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INTERNATIONAL DRUG POLICY CONSORTIUM

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**THE 2006 WORLD  
DRUG REPORT  
Winning The War  
On Drugs?**

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# THE 2006 WORLD DRUG REPORT

## Winning The War On Drugs?

**The International Drug Policy Consortium (IDPC) ([www.idpc.info](http://www.idpc.info)) is a global network of 25 national and international NGOs that specialise in issues related to illegal drug use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It disseminates the reports of its member organisations about particular drug-related matters. In addition, the Consortium itself produces briefing papers and commentaries on the main international debates in this field. It offers expert consultancy services to policymakers and officials around the world.**

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### SUMMARY

In his speech marking the 2006 International Day Against Drug Abuse (June 26th), Antonio Maria Costa, the Executive Director of the United Nations Office on Drugs and Crime (UNODC), stated that 'Drug Control is working and the world drug problem is being contained'. These conclusions were drawn from data and analysis contained in the 2006 World Drug Report, the latest in a series produced by the UNODC that aims to describe the global situation regarding illegal drug use and markets, and assess progress in tackling these issues. This briefing paper from the IDPC analyses the contents of the World Drug Report, and assesses the basis for such positive conclusions. We find that several of the arguments and conclusions in the report (and the statements surrounding its launch) do not seem to be supported by the available evidence. We are consequently concerned that the UN agency that co-ordinates global drug policy continues to make selective and questionable use of the data at its disposal to claim success for its programme, rather than engaging in an objective examination of the very real policy dilemmas facing governments in this important area of social policy. In an era of real global concern regarding the problems associated with illegal drug use and markets, and widely varying opinions on how governments should respond, we need the UNODC to focus more on its role as a repository of information and best practice, and an enabler of debate, and to resist the temptation to act simply as the defender of a fixed position.

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### BACKGROUND

The 2006 World Drug Report was published by the UNODC on 26th June 2006, and launched publicly at a Press Conference in Washington D.C. This is the latest in a recent series of reports that collate and analyse data provided to the UNODC by member states, and information from other monitoring or research sources, and is largely based on data collected by member states

in 2004. The executive of the UNODC also uses the report as an opportunity to give its view on specific drug control topics and occasionally, as has been the case this year, on the state of progress in achieving the objectives of the global drug control system.

There has been criticism of several previous World Drug Reports, on the grounds of political interference, selective use of the evidence, and a dislocation between the available data and the conclusions drawn by the authors, for example:

- UNDCP Executive Director Pino Arlacchi (Mr Costa's predecessor) heavily censored the 2000 World Drug Report. The section that was meant to follow-up the 1997 World Drug Report chapter on the regulation debate was scrapped altogether. The coordinator of this work, Francisco Thoumi, left the agency in protest. "Arlacchi was very concerned because the original draft did not reflect his vision of the world drug situation. In particular, he argued that it was too pessimistic and that it failed to show the great advances in the fight on drugs that had taken place recently. He frequently argued that the world drug problem was on the verge of being solved and that there were only three countries that were real problems: Colombia, Afghanistan and Myanmar" (Thoumi, 2002).

- Partly because of the fallout from the 2000 World Drug Report controversy, nothing but raw statistics was published until 2004<sup>1</sup>. The 2004 World Drug Report included a chapter on the prevention of HIV infection amongst drug users that contained explicit support for the distribution of clean needles. However, following strong representations by the USA (then the largest donor to UNODC general purposes funds) articulating their concerns regarding UNODC positions on 'harm reduction', the 2005 World Drug Report

1. In 2004, the UNODC merged its Global Illicit Drug Trends series, which had been produced since 1999, with the World Drug Report, which had been published as a single volume in 1997 and 2000. The result is the current annual two-volume format comprising both Analysis and Statistics.

