

International Policies on Addiction *Strategy development and cooperation*

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The history of the present system of international drugs control has its beginnings in the International Opium Convention of 1912. The Convention, which required signatories to limit the use of heroin, morphine and cocaine to “legitimate purposes” and to endeavour to control international trade in these substances, was the end result of the deliberations of the Opium Commission established in 1909. Since that time, the scope of international efforts to control the international flow of narcotic and psychotropic drugs has been considerably extended (Bucknell & Ghodse, 1991, 1993).

It is useful to divide the history of international cooperation on the problem of drug misuse into three broad and overlapping phases. In the first phase, beginning with the Opium Convention, and extending into the 1970s, the international community elaborated the means for regulating the production and distribution of narcotic drugs and psychotropic substances for legitimate medical and scientific purposes. Countries pledged themselves to restrict the legal availability of controlled substances to certain uses, to observe production quotas so that the supply of drugs did not exceed what was required for these purposes alone and to establish the necessary legal or procedural controls to ensure that all international movements of drugs were properly authorised.

The beginning of the second phase of international cooperation on the problem of drug misuse coincides with the massive upsurge in the illicit use of controlled substances in North America and Western Europe in the 1960s. This growth in demand was matched by a growth in the power of the organisations that controlled illicit production and trafficking. The response of the international community to the increased scale of illicit production and trafficking was to mobilise its energies to develop correspondingly large-scale programmes aimed at their elimination. ‘Supply reduction’ strategies were developed and implemented which relied overwhelmingly on crop control and the interdiction of illegal shipments of drugs.

Criticism of the emphasis on supply reduction strategies became increasingly vociferous during the 1980s and was instrumental in producing the ‘balanced’ strategies which are the focus of current international efforts. An act of key significance for the development of this third phase of international cooperation on the problem of drug misuse was the Declaration

of the 1987 International Conference on Drug Abuse and Illicit Trafficking (United Nations, 1987). An acknowledgement of the importance of cooperative efforts aimed at the reduction of illicit domestic demand for drugs was incorporated into the targets agreed in the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control. This Declaration and subsequent international documents, such as the 1990 Political Declaration and Global Programme of Action of the UN General Assembly (United Nations, 1990) emphasise that demand reduction strategies are complementary to the earlier supply reduction strategies. The World Health Organization (1993) develops the same theme in *Approach to Demand Reduction*, emphasising a comprehensive approach to all potentially harmful psychoactive substances.

Several reasons may be given for urging a counterbalancing emphasis on demand reduction strategies. Most importantly, supply reduction strategies were first articulated in the context of a distinction between supplier countries and consumer countries which, increasingly, came to be perceived as unfair and unrealistic. From the point of view of those who believed in this distinction, the main burden of the costs of drug misuse was seen to fall on the consumer countries – which were predominantly in North America and Western Europe. In order to starve their illicit domestic markets of supplies, they needed the cooperation of those countries in Asia, Africa and Latin America where small-scale cultivation (for traditional consumption practices) had given way to large-scale cultivation of opium, coca and cannabis for the international market. In this scenario, the need for international agreement is clear: even if it is supposed that the problems associated with drug misuse are limited to a few countries, it is imperative that the goal of reducing availability is shared by all members of the international community. Only one uncooperative supplier is needed to frustrate the goal of reducing availability for illicit purposes. If the distinction between consumer and supplier is taken seriously, then the argument put forward by the consumer countries is essentially moral: the supplier countries should acknowledge that the problems associated with drug misuse are their concern even though they do not bear them.

This approach to international policy was criticised on various grounds. Firstly, it was argued that the

costs fell disproportionately on the economies of the supplier countries – who stood to lose the income derived from a highly valuable, albeit illicit, cash crop. Secondly, it was argued that undue emphasis on supply reduction strategies relied on a faulty causal analysis, which placed responsibility for the problem where it did not belong. To the extent that controls on availability were seen as the key causal levers, the problem – consumption – was being regarded as supply-driven, and the reciprocity of supply and demand was overlooked. Furthermore, the argument put forward by the consumer countries was essentially a moral one, in which they assumed the moral high ground, a position which the so-called supplier countries found objectionable as well as open to criticism. In theory, it would certainly appear wiser to appeal to the self-interest of the supplier, rather than other countries reminding them of their supposed moral obligations. Finally, it became increasingly clear that the distinction between supplier and consumer countries was neither valid nor helpful; suppliers often became consumers, and the problems faced by the transit countries could not be ignored. Increased attention also was paid to other costs attached to being a supplier – especially the political and social costs of massive, flourishing criminal networks devoted to illicit production and trafficking.

