**Why do policy makers remain attracted to ‘war on drugs’ approaches?**

Given the ever-growing body of evidence demonstrating the lack of impact of current drug policies and strategies on the overall scale of illegal drug markets, and the growing awareness of the negative side effects of these strategies on health and social welfare, it could be seen as surprising that most policy makers continue to support the current approach. In western democracies with decades of experience in drug policy design and review, most political rhetoric continues to focus on the need to maintain resolve, or to strengthen commitment, or to clamp down on some new drug or pattern of use or supply. In developing countries, where drug problems are a newer challenge, the initial impulse of political leaders is invariably to respond to new concerns with calls for a fight against the ‘scourge’ of drugs. It is hard to think of another area of social policy where such a clear lack of progress maintains such widespread political support, so we need to understand why this is so. I would suggest that there are four inter-related reasons:

* The main political attraction of war on drugs rhetoric, and the policies that follow, is that they allow the government to look tough and active on a problem that the public cares about. The picture in the public’s mind, built up over decades of news coverage and cop shows, is of all drug traffickers as ruthless criminals, and all drug users as morally suspect. While there are, of course, real life examples that fit these caricatures, we now know that most drug producers are some of the world’s most marginalised rural poor; that many traffickers are couriers (or ‘mules’) coerced into transporting drugs across borders; and most drug users are indistinguishable from other citizens, apart from their choice of substance. Policy makers can therefore use a very effective rhetorical symbolism, by promising to tackle the drug problem through tough enforcement, and can demonstrate their commitment by pushing through tougher laws, publicising big seizures, and arresting more users. These have been largely effective political strategies, as the awkward reality that the underlying drug related problems remain unresolved receives little attention.
* The political alternative – that of questioning the ‘tough on drugs’ orthodoxy, of promoting policies that are more tolerant of drug use, or that reduce enforcement or punishment – represents a high risk strategy for any politician. As the former Prime Minister of Luxembourg, Jean-Claude Juncker, has succinctly put it: ‘We know what to do, but we don’t know how to get re-elected once we have done it’. Drug policy is often referred to as a ‘third rail’ issue – a railway metaphor that loosely means that if you touch it, you are going to be electrocuted. In the bear pit of local and national politics, any leader who questions traditional policies, or promotes alternatives, is easily caricatured by media and political opponents as ‘soft on drugs’, weak on law and order, or in favour of greater drug use. It is perhaps therefore not surprising that a large number of policy makers at all levels privately hold views on the best direction for drug policies and strategies that they are unwilling to express in the public arena.
* These political dynamics are underpinned by some real conceptual and intellectual problems regarding the case for drug policy reform. The first of these is how to address the contention – often stated, and currently the position of the UNODC – that, although enforcement based policies have not reduced the scale of the drug problem, they have at least contained what otherwise would be an ‘epidemic’ or ‘flood’ of increased drug markets and use, with all the related problems increasing accordingly. This once again has a seductive political message – that the government and law enforcement authorities are protecting society from social and moral breakdown. It is also a contention that cannot be disproved until alternative models are implemented, and the impact on levels of use and problems fully tested. However, a political leader considering alternative approaches will surely be criticised for taking great risks with a ‘leap into the unknown’. In fact, there are some policy lessons we have learnt regarding the impact of more tolerant policies on the level and nature of drug use and markets – broadly, in countries and states where laws or enforcement practices have been liberalised, there seems to have been a minimal impact on overall levels of use, and broadly positive impacts on related health and social problems, and costs to the taxpayer. Similarly, simple comparisons between countries with high or low levels of enforcement and punishment show no correlation between tough approaches and lower levels of use. Certainly, there has been no sign (in places like The Netherlands, Switzerland, Portugal and Australia) of the explosion of drug use and addiction that has often been feared. Levels of drug use in a given society seem to be largely a function of the innate properties of the substance (i.e. do people like its effects or not), fashion, the nature of that society – levels of inequality, social cohesion or trauma, and the availability and price of particular substances. What remains unknown, of course, is what would be the impact on these market dynamics of the full legalisation of drugs – and, within such a system of regulation, the impact of the involvement (in marketing and political lobbying terms) of legitimate commercial businesses, such as is currently the case with the alcohol or tobacco companies.
* The second problem facing the reform-minded policy maker is that the issue is so complex, that trying to replace a simple and seductive political message with one that acknowledges such complexity, and recognises that the government cannot in fact ‘solve’ the drug problem entirely, is a high-risk political strategy. Most policy makers who have tried this approach, have been criticised as giving in to the drug barons, or for not showing enough bravery for the fight. These particular dynamics have improved in recent years – to a varying extent in different political cultures – but the reasons for reform are still difficult to synthesise into an effective political message. A number of difficult propositions have to be sold to the public – that the current system (that we have all supported politically and financially) is not working; that a better approach involves the management of drug markets and drug use, because they will never be completely eradicated; and that this approach involves being more tolerant of the behaviour of a proportion of drug producers, distributors and users. Support for these propositions requires the audience to accept and understand the complexity of the policy challenge, while there will always be other voices reiterating the simple message ‘if we get tougher we will eventually win’.

