



International drug control: 100 years of success?

TNI comments on the UNODC World Drug Report 2006

In its 2006 World Drug Report, the UN Office on Drugs and Crime (UNODC) struggles to construct success stories to convince the world that the global drug control regime has been an effective instrument. Pressure increases to bring positive news now the preparations for the 2008 evaluation have started; the agreed objective was to have achieved significant reductions by then. It has proven difficult to argue that the world is on the right track on the basis of consumption and production figures since the 1998 UNGASS or since the entry into force of the 1961 Single Convention. An escape-route used in this year's World Drug Report is to fabricate comparisons with higher opium production levels a century ago and with higher prevalence figures for tobacco.

Opium

"Humanity has entered the 21st century with much lower levels of drug cultivation and drug addiction than 100 years earlier." This refers to record high opium production a century ago, one of the reasons for convening the International Opium Commission in Shanghai in 1909 that led to the first instrument of international anti-drug law: the Hague Opium Convention of 1912. According to the World Drug Report, "Shortly before the Shanghai Commission was convened, world opium production was estimated to have been at least 30,000 metric tons. Nearly a hundred years later, world opium production is down to about 5,000 metric tons ... Opium production is thus 80 percent less in a world that is more than three times larger."

Statistics from early last century are even less accurate than today. The 2004 World

Drug Report for example mentioned an even higher figure of over 40,000 metric tons, while other sources put the figure well below 30,000. Still, there is no doubt that world opium production then was much higher than it is now. This '100-year success' story, however, cannot that easily be attributed to the multilateral drug control regime, it was primarily related to specific developments in China and to new pharmaceutical products replacing the medicinal use of opium.

China

The growth of the opium market was connected with colonial aggression that forced it onto the Chinese market for the sake of solving the huge trade deficit with imperial China in the 18th and 19th centuries. China has fought to keep Portuguese, Dutch and British opium traders out ever since the first opium ban in 1729. Huge amounts of opium from the colonial opium monopolies however continued to flow into China. Two 'opium wars' were fought over Chinese attempts to stop the trade halfway the 19th century. China lost and opium trading to the country was legalised in 1858. China then also started its own licensed cultivation to offset the changing trade balance and rapidly became the world's largest opium producer itself.

By 1907 China managed to strike a deal with the British empire: China was to gradually diminish its domestic poppy cultivation over ten years, and Great Britain would proportionally decrease the exports of Indian opium to China. Reduction indeed was significant within the decade 1908-1918, but partly thanks to the fact that at that time the opium market was a regulated legal one,

easier to influence by policy interventions than an unregulated illicit market. Chinese government figures halfway the 1930s still reported licensed production of some 6000 metric tons. Other sources at the time estimated total Chinese output at more than double that amount, including the rapidly increasing production in Manchuria under Japanese influence.¹

Open war with Japan (1937-1945) and intensifying civil war both contributed to sustain high production levels. The by then illicit opium cultivation and use was only really dealt with after the 1949 Maoist victory and the anti-opium campaigns in the 1950s. Opium-related problems were strongly associated with historical anti-colonial and then anti-nationalist/Kuomintang and anti-Japanese feelings among the population. These historical political and cultural changes made the anti-opium drive successful. A substantial land reform made it economically sustainable for many of the involved farmers.

Pharmaceutical industry

At a global level, pharmaceutical industrial development such as the invention of aspirin accompanied the decline in opium demand. Until early 20th century opiates (under the name of laudanum and others) were the only effective medicine widely used across Asia, Europe and the US against diarrhoea, headaches, coughs, menstrual pains, etc. Nowadays, yearly about 50,000 metric tons of aspirin is consumed, alongside a whole realm of pharmaceutical opiates for stronger pain relief like codeine, morphine or oxycodone.

Shifting patterns between licit and illicit drug markets have been an ongoing phenomenon in which the distinction between recreational use, self-medication, addiction, prescription or diversion is often more confusing than acknowledged. A recent trend is the rapidly increasing non-medical use of pharmaceutical opiates especially in North America that is starting to conquer part of the – potential – heroin market. UNODC – in contrast to the INCB – in its analysis of world drug markets often neglects these grey areas, thereby sustaining a myth of sharp distinctions between the pharmaceutical and illicit drug markets.

Tobacco

The other equally questionable claimed success in the World Drug Report is the compa-

ison with tobacco. To argue that it is thanks to the drug control system that the use of illegal drugs has not spiralled out of control to similar massive prevalence levels as tobacco has no scientific basis whatsoever.