(despite having a section on ‘Drug Use, Sexual Behaviour and HIV/AIDS’) was much more circumspect about the issue. It included statements that seem to contradict the evidence, such as ‘Interventions aimed at reducing risky injection practice may not be as effective as reducing risky sexual behaviour.’ (World Drug Report, 2005, p. 155)

An associated trend has been the decreasing involvement of outside experts in the preparations of the World Drug Report. Early versions were largely drafted by academic experts, who were commissioned for their expertise on specific subjects, and the process for approving these drafts was relatively non-politicised. The back cover of the first World Drug Report in 1997, for example, stated that it “takes us beyond the rhetoric normally surrounding the issue and provides pragmatic and concise explanations of many aspects of the drug issue.” Since the 2000 Report, however, there has been a noticeable decrease in outside involvement in the drafting, the document being largely a product of the UNODC staff, with the contents subject to detailed approval before publication by the UNODC management.

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## POLICY CONTEXT

The global drug control system has been in place in its current form for 45 years. A suite of United Nations Conventions, adopted in 1961, 1971 and 1988, call on all countries to prohibit the cultivation, distribution and use of a wide variety of narcotic drugs and psychoactive substances, including heroin, cocaine and cannabis. This system was established on the premise that strong enforcement action against growers, traffickers and users, and clear messages about the dangers of drug use, would lead to a gradual reduction and eventual eradication of illegal drug markets. In practice, the last four decades have witnessed a massive increase in the scale and diversity of international markets for illegal drugs, and increasing rates of drug use in almost every country. This seeming lack of success arising from well-supported policies has led to increasing tensions in the international community between those countries who wish to see even stronger measures implemented in pursuit of the goal of eradication, and those who favour policies that emphasise the need to accept and manage a certain level of drug use in order to minimise the harmful consequences.

The latest in a series of high-level political reviews of the United Nations drug policy took place at a United Nations Special Session on Drugs in New York in 1998. Despite strong calls from some member states at that time for a reappraisal of some aspects of policy, the international community issued a political declaration that reaffirmed their commitment to a prohibition approach, and called for even greater resources to be applied to the fight against illegal cultivation, trafficking and use. In an acknowledgement of the increased complexity of the policy issues, however, they also agreed to review progress in ten years (i.e. in 2008) – specifically

to measure the extent to which the supply of, and demand for, illegal drugs had been successfully reduced.

So while there is an agreed point at which progress will be reviewed, and much disagreement between, and within, UN member states on the preferred direction, emphasis and content of drug policies, the responsible UN agency is confidently announcing the success of the system created in 1961, and calling on those member states to commit greater political and financial resources to its implementation. Should governments respond to this call? Is the drug control system working? Before we examine the evidence for these conclusions, we need to accept the real difficulties of assembling hard data on these issues. Although the World Drug Report 2006 represents an ever-improving mechanism for collating available data and understanding the real situation regarding drug production, trafficking and consumption, its authors themselves give an excellent summary of the reasons why caution should be exercised in drawing conclusions from the data presented (World Drug Report 2006, pp 399 – 416):

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## SUPPLY SIDE DATA

The main indicator used for production for plant-based drugs such as opium, coca and cannabis is the area under cultivation, although the ‘yield’ – the amount of raw material produced per hectare – is also an important factor in determining overall production. In many cases, while area under cultivation has gone down, the overall yield of the crop has gone up as more productive strains are planted, or growing conditions improve. The satellite and survey methodology used by the UNODC to measure area under cultivation seems to be reasonably accurate for opium in Asia and coca in the Andean region. These crops must be grown outdoors, and their cultivation is concentrated in relatively few countries. Estimating the yield is, however, more difficult. Reliable estimates for cannabis cultivation are, furthermore, impossible, as it can be grown indoors or outdoors and in a wide range of climatic conditions. Similarly, estimates of production levels for synthetically produced controlled drugs (such as ecstasy, LSD or methamphetamine), are just that – estimates based on analyses of levels of consumption, or interviews with experts.

Measuring the level of trafficking of a particular drug along a particular route is even more difficult. The UN estimates are largely based on member states reports of numbers and scale of drug seizures, with assumptions and extrapolations made to arrive at overall trafficking volume, or to identify trends. There are two problems with this approach; the unreliability of the government figures provided and the irregular relationship between seizures and overall volume. Often an increase in seizures is a result of changing enforcement tactics or priorities, or a few notable enforcement successes, rather than an indicator of changes in trafficking patterns.