The international community does not regard the three phases of international collaboration on drug misuse, as outlined above, as alternatives, but as complementary and mutually supporting. On this point the international documents are witness to a large measure of consensus, within which there is room for considerable differences in emphasis. Nevertheless, the international community remains firm in rejecting any proposal to jettison the content of the policies worked out in the first and second phases and does not accept that measures aimed at demand reduction are the only ones likely to have any real impact on the problem. Of particular importance in this regard is the continuing determination of nation states to maintain domestic restrictions on the availability of narcotics and psychotropics and to take measures to ensure that their use is confined to legitimate scientific and medical purposes.

Academic criticism

This consensus among nations contrasts markedly with the disagreements that pervade the 'community of experts'. At the international level there is a growing body of broadly 'academic' criticism of the effectiveness of supply reduction strategies based on crop substitution programmes (no matter how benign) and interdiction. Some critics argue that expenditure on supply reduction efforts has exceeded its optimum

level (by a considerable amount) and that resources should now be transferred to prevention and treatment. Others, however, take a more radical position and suggest that all expenditure on international supply reduction is money badly spent. Not surprisingly, the desirability of a fundamentally prohibitionist regulatory framework is also coming under question.

These criticisms at the international level parallel increasingly frequent criticism of domestic law enforcement strategies against drug misuse especially in North America and Western Europe which, if taken on board, would have profound implications for international drug control policy. For example, the decision, by even a single country, to change the legal status of a currently controlled drug so that restrictions on distribution resembled those on alcohol might have consequences far beyond its own borders. If the drug were not domestically produced, the government might decide to solicit a trade agreement with potential foreign suppliers, which would also have to change their legislation, thus imposing considerable strains on the current framework of international cooperation. The country might also become an important distributor through contraband/smuggling.

It seems likely that the next few years will see a widening and deepening of the debate on the legal status of currently controlled drugs. One very notable feature of this debate is the involvement of different academic disciplines and the sometimes quite distinct approaches taken to the organisation of available knowledge. On the one hand, there are commentators whose basic perspective is taken from moral or political philosophy, who question how we should apply an outlook based on liberalism and the language of rights to this particular social behaviour. On the other hand, there are commentators who seek to integrate the contribution of different scientific disciplines and look, more or less explicitly, for a quantitatively determined solution to the practical policy issues.

Two basic questions underlie the scientific perspective on drug policy. What empirically determinable consequences will flow from given changes in drug misuse policy (i.e. changes in legal status of problem substances and changes in the level and nature of expenditure directed at the problem)? And how are these consequences to be integrated into one overall assessment of the desirability of the proposed policy change, i.e. will it improve or worsen the situation?

The difficulties inherent in the first of these questions can be illustrated by examining the relationship between availability and patterns of use. What will happen to the patterns of use of a controlled drug if legal restrictions on its availability are relaxed?

Is enough known about the relationship between the availability of psychoactive substances and their levels of use to predict the impact on levels of use of lifting legal restrictions? In 1989 a paper in *Science* argued that there is sufficient knowledge to assume that “those types of drugs and methods of consumption that are most risky are unlikely to prove appealing to many people precisely because they are so obviously dangerous” (Nadelmann, 1989). In 1990 a paper in the same journal affirmed that “past experience suggests that the increase in use would be very large” (Goldstein & Kalant, 1990). If it really is the case that the evidence (looking at already documented associations between availability and use) bearing on a question of such central importance is inconclusive and controversial, what should be done?

