

REVIEW

Research Handbook on International Drug Policy

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This volume is part of the response to the 2016 UN General Assembly Special Session (UNGASS) on international drug policy and the emergence of analysis of international drug policy in academic literature. Editors David Bewley-Taylor and Khalid Tinasti, both respected authors in their own right, have collated a rich collection of essays and chapters from a welcomingly international list of academic and specialist authors, with significant representation from non-Anglophone and non-Western countries. They have selected authors to provide an analytical critique of international drug policy, evidencing their stance of challenging ‘official’ literature on the topic. The editors describe current policy as being ‘a predominantly supply oriented approach based on prohibition and a reliance on law enforcement, and in some cases military, interventions’.

Organised in four parts—‘History of international drug control’, ‘The geospatial dimensions of drug policy’ (chapters cover the Americas, Africa, Muslim nations, Asia, Oceania and Europe), ‘Emerging tensions within the UN drug control system and beyond’, and ‘Future challenges’—the variety of authorial backgrounds provides a correspondingly rich collection of themes, regions, countries and political processes, extending the debate on international drug policy and the workings and failings of the UN Conventions. Themes include the origins of international drug policy, access to essential medicines, human rights, the growth of alternative policy and practice and the implicit disregard of the orthodoxy this represents, the emergence of novel psychoactive substances and responses to them, crypto-markets, metrics and the use of international drug policy by some nations as a disguise or justification for internal repression.

The editors posit that contradictions and disagreements amongst the international community and international agencies are pulling the ‘consensus’ in different directions, reform versus prohibition, revealing the lack of reality (and success) in the Conventions’ terminology of a drug-free world and societies free of drug abuse and the damaging and destructive impact of the policies and practices which operate under their umbrella.

The chapters are the results of research, many portraying geographies and themes that are themselves the result of research and field-work, which will not be welcomed by some regimes. The book is not, though, a handbook of research methodologies: the closest it comes to being so is Measham’s chapter on novel psychoactive substances (NPS), describing research practices which have been developed to determine the prevalence of NPS and the chemicals involved in them. This does not detract from the overall breadth and richness of the contents. Nor is it the ‘first comprehensive overview ... of the drug policy landscape’, as the editors suggest, having been preceded by Klein and Stothard’s 2018 collection, to which both editors contributed chapters.

Keywords: drug policy and control; drug markets; harm reduction; human rights; essential medicines; metrics

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We are familiar with the annual reports of the United Nations Office on Drugs and Crime (UNODC) which are part of the requirement and expectation of international agencies to give account of their activities and operations. UNODC's World Drug Reports and the annual reports of the International Narcotics Control Board (INCB) provide insights into the workings and implications of the strategies implemented in accordance with the UN Conventions on 'narcotic drugs' (in Conventions' terminology, illicit substances) and of their use as 'evil' (UNODC 2013, 5). They measure activities and events against targets and strategies: they do not consider related and unintended consequences and outcomes or evaluate and review the results and realism of the strategies. From the outset, these reports have been quantitative, reporting activity rather than outcomes. They are reports, not reviews, monitoring and surveillance, not evaluation. In this volume, Rolles and others advocate an approach to evaluation which moves away from quantitative measures to considerations of health and well-being, human rights and development.

Literature from these 'official' sources might be described as 'first wave', a rendering of the orthodox story of international drug strategy. Additional first wave accounts come from the meetings of the Commission on Narcotic Drugs at the UN village in Vienna, where the UNODC has its offices, meetings characterised by the military uniforms paraded by a high proportion of those attending. A 'second wave' literature has emerged this century. By its nature dissenting, it originates from civil society organisations such as Transform, Harm Reduction International, Amnesty International and Human Rights Watch and adopts a wider, critical and alternative view of drug policy, departing from supply-side foci. The intention of such second wave reporting, and the research and analysis (see, e.g., Transform, 2012) on which it is based, can be seen as intended to inform international strategies and activities to clarify impacts, prompt review, reassess priorities and aims and reform practice. It challenges and exposes the account presented in the World Drug Reports.

Bewley-Taylor has previously commented on the metrics used in first wave reporting (Bewley-Taylor, 2017). The choice of metrics, based on a determination of what is important or relevant to record and publish, shapes the resultant picture and presentation. This determination was decided on or imposed by the nations wielding the greatest power—of argument, persuasion, influence and coercion, actual or potential—at the time the Conventions-writing institutions were established post-World War II. A group of then dominant nations, in large part a legacy of colonialism and empire, with the United States and Soviet Russia included as political and economic challengers and WWII victors, not without their own colonial practices, defined Convention aims and content, a history considered in this volume by McAllister. Seventy-five years on, Julia Buxton sees this domination consolidated: 'interpretation of drug use in LMICs is typically driven by expert opinion and extrapolation from trends in the Global North.'