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## DEMAND SIDE DATA

The World Drug Report attempts to monitor the number of users of illegal drugs and the subset of that cohort that can be considered as ‘problem users.’ The fundamental problem with both measures is that they are trying to track an illicit behaviour engaged in by many millions of individuals, making traditional registration and survey methodologies impossible. Prevalence figures are most reliably obtained from the extrapolation of confidential survey data that ask respondents to state which drugs they have used in the last 12 months. While there are international standards for the conduct of such surveys, they are expensive to implement and have consequently only been available as a national time series in a small number of richer countries. Prevalence estimates from other countries are either derived from local surveys that are hard to extrapolate, or are simply estimates made by government officials. As an indication of the sparseness of the available data, only 29 of the 192 member states were able to supply the UNODC with prevalence estimates based on such surveys for the most recent year. In addition, such survey approaches are recognised as being inappropriate for measuring the prevalence of use of the ‘harder’ drugs, as this is usually concentrated in social groups that are less likely to be inclined to co-operate with surveys. The data in the World Drug Report on consumption must therefore be treated with extreme caution. It is disappointing then that confident conclusions were drawn from this data in the press release and launch speeches, with little reference to its weaknesses.

Several methods are being developed to estimate levels of ‘problem use,’ usually involving multiplier methodologies of known populations (for example, arrested drug abusers, treated drug abusers, hospital admissions). These allow for a range of estimates of the problem user population in a given geographical area and perhaps the change in that area over time. They do, however, create real problems with international comparisons – the foundations for these estimates are numbers arrested, numbers in treatment, or numbers entering hospital, which are all largely dependent on the operational nature of those institutions and their own data collection criteria. For example, an area that prioritises enforcement against drug users will have a higher number of drug user arrests than another area with similar prevalence rates, but more tolerant policing. Similarly, the numbers receiving treatment in a given area will depend more on the scale and nature of the treatment available, than the number of problem drug users in that area.

Underpinning all these problems is the limited functionality of the main UNODC data gathering mechanism – the Annual and Biennial Questionnaires that are issued to all member states. The rate of return of these questionnaires to the UNODC remains inadequate and often the information on them, completed as it is by government officials, is not an objective reporting of available data, but the subjective views of those officials on the situation in their country. With regard to low questionnaire response rates,

it is informative to note that only 31% of Member States have responded to Biennial Questionnaire in all three reporting cycles since its inception in 2000 (CND, 2006)

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## FINDINGS OF THE WORLD DRUG REPORT

Acknowledging these methodological difficulties, there is no doubt that the data on which to base policy judgments in this field has improved dramatically in the last 10 years, and that the World Drug Report contains a comprehensive collation of the globally available data. So what does this data tell us? The Report’s analysis section looks at the situation regarding the main illegal drug types, and describes trends in terms of production, trafficking and consumption.

### *Opiates*

The Report confirms the recent trend of concentration of opium cultivation in three areas of the world – South-West Asia, South-East Asia, and Latin America, with an increasing concentration in one country, Afghanistan. This is estimated to account for 89% of total global production in 2005. The UNODC reports downward trends in cultivation in Myanmar, Laos, Colombia and Mexico and attributes these successes to effective law enforcement efforts, implemented by governments committed to drug control objectives. Overall global production, however, remains broadly stable, when annual fluctuations of area under cultivation and yield are taken into account – Afghanistan, for example, experienced an increase in production in 2004, a decrease in 2005 against 2004 figures, and a predicted rise again in 2006.

Seizures of opiates along the main trafficking routes have increased by 9% globally, once again dominated by routes out of Afghanistan to markets in Europe. Seizures increased particularly rapidly in South-Eastern Europe and Africa, which may reflect increased law enforcement activity in those regions, or an increase in presence of the drug. This would be of particular concern in Africa as, to date, this continent has not experienced high levels of heroin abuse, with the associated problem of injecting related HIV infection.

Global consumption of opiates is estimated to be broadly stable, at around 16 million users, with increases reported in several countries in West Asia, East Africa, the Former Soviet Union, and South-Eastern Europe, largely offset by declines in South-East Asia and Western Europe.

