombia has only been a producer since the early 1990s, but it is gaining a hold on the U.S. eastern seaboard market. Most of the cocaine for the U.S. market comes across the Mexican border. Corruption and violence in Mexico is rooted in the illegal drug trade.

A number of other countries in the hemisphere play important roles in transporting the product to the United States. The so-called transit countries—Brazil, Argentina, Guyana, Suriname, and the countries of Central America and the Caribbean—are also sources for the chemicals needed to produce cocaine and heroin and often provide offshore banking facilities for laundering drug money.

Canada presents another serious enigma. While being a close trade partner, efforts are underway throughout Canada to undermine drug policy. Industrial hemp has been widely accepted and is now presenting an importation issue for U.S. Customs

officials and law enforcement. In Vancouver in 1988, HIV prevalence in IV drug addicts was only 1–2 percent. In 1997 it was 23 percent after widely adopting harm reduction policies. Vancouver has the largest needle exchange in North America. Marijuana decriminalization and legalization is being widely considered. The steady increases in drug use in Canada present a considerable problem to the United States in light of the huge and virtually open border.

Here again, despite the apparently bleak situation, there is a brighter side to the picture. Peru and Bolivia have improved their counter-narcotics programs considerably. Peru's policy of shooting down drug trafficker aircraft has severely damaged the coca airbridge from Colombia. Bolivia and Peru have finally begun to decrease coca-growing areas through both repression and programs of inducement to coca farmers. While, as a consequence, coca cultivation has moved to Colombia, the U.S. Congressional pressure on the Clinton administration to substantially increase anti-guerrilla and anti-drug assistance to that country offers the hope of major inroads into the cocaine trade.

U.S. Policy Approaches

We strongly believe the best U.S. approach toward the global drug program is to first concentrate on reducing the demand for drugs in our country, the world's largest drug market. To continue our international leadership in the war against drugs, we must keep our own house in order. This means an intensification and broadening of primary prevention, abstinence-based treatment, and rigorous law enforcement. Increased drug screening in such venues as schools would improve our efforts. Exposing and combating the efforts of the legalizers, "harm-reducers," and others pressing for tolerance toward drug abuse or "responsible" drug use is absolutely critical.

We must also promote a seamless drug policy in

which our international law enforcement and supply reduction efforts work together with demand-reduction programs in an effective, coordinated manner. Increasing our cooperation with—as well as keeping the pressure on—the drug-producing and transit countries will help advance the goal of worldwide zero tolerance. We adamantly oppose the current administration's efforts to weaken the drug certification laws and "multilateralize" the performance evaluation process. Such a development would only lower performance standards and cause slippage in the U.S. goal of strengthening the anti-drug political will in other countries.

Above all the United States must adopt a stronger stance of leadership in the global war against drugs. And at home, American political leadership needs to send out a more clear and consistent message of zero-tolerance of drugs as well as to work more vigorously with Congress, the states, and local communities to combat drug trafficking and abuse.

NOTES

1. Ethan Nadelmann, "Learning to Live with Drugs," *The Washington Post*, 2 November 1999, p A21.

SELECT BIBLIOGRAPHY

- R.L. DuPont, E.A. Voth, "Drug Legalization, Harm Reduction, and Drug Policy," *Annals of Internal Medicine* 1995;123:461–465.
- Institute of Defense Analysis, "Empirical Examination of Counterdrug Interdiction Program Effectiveness," January 1997.
- Janet E. Joy, Stanley J. Watson, Jr., and John A. Benson, Jr., eds., *Marijuana and Medicine Assessing the Science*. Base Division of Neuroscience and Behavioral Health, Institute of Medicine, National Academy Press. Washington, D.C. 1999
- David F. Musto. *The American Disease: Origins of Narcotic Control*. New York: Oxford University Press, 1987.
- M. Spanjer, "Dutch Schoolchildren's Drug Taking Doubles," *The Lancet*, 1996:347:534.
- White House Office of National Drug Control Policy, *Strategic Writings*. May 1999, ONDCP.

Biographical information

Dr. Voth is a specialist in Internal Medicine and Addiction Medicine working at Stormont-Vail HealthCare in Topeka, Kansas. He serves as Chairman of the International Drug Strategy Institute, is recognized as an international authority on drug use, and lectures nationally on and drug policy-related issues, pain management, and appropriate prescribing practices.

Dr. Voth has advised the Reagan, Bush, and Clinton administrations, and has advised or testified for numerous Congressional offices on drug related issues. He is the former medical director of the St. Francis Chemical Dependence Services in Topeka Kansas, serves as a member of the board of directors of Drug Watch International, and consults to numerous international drug prevention organizations. Dr. Voth has appeared on or consulted to CBS, and CBS Evening News, NBC, ABC, CNN, CNBC, Fox Television, numerous radio media, and has been quoted by numerous print media including the Washington Post, Washington Times, New York Times, Los Angeles Times, USA Today, Chicago Tribune, and Wall Street Journal.

Ambassador Melvyn Levitsky is Professor of Public Administration and International Relations at Syracuse University's Maxwell School of Citizenship and Public Affairs and Distinguished Fellow at the Global Affairs Institute. Prior to his retirement after a 35-year career in the U.S. Foreign Service, he was Ambassador to Brazil (1994-98), Assistant Secretary of State for International Narcotics Matters (1989-94), Executive Secretary of the Department of State (1987-89), and Ambassador to Bulgaria (1984-87).