Therefore, considering the political dynamics surrounding this issue, it is perhaps not so surprising that so few policy makers have openly questioned the status quo, or pushed for reform. However, these political realities seem to be changing quickly in many parts of the world – there are increasingly clear challenges to the idea that harsh enforcement leads to reduced health and social harms, so that claims for success based on seizures or arrests are greeted with scepticism; most electorates now have a broad view that the war on drugs is not working; increasing numbers of citizens know friends and family who are drug users, or who have developed drug problems, so are less likely to accept the stigma and condemnation; and a rapidly increasing number of political leaders are ‘coming out’ to acknowledge that we need to think about new approaches, which gives legitimacy and profile to a more sophisticated debate.

**What are the budgetary and institutional impediments to review and reform of drug policies?**

In addition to the difficult political dynamics around drug policy issues, we need to be aware of the institutional and budgetary dynamics as well. In any field of national and international government activity that has received unequivocal political and financial support over decades, there will inevitably be a significant and established network of institutions and agencies that have been built up on the back of a particular view of policy and strategy. In the drug control field, these institutions owe their budgets and power to the war on drugs, and will be resistant to policies or initiatives that question their value, or threaten their financial and political pre-eminence. As drug control has been seen for 100 years as primarily a crime and law enforcement issue, the dominant institutions at national and international level are rooted in that sector:

At national level, the budgets and power of law enforcement agencies in many countries have been built up to a large degree on the contention that their activities are essential to achieving victory in the war on drugs. This is particularly true of those institutions specifically created for drug control purposes, such as the Drug Enforcement Administration in the USA (annual budget $2.6 billion), which is typical in that it has become a significant political force in US national debates, and atypical in that it also exerts significant influence in other countries. While the DEA is the largest and best known of the national drug control agencies, there are structures in most countries that only exist to design and implement drug control strategies. While some of these structures have included health and social programmes in their work more recently, they still tend to be dominated culturally and financially by law enforcement imperatives. They have a significant institutional investment, therefore, in the continuation of existing patterns of resource allocation.

Law enforcement agencies that have more generic responsibilities have also expanded and benefited from drug control policies – police services at all levels, together with court and prison administrations, customs agencies, and even the military, have used the drugs issue to expand their budgets and influence in good times, and to defend against cuts in the bad times. In the drug policy debate around the world, representatives of these institutions can be strong and effective advocates for a continuation of law enforcement investment, a message that usually finds a receptive ear in the corridors of power. The publication in early 2010 of the Obama administration’s first drug control budget was expected to represent a reversal of the trend of ever-increasing budgets for the DEA and other law enforcement institutions and initiatives. In the event, and despite the avowed intention of the new administration to subject the value for money of these investments to close scrutiny in an era of fiscal restraint, the new budget has maintained the same pattern and level of funding.

Internationally, the institutions developed to oversee and implement the UN agreements on controlled drugs have similarly been built on the assumption that strong prohibition strategies, and a law enforcement focus, were the best way to achieve the objectives of the control system. All three of the main institutions have been slow to react to the limited success of ‘Plan A’, and the increasing need for balance in policy and programming:

* The UNODC is the Vienna-based UN executive agency that oversees the shared work of the international community to implement the drug control treaties. With an annual budget of US$250 million,[[1]](#endnote-1) and around 1,500 staff based around the world, much of its early work was focused on encouraging member states to sign and ratify the drug control conventions, and supporting them to enact strong domestic drug laws, and establish strategies and institutions to implement them. The agency has therefore developed on the basis of a strong vested interest in the success and continuation of member state commitment to these activities. It is a relatively small executive agency, but has been successful in maintaining a high level of ratification for the 3 conventions it oversees[[2]](#endnote-2) and no member state has followed procedures to pull out of any of the agreements. Operationally, the agency has been less successful – it receives a very small allocation of general funds from UN headquarters, so is heavily reliant on voluntary donations from member states. The majority of these donations have traditionally come from countries (particularly the US) who have at times used them as a lever to ensure that the UNODC maintains a strong ‘war on drugs’ line. These dynamics have, however, changed in recent years, with a greater proportion of funds coming from the EU and its member states, and more of it being directed towards health and social programmes. It is probably no coincidence, therefore, that the policy positions of the UNODC have become more balanced over this period. However, the extent to which the management of the agency can reform its operations is limited by an ever present financial crisis, allied to the need to maintain existing funding streams. This does not create helpful conditions for strategic thinking, or planned reforms.
* Another reason for the inability of the UNODC to adapt quickly to changing circumstances is the fact that its governing body, the Commission on Narcotic Drugs (CND), has inbuilt mechanisms that block reform. Although the CND officially consists of just 53 member states, there is a longstanding convention that all member states present at its annual meetings (held in Vienna in March of each year) should agree by consensus to any key policy decision. The budget, key operations, and policy positions of the agency are therefore decided through CND resolutions that are negotiated in minute detail, resulting in confused and often surreal mandates being handed down to the executive. In a situation where at least some member states – for many years led by the US, but now led by other influential countries such as Russia and Japan – have been committed to the global strengthening of the war on drugs at all costs, those member states that have wanted to modernise and achieve more health and development based policies have found it almost impossible to advance their cause through the CND. One particularly absurd example is that it is still impossible to use the words ‘harm reduction’ in any CND resolution, despite the fact that harm reduction strategies have been the accepted UN and WHO approach to HIV prevention amongst drug users for many years. This bias against reform and in favour of law enforcement is underpinned by the fact that the vast majority of member state delegations to the CND are made up of senior law enforcement officials.
* There is a third body within the UN drug control architecture that has become an even more strident opponent of drug policy reform. In addition to the responsibility for operating the system set up to manage the legal production, distribution and use of controlled substances for medical and scientific purposes, the International Narcotics Control Board (INCB) was established by the 1961 Convention to act as a watchdog of the conventions: helping member states to find the right balance between control and health responsibilities, pointing out where member states were failing to comply with the obligations that they had signed up to, and working with them to address these concerns. The Board consists of 13 members who are meant to be appointed for their legal and medical expertise, and act independently of the political interests of member states and UN agencies. It has a secretariat based within the UNODC. The culture and methods of operation of the Board have fluctuated since its inception but, at least for the last 25 years, it has acted more as a guardian of the traditional view of global drug control – promoting strong laws and enforcement practices, and being quick to criticise any perceived liberal initiative. Member states have colluded with this one-eyed approach, voting members on to the board who are politically motivated rather than technical experts, and failing to demand changes in the Board’s methods of operation. It is becoming clearer however, that the work of the INCB is out of step with the norms and standards of the UN system, and the enthusiasm amongst member states for reforming their role is increasing.

Finally, the fact that drug control debates within the multilateral system have been entirely channelled through the Vienna based crime and enforcement structures is itself a major impediment to a co-ordinated and coherent international system. Most national governments, recognising that the drugs phenomenon is multi-faceted (requiring a balance between health, criminal justice, education, security and social policies), have established co-ordinating mechanisms to manage these inter-relationships, but the UN system continues to leave the issue to its law enforcement agencies. Much larger multilateral bodies - such as the World Health Organisation, UNAIDS, the UN Development Programme and the Human Rights treaty bodies - struggle to have their voices heard in Vienna. This must change if the UN is to give coherent global leadership on this issue.

Therefore, at the national and international level, strong institutional interests mitigate against objective strategic review, and the implementation of the necessary modernising reforms. While there are signs that all of these structures are adjusting their rhetoric and positions in reaction to changing circumstances – realities on the ground, changing public opinion, and the work of NGOs and academic analysts – it is disappointing that the biggest governmental organisations act as a brake on these debates, rather than their leaders. Any proposals for reform will therefore need to recognise these realities, and include strategies for convincing the leaders of these institutions to accept the need for change.

1. [↑](#endnote-ref-1)
2. [↑](#endnote-ref-2)