### *Cocaine*

Preliminary figures used in the Report “suggest” that the total area of coca cultivation remains stable in 2005 with the three areas of concentration in descending order of magnitude being Colombia, Peru and Bolivia. Despite four consecutive years of decline, and the sustained eradication efforts of the Government,



coca cultivation in Colombia increased over the last year. While this is the case, the area under cultivation is said to be nearly 50% less than levels in 2000. The recent increase in cultivation in Colombia was matched by decline in both Bolivia and Peru; although both nations retained higher figures for areas under cultivation than in 2000.

According to the Report, the overall level of cocaine production remained “essentially” stable in 2005, with potential production of the drug reaching 910 metric tonnes. Seizures along the main trafficking routes (the Andean region to the US and from the Andean region to Europe) increased by 18% in 2004. This continued a recent upward trend and represents the highest ever figure of 588 metric tonnes, representing an estimated 40% of total production (when taking into account estimates of average purity). The fact that such seemingly high seizure rates have not significantly affected retail prices continues to baffle analysts. The increase in seizures may be explained by better cooperation among law enforcement agencies and improved sharing of intelligence, or by increased trafficking activity.

Colombia continued to seize the most cocaine; 32% of the world total. Spain remained Europe’s main entry port, followed by the Netherlands. Portugal, however, is an increasingly significant place of seizure. This year’s Report also highlighted the rising importance of Africa as a transit point for cocaine destined for European markets. Cocaine seizures increased more than three-fold in 2004, with seizures in West and Central Africa increasing more than six-fold. Despite this increase, African seizures still only account for less than 1% of the global cocaine seizures, although there are indications that only a very small proportion of cocaine transiting the continent is intercepted.

Global prevalence of cocaine use is estimated at around 13.4 million people. According to the Report, for the first time in years, there was a moderate decline in worldwide cocaine use in 2004. While there have been recent declines in prevalence in the US, most cocaine continues to be used in the Americas, particularly North America; which accounts for almost half the global cocaine market. Cocaine use is still rising in Europe, as it is in Africa. In Oceania, the level of use is “perceived” to be falling while cocaine use in Asia is still limited.

#### ***Amphetamine-type stimulants (ATS)***

Following years of significant increase in the 1990s, the markets for ATS seem to be stabilizing. This, the Report explains, reflects improved international law enforcement cooperation and improvements in precursor control. The UNODC’s global production estimates for ATS is 480 metric tonnes. While the Report states that this figure is higher than a year earlier and lower than the estimate for 2000, it does admit that margin of error does not allow for a “statistically valid statement whether production has increased.”

However, methamphetamine manufacture and trafficking have spread beyond traditional markets of Asia and North America. While most ecstasy continues to be manufactured in Europe, it is spreading to North America, Oceania and South-East Asia. Amphetamine production remains concentrated in Europe, although there seems to be a shift away from the Netherlands towards new EU member states and EU candidate countries. Global seizures of amphetamines have declined significantly, mainly reflecting lower seizures in East and South-East Asia. Figures for ecstasy, on the other hand, have significantly increased with the majority of seizures in Europe being made up of this drug.

The Report puts the global use of amphetamines in 2004 at 25 million people, with around 10 million people said to be using ecstasy. Over 60% of the world’s amphetamine users live in Asia while more than 50% of the world’s ecstasy users live in Western Europe and North America. Varying national and regional trends make for a complex worldwide picture of amphetamine and methamphetamine use, yet the Report concludes that there was a small increase in the global drug use trend, as perceived by experts in 2004. The use of ecstasy shows diverging trends with declines in use reported from countries in North America, notably the United States. After years of increase, ecstasy use has started to stabilize in several Western European countries, although it is expanding in several South-East European countries. Increases have also been reported from East and South-East Asia and Oceania.

#### ***Cannabis***

According to the Report the production of cannabis herb (marijuana) is widely dispersed, with cannabis resin (hashish) produced in forty countries around the world; the main sources being Morocco, Afghanistan and Pakistan. Cannabis resin from Morocco primarily supplies Europe, the world’s largest market for the substance. The area under cannabis cultivation dropped in 2005 and it is suggested that this may cause cannabis resin users in Europe to turn to herbal cannabis that has become more widely available in the region over the years.