Tobacco is in terms of health damage and addictiveness one of the biggest drug problems, but in terms of its psychoactive effect it is a very mild stimulant, comparable to coffee. Stronger psychoactive substances have quite different epidemiological dynamics. Cannabis in The Netherlands is one good example: freely available without criminal sanctions for personal amounts, but it is not spiralling into mass consumption like tobacco or coffee simply for other reasons. Credit for the cap on massive consumption of stronger psychoactive drugs goes to cultural trends, self-regulation and social controls that accompany human life cycles, not to repressive anti-drug laws.

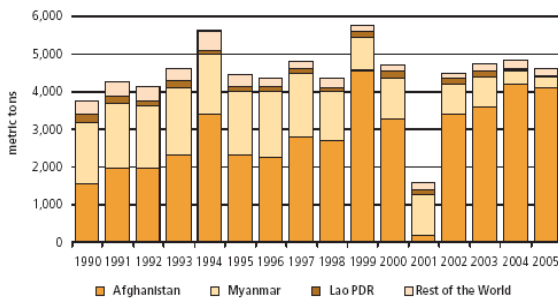
Regulated market

In fact, both the opium and the tobacco comparison could serve as examples to sustain the opposite argument. Comparing the first wave of opium declines in the decade 1908-1918 with the absence of progress in a similar attempt in the decade 1998-2008 shows that a regulated market is easier to influence than an illicit one. Similarly, recent relative progress in reducing tobacco consumption has been achieved with health policy interventions within a regulated environment. Both cases show the potential benefits of putting constraints on aggressive marketing (by the colonial powers and the tobacco/advertisement industry) and applying the kind of policy measures that are only available in a regulated market.

Criminalisation and drug law enforcement so far have little to show for in terms of effectiveness, as the 2006 World Drug Report confirms in other sections. "*UNODC global prevalence estimates suggest that overall drug use has been rising, over the last few years mainly due to increased levels of cannabis and ecstasy use. No significant changes were observed for most other drugs.*" A quick glance at global production figures for opium (fig. 19) and cocaine (fig. 48) for the period 1990-2005 illustrates this point.

'Containment' – a phrase used in the report several times – is indeed a better description than 'success'. Whether that containment is

Fig. 19: Global opium production 1990-2005 (metric tons)



attributable to drug law enforcement or to cultural and social caps in place for these types of psychoactive substances remains an issue for further debate. But at least the recognition should lead to more emphasis on policy measures that reduce the harms of current levels of drugs consumption, for users and society at large. As was to be expected, however, harm reduction policy developments are nowhere to be found in this report. This means that also the real existing success stories from the past decade, such as reduced numbers of overdose deaths and lower rates of HIV transmission due to harm reduction efforts, are left out of the picture completely.

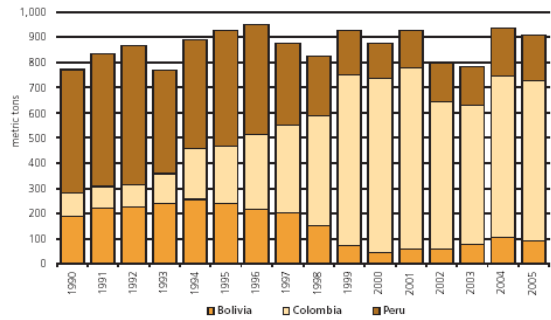
The cannabis ‘pandemic’

A large section of the 2006 World Drug Report is dedicated to cannabis. In the preface, UNODC Executive Director, Antonio Maria Costa, sets the tone. He claims that the unlimited supply and demand of cannabis “subject to the vagaries of government policy” are “devastating” and that the world is experiencing a “cannabis pandemic”. According to Costa “the characteristics of cannabis are no longer that different from those of other plant-based drugs such as cocaine and heroin.” Central to this claim is the emergence of high potency cannabis on the market, and the failure to control supply at global level.

Mr. Costa’s strong language is at odds with other sections of the report because the claim of a devastating cannabis pandemic is nowhere substantiated and the distinction between cannabis and cocaine and heroin is certainly not abolished. The use of the term ‘pandemic’ is unfortunate, because it seems to suggest that problems related to cannabis are at a similar level as the real pandemic of HIV/AIDS, which is obviously not the case.

The report itself is much more cautious. It recognizes that “much of the early material

Fig. 48: Potential cocaine production (metric tons), 1990-2005



on cannabis is now considered inaccurate, and that a series of studies in a range of countries have exonerated cannabis of many of the charges levelled against it.” In fact, the UNODC now implicitly acknowledges that the scientific base for putting cannabis on the list of the 1961 Single Convention at the same level as cocaine and heroin has been incorrect.