For some, the real purpose of the established approach is to justify and consolidate existing strategies and, for want of a better word, policy. The role and power of those nations able to define international strategies and Conventions is retained. Many low- and middle-income countries (LMICs), including many most directly affected by the global order on drugs, do not have the infrastructures and epidemiological capacity to provide the data required or demanded. Their situations and interests can be displaced or discounted by nations with a full dataset and, crucially, permanent seats and presence at the UN's New York and Vienna offices, where decisions are made. This reflects the ways in which LMIC involvement and influence at UN agencies are excluded in pragmatic terms by the funding required to establish and maintain offices and delegations and, simply, by not being in existence as independent nations when the agencies were established, being still at the time colonies. One example of this situation is the way in which dominant nations have determined the needs of LMICs for pharmaceutical products and essential medicines by the INCB's scheduling and estimates, rather than an accurate knowledge or ability to ascertain the real medical and health needs of LMIC populations.

The emergence of sources of information other than UNODC reflects the growing engagement of CSOs in international strategies and policy-making. This has been marked by a shift to qualitative rather than quantitative analysis. From such second wave reports and critiques by pressure groups and coalitions and regional collaborations, this critique is now finding additional homes in academia, whose literature might be seen as 'third wave' reporting. This volume marks the second recent publication to assemble a collection of writings which provide an informed commentary on the global impacts of drug policy. It is significant that much of the analysis and recommendations produced by second and third wave literature are being identified and championed by other UN agencies, such as the Development Program, the Office of the High Commissioner for Human Rights, the Programme on HIV and AIDS, the World Health Organization (WHO). The apparent contradictions have most recently been addressed by the 2019 UN Common Position on Drug Policy.

In her foreword, Louise Arbor refers to 'the fracturing of the long-lasting international consensus round the illusion of a drug-free world'; other authors in the volume refer to the increasing disregard of jurisdictions of dogmatic interpretation and observance of the Conventions. Hasselgard-Rowe, Burke-Shyne and

Fordham refer to harm reduction, strongly contested by some nations in concept and practice, as a “soft defection” or a normative deviation from the prohibitive ethos of the treaties’. Arbor acknowledges that this is accompanied in other jurisdictions by stasis or even entrenchment and that the fracturing does not represent accepted global policy. The editors remind us that we are not (yet) in a post ‘war on drugs’ era. But such terminology questions the validity and continuation of any ‘consensus’. This term implies discussion and agreement; realistically, practice remains centred on the wishes of dominant nations and voices and is based on lowest common denominator texts and agreements. Arbor also reminds us that for all the moves to decriminalisation or legalisation of illicit drugs, nearly 40 countries continue to use the death penalty for drug offences. The award of the 2021 Nobel Peace Prize to a journalist from the Philippines highlights the way in which drug control policies are used by some national rulers to disguise and justify repressive and brutal practices in the name of international agreements.

Changes in practice, predominantly but not exclusively by Western nations, seen by many as exemplars for drug policy reform, might also be seen less as precursors of much-needed reform but, rather, as a continuing expression of postcolonial power structures by nations whose historical interests included trade and manufacture along with a sense of moral superiority regarding which substances are acceptable (licit) and which are not. Until the emergence of second wave literature, these interests overrode the interests of drug producers, local and indigenous cultures and patterns of use and the users themselves, as Hallam points out. Arbor closes her introduction by subverting orthodox terminology, asserting that it is more accurate to talk of a ‘world drug policy problem’ than a ‘world drug problem’, as the drug control Conventions and their status as ‘international obligations’ ‘have in many ways created more harm than good’, in spite of the Conventions’ core objective of protecting ‘the health and welfare of human kind’ (UN, 2013, 5).

Sánchez Avilés and Dityrch deploy an international relations perspective in their consideration of the development and implementation of international drug control from the League of Nations to the United Nations, extending McAllister’s account of the origins of the global order on drugs. Their chapter details the content of the three UN Conventions, providing a useful reminder of some of the intentions and clarifications. Sánchez Avilés and Dityrch illustrate the limitations of the metric of numbers, and the professions of those who use them make of objectivity and neutrality (rationality), such that the drug control apparatus becomes increasingly constrained by its own limitations, inward looking in its interpretations of the metrics it deploys and reluctant, unable or unwilling to use its own data to evaluate and review what it is doing. In a parallel to the insistence on consensus, Sánchez Avilés and Dityrch point to the mendacious use of the term ‘sovereignty’ in international drug policy, both historically, to justify economic and mercantile interests of the then dominant colonial powers, and currently, as an expression of geopolitical power. They remind us of the move from prohibition through criminalisation to increasingly punitive approaches by the international agencies while some nations and jurisdictions have been moving to regulation, treatment and health-focused practices. Their conclusion that there is an apparent homogeneity and unity of international policy is challenged and deconstructed by much of the content of this volume, as indicated by Arbor’s term ‘fracturing’ and the editors’ introduction of the description ‘disregard’. Arbor’s identification of a shift in perspectives of ‘drug control policies’ to decriminalisation and a rethinking of policy as a health rather than a criminal issue looks at changes in a minority of nations, emphasising that the previous drug policy ‘consensus’ was incompatible with human rights.