Cannabis herb and resin are still the most widely trafficked drugs worldwide and account for the majority of seizures. The year 2004 saw cannabis herb seizures exceed 6,000 metric tonnes, an increase of 6% on the previous year. Most cannabis herb seizures were reported from Mexico, followed by the United States, South Africa, Nigeria and Morocco. In 2004 seizures for cannabis resin also increased by 6% to 1,470 metric tonnes with most seizures being made by Spain followed by Pakistan, France, Morocco and Iran.

Cannabis remains the most commonly used drug in the world, with an estimated 162 million people using it in 2004: the equivalent of 4% of the global population aged 15-64. In relative terms, cannabis use is most prevalent in Oceania, followed by North America and Africa. Asia has the lowest prevalence as expressed as a proportion of the population, yet in absolute terms

### **CANNABIS: A NEW CRUSADE?**

The Report gives some prominence to fears regarding the increasing problems associated with cannabis use, and contains several statements calling on member states to give greater priority to action against cultivation, distribution and use of cannabis products. In many ways, this advice runs counter to the prevailing trend at national level, with many countries having in recent years downgraded the enforcement attention given to cannabis. The UNODC, however, in its determination to convince member states of the importance of the issue, unfortunately makes some clearly inaccurate claims:

- ‘Today, the harmful characteristics of cannabis are no longer that different from those of other plant based drugs such as cocaine and heroin’. A simple comparison of the addiction potential, overdose risk, association with drug related crime or public health harms, of the three substances shows this statement to be demonstrably false. Analysing the harms associated with the supply of the three substances would also show a much greater level of violence, corruption and intimidation associated with heroin or cocaine markets. It is true that the impact of cannabis upon a small proportion of users’ mental health, or the educational development of heavy users, is a matter for concern, but is not of the same order of the other two substances.
- That the cannabis used today is considerably more potent than a few decades ago. This is a very broad and simplistic statement on an issue that is by no means straightforward. Strains of cannabis herb with a high THC content have appeared on the market in recent years, but the question of whether the general or average potency of the wide variety of cannabis herb and resin that circulate around the globe has increased is still unanswered. Indeed, as an increasing proportion of the cannabis consumed around the world is grown by users themselves, it is questionable whether comprehensive trends can ever be identified. The only international review on this issue was published in 2005, and concluded that no significant increase in average THC content could be detected, so it is hard to see where the evidence for the UNODC statement comes from.

Even if member states were persuaded to increase priority to action on cannabis, the implication in the Report is that this means greater enforcement action. We have to remember that currently only a tiny fraction of the estimated 162 million cannabis users in the world are ever arrested, much less imprisoned, for possessing or using the drug. Despite the strong enforcement rhetoric heard in most countries, only the USA arrests more than 2% of its estimated population of cannabis users in any given year. Leaving aside the inevitable injustice of taking action against only a tiny proportion of users, increasing the scale of enforcement action against cannabis users to a level that is likely to be an effective deterrent is not a realistic policy option<sup>2</sup>. Increased investment in educating young people about the risks of cannabis use, or in treating disorders associated with its use, may be more effective, and would enable a focus on the mental health issues that are of most concern (*Hunt, Lenton, Witton 2006*). As the Report acknowledges, increasing concerns surrounding cannabis problems do merit renewed attention from the international community, but the assumption that ‘a co-ordinated and effective approach’ should involve stronger enforcement and harsher punishment demonstrates a continuing single-mindedness in UNODC policy.

2. As Boyum and Reuter note, current marijuana enforcement in the US has a limited deterrent effect (Boyum and Reuter, 2005)

the region is home to 52 million cannabis users, over a third of the estimated total. Trend data from the Americas show mixed results that the Report states are “best described” as “stable to slightly declining.” However, despite reports of declining rates of cannabis use in Oceania, declines were not sufficient to offset the increases reported from Africa, Asia and some countries in Europe. The Report suggests that the expansion of global cannabis use continued in 2004 and is still increasing.

### **SUCCESS IN THE DRUGS WAR?**

So, does the available evidence provide support for the view of Mr Costa that the drug control system is working? Many commentators have pointed out that, since the creation of the current system of global drug control in 1961, the level

and diversity of drug production, trafficking and use has risen significantly in all parts of the world, so the authorities certainly cannot claim success over this time frame. The UNODC focuses, however, on two different time frames – the 150 years since the opium trade was legalised in China in 1858 and the stabilisation of levels of production and consumption in the last few years.