“The world has failed to come to terms with cannabis as a drug,” the report concludes. “National opinions on this issue have begun to diverge,” not in the least because “medical use of the active ingredients, if not the plant itself, is championed by respected professionals.” In its final conclusion, the report does point to the key issue concerning cannabis today: “Either the gap between the letter and spirit of the Single Convention, so manifest with cannabis, needs to be bridged, or parties to the Convention need to discuss re-defining the status of cannabis.”

The report suffers from the attempt to bridge the gap between the exaggerated claim of Mr. Costa and the more cautious content of the report itself. Although it contains much valuable information, in trying to bridge that gap the report tends to stress the negative and discard the positive. The report basically ignores the increased medical use of cannabis. In discussing potential health and addiction problems much of the scientific data is still inconclusive, but the report tends to highlight research that indicate problems, while research that contradicts these conclusions is disregarded.

For instance, the report states that that according to a “recent review of all of the current evidence” chronic smoking of cannabis carries a significant risk of lung cancer, while the largest study of its kind has recently concluded that smoking marijuana, even regularly and heavily, does not lead to lung cancer (if not mixed with tobacco). What was

found is that there was no association at all, and even a suggestion of some protective effect. Ironically, it is the active ingredient of cannabis, THC, that might kill aging cells and keep them from becoming cancerous.²

Biased and unbalanced

The report is biased and unbalanced. The use of inconclusive scientific evidence to demonise cannabis is identical to the preceding mistake that resulted in scheduling cannabis on the list of the 1961 Single Convention at the same level as cocaine and heroin in the first place. Although the report recognises that mistake it embarks on a similar course. Nevertheless, in its conclusion the report touches upon the key issue concerning cannabis today: the status of cannabis in the Convention might need to be re-evaluated.

The report shows that supply reduction is impossible given the potential to grow the plant everywhere, and past efforts to control its availability have failed. If there is an increase in health and addiction problems due to the use of high potency cannabis, that would be a reason to treat it much more as a public health problem in stead of a law enforcement problem. The suggestion in the report to put more effort in controlling supply is not based on an analysis of cost-effectiveness in relation to other options, and neither on an analysis of why past efforts of supply reduction have failed. Another option would be to make cannabis subject to a control regime similar to harmful substances like alcohol and tobacco.

The use of any psychoactive substance involves risks. The existing control regimes of alcohol and tobacco show that by not prohibiting use and supply, but trying to regulate the market to exercise control over what is supplied where and how – which is not possible in an illicit market – offer a range of opportunities. A regulated market could set limits on the percentage of THC in cannabis or make high potency cannabis more expensive (for instance by extra duties compared to low potency cannabis). The example of tobacco

control sets all kinds of examples to regulate use and change consumer behaviour.

In a recent briefing the Beckley Foundation Drug Policy Programme concluded that “*the status of cannabis within the existing UN conventions means that it is currently impossible to determine whether bringing cannabis control within a legal, regulated framework could further reduce cannabis-related harms, but this possibility cannot be dismissed and, arguably, deserves cautious study.*”³ Given the biased and unbalanced nature of the 2006 World Drug Report, however, it is questionable whether the UNODC is the right organisation to take charge of this debate.

UNGASS evaluation 2008

This is of particular relevance in relation with the upcoming 10-year evaluation of the 1998 UNGASS. In March 2006, at the Commission of Narcotic Drugs (CND) annual session, UN member states asked to strengthen the UNGASS evaluation process with solid evidence-based methodology and analysis as well as input from a working group of experts.⁴ Its key aims were to enhance the quality of existing data and to improve the methods of evaluation by making them more transparent and objective. If anything, the 2006 World Drug Report shows that a genuine evaluation process is needed more than ever and that the UNODC cannot be relied upon to perform that task in a transparent, objective and balanced way, without the help of independent experts.

1. *Opium Production Throughout the World*, Bulletin on Narcotics 1, 1949, pp. 6-38. http://www.unodc.org/unodc/en/bulletin/bulletin_1949-01-01_1_page005.html

2. *Study Finds No Cancer, Marijuana Connection*, The Washington Post, May 26, 2006. This particular study might have been too recent to be included in the 2006 World Drug Report, but similar examples could be given for other claims made in the report.

3. *Cannabis and mental health - responses to the emerging evidence*, Beckley Report 8, April 2006, at http://www.idpc.info/docs/BeckleyFoundation_Report_08.pdf

4. *The UNGASS Evaluation Process Evaluated*, IDPC Briefing Paper Nr. 1, May 2006, at http://www.idpc.info/docs/Ungass_evaluation.pdf



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