To this can be added the interests of imperial powers in promoting the trade in opium and the subjection of China in the 19th century, as Hallam describes, before opium and other plant-based substances became 20th-century targets of control and suppression. It was the association of China, Chinese and opium which gave rise to racist moral panics at the end of the 19th and start of the 20th centuries, a characteristic which has continued to underlie drug policies, national and international, since. The resultant narcophobia continues to constrain the availability and use of analgesic and anaesthetic preparations in some countries and is often reflected in their absence from medical training curricula. Hallam describes the scapegoating of both substance, opium and population, initially Chinese, as governments became aware of the extent of what they saw as unacceptable behaviours, with the medical profession also subject to blame for the availability of unorthodox and illicit substances. Neill Harries’s chapter on North American drug policy considers how social constructions (prejudices?) of drug use and drug users have played a larger role in shaping drug policy than factual considerations (see Stothard, 2021, for an illustration of how this is reflected in UK legislation).

The question of metrics is of major significance in any study of global drug policy. Metrics might be summarised as what is counted, how is it counted, and why it is counted. As Maghsoudi, Tanguay and Werb put it, metrics define ‘the formulation, implementation and evaluation of drug policy’, existing metrics being ‘a narrow set of indicators’ in their concentration on prevalence as an indicator of policy ‘success’, which

amongst other outcomes show the failure of supply-side strategies. Echoing Arbor's foreword, this chapter asserts that 'law enforcement-based approaches exacerbate drug related harms, including HIV and hepatitis transmission ... and fatal overdose' and 'contribute to drug market violence'.

Existing metrics provide little insight into the impact of current strategies on health, peace and security, development and human rights. The 2016 UNGASS Outcome Document called for an extension of existing structures to include access to controlled (essential) medicines, human rights and development. Current indicators focus on process rather than outcome and in outcome, if not intention, reinforce the drug policy status quo; they are not used to develop an evidence base for reform. Rolles examines the role and content of the UNODC Annual Report Questionnaire, which favour higher-income member states and are not currently linked to the UN's Sustainable Development Goals. He posits a determinist view amongst adherents of the prohibition approach—any relaxation of existing strategies will result in an increase in drug use—but also cites some acknowledgement of failure within UNODC circles (Costa, 2008; UNODC, 2008). This can be seen as illustrating the increasing awareness within international drug control agencies of the outcomes of existing practice as well as the imperative to maintain a consensus and accommodate prohibition voices. Marks and Hughes's chapter on Oceania raises the question of whether there would be any benefit to smaller Oceania states from signing up to INCB.

The 1961 Single Convention recognises 'that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes', implying a positive obligation on the part of states. One of the constants of international drug policy has been the disputing by some nations of the implementation of this seemingly explicit obligation and the way in which it has become enmeshed in a control-access polarisation. UNODC now recognises the need for access to essential medicines, paralleling UNGASS 2016, but at the same time appears to deprioritise this obligation by its reiteration of the pursuit of a drug-free world and societies free of drug abuse.

Hasselgard-Rowe, Burke-Shyne and Fordham consider the role of essential medicines in the parallel contexts of public health, harm reduction and human rights, a connection also made by Hannah and Lines. We are reminded that essential medicines are substances which are both scheduled under the Conventions and included in the WHO Model List of Essential Medicines. It is this duality which leads some nations to attempt to restrict the availability of and access to such essential medicines as ketamine and tramadol, seemingly because of alleged misuse of these substances in those jurisdictions. Rather than respond domestically, resort is made to the supply-side controls implicit in the Conventions.

The growing challenges to the global order on drugs increasingly centre on human rights, a theme reflected throughout the book. This has been illustrated this century by a continuing current strategy insistence on supply and demand reduction and the WHO and INCB attempts to prioritise access to controlled medicines. In this context, Hannah and Lines point to the 2016 letter to the president of the UN General Assembly from the UN's own special rapporteurs on the right to health, summary arbitrary or extra-judicial executions, torture or other forms of inhumane or degrading treatment or punishment, arbitrary detention and the Committee on the Rights of the Child on the human rights dimensions of drug control. Similar concerns about access to essential medicines and harm reduction are now being expressed by the INCB.

Extending beyond the confines of international drug policy and associated agencies, this collection further serves to illustrate global inequalities—political, economic and influential—and the reminder this provides of the legacies of colonialism. For both the drug-specific and the wider issues raised, the book is to be welcomed for its insights and examples and is a valuable addition to third wave literature.

Competing Interests

There are no competing interests or conflicts of interest to declare. My co-editorship of Klein/Stothard 2018 is acknowledged in the review text.

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