#### ***China and opium***

The WDR compares the global level of opium production in the mid 19th century with that of the early twenty-first century, and concludes that an overall reduction demonstrates the success of the global drug control system. There are a number of reasons why this analysis is questionable at best, and at worst deliberately misleading.

- The annual production estimates for opium at that time

are not based on any reliable data. Estimates from historical documents vary from over 40,000 metric tonnes to less than 30,000 metric tonnes, compared with around 5,000 metric tonnes today. While it is likely that a large-scale market was in operation in China in those days, it cannot be compared with any accuracy or reliability with today's figures.

- The global opium market in the nineteenth century was very different to heroin markets now. Consumption was heavily concentrated in China and a few neighbouring countries, opium use was normalised and had become culturally embedded over centuries with much consumption being quasi-medical or linked to religious or spiritual beliefs.
- Furthermore, the market was effectively a legally regulated one. The bulk of production and distribution was in the hands of legitimate trading companies, operating under quotas and taxation regimes administered by governments and colonial authorities.
- There were two historical periods where the scale of consumption and trade seems to have been significantly reduced: 1910-1918, when an agreement was reached between the Chinese government (who agreed to reduce domestic cultivation), and the British colonial administration (who agreed to decrease imports from India); and in the 1950's, during the repressive communist regime of Chairman Mao. In the first instance, the major factor in reducing the market was the ability of the authorities to 'turn off the tap' of officially regulated supply, in the second, it was the tight and brutally enforced control of individual behaviour.

Neither experience provides meaningful lessons for policymakers facing current drug control dilemmas. They do not control supply so cannot simply turn it off, and the leaders of democratic nations, committed to individual freedoms and human rights, cannot countenance the level of repression of individual choice that was present in Mao's China. The attempt in the World Drug Report to draw conclusions from the unique history of one country, and apply them to the complex global drug markets of the twenty-first century, seems disingenuous and unhelpful.

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## DOES STABILISATION MEAN CONTAINMENT?

Notwithstanding the limitations of the data available to the UNODC, and in particular the possibility that increases in consumption are currently occurring in those parts of the world (e.g. Africa) with less well developed tracking and reporting mechanisms, the available evidence does seem to indicate some levelling of overall global consumption of illegal drugs in recent years. This follows on from a clear and consistent upward trend through the previous four decades. While this overall figure masks a complex mix of local and regional trends, and different pictures for different drugs, it is theoretically possible that this represents the reaching of a 'saturation point' for illegal drug use, at around 5% of the global adult population. If this is the case, there is a fair debate to be had regarding the reasons why this saturation point is much lower for cannabis, cocaine or heroin, as compared with alcohol or tobacco. However, the confident assertion in the World Drug Report that this is solely due to the existence and success of the global control system is not backed up with any evidence. In fact, when research is conducted into why young people

### HIV PREVENTION AMONGST INJECTING DRUG USERS

One of the most visible and profoundly damaging of the harms associated with illegal drug use is the transmission of HIV through the sharing of dirty syringes. There are over 13 million drug injectors in the world, 4 million of whom are estimated to be infected with HIV. Some 10% of all new HIV infections worldwide are attributed to injecting drug misuse, with thousands of further infections being transmitted through the sexual partners of drug injectors. Evidence and experience has shown, however, that comprehensive HIV prevention campaigns that include easy access to opiate substitution treatment and the widespread distribution of clean injecting equipment, when introduced with sufficient speed and rigour, can succeed in averting or containing HIV epidemics driven by injecting drug use. This is a major global health challenge for which a public health response has been articulated, tested, and found to be effective.