An alternative approach is to turn away from the documentation of comparative drug policy and consider the state of theory and knowledge about those ‘psychological mechanisms’ which bear on human responses to legal sanctions against specified forms of behaviour. A recent review highlights the limitations of ‘classical deterrence theory’ and identifies seven different causal pathways by which the presence of sanctions against use might influence levels of use (MacCoun, 1993). As the author acknowledges, however, it is then necessary to know the relative importance of these pathways with sufficient precision to be able to assign quantitative weightings to them. The advocates and defenders of a given policy are vulnerable to criticism because of the ‘crudity’ of their model and the questionable assumptions it incorporates. However, there appears to be no workable alternative from the perspective of the behavioural sciences.

Understanding the connections

Rather than relying solely on past experience, a second way of tackling the problem is to collect new data (on comparative drug policy), as researchers at the Rand Drug Policy Research Centre are doing. Their Drug Indicator Database (MacCoun *et al*, 1993) is intended to advance understanding of the connection between drug policies and drug problems by putting cross-national comparisons on a more solid methodological foundation than has previously been available. The kind of argument which they want to discredit may take the following form: country A has a more relaxed approach to legal availability than country B and also a less severe drug problem. Therefore, country B should relax, and so on. The Rand database will ensure that a more systematic approach is taken to such comparisons.

For example, the situation in countries C and D where a more relaxed approach to availability may be coupled with a bad drug problem will not be left out of the picture. Furthermore, other variables besides those directly related to drug policy or the level of drug problems are included in the database. Inference from effect (drug problems) to cause will not be able to neglect factors besides drug policy, for example cultural norms on drug use and general welfare policy.

In the light of these problems, the international drug control system is faced with important challenges and it is not surprising that both the system and national drug control policies have been subjected to constant review and have been questioned in an increasing number of countries. On the one hand, this includes suggestions on how to better implement present strategies and instruments, and proposals to improve the tools or policies. On the other hand, there has been the complete rejection of the present system by movements for legalising the non-medical use of drugs.

It is actually healthy that such debates are being held. Indeed, it is possible to say of drug control, what a French philosopher, Alain (1926), said of freedom, “it is not instituted, it has to be built again every day”. Thus the international drug control Conventions, and the whole set of legal and political instruments which have been agreed upon at the international level, such as the Global Programme of Action (United Nations, 1990), need continuous reflection to ensure their implementation, and possibly to adjust them.

Universal implementation

Furthermore, it must be acknowledged that the present system is not yet fully and universally implemented by all governments. Many countries have yet to become parties to the international drug control Conventions and the provisions of the international drug control treaties are not fully applied by all the States that are parties. However, there are many strengths in the present system, and international cooperation and multidisciplinary approaches are almost universally recognised as the key strategies to improve drug control worldwide. In addition, there are fields where international efforts have just started and which remain, in a way, ‘new frontiers’ for international drug control. This is the case for the areas covered by the most recent Convention which was adopted in 1988, such as precursor control and measures against money-laundering (United Nations, 1988). An additional problem is the persisting threat of corruption among

government and criminal justice personnel, which is an insidious threat to the very principle of effective functioning of the international drug control system.

Recent world history has also brought a diversity of disruptions and major changes, many of which are associated with increased opportunities for illicit drug trafficking. Within Europe, for example, the abolition of border controls within the European union, the opening of borders between East and West, privatisation and the introduction of a market economy coupled with a lack of adequate government control in the East, all constitute major challenges to drug control. War, in several countries, is also accompanied by disruption both in the control of licit trade and in illicit trafficking routes.

Thus, although it has been challenged before it was fully prepared, the international drug control system has shown its ability to adapt and its successes and strategies should be acknowledged and applauded. These include the control of the licit trade in narcotic drugs with prevention of diversion to illicit traffic, and maintaining the balance between the demand for and supply of opiate raw materials for licit medical requirements.

In the face of globalisation of drug misuse, the expansion of illicit traffic and the growing ingenuity of organised crime, the vital importance of international cooperation to combat drug misuse and trafficking is obvious and has been appreciated for some time. The need for a comprehensive and multidisciplinary approach to drug control, combining

illicit demand and supply reduction measures, has finally been broadly recognised internationally in the Global Programme of Action, adopted by the General Assembly of the UN. However, this must be reinforced by the determination of all countries to implement demand reduction policies, to involve the community in these strategies and activities, and to invest adequate resources.

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