The UNODC is Chair of the UNAIDS Task Team on Injecting Drug Use, and thereby has the responsibility for leading the international community's response to injection-driven HIV epidemics. Despite early reluctance to endorse measures that did not directly contribute to the suppression of drug supply and demand, the UNODC has in recent years supported the publication of policy documents that explicitly recognise the value of these public health strategies; which have become known as 'harm reduction.' Indeed, the UNODC has gradually increased its multilateral programme of support for countries facing epidemics fuelled by drug injection. These actions could be seen as an indication of the greater priority being given to this issue by the UN. The World Drug Report, however, does not provide any evidence of this. Across more than 400 pages, there are 40 pages devoted to cannabis, no mention of harm reduction, and almost no mention of the existence of HIV infection amongst injecting drug users.



decide whether or not to use drugs, many complex and inter-related factors are reported. For recreational use, these include youth culture, peer pressure, disposable income and fashion. For dependent use, among the key predictors are poverty and social exclusion, and emotional or psychological trauma (See for example Bertram *et al* 1996, Fountain *et al*, 1999, Butters, 2004). Evidence is mixed as to whether the availability of particular substances influences their consumption levels (MacCoun & Reuter, 2001). Furthermore, the fear of arrest, or the presence of strong anti-drug messages in prevention campaigns, does not appear high on the list of protective factors. (See for example Bertram *et al* 1996, Reinerman, Cohen & Kaal, 2004, Boyum & Reuter, 2005)

The key policy question is whether suppressing the availability of drugs, or deterrence through punishment, or education campaigns (the activities at the heart of current UN policies), can reduce or contain the prevalence of drug use. Although the current research literature on this issue is not comprehensive, the indications are that these activities at best have a limited impact on drug use patterns, while alternative explanations such as fluctuations in consumer preference (fashion), or the inherent properties of the substances themselves, correlate significantly with the observed trends. To take just two examples - there is only a limited proportion of the population whose lives are sufficiently harsh or unhappy that they are attracted, or susceptible, to a lifestyle revolving around the acquisition and injection of heroin; and the increases and decreases of the prevalence of ecstasy use in Western Europe can be tracked to its rise and fall as the most fashionable drug amongst young clubbers.

These are obviously simple summaries of complex issues, but they illustrate that we cannot assume that any observed stabilisation or reduction in the prevalence of any form of drug use can be attributed exclusively to enforcement. Indeed, when the availability of a particular drug in a particular area is restricted, the results indicate that drug users do not become abstinent. Rather, they switch to other substances or patterns of use. When cheap, smokable opium became more expensive and difficult to access in Iran after the revolution in 1979, this did not lead to a gradual disappearance of drug use from the country. In reality, users transferred to injecting heroin powder. Similarly, during the Australian heroin shortage in 2001/2, the street drug using population did not become abstinent, but shifted their attention to amphetamine type stimulants.

Containment of global levels of illegal drug use at their current levels may, when viewed 10 or 20 years from now, turn out to be a major achievement, and is certainly a much more realistic goal than eradication or significant reduction. However, we need to understand a lot more about the combination of factors that act together to suppress demand, before drawing the simplistic policy conclusion that enforcement works. Furthermore, if containment of prevalence at 5% of the global adult population (almost 200

million people) is seen as a valid objective, then it follows that the international community still has to rise to the challenge of managing and minimising the harms that will continue to arise from that level of use, and cannot continue to pretend that these millions of users can all be considered as deviant or criminal.

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### **‘MANY COUNTRIES HAVE THE DRUG PROBLEM THEY DESERVE’**

This statement, made by Mr Costa at the launch of the Report and reproduced in the official UNODC press release, seems to summarise the current position of the UNODC. The context of the remark is the seemingly unshakeable belief that a continuation and strengthening of the current approach to drug control, if resolutely supported by member states, ‘can reduce drug supply, demand and trafficking’. As we have stated in the introduction to this paper, this belief is not clearly supported by the available evidence, and is not shared by a large number of member states, or indeed by independent analysts in the academic and non-governmental sectors.

Mr Costa does not make it clear which countries he believes are pursuing ‘inadequate policies’, but the reference is to those that ‘fail to take the drug issue sufficiently seriously’. This must be seen as offensive to those countries who invest considerable resources into understanding and responding to their domestic drug problems, and pursuing programmes of action that evaluation shows to be most effective, but who do not prioritise the actions that the UNODC is most comfortable with.

Rather than acting as cheerleader for a particular approach, and accusing its own member states of inadequate policies, the UNODC should revert to its mandated role as an objective implementation agent for agreed multilateral activities, and an enabler of balanced debate between governments in the search for effective